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# You don't really know people 'till you talk to them:

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## Participatory Action Research on the needs of older people

September 2018

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Mission Practice  
Hungerford Arms  
Neighbours in Poplar  
Sonali Gardens  
St John's Lunch Club  
St Joseph's Hospice  
Somali Senior Citizens Club  
Sundial Centre  
Methodist Church  
Tower Hamlets Home  
Poplar Pavilion  
St Hilda's Community Centre  
Asda Community Champion *(Isle of Dogs)*  
Dementia Café *(Alzheimer's Society)*  
LB of Tower Hamlets Idea Stores  
Golden Time – Whitechapel Ideas Store  
Ocean Somali Community Association  
Teesdale & Hollybush Tenants Association

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# Foreword

On a warm summer's day earlier this year, I was fortunate enough to be spending a morning in Toynbee Hall's Wellbeing Centre, catching up with some of the older people who live locally and come most days to meet, socialise and do activities together in a welcoming and friendly space.

The older people themselves shape the programme of activities: sometime yoga or dance; singing or watching films; a reading group for those who want to be more confident about their language skills; sewing and handicrafts for those who feel like creating.

There is always something happening, and the people who come along make it feel like their shared an open space. On that particular day, I joined in a conversation. Primla, in her late seventies, and a local resident for almost 50 years, was asking her friends and neighbours what things they liked about the area, and what could be done to improve it.

It was a natural discussion: the group talked about their homes and families; the rising cost of a cup of tea in the new local cafes; their fears, about falling, or being taken advantage of by unscrupulous strangers. And about the opportunities – to get involved in local activities; to meet and welcome other older people to the Centre.

This discussion was one of dozens that took place over the last 12 months, in community centres and other spaces, all across Tower Hamlets, facilitated by Primla and others like her, as part of a research project to understand what older people want and need from their community here in Tower Hamlets.

The richness of the discussion – and the skill with which Primla helped her friends and neighbours open up – were impressive to watch and have been a vital part of this project.

At Toynbee Hall, we don't just want to offer people things we think they need. We want people to put forward their own suggestions, to choose, to debate, to shape what is on offer for them – and most importantly to have a voice in making the best for the community around them.

Primla and 19 of her peers spent the past year working with us – seeking answers and insights from within the community they live in every day. In total they spoke to or surveyed 500 older people from all parts of the community. This report presents what they found. It has some profound insights into the daily lives of people in a rapidly changing community, and one that faces many challenges.

But it is imbued with optimism, and possibility: people can change things. We hope you enjoy reading of the experiences of the peer researchers who led this project – all drawn from the local community here in Tower Hamlets. And we hope also that you are moved to take action based on what they have found. Their insights and asks are not revolutionary: people want to feel safe; know where to find help where they need it; and take advantage of what many others already take for granted –

particularly digital technology, which we all know has the power to transform lives. But, crucially, these are the community's own insights, not those of an external researcher. And that makes them all more powerful and compelling.

When the conversation ended, and Primla had made sure she had all her notes in order, I asked her what she had learned from the project.

She smiled, and said simply: 'I learned how to ask why?'

We hope you are as curious and committed to facilitating change as Primla and her colleagues have been.

We hope that you will support and champion not only the findings, but also the approach. If we want to know what people think, we need give them the space and support to tell you on their own terms.

Enjoy the report, and we look forward to working with you in the future.

A handwritten signature in black ink, appearing to read 'Jim Minton', with a stylized, cursive flourish.

Jim Minton  
Chief Executive  
Toynbee Hall

# Executive Summary

This report began with a simple brief: to come up with ideas for how services for older people in Tower Hamlets can be more responsive, more relevant and strengthen the community. But, given the levels of deprivation and exclusion within the borough, we also wanted to ensure that the users of those services are engaged in the discussion and empowered to make changes.

So it is within this dual context that this report should be seen: there are pressing social policy challenges in Tower Hamlets regarding the deprivation and wellbeing of the older population; and there is also the wider task of genuinely engaging that population in addressing those challenges.

## How we sought to respond to the key question – what we did

We set out to give the community as much ownership and responsibility for driving the project as we could. That included recruiting older people to be peer researchers and to lead the project for themselves. The peer researchers were recruited with only two criteria: living in Tower Hamlets and aged over 50.

The rich diversity of their individual backgrounds, skill sets and interests has itself been a key factor in how the project developed. Our peer researchers were aged between 52 and 87, speaking 13 languages and dialects amongst them. Six of them have a university degree, but the large majority range from graduating secondary school to having no formal education.

The peer researchers were involved in all parts of the project, from designing the project to developing recommendations. Instead of writing a questionnaire and an interview guide ourselves, our researchers and research volunteers trained those older people participating to define both the questions they wanted to ask and the ways in which they wanted to reach out to the community. They learned about conducting surveys and interviews, analyzing data, as well as about interview methods and other research techniques.

This large team of peer researchers was supported by two lead researchers, as well as more experienced research assistants.

Through this research process the team were able to find, and get meaningful responses from, over 500 local people living in Tower Hamlets. Every ward in the borough was surveyed, providing a rich and comprehensive data set.

## The findings and insights from the peer researchers - what we found

### **Access to and information about services is critical – even more so in some instances than developing new opportunities**

Despite austerity forcing significant cuts in services, the key challenge people found was that they didn't know where services were based or how to access them. The needs of many community members are not just about increasing service provision, but about providing integrated, holistic support. Such support takes into account, responds to and joins up the various aspects of a person's whole life, beyond just signposting or referral. For service providers, this means actively connecting with other agencies and offering additional support alongside when people need it. In short, it means supporting people to be able to access services. Additionally, there is a real need for better communication and better information sharing within and across communities. But there is also a need for intensive support for complex problems, such as benefits advice.

### **Older people want to feel safer in their own communities**

Safety is a key issue – not only due to the actual negative impact on physical wellbeing, but also because fear of crime prevents people from actively engaging in volunteering, social projects and building bonds with their neighbours. A typical response from an older woman summed up her feelings: *'Sometimes you're too scared to go out the door because you're scared about who you are going to meet at the front door. ... So before I leave, I make sure I'm holding my key or my phone, just in case I have to call for help'*. And there are simple basic needs going unmet too; support to avoid falling or injury, or being able to access a safe toilet whilst out and about, are crucial to creating a sense of safe mobility.

### **There is a real desire from older people to be digitally active citizens**

Older people expressed a desire to be digitally active citizens: to keep in touch with each other and their families and, vitally, to take part in social and other activities locally and further afield. Of course, some older people told of how they were *'too old to learn or use'* new technology, with one man telling the researchers: *'I come from an age where we did not have all these things, now they have a different language. What is an app anyway? ... I do not know what they're talking about'*. However, with the right support, a great many older people said they were keen to use technology. In particular they saw the internet as a tool to keep in touch with family and wider social networks. Some of the respondents have already started to enjoy being a digitally active citizen. For example, one respondent told of how he is using social media for his voluntary work for Bangladeshi community radio.

### **Communities will embrace being properly engaged in shaping their communities**

Older people want very much to play a role in shaping their communities – as well as more traditional volunteering, there was a real appetite for learning new technical skills, such as questionnaire design and analysis. It is important that we don't pigeonhole older people as only being interested in certain things. And the strength of a growing network of citizen advocates can't be understated. The researchers – and many of those questioned – are now a real resource for the local authority and wider community: a skilled cohort who can listen, engage and understand issues and surface them to policy makers and commissioners in an effective way.

## What next – our recommendations

The recommendations are shaped and defined by those who live in the communities of Tower Hamlets, and therefore have the biggest stake of all in their success. They have implications for Toynbee Hall and other charities; for the local authority, health services and other public sector bodies; and for business and wider civil society.

For all parties, we recommend that:

- All support providers should **work closely together** so that they can share resources, use and develop their strengths, and improve the efficiency and quality of their work.

*By working with 21 organisations and sharing our findings with many more, we have established that there is a wide range of services and support available. Such support is not just provided by local government and community organisations, but also by many others, such as faith organisations, commercial interests and even pubs. However, there is a lack of connectivity between many of these providers, so increased collaboration can help improve their potential for impact.*

- **Community organisations** can play a key role in tackling social isolation. They need more resources, and better support for volunteers and befrienders.
- **Participatory Action Research** - research involving and engaging the community - should become the norm. This will help improve social integration at the neighbourhood level and better highlight needs for additional support for isolated older people - and other groups - who may not currently access vital community services.

### Recommendations for Toynbee Hall and other charities' services

- Create a monitored voluntary buddy scheme to promote intergenerational sharing activities, connect special interests and support access to and use of technology.
- Consider the opportunities for increased collaboration with GP practices, commercial enterprises, pubs and faith organisations in delivering outreach advice and wellbeing services.
- Deliver IT training through a social hub where people can go online to talk to friends and family or learn new things such as a foreign language and DIY. Many older people find it easier to learn new technology through demonstration and practice.
- Conduct further participatory action research to improve social integration at neighbourhood level and explore support for isolated older people who do not attend community activities.

### Recommendations for Tower Hamlets Council

- Actively promote and inform older people about what is already on offer.
- Promote advice services through intermediaries such as social landlords and GPs.
- Review and increase the capacity of benefits advice case work.
- Raise homeowners' and elderly couples' awareness of Pension Credit benefit.
- Add fall prevention training to forthcoming 'travel training' programme.
- Support community organisations to play a key role in tackling social isolation.
- Explore the possibility of Freedom Pass activated community toilet scheme for older people.

## **Recommendations for other organisations**

- Social landlords could do more to facilitate advice support for tenants, through local surgeries and partnerships with the voluntary sector.
- Social landlords, the health service and local police could do more to make older people feel safer in their communities: fall prevention training, more empathetic assessments of housing and local community infrastructure, and initiatives to improve people's belonging to the neighbourhood, are needed.
- GP practices could better facilitate advice and wellbeing support for older people.
- Transport for London need to improve the Dial-a-ride telephone booking process and provide a more reliable and efficient pick-up service for users.
- Transport for London could explore the possibility of implementing a real-time information audio fob system for visually impaired users, or a system for them to inform the approaching bus driver when they require additional support.
- Technology service providers and computer sellers could provide support to both reduce older people's risk of experiencing internet fraud and simultaneously reduce their worry of falling victim to internet crime.

# 1. Introduction

*‘Although you feel you know people, you don’t really know them until you ask them specific questions, so it (this project) was quite a personal insight into people’s lives and they were very good to share it with me’. (peer researcher)*

Toynbee Hall is a community organisation and a catalyst for social reform in the UK for 130 years; today it continues to create new ways to help those who find themselves in poverty. Established as a familiar presence in the East End of London, we have strong, historical connections with local communities and a background in working together to achieve common goals.

Toynbee Hall and the London Borough of Tower Hamlets jointly funded a one year Participatory Action Research project to explore the needs of older people in the borough. We set out with what on the face of it was a simple brief: to come up with ideas for how services for older people in Tower Hamlets can be more responsive, more relevant and strengthen the community.

Tower Hamlets is a borough facing huge change. Enormous amounts of wealth are generated in and around the borough, located adjacent to the City of London, and encompassing dynamic, economically vibrant neighbourhoods including Spitalfields, Bethnal Green, and Canary Wharf. At the same time, there are huge challenges of poverty, inequality and all the associated negative impacts. Around half of all older people in the borough live in income deprived households, three times higher than the national average of 16%<sup>1</sup>.

So the core brief was a vital and timely one in itself. But, given these levels of deprivation and exclusion within the community, we identified a real risk that we would not be able to get meaningful data or insights from the community if we used traditional research methods. In our current era of austerity, cynicism and low expectations from communities that public services can improve, we realized that as well as the question about services for older people, this project also raised more fundamental additional questions about both:

- How people are really engaged in the discussion;
- How they are empowered to feel that they can make changes – and to be valued, equal partners alongside the state and civil society.

There is a rich narrative emerging around public service reform, and the importance of involving people and communities in shaping their own futures. As articulated recently in Collaborate Foundation’s (2018:7) 2018 report: ‘progressive change within services to the public is best achieved through value-based collaboration. ...

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<sup>1</sup> Tower Hamlets Council, undated. *Deprivation in Tower Hamlets Analysis of the 2015 Indices of Deprivation data*. Available from: [https://www.towerhamlets.gov.uk/Documents/Borough\\_statistics/Income\\_poverty\\_and\\_welfare/Indices\\_of\\_Deprivation\\_High\\_resolution.pdf](https://www.towerhamlets.gov.uk/Documents/Borough_statistics/Income_poverty_and_welfare/Indices_of_Deprivation_High_resolution.pdf) (accessed on 2 Sep 2018).

Collaborative models of commissioning and delivery offer a better chance to improve outcomes for society – particularly when this collaboration involves the public<sup>2</sup>.

It is within this dual context that this report should be seen: there are pressing social policy challenges in Tower Hamlets regarding the finance and wellbeing of the older population; and there is also the wider challenge of genuinely engaging that population in addressing those challenges.

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<sup>2</sup> Collaborate Foundation, 2018. *The state of collaboration: how ready are we to work together?* Available from: <http://wordpress.collaboratei.com/wp-content/uploads/The-State-of-Collaboration-June-2018.pdf> (access on 2 Sep 2018).

## 2. Our approach: Participatory Action Research (PAR)

With a PAR project, peer researchers address questions and issues that are significant for their communities (Reason and Bradbury 2008<sup>3</sup>). We chose to use PAR because this approach promotes a sense of ownership and involvement within the local community and leads to solutions that are more likely to succeed (Johnson and Nurick 2006<sup>4</sup>).

The process of producing a PAR project was not without its challenges, from recruitment and retention to achieving a quality of data that we could all relate to and trust. In this case, the positioning of the researchers, the peer researchers, the research assistants and our respondents has presented a challenging and rewarding journey, enabling us all to work together, with our diversity of backgrounds and skills, towards a common goal.

### 2.1. Our team

We had a team of 20 peer researchers who were involved in all parts of the project, from designing the project to producing action points. They were recruited with only two criteria: they had to be residents of Tower Hamlets and had to be over 50 years old<sup>5</sup>. The rich diversity of the peer researchers' individual backgrounds, skill sets and interests has itself been a key factor in how the project developed.

Our peer researchers were aged between 52 and 87, with a fairly equal gender balance, and a variety of ethnic backgrounds. The peer researchers speak 13 languages and dialects amongst them. Most of them were economically inactive due to retirement, unemployment or health reasons. Their employment experience ranged from current homemakers to a former university lecturer. Six of them have a university degree, but the large majority range from graduating secondary school to having no formal education.

This large team of peer researchers was supported by two lead researchers as well as research assistants who have completed or are in the process of completing their Bachelor's or Master's degrees or are undertaking a PhD.

#### ***'They were a very supportive team***

*who not only give us a training; they went through with us more than four five times what I was supposed to do. But at the same time they came with us, when I went to different venues. I was never left alone saying that's it, you've been trained, now go and get some surveys or do some interviews. ... I know it's really harder to do that but it was really good, very supportive team'. (peer researcher)*

<sup>3</sup> Reason, P. and Bradbury, H., 2008. *Sage Handbook of Action Research: Participative inquiry and practice* (2nd ed.). London : Sage Publications.

<sup>4</sup> Johnson, V. and Nurick, R., 2006. *Regeneration through Community Assessment and Action: Overview of Methodology. Development Focus report.*

<sup>5</sup> We set up this age range in order to include as many older people as possible.

## 2.2. Towards a common goal

The diagram here illustrates our research process, using the same development approach for both the survey and the interview stages. We held 19 training workshops, various drop-in support sessions, as well as providing one-to-one support and training. Peer researchers also attended a university lecture on interview methods.

### Co-design

In addressing the research question, 'What are the needs of older people in Tower Hamlets?', we worked together in a series of workshops to develop a comprehensive list of areas of older people's needs. This list guided the development of our survey questionnaire, which we then piloted and adapted until we were satisfied both that it covered all the relevant areas and that it was easy to complete by respondents, either individually or with support.

From the survey data, we were able to identify the key issues that most concerned the older people we had spoken with. Through a series of workshops we then broke those issues down into more specific topics and developed a set of questions to ask our interviewees.

### Data collection

Peer researchers completed 500 surveys in Tower Hamlets through organised field trips and their personal networks. They also undertook 45 interviews with survey respondents who had expressed an interest in being interviewed and could share diverse experiences.





We went on various field trips to 21 locations, from a Dementia cafe to local markets, ideas stores (local libraries) and community organisations, GP practices and hospital events, local churches and mosques. When surveying organised gatherings and activities we found women were usually in the majority. We addressed the shortfall in male representation by targeting a number of local pubs, Men's clubs and mosques.

In order to include those older people in Tower Hamlets who were not accessing services or were housebound due to health and mobility issues, we completed surveys with local residents we identified through our own personal networks, in our estates and neighbourhoods. We supplemented our outreach by holding an event at a community centre of a local housing estate, where we supported local residents to attend, and were able to complete a number of surveys and interviews.

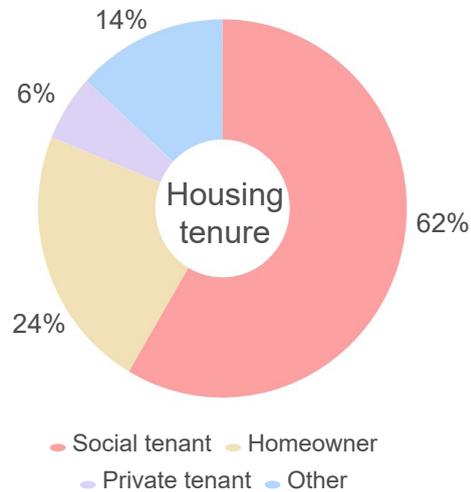
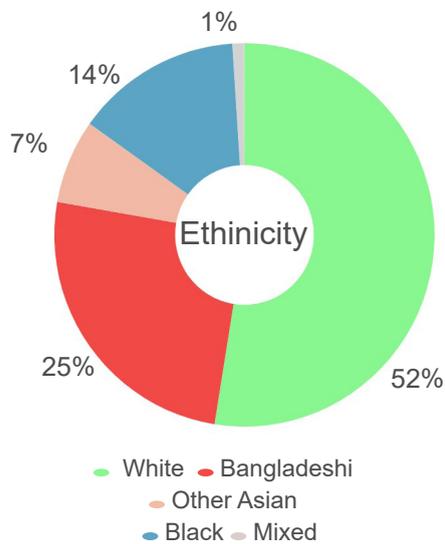
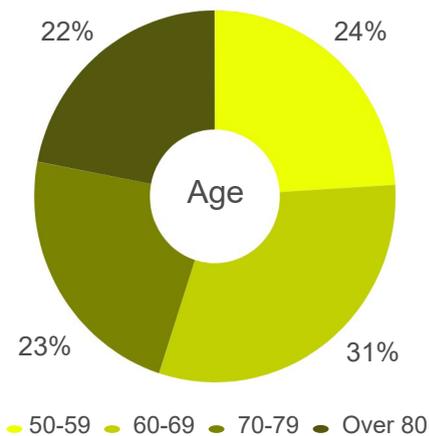
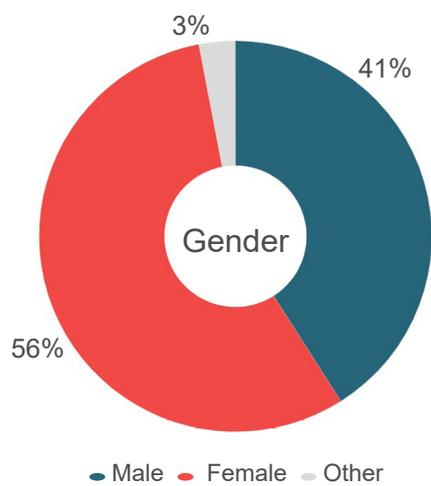
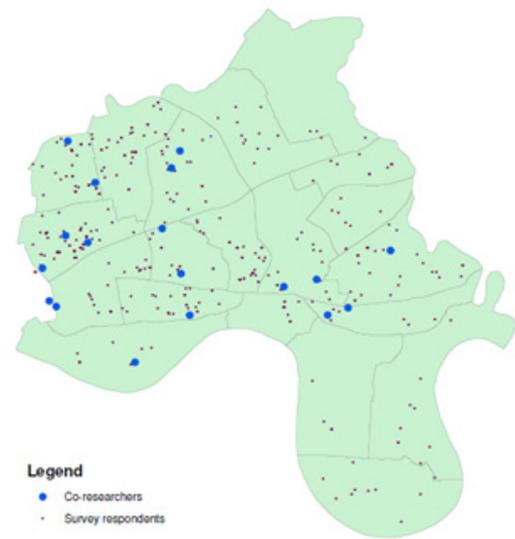
We provided language support in one fifth of the surveys. In addition to the English language version, surveys were also translated into Bengali and Somali and administered by bi-lingual peer researchers.

We followed our safeguarding policy and supported our respondents by providing support information and referring to Linkage Plus outreach workers, who followed up any identified support needs. The project has made 116 referrals for respondents who would like to be connected with Linkage Plus older people services.

Peer researchers' surveys and interviews were supported by a researcher or research assistant. We provided a feedback debrief after each interview which formed part of the training process and provided peer researchers with emotional support when needed.

Our respondents were widely spread across Tower Hamlets, so that every ward in the borough was surveyed. As shown in the charts below, our survey sample has a fairly equal distribution in terms of gender and age, and is representative of the demographic of Tower Hamlets<sup>6</sup>.

Respondents across Tower Hamlets



<sup>6</sup> See London Borough of Tower Hamlets, undated. Ageing Well in Tower Hamlets: a strategy for improving the experience of growing older in our borough 2017 to 2020. Strategy report.

## Data analysis

Peer researchers attended a number of workshops to discuss and interpret survey and interview data<sup>7</sup>, providing researchers and research assistants with the initial analysis<sup>8</sup>. Researchers and research assistants then continued with further analysis, identifying the priority needs and key issues in each area.

In order to identify how to increase older people's income and, more specifically, to increase the benefit uptake of Pension Credit (guarantee), we also conducted secondary analysis on government statistics<sup>9</sup>. This analysis has added to our understanding of the research topic.



### **Analysing survey data: an observational note**

*The purpose of this peer researchers workshop was to have an initial look at the survey data. Sitting around a laptop was useful as it provided a talking point and presented the peer researchers with the data to see for themselves. All peer researchers responded really well to seeing the initial data and such analysis seemed to engage them further.*

*From the demographic data, peer researchers recognised that the surveys had covered a broad age range (50-96) and that this broad sample was a positive thing for the project. Their discussion also informed further analysis, for example, to address whether age, housing tenure and ethnicity have an impact on people's feeling of safety. (research assistant, recently graduated with a Master's degree)*

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<sup>7</sup> Peer researchers interpreted frequency test results on the survey data and identified key independent and dependent variables for further analysis. Working on the interview data, they used thematic analysis approach, coding all data and identifying key themes.

<sup>8</sup> Researchers and research assistants analysed survey data (frequency, cross-tabs, run chi-squared and logistic regressions) using SPSS, and conducted thematic analysis on interview data using NVivo and QDA Miner. The map in this report has been produced using GIS.

<sup>9</sup> Family Resource Survey, currently available on 2015-2016 data, is a repeated cross-sectional study on families in the UK, based on a random sample of around 22000 households.

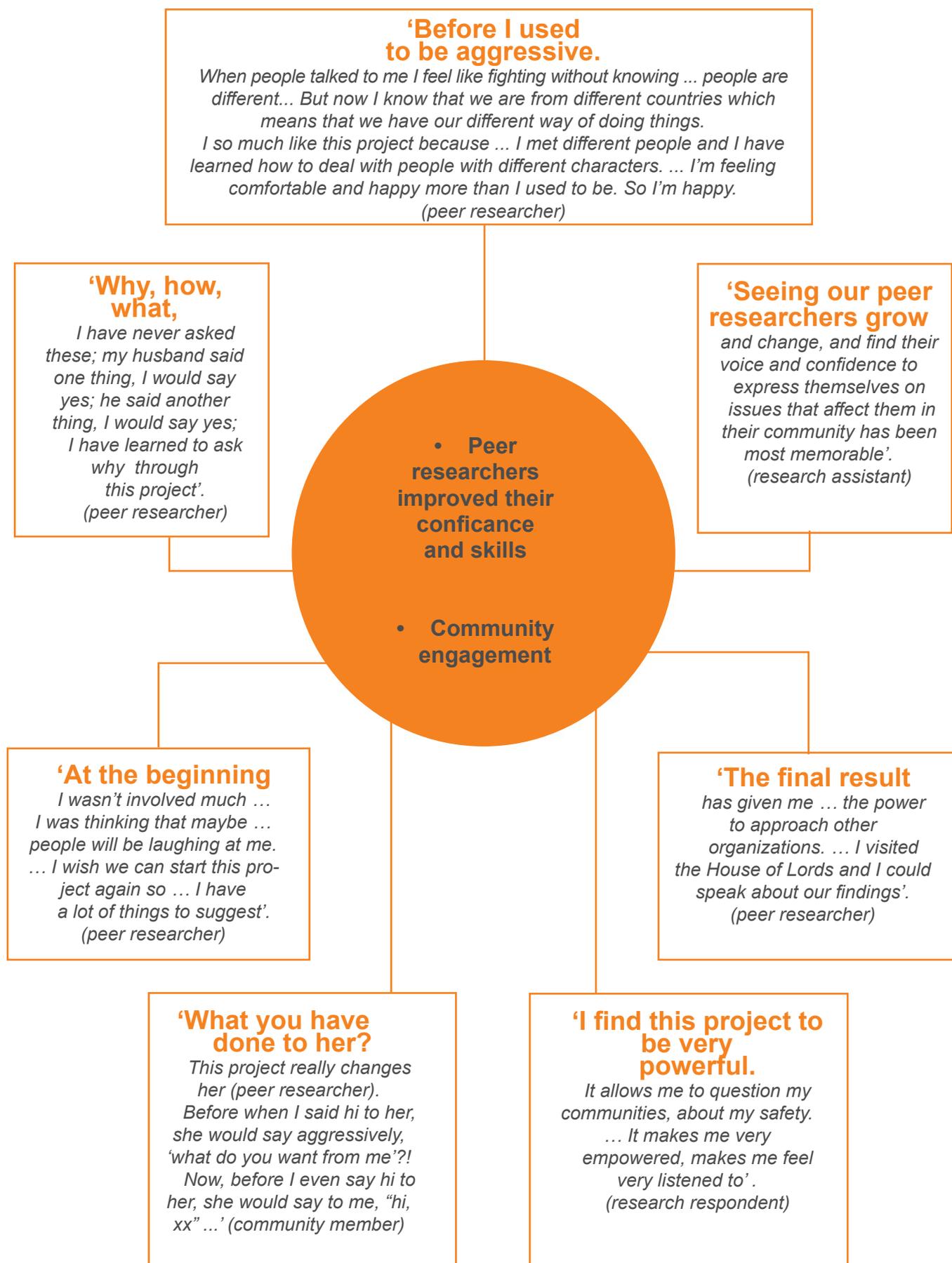
## **Developing the recommendations and action points**

The process of developing the recommendations started with the 45 interviews, where respondents were asked about solutions to the various issues identified for investigation. This qualitative data was analysed and discussed at workshops, where the peer researchers refined the solutions.

The list of recommendations was discussed with the key stakeholders as represented in the steering group, and the final list was taken for discussion and feedback at a community day attended by both peer researchers and some respondents who had participated in the research.

In May 2018, the peer researchers set up a PAR Group to continue their work. They recently participated in a co-design session at Toynbee Hall to develop its Wellbeing Centre support services.

## 2.3. Impact of PAR



# 3. Key learnings of PAR

## Engaging older people in researching their own needs and wants

- While many organisations and institutions do try to listen to views from the community, there is a real risk of survey or consultation fatigue, where there is no perceived resulting action. This project tried to get away from the consultation approach, and instead empowered discussions amongst peers – hence engagement was very strong, as demonstrated through the project impact.
- Older people want very much to play a role in shaping their communities, as well as more traditional volunteering. There was a real appetite for learning new technical skills, such as questionnaire design and analysis. It is important that we do not pigeonhole older people as only being interested in certain things; we must create space for older people to choose how and what they want to learn and develop, including supported challenging learning options.
- Although it is challenging and resource intensive, it is possible to achieve both empowerment and quality data through participatory action research. Using this approach, we have combined a sustainable community engagement programme with a research project. Communities are empowered to own the work; they were supported to ensure policy makers can make decisions based on reliable and good quality evidence that springs directly from the people affected.
- The strength of a growing network of citizen advocates cannot be understated. The researchers – and many of those questioned – are now a real resource for the local authority and wider community: a skilled cohort who can listen, engage and understand issues and surface them to policy makers and commissioners in an effective way.

## 4. Findings: ‘Sooner or later I’m going to need help’<sup>10</sup>

In this section, we will share what our peer researchers found out about the needs of older people in Tower Hamlets. We will start with a story of Sheila<sup>11</sup>.

We met Sheila, a 53 year old Bangladeshi woman, who lived alone because her husband was taken away by social services because of domestic violence, and her son was in prison. Speaking in tears, Sheila told our Bengali peer researcher: ‘I lost everything ... I live a lonely life’.

*‘Most of the time I was sleeping. ... Normally I do not go out because ... I am taking depression tablet, my whole body is painful’.*

Sheila has lived in the UK for 25 years, but she appeared fragile and scared of going out. She was worried about using buses and did not feel that she had enough support.

Sheila talked in length about her difficulty in dealing with welfare benefits. She did not understand why her Personal Independence Payment (PIP) claim was refused even though she had been on medication for depression for the last ten years.

*‘Now I am on Universal Credit. I don’t know how much I get. Yesterday I went to Council office for my rent direct debit because I can’t withdraw the money in time and pay the rent’.*

When asked about her finances and life in general, she became visibly upset:

*‘I don’t want improvement. Whatever I get from benefit I eat and drink, otherwise I don’t know’.*

This was a significant conversation for us as researchers, as it highlighted how difficulties occurring simultaneously in various aspects of life can compound to create such a sense of isolation that Sheila cannot imagine anything ever improving. For her GP, it might seem to be a discrete issue that Sheila is on depression medication; for Transport for London, it might seem to be a separate problem that Sheila is worried about how to use a bus. But for Sheila, these outwardly unrelated issues of health, transport, benefits, financial exclusion and isolation all combine into an overwhelming, tangled mess of challenges.

We offered to refer Sheila to relevant services, but she politely refused. It seemed she just didn’t have the energy left to cope with dealing with service providers, even if they could help.

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<sup>10</sup> (research respondent, 69 year old man, White Other)

<sup>11</sup> Respondents’ names in this report are pseudonyms.

The needs of many community members like Sheila are not necessarily resolved by increasing single issue service provision; instead, what they need is **integrated, holistic support**. Effective holistic support would take into account, respond to and join up the various aspects of a person's whole life, beyond just signposting and referral. For service providers, this means actively connecting with other agencies and offering additional support alongside when people need it. In short, it means supporting people to be able to access services.

In this findings section, we set out the priorities that 500 older people, residents in Tower Hamlets, identified as their own support needs. Within eight main areas - health, public transport, public toilets, advice, social isolation, safety, digital inclusion and financial inclusion – they have identified four priorities. For ease, we present these in four separate sections, but in practice these priorities are closely interlinked.

It is worth noting that, although health was not identified by our respondents as one of the four priority support needs, our analysis suggests that older people's health conditions are a crucial factor affecting their quality of life. Having access to services which support people to maintain their mobility and independence has a significant impact on all areas of life.

A recurring example was the communities' need for accessible and drug-free public toilets. As a 52 year old resident told us:

*'I don't like going to shops, spend the money to go to the toilet. But I think like me many people don't like to go out because of this problem. I don't want to leave the house; I don't know when I'll need to go to the loo. Toilet problems everywhere'.  
(Female, 52, Indian)*

Related to being able to go out, people talked about how physical health conditions such as knee problems prevent them from using train and tube services. A few people who are visually impaired told us about the difficulty of using bus services, as Muhammad explained:

*'While waiting for the bus ... if nobody is at the bus stop I am waiting alone in the winter, in the rain; when and if the bus comes and I am not able to find out which number it is and the bus leaves; that's the kind of mental worry for me'.  
(Male, 71, Indian)*

Being able to move around the community with confidence and independence is, to a large extent, a prerequisite for whether the four key priority needs identified by our research and listed below can be met. If older people do not feel able to move about safely and comfortably within the community due to physical and health barriers, then they will find it much harder, and potentially impossible, to access other services and engage in community activities. We cannot therefore emphasise enough how important a supportive and enabling physical environment is to the effectiveness of other service provision.

## The Four Priority Needs

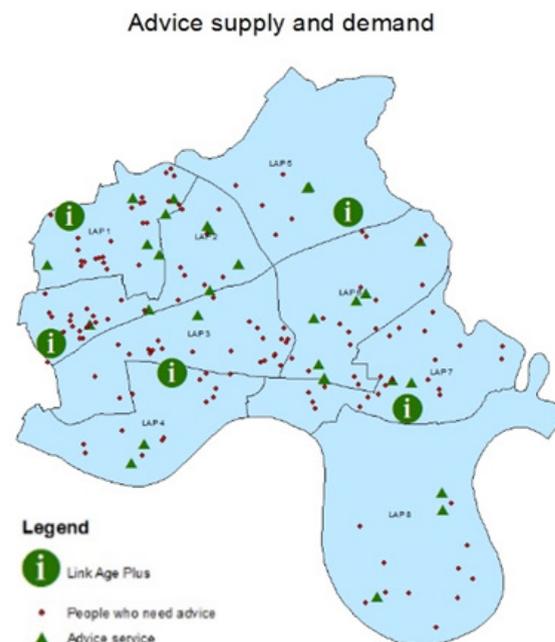
### 4.1. Accessible advice support

The 500 older people we spoke to in Tower Hamlets told us that having accessible advice services is their top priority need. Being able to access advice services easily will help them deal with benefits, health and housing issues, and identify what support is available.

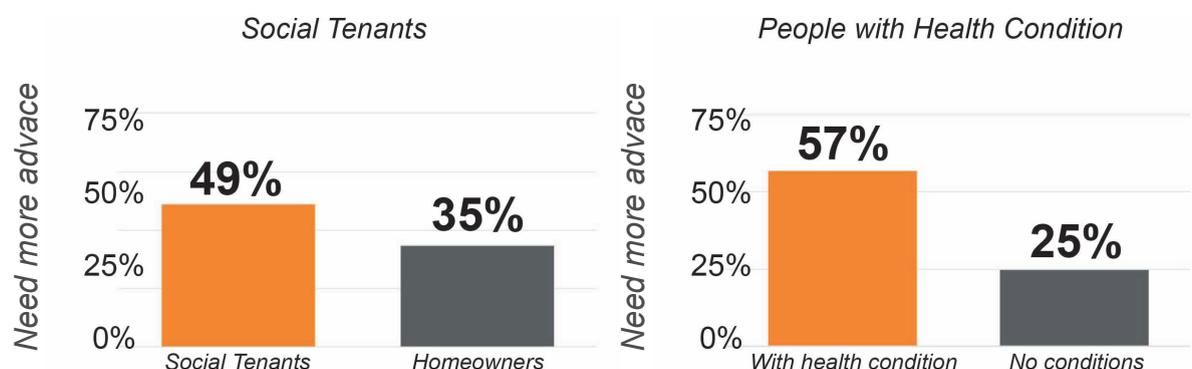
Not knowing what support is available, where advice services are based and how to access them is a key challenge for many people. We have mapped advice services in the borough against those respondents who expressed the need for more advice support. As indicated in the map here, Linkage Plus and advice services are widely spread in the borough, and they could potentially provide support for these respondents. There is therefore a real need for **better communication** within and across communities about **what support is currently available**. As our respondent Jonathan highlighted:

*'Everything could be a lot easier to have it, more information, know how to get stuff. You know what services and stuff is available but they make it hard to get it'. (Male, 70, White British)*

As shown below, social tenants and people with health conditions are more likely to need advice. So one option for improving awareness of services could be to make more use of social landlords and GP practices as information and communication channels.



## Need More Advice



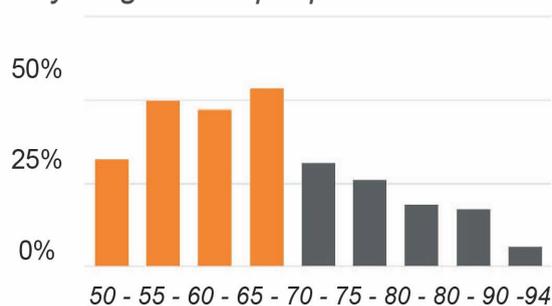
In addition, people spoke of the reduced capacity of advice support. This often means people face 'long queue and long waiting' (Male, 53, Bangladeshi), and it is difficult for them to make an appointment:

*'Before you just went and said I just want to speak to someone... And now they said you need to come back to make an appointment and ... when I went back... I was no better off'. (Male, 54, Black Caribbean)*

This issue links to the finding that the majority (92%) of older people rely on **face-to-face contact** for advice and information, so face-to-face advice services are in high demand. Over one in three respondents go to community centres for advice, hence it is worth reviewing the capacity and efficiency of advice services provided at those locations, so people can quickly and easily get to see an advisor when needed.

The chart here shows that people aged between 50 and 69 require more advice support than their older peers. This may be because people in their older working age and early retirement age are more in need of support for dealing with welfare benefits and pensions as they transition from work to retirement. The Financial Conduct Authority (FCA)<sup>12</sup> also identifies the similar age group (45-65) as most at risk of pension scams.

### The younger older people need more advice



<sup>12</sup> Financial Conduct Authority, 2018. Regulators warn public of pension scammer tactics as victims report losing an average of £91,000 in 2017. Available in: <https://www.fca.org.uk/news/press-releases/regulators-warn-public-pension-scammer-tactics-victims-report-losing-average-91000-2017> (accessed on 21 Aug 2018).

Many respondents were impacted by the reduced capacity of welfare benefits advice, especially **benefits advice case work**. Some of them, such as Sabrina, need help to appeal against a benefit decision. Her husband who is registered disabled, had recently been reassessed for his Personal Independent Payment (PIP). His PIP payment was subsequently cut, but they were not able to manage the appeal process alone, which meant they needed to request a mandatory reconsideration and complete a complex appeal form. Since they did not know how to do this, and were unable to access support, they could not appeal the decision and now have to manage on a significantly reduced income.

Benefits advice case work is therefore crucial to support people to deal with complex benefits claims and appeals, which requires specialist knowledge and skills. This service is important to support people affected by welfare reform. But in our mapping exercises, we found it difficult to map benefits advice services in the borough. Although some organisations advertise benefits advice services, it is unclear whether these services include case work.

For those in retirement age, the Government is attempting to increase the Pension Credit (guarantee) take-up rate to support people on low income. We therefore conducted a separate analysis<sup>13</sup> of the Family Resources Survey to explore how best to increase the take-up rate. Our analysis suggests that people living with a partner and owning their own home are more likely to not claim Pension Credit despite being eligible<sup>14</sup>. Support should be provided to raise awareness among these groups.

### **Our recommendations**

- While there is a need for some new services, the key challenge for civil society and public sector providers remains to actively promote and inform older people about what is already on offer.
- We found that, because older people already interact with some key trusted providers – GPs and social landlords – these channels could be used more effectively to open up access to other services such as benefits advice, debt advice or other social activities.
- Nevertheless we found some clear gaps: the complexity of the benefits system was a real challenge for people, and so there is a need for increased capacity locally for benefits advice case work.
- Similarly, there is a need to raise homeowners' and elderly couples' awareness of Pension Credit benefit.
- Social landlords could do more to facilitate advice support for tenants, through local surgeries and partnerships with the voluntary sector.

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<sup>13</sup> To receive a separate report for further information, please contact us.

<sup>14</sup> Our logistic regression on the Family Resources Survey suggests that people living with a partner, owning their house (without mortgage), not having internet access and facing poor health conditions are more likely to not claim for Pension Credit (guarantee) although they are eligible for it.

## 4.2. Safer homes and neighbourhoods

Our 52 year old interviewee Tahera is a very active member of the community where she has lived for 33 years. She is a strong and confident woman, until she steps outside her home. A medical condition has left her with a disability which means she has to use a stick, and this makes her feel vulnerable when on the street. She lives near a busy area with many bars and she is afraid of drunk people bumping into her; she is also scared of her stick slipping on the uneven pavements:



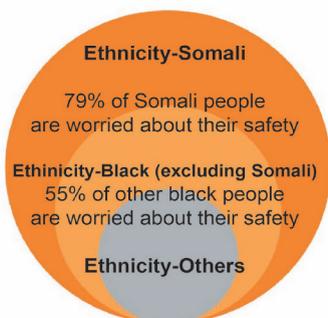
*‘Ohh, at home, you know like a lion. The mouse is a lion where he lives. So, I am lion in my home. But outside I am very, very fragile, because I never know when my stick’s going to slip. ... I’m very, very ... not happy outside’. (Female, 52, Indian)*

Whether due to personal experience or perception, the older person’s fear for their personal safety can have a negative impact not only on their personal wellbeing, but also on their engagement with community projects, volunteering activities, and their ability to build relationships with their neighbours.

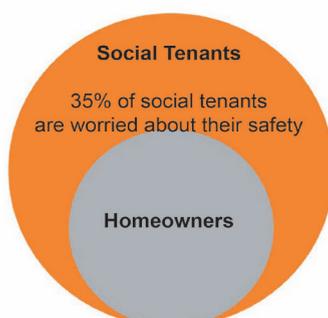
Our research suggests that some subgroups within the larger community are likely to be more vulnerable than others. As shown in the charts here, the perception that their neighbourhood is unsafe has a particularly significant detrimental impact on Somali and other black communities, social tenants, and those with health conditions, so interventions to address these concerns should be targeted at, or specifically include, these vulnerable groups.

### Worried about Safety:

Somali and other Black people



Social Tenants



People with physical health conditions



Falling, and the fear of falling, can make an older person feel vulnerable. As a Greater London Authority report (2016<sup>15</sup>) suggests, not all falls are serious enough to warrant hospital admission but they can result in reduced mobility and loss of confidence. Many respondents told us about their fear of falling on the street and at home:

*'I feel worried if I am alone outside, I feel worried if somebody will push me or just attack me and run away... maybe I might feel dizzy and fall as I have diabetes and have to take insulin two times daily'. (Female, 70, Bangladeshi)*

*'I got stairs at home and like a child I come down... step by step because I'm scared to fall down... If I fell down I have got nobody'. (Female, 76, Indian)*

People at our community consultation day identified that there used to be safety training for older people in Tower Hamlets and it was seen as useful for the community. Currently social landlords provide many other training programmes for their tenants and Tower Hamlets Council has plans to offer better information and support around travel. It would be worth adding **fall prevention training** to the existing training plans and reinstating the original safety training programme.

As well as the fear of falling, many older people expressed their sense of disconnection from the neighbourhood, a place they no longer feel safe enough to call home. This was described as due to the societal changes and development, generational gaps, as well as crime and anti-social behaviour in the community:

*'I don't feel safe a bit now, because you've got bars now. You've got so many people coming into the area to just come in to have a good time, and get uhmm... drunk!' (Male, 56, Indian)*

*'Sometimes you're too scared to go out the door because you're scared about who you are going to meet at the front door. ... So before I leave, I make sure I'm holding my key or my phone, just in case I have to call for help'. (Female, 66, Black Caribbean)*

*'We find drug pushers and drug users on the stairs and on the internal stairs in the building where I live'. (Male, 60, White British)*

*'Two, three months ago, some people they [are] racist, they cutting hair... I am scared. I can't go outside, you know'? (Female, 58, Pakistani)*

*'Acid, acid. Acid, they've done. So you're scared to go out'. (Male, 71, Bangladeshi)*

Initiatives to promote social integration in the neighbourhood can help people feel safer. **A further PAR project** is needed to explore the communities' solutions to improve integration between young people and older people, and between people from different ethnic groups.

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<sup>15</sup> Greater London Authority, 2016. *Older Londoners and the London Plan: Looking to 2050: a report for the GLA 2016. Evidence base report.* Available from: [https://www.london.gov.uk/sites/default/files/older\\_londoners\\_and\\_the\\_london\\_plan\\_march\\_2016.pdf](https://www.london.gov.uk/sites/default/files/older_londoners_and_the_london_plan_march_2016.pdf) (accessed on 16 Aug 2018)

### **Our recommendations**

- Social landlords, the health service and local police could do more to make older people feel safer in their communities: fall prevention training, more empathetic assessments of housing and local community infrastructure, and initiatives to improve people's belonging to the neighbourhood, are needed.
- The local authority's plans for better information and support around travel are welcome but there should be a stronger focus on safety – including fall prevention – within this.

### 4.3. Local access to technology

Older people's use and access to technology is a key area of both local and national concern. Our respondents' needs for access to technology include issues around their financial ability to afford equipment and an internet connection, as well as the financial risk of possible theft, local opportunities to learn how to use the internet and mobile phone, and a place where they can get help.



Unsurprisingly, but sadly, low income is a real barrier which prevents older people in Tower Hamlets from learning to use and then actually using technology. Our data shows that people who receive Pension Credit (guarantee) are 74% more likely to not use the internet, and social tenants are 43% more likely to not use the internet compared to homeowners.

Anadia is a 68 years old Pakistani woman who enjoys using the internet. Her laptop was stolen but, without access to insurance to cover the cost of a replacement, or access to affordable credit to be able to smooth the cost of buying one, she has no choice but to wait patiently to get a new laptop:

*'My brother said wait for a while I'll see I might get you one, so I'm waiting quietly... If not I will need to go and buy it in instalments'. (Female, 68, Pakistani)*

There is **IT training** available for older people, but the communities suggested that such training needs to be available locally, on the estates, in local schools or community organisations:

*'Something should be available on the estates where we live'. (Female, 65, Pakistani)*

*'If there is a class which is far from where I live then I will not go because of my leg problem'. (Female, 64, Bangladeshi)*

These experiences also demonstrate the need for holistic support given the connectedness of issues facing older people.

There was a specific need for **internet safety training**, which should be included in existing IT training programmes. Technology service providers and computer sellers could also provide support to both reduce older people's risk of experiencing internet fraud and simultaneously reduce their worry of falling victim to internet crime. This will help older people who are not experienced in using the internet, and also many others, such as our respondent, Ishaan, who works as a computer teacher and is experienced in using the internet:

*'The internet awareness and internet safety is so important - even in my field in front of the kids, but adults and all you know. ... So I really feel my biggest fear is the internet'. (Male, 56, Indian)*

**Using a mobile phone** may be easy for many people, but it is not always easy for the older person. Jonathan was one of 114 people, 23% of our respondents, who need support using mobile phone:

*'Well, me and mobile phone, we just don't agree. I put it on hold and then he spoke to me while I was on the toilet. I didn't even know that. ... And texting, if anybody could show me texting, I'd have a try at that'. (Male, 87, White British)*

Respondents also identified a preference for just-in-time **technical support** as and when they need it:

*'We need drop in centres where we have got our computers and it's doing something funny. We need to be able to go and say what's wrong with my machine and somebody can sort it out for us. ... Same with mobile phones'. (Female, 78, White British)*

The rapid change in technology can make it difficult for older people to keep up to date with options. When talking about technology, some older people told us that they were 'too old to learn or use' it (Female, 62, Bangladeshi):

*'I come from an age where we did not have all these things, now they have a different language. What is an app anyway? ... I do not know what they're talking about'. (Male, 85, White British)*

Such frustration came from Alex, an 85 year old man who lives alone in Shadwell and has little contact with his sister in the US. Like many others, Alex is baffled by technology, but with support, he would be very interested in using the internet to keep in touch with his family.

In contrast, some other respondents have started to enjoy being **digitally active citizens**. For Malik, a 53 year old Bangladeshi man, this means using social media in his voluntary work for community radio. For a 68 year old Pakistani woman, Anadia, who was waiting quietly for her brother to get her a laptop, this simply means enjoying her life:



What to learn how to use the internet

*'I do like the internet to use and to know - and every older people who are at the moment able to use, they should use it. ... By the time you look on there, the time flies, and you look at interesting things. So (make good) use (of) your time'. (Female, 68, Pakistani)*

## Our recommendations

- Community spaces – such as pubs, cafes and other businesses – could be supported to provide basic access to technology for maintaining social connections or accessing information online etc.
- Service providers – such as Toynbee Hall – should better embed digital skills training and support into other core services, around debt advice, wellbeing etc.
- IT training could be delivered better through 'social hubs' where people can go online to talk to friends and family or learn new things such as a foreign language and DIY.
- Technology service providers and computer sellers could provide support to both reduce older people's risk of experiencing internet fraud and simultaneously reduce their worry of falling victim to internet crime.

#### 4.4. Talking to people

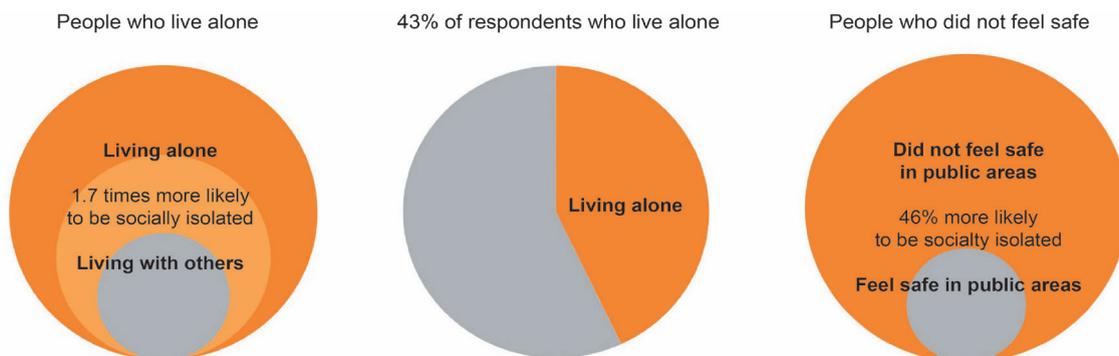
Owen is an 88 year old Black Caribbean man who had developed Alzheimer's. He had separated from his wife who also has a health condition, so Owen's daughter Sarah had to give up a successful career to look after her parents living in different houses. This is Owen's everyday life as described by Sarah:



*'He is at his very best when he is around people. What he doesn't like doing is sitting in the house all day. And in the summer you'll find him outside, just talking to people as they walk by, which is great but it also frightens me, because if someone is at the top of the road watching and going, ohh, he's on his own, do you know what I mean?'*

Owen wants to socialize, but the street is not always safe; he wants to attend social events, but he finds it difficult to access appropriate transport. Owen's story represents the experiences of many older people. In our survey, we identified that one in five older people feel isolated. They want to speak to people more, but are restricted from doing so when they live alone, do not feel safe in public, or do not have appropriate transport to help them get out and about. This again confirms the linkage between different areas of needs and the need for **holistic support**.

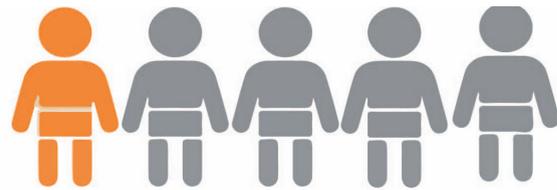
*More likely to be socially isolated:*



*'I cry on my own when I am alone at home'. (Nazia, Female, 70, Bangladeshi)*

For some older people like Nazia, it is not always easy to go out. Some people have found it difficult to use the telephone booking system for Dial-a-ride. Others told us about issues of the Dial-a-ride pick up: *'I've booked up for three of us, they pick my two friends up but I wasn't on the list. ... Now I haven't used it since'* (Female, 76, White British). Some people had the impression that the first come first served booking system was less efficient than, for example, clustering bookings on a geographical basis. Users described being told there was no availability to travel despite knowing that a near neighbour was being picked up at their requested time.

So, while Dial-a-ride clearly provides a vital service, we identified barriers to accessing and using the service which currently undermine its positive impact on older people’s wellbeing. There is a need for **Dial-a-ride** to review and improve their service provision to ensure that these barriers are removed so that more older people could use the service with confidence and thus be less isolated.



**1 in 5**

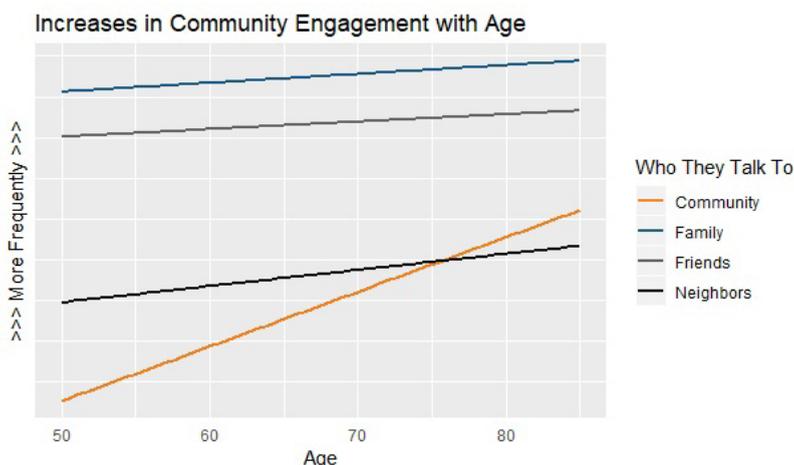
Isolated: seldom/never speak to their family, friends, neighbours and community members, and would like to speak to them more

In the introduction of this findings section, we mentioned Muhammad’s fear of waiting for a bus alone as a visually impaired person. As a result:

*‘I wanted to come to [place] but I found it difficult for me to travel alone, so I couldn’t go there. I wanted to use the service there’. (Male, 71, Indian)*

If **more support can be provided for visually impaired people** to use bus services, it will encourage and enable them to go out more. There is scope for older people and transport providers to work together to co-design solutions to increase support for particular needs. Such solutions could possibly be a real-time information audio fob to use at bus stops, as currently implemented in some places outside London<sup>16</sup>, or a system for users to inform the approaching bus driver when they require additional support.

Our analysis also shows that one in two older people want to talk to people more and one in five feel isolated. As they age, they are more engaged with community organisations (see chart). **Community organisations** are therefore an important source of support for older people and it is important to review their capacity to meet people’s needs.



<sup>16</sup> Such as West Sussex and Milton Keynes.

## Our recommendations

- Community organisations can play a key role in tackling social isolation. They need more resources, and better support for volunteers and befrienders.
- A very practical insight was to look at the availability of community toilet scheme<sup>17</sup>, perhaps activated by use of a Freedom Pass for older people (the Council pays local businesses a fee per use).
- Transport for London need to improve the telephone booking process and review the pick-up system for Dial-a-ride users.
- There is the potential for Transport for London to work with older people to explore how technology might support transport providers to know about and better support older people's access needs, such as a real-time information audio fob to be activated at bus stops, or a system for users to inform the approaching bus driver when they require additional support.

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<sup>17</sup> Borough of Richmond, for example, has focused its toilet provision on a community toilet scheme, in which 97 local businesses are paid £600 per year to make their toilets available to the general public.

## 5. Our recommendations

The recommendations are shaped and defined by those who live in the communities of Tower Hamlets, and therefore have the biggest stake of all in their success. They have implications for Toynbee Hall and other charities; for the local authority, health services and other public sector bodies; and for business and wider civil society.

For all parties, we recommend that:

- All support providers should **work closely together** so that they can share resources, use and develop their strengths, and improve the efficiency and quality of their work.

By working with 21 organisations and sharing our findings with many more, we have established that there is a wide range of services and support available. Such support is not just provided by local government and community organisations, but also by many others, such as faith organisations, commercial interests and even pubs. However, there is a lack of connectivity between many of these providers, so increased collaboration can help improve their potential for impact.

- **Community organisations** can play a key role in tackling social isolation. They need more resources, and better support for volunteers and befrienders.
- **Participatory Action Research** - research involving and engaging the community - should become the norm. This will help improve social integration at the neighbourhood level and better highlight needs for additional support for isolated older people - and other groups - who may not currently access vital community services.

### 5.1 For Toynbee Hall and other charities' services

- Create a monitored voluntary buddy scheme to promote intergenerational sharing activities, connect special interests and support access to and use of technology.
- Consider the opportunities for increased collaboration with GP practices, commercial enterprises, pubs and faith organisations in delivering outreach advice and wellbeing services.
- Deliver IT training through a social hub where people can go online to talk to friends and family or learn new things such as a foreign language and DIY. Many older people find it easier to learn new technology through demonstration and practice.
- Conduct further participatory action research to improve social integration at neighbourhood level and explore support for isolated older people who do not attend community activities.

### ***'I went to a pub***

*for this project. ... People there don't get to anywhere else. ... The pub become their community centre ... so the land lady ... was helping them ... They are so proud, they close themselves to any support but that lady was unbelievable, what she is doing. So we could learn that, Toynbee Hall advice centre ... What is stopping us to do outreach in there instead of just saying come to our fancy place'? (peer researcher)*

## 5.2 For Tower Hamlets Council

- Actively promote and inform older people about what is already on offer.
- Promote advice services through intermediaries such as social landlords and GPs.
- Review and increase the capacity of benefits advice case work.
- Raise homeowners' and elderly couples' awareness of Pension Credit benefit.
- Add fall prevention training to forthcoming 'travel training' programme.
- Support community organisations to play a key role in tackling social isolation.
- Explore the possibility of Freedom Pass activated community toilet scheme for older people.

## 5.3 For other organisations

- Social landlords could do more to facilitate advice support for tenants, through local surgeries and partnerships with the voluntary sector.
- Social landlords, the health service and local police could do more to make older people feel safer in their communities: fall prevention training, more empathetic assessments of housing and local community infrastructure, and initiatives to improve people's belonging to the neighbourhood, are needed.
- GP practices could better facilitate advice and wellbeing support for older people.
- Transport for London need to improve the Dial-a-ride telephone booking process and provide a more reliable and efficient pick-up service for users.
- Transport for London could explore the possibility of implementing a real-time information audio fob system for visually impaired users, or a system for them to inform the approaching bus driver when they require additional support.
- Technology service providers and computer sellers could provide support to both reduce older people's risk of experiencing internet fraud and simultaneously reduce their worry of falling victim to internet crime.



# Help us create a future without poverty

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