

# Primary research into community contributions in later life

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Local report for Ashley Ward, Bristol

October 2018



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# About the Centre for Ageing Better

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The Centre for Ageing Better is a charity, funded by an endowment from the Big Lottery Fund, working to create a society where everyone enjoys a good later life. We want more people to be in fulfilling work, in good health, living in safe, accessible homes and connected communities. By focusing on those approaching later life and at risk of missing out, we will create lasting change in society. We are bold and innovative in our approach to improving later lives. We work in partnership with a diverse range of organisations. As a part of the What Works network, we are grounded in evidence.

## Acknowledgements

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# 1. Executive summary

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## Background

Traverse was commissioned by the Centre for Ageing Better (AB) to undertake research into **community contributions** in later life (people aged over 50). Through this work, they wanted to understand how older people currently contribute to and are supported by their communities; what the barriers and enablers are for older people contributing, and how older people can be supported to contribute.

Research was undertaken in five communities: Hartcliffe and Ashley, both in Bristol; Castle Ward in the seaside town of Scarborough; the rural town of Settle; and the Beeston and Holbeck area of Leeds. In each area, older people were interviewed by trained peer researchers from within those communities, with 79 depth one-to-one interviews held in total.

## What contributions do people make in their communities?

Our research paints a rich picture of community contributions across all our research sites and types of respondents. Of our 79 interviewees, all but ten spoke about ways in which they give or receive support in the community in some way. Some were highly involved in local groups and projects and self-identified as volunteers, but many did not participate in this way and did not think of themselves as volunteering in their community, instead talking about what could be described as acts of neighbourliness. These ranged from low levels of responsibility – such as putting a neighbour's bins out or taking in a parcel – through to much deeper relationships of trust that saw people looking after someone else's children or helping them to wash their hair. In between was a large cluster of activities including looking in on neighbours to see how they are/paying a social call, doing shopping, helping around the house, and cooking and sharing food. Looking after pets, giving lifts and looking after children also came up multiple times in the interviews.

## Motivating and enabling community contributions

In exploring the motivators behind and the enablers and barriers to community contributions, many common themes were found that recurred across the research locations. These often played out differently in different communities, however, impacted by factors relating to local place and people's backgrounds.



People spoke about wanting to **'be a good neighbour' and 'giving back'**. Some talked about their **faith** as a specific motivator. **Reciprocity** was another important theme across the areas. At the 'shallow end' of community contributions this could just be about common courtesy with neighbours returning a favour. At the 'deeper end' of contributions where **familiarity and trust** were more important in laying the foundations, reciprocity and willingness to help out was more often rooted in long-standing contact, friendship, and sometimes shared experiences (e.g. of migration, illness or bereavement).

Sometimes taking part in contributory activities was as much about interviewees' own wellbeing as that of others, motivated by a desire to stay **active and engaged**, including in **response to a life change** such as retirement, bereavement, worsening health or moving to a new area.

Contributions were enabled by **places and spaces** – which provided opportunities for people to meet, build connections and friendships, which in turn led to community contributions. These could be places of worship, for instance, or community venues and social groups where people met.

Sometimes the **lack of something** could be a motivator or enabler. Lack of public transport could mean that neighbours depend more on each other to get around, for instance, and lack of formal, funded organisations or community venues could lead to local (often older) people stepping in to fill the gap through volunteering. Even lack of family close by could act as an enabler, freeing up people's spare time and encouraging them to get more involved in their community (especially if new to an area).

## Barriers

Whilst our interviews shed light on a myriad of social interactions and bonds that underpin neighbourly behaviour, they also highlight many barriers and challenges to community contributions. These included physical and structural factors, which disabled or deterred – in particular **poor health or infirmity**, which prevented people from helping others as much as they had in the past or would like to in the present. People also talked about distance and lack of transport, which prevented people getting to other places (including to see friends), about lack of spaces to host and facilitate interactions or activities, and lack of money to take part in activities. For some interviewees from our South Asian communities in Leeds, lack of English language was another practical barrier.

Other barriers were more closely related to **how people felt**. Interviews talked about needing confidence to both offer and ask for help – and uncertainty about how those approaches would be received (e.g. as interfering, unwelcome or burdensome). Whilst shared backgrounds and long-standing connections enabled contributions, differences and lack of familiarity and trust often erected barriers – between people from different ethnic and faith communities, between younger and older people, and between newcomers and long-standing residents.

## Lessons

Across the five communities, older people's community contributions are many and varied and it is clear that even those who take little or no part in formal volunteering are often contributing in their communities and benefitting from the interactions this generates.

Familiarity, relationships and trust are important in setting the scene for rich and high-value community contributions. Linked to this, our research points towards the importance of connections that build social capital and create permission to give and receive help. Indeed, mutual help and reciprocity underpins many of the community contributions seen in the research areas.

One of the most interesting themes throughout the research is the interplay between people and place – between the feelings, experiences and preferences of individuals and how these relate to the local world around them. To enable community contributions, we need to strengthen individuals and strengthen neighbourhoods.

For some, informal connections and contributions can represent the first rung on a ladder of participation, opening doors to involvement and leadership of local groups and projects. But even where contributions remain in that informal space it can be hugely valuable for individual and impactful for the way that whole communities are able to support each other and withstand change.

# 2. Introduction

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Traverse was commissioned by the Centre for Ageing Better to undertake research into **community contributions** in later life (people over 50)<sup>1</sup>. The research explored how people support one another in their communities, including those they know well (such as neighbours or friends), or less well. While there is a significant body of evidence around volunteering, less is known about informal volunteering (how people support each other), about participation by certain groups, and what works for who and where. This research aimed to find out more about what motivates, prevents and supports people to take part, particularly those least likely to do so.

## Aims of the research

To understand:

- How older people currently contribute to and are supported by their communities
- More about the barriers and enablers for older people contributing
- How older people can be supported to contribute

To identify:

- Clear recommendations – using insight from the research and through collaboration with local stakeholders about how to stimulate and support contributions, including formal and informal volunteering, among older people
- Routes to action – thinking about how recommendations will be taken forward after the research is complete.

The research was conducted in five locations in England. This report is based on research conducted in Ashley Ward in Bristol. Reports have also been produced using data from Hartcliffe and Withywood Ward (also in Bristol), and from Leeds, Scarborough and Settle.

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1. At the time of commissioning, Traverse was known as OPM Group.



# 3. Key findings

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A clear picture emerged of a **highly active and engaged community** of older people contributing to each other's wellbeing and boosting their own via support networks encompassing fellow churchgoers, participants in local groups and neighbours.

The **church and Christian values** around caring for others were key drivers of community contributions. Churches acted as a channel for linking people together and identifying and reaching out to those in need of support (not only close neighbours). Christian values (love, compassion, charity) motivated people to offer support, and they gained much satisfaction from doing so.

Ashley has a good infrastructure in terms of **centres, clubs and groups** for older people, which provide a hub for people to meet, socialise and reinforce their bonds. This helps to create the conditions for people to help each other.

**Longstanding connections** to the area and to neighbours were also a fundamental part of the background to the participation and contribution which were common amongst this community. Having known each other for many years, sharing a **common experience** of immigration, and knowing each other's families, there were high levels of trust and reciprocity that led people to return to Ashley to continue engaging with their community even if they had moved out of the area.

Poor **health** was often mentioned as a trigger for community contributions, with people rallying to visit and support others at times of illness, not only in their streets or friendship networks but in the wider church community. However, as well as recognising poor physical health as creating a need for support, there was a widespread recognition of the importance of social interactions to the emotional wellbeing of individuals and, therefore, of the whole community.

# 4. Methodology

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## Overall approach

To understand whether, how and in what circumstances people later in life contribute to their local communities and the barriers and enablers they face, it was important that the research was **location-specific and sensitive to local contexts**.

To achieve this, researchers worked with local stakeholders in each location to recruit and train community researchers, themselves members of the target populations, to conduct fieldwork, as they would be more effective at seeking out and gaining trust from research participants than someone external to the community. Researchers also engaged a wider range of **local stakeholders** at various points throughout the process, drawing on their help to guide the research and develop routes to action out of the findings, as follows:

1. **Choosing the five research sites** was based on local factors including health, socio-economic factors, ethnicity, and whether the setting is rural or urban. **Bristol** was chosen as an urban site with ethnically diverse areas with high levels of deprivation.
2. **Scoping interviews** were held to better understand local contexts and build a relationship with local voluntary organisation, Bristol Ageing Better (BAB).
3. **A co-design workshop** was hosted by BAB to inform the research and identify key locations within Bristol to conduct it.
4. **Community researcher training** included how to locate participants and qualitative research techniques.
5. **A co-analysis workshop** was held to discuss key findings with community researchers and stakeholders.
6. **A routes to action workshop** aimed to ensure that findings were actionable and that the research would have a lasting effect within the local community.

## About the community researchers

Community researchers were recruited through a number of organisations including housing trusts and local support groups, using a flyer which advertised for individuals over 50 years old and active in the local community to take part.

One male and one female community researcher were recruited and trained. Both were well connected in the local community and active in social groups supporting the local

older Jamaican population. The male community researcher did not manage to complete any interviews due to ill health, so a researcher interviewed three participants instead. The female community researcher, in her fifties, achieved eight interviews through mapping the local area and identifying social groups which she could use to engage local older Jamaican individuals.

As part of the interviews, researchers asked participants to complete a 'diary' showing their activities on each day during a typical week; this was a useful tool for prompting participants to reflect on their weekly activities as a basis for identifying what community contributions they made or benefited from and generating discussion around this.

## Reflections on the methodology

Working with community researchers brought significant advantages to the research. They had access to research participants who would have been hard to reach via traditional research recruitment methods. Their familiarity with local places, groups and people helped them to pick up on themes during interviews. Their embeddedness within their communities meant we could draw on their own insights to help contextualise and explain the interview findings and ensure that researchers interpreted interview data correctly in their analysis. However, the community researchers were conducting research for the first time, following a short training session. To help ensure the robustness and quality of the data that they captured, researchers were asked to record their interviews (where participants agreed to it), and had regular discussion with them through telephone calls, workshops and interviews, to discuss findings and give further support.

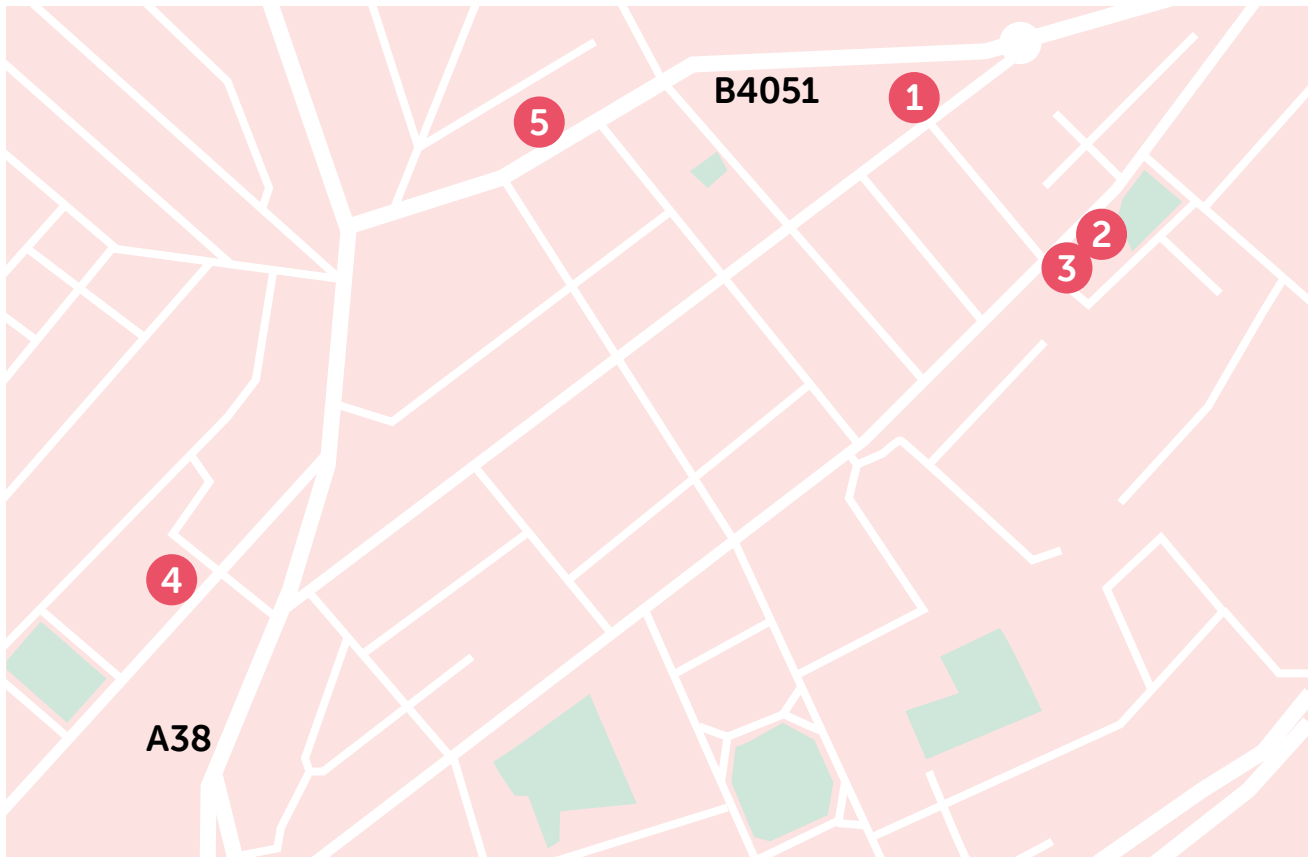




# 5. Locating the research

## 5.1 Selection of Ashley

Figure 1: Ashley Map



1. Malcolm X Community Centre
2. Sammy's Pop Up Club
3. The Family Learning Centre.
4. Bristol Central Seventh Day Adventist Church
5. Elim Church

Ashley Ward was identified as being a potential viable site from a review of Index of Multiple Deprivation data, and population data. Key characteristics include:

- **High levels of multiple deprivation:** One of the most socio-economically deprived wards in Bristol, particularly the southern part of the ward which falls in the most deprived 10% in England according to Index of Multiple Deprivation (IMD) data.
- **High levels of ethnic diversity:** High BME population (33.5%) of which there are particularly high proportion of Black African (8.4%), 'Other Black' (6.1%) and Mixed (6.1%).



The focus of the research in this site is within the Black Jamaican population.

- **Fewer over-65s as a percentage of the population:** Ashley's age profile is similar to the Bristol average for age groups 40-54 and 55-64, but it has a lower proportion of over-65s.

Initial discussion with stakeholders identified that Ashley was particularly of interest to understand the transition in the local area in recent years caused by gentrification, and the implications this had for community contributions.

## 5.2 Description of local area

Ashley Ward contains the areas of Montpelier, St Andrews and St Pauls. Over the last half-century, the area has become known for its a large Jamaican population. In recent years, however, the make-up of the area has changed, through gentrification and an increase in the Somalian population, bringing more young professionals and young families. Some stakeholders at our initial workshop in Bristol described this process as 'pushing out' elderly Jamaican people from the area.

The area has at times seen community tensions bubble over into violence and conflict, including riots in 1980. Latterly, local people report unease between the Somalian and Jamaican communities, particularly during 2005 following a relatively rapid increase in the local Somalian population.

Today there are 'pockets' of Jamaican residents and several social groups and facilities which are used by this part of the community in particular, including: the Malcolm X Centre, Sammy's Pop-Up Club, Evergreen, the Family Learning Centre in St Pauls, and the Black and White Café.

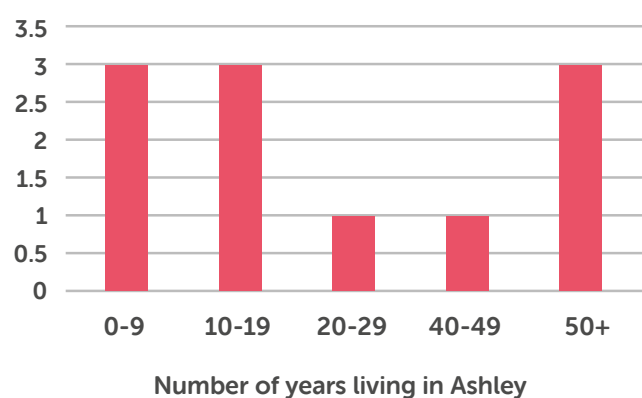
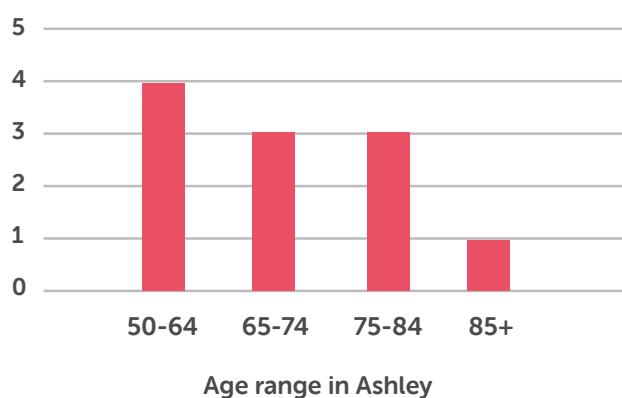
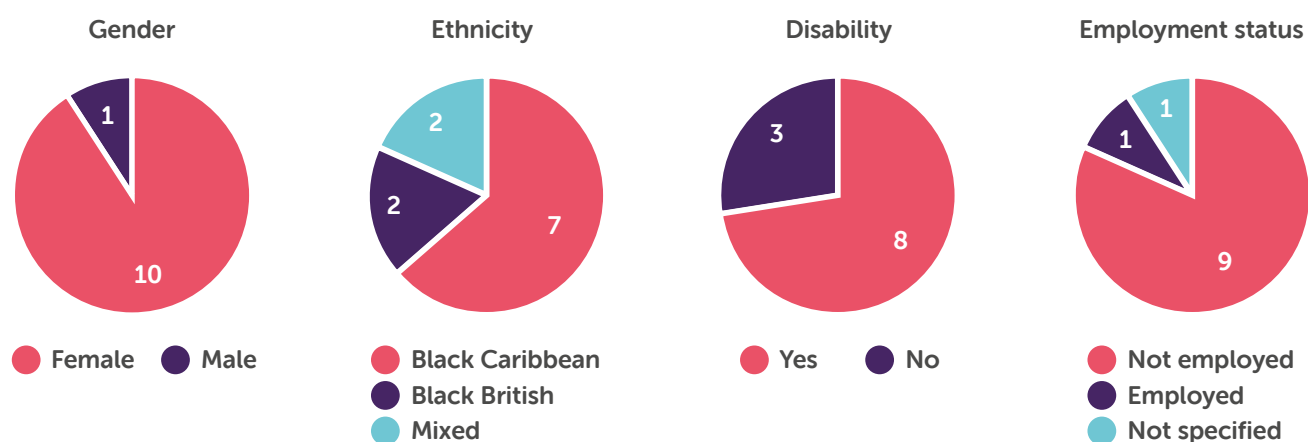
While St Pauls is home to a high proportion of Jamaican people who have been settled in the local area since the 1950s, local stakeholders recognise this as a particularly over-researched area, hence the choice to focus on Ashley Ward more widely.



# 6. Community contributions in Ashley

## 6.1 About the research participants

The achieved sample for the research in Ashley is presented below:



Eight participants were interviewed by the community researcher in Ashley, and three by the researcher (11 interviews in total). Researchers took notes and audio recordings of all interviews, and a sub-sample of four audio recordings were transcribed to quality check and inform the detailed case studies presented below (other audio recordings were used during the analysis process).

We have explored the rich qualitative data collected by the community researchers we worked with, by considering the responses overall and by considering responses by

variables which through the course of the study emerged as likely points of difference, namely: gender, age, health and ethnicity. It should however be noted that the sample for the research is very small, and the nature of the data collected is qualitative – therefore generalisations to the wider population in Ashley, in Bristol or to communities from the same ethnic and religious backgrounds living in other locations is not possible.

Within the Ashley sample there was a strong bias towards interviewing women. The female community researcher felt less comfortable interviewing men, and felt that men were less willing to participate, perhaps because West Indian communities consider this kind of activity as ‘women’s work’ - linked to a history of women working in caring roles which involve more talking and supporting of others (e.g. nurses and teachers).

The community researcher reported that family connections were important in accessing interview participants. She drew on her late father’s links and networks to ‘open doors’. This reflects the same phenomenon in everyday life, as emerged through the interviews – family connections act as a catalyst for individuals to support one another. One person might not know another directly, but their parents might have been neighbours, which means they feel a duty to continue to provide support to other families.

## **6.2 Key findings: patterns of activity, motivations, barriers and enablers to contributions**

### **6.2.1 Context**

All the research participants in Ashley felt very or fairly strongly that they belonged to the local community, with a strong sense of rootedness and contentment amongst many of the interviewees. They remarked that this came from having lived there for a long time, knowing many people in the area, some having grown up there, and their children having gone to school there. For example:

**“I’ve lived here so long, I know people, I know the shops... I feel comfortable in this environment.”**

Female, 65-74

Stakeholders, interview participants and the community researcher all observed that the strength of the community is reflected in the fact that even people who have moved away from Ashley often maintain their social circles there, travelling back regularly to do so.

Doris is 80 and originally from Jamaica. She feels a strong sense of belonging to the Ashley part of Bristol – she has lived there almost 50 years, and likes the access she has to transport and amenities that are important to her:

“I have been here so many years. I like the area. I wouldn't be happy anywhere else, I have seen so many people come and go. Nobody bothers me. My husband drives, I just get a bus. My shopping and church is just up there.”

## 6.2.2 Patterns of activity

Attendance at **social groups and events** was a key feature in many respondents' day to day lives. Attendance at local centres including the Malcolm X Centre, Evergreen, Sammy's Pop-up, the Golden Agers club and the St Pauls Family Learning Centre led to increased community activity. These types of centres provide a physical hub in which relationships were formed and sustained by regular meetings.

Another key hub for social networks and community bonds in Ashley was the **church**. The interviews highlight how the church acts as a focal point for connection with family, neighbours and the wider community amongst older Jamaicans in the area. Interviewees talked about the closeness and importance of these bonds within the 'church family', with churchgoers 'looking out for each other' and checking in on each other.

“I see them at church every week and if I don't see them, I ring to see where they are.”  
Female, 75-84

Away from these regular commitments attached to public meeting places, older people also gave and received support by **visiting family, friends, neighbours and people in the wider community**. This included visiting people in care homes and hospital who were more likely to be lonely and isolated. 'Neighbours' did not only cover those in one's own street but in the wider area.

Recognising when people needed **extra levels of support** such as at times of poor health or transition was a trigger for offering help. For example, visiting someone when their partner is in hospital, someone who is in hospital themselves, or “**visiting a neighbour who had become widowed just for a cup of tea and a talk**”.

Female, 75-84

Several interviewees provided support to their **families** and in a few cases to older relatives (their own parents or in one case, an aunt), for example cooking meals. One woman's granddaughter helped her to have a bath and another's did her ironing. It seemed that giving and receiving help within families was determined by what family members are able to do for each other (rather than by their age).

Other examples of how people supported each other included a range from the basic favour of taking in parcels, through keeping an eye on a neighbour's home while they are on holiday, to tasks with a much greater degree of trust including helping someone to wash/ bathe and collecting a neighbour's pension for them.

In a typical week, Doris attends an older people's group at a local community centre, goes to church, and visits people for a chat - a friend who is ill, and a lady who lives in her road. She also babysits for the children of another friend. She tries to be thoughtful in small ways, too – she takes the tea bags to prayer meetings at church so that everyone can have a cup of tea afterwards.

She gets most of her support from her family (husband, children and grandchildren), but, like most of those interviewed in Ashley, she says the church is also a source of support. The pastor or other church members visit her if she is unwell, and a church friend gives her a lift home after prayer meetings.

### 6.2.3 Motivations

Participants were motivated by benefits to themselves, or to others, or both. Several motivators were identified in interviews, including:

## Keeping busy and connected

Many interviewees talked about wanting **something to do**, particularly after retirement. There was a sense that it is a good thing to get out of the house, build or nurture **relationships** in order to avoid becoming isolated or lonely, and use one's **skills**. Getting out and doing something, or having a visitor to provide company, was seen as essential to **psychological and emotional wellbeing**, including as a distraction from day to day worries, about money, family, or ill health.

**"It's just about feeling uplifted, being happy and enjoying! Keeping busy."**

Female, 75-84

**"It gives me a strength, it picks me up. If I was just sitting there with no-one to talk to, I don't know where I'd be. I have friends I talk to every morning and night before I go to sleep."**

Female, 75-84

**"It takes my mind off my own physical health - I have pain in my joints - but it doesn't stop me, if I'm out talking to someone, I can't be worrying about my joints."**

Female, 75-84

The community researcher for Ashley reflected on the unique value of neighbours or community members offering support to each other, as compared to 'care' provided by a paid carer or other service provider. The fact that it is bespoke and given freely and from the desire to help others, makes the experience completely different – bringing emotional and psychological benefits which are often as important as any practical ones.

The opportunity to **mix with others** was also a key motivator, including people of different ages:

**"I like the fact it's different ages attending, younger and older mixing together [...] I don't feel so old."**

Female, 55-64

Keeping busy is 80 year old Sylvia's main motivation for the activities she takes part in: "It's getting out of the house. You can sit there and forget what day of the week it is. It is about getting out and seeing different things. Staying in the house you might start chatting to yourself, forget who you are. That is what is happening to us elders - we don't go anywhere and become a recluse, because there is nothing to occupy your brain. I don't sit there. [...] My brain is very busy, I go to bed at night thinking about what I am going to do tomorrow."

## Reciprocity/ 'giving something back'

There was a general feeling that 'community' is a positive, and that being a member of a community, being respected within that community, and taking opportunities to give back to the community, are innately valued. Drivers of this included the church/Christian faith, and the shared history and experience that many felt with one another. These elements were seen to drive long term reciprocal behaviours to the great benefit of older members of the Jamaican community in Ashley.

**Church/Christian faith:** there was talk of compassion, kindness, love and empathy as drivers for helping others, and some saying that they apply this even to people that they don't know personally. Although not all interviewees articulated this as stemming from their Christian faith and the associated beliefs and values, or church membership, it would seem likely that this is a key driver, based on the general prominence of church in nearly all of the Ashley interviewees' lives.

**"[My wife and I] just like to help people. Anyone we hear about who needs help, we will try to give it. We feel we are here to help one another. We get pleasure out of doing it."**

Male, 85+

“I was brought up a Christian and have always been to church. I’m able to exercise faith and love one another and keep in touch.”

Female, 75-84

**Shared history and experience:** amongst those who have lived in the Ashley area for a long time, there was a sense that having received help and support from others when they were younger (for example on first arriving in Bristol from Jamaica, and with childcare when their children were young), they now felt it was their duty, and wish, to help others in return.

The community researcher shed light on both of these drivers, observing that some people who used to live in Ashley come back to the area to contribute, maintaining their membership of the community based on the connections they forged in the past (two of our interviewees fell into this category). In practice, therefore, ‘community’ in Ashley is not confined to ward boundaries but is much more fluid. The community researcher felt that the church (or churches, as in practice, people may have links with more than one church) as a hub around which the community gathers, and the link between of shared history and sense of community were key motivators for helping each other, and she described the strong sense amongst elderly Jamaican people of a common experience, having arrived in Britain around the same time (1950s-60s) and worked hard to build a life in the Ashley area.

**Women** are more likely than men to have worked in caring professions such as nursing, and to have had childcare, responsibilities, and these factors contribute towards their willingness/propensity to help others. Several women interviewed referred to their working lives as nurses (there was mass recruitment of nurses from the West Indies during the 1950s); the community researcher also worked in a caring profession before retiring and felt it was an important factor. Female interviewees also spoke about the bonds built through helping with each other’s children (as mentioned in relation to reciprocity above).

“Having had help from others when I was younger, when I first arrived from Jamaica, and when my children were young - I feel that it’s my time now to help others. I was a nurse and I see that people have basic needs, which I can help to meet - if someone is isolated I want to do something about that, to let people know that they are not forgotten.”

Female, 75-84

It was evident that **motivations may change/develop over time**. For example, while someone might initially start going along to a group or club for company or something to do, there were examples where this had led to a more formal volunteering role. Either the individual realised there was an opportunity to offer their skills usefully to the group, and/or, having enjoyed and benefitted from attending and receiving support, they then want to give something back:



“I think if people go to a group or club, and they enjoy that and benefit from it, then they might take on the role of encouraging others to come and take part too.”

Female, 75-84

Sylvia, 80, is originally from Jamaica and has lived in the Ashley area for about fifty years. She is active in her local community in several ways, including volunteering at a local community centre which provides activities for older people. She feels a strong sense of belonging to her local community, based on the length of time she has lived there, and on knowing people within the area: **“The people around here seem to know me, so they look out for me.”**

After retiring due to a health condition, Sylvia found herself spending a lot of time at home, alone. Needing to get out of the house, she happened to pass by the community centre where she now volunteers. A member encouraged her to come in and join one of the groups, and in a short time she had agreed to take on a committee position, using the skills gained during her working life. She organises outings, lunches and fundraising, and finds it rewarding to be able to involve older people in activities that make them happy.

## 6.2.4 Enablers

There were several factors identified as creating the right conditions or context within which people could offer and receive support within their community in Ashley. These were chiefly around shared institutions (church or social) and knowing one’s neighbours (on the same street but also further afield), as follows:

### Shared institutions

- **The role of church** is key in supporting voluntary activity, by providing a base from which to build social connections and foster a sense of community and the behaviours associated with this, i.e. looking out for and helping others. The church community seemed to act as a web of connection, spreading beyond those who actually know each other to encompass their wider families, for example:

“I go to church and got to know a woman in the community. When she died, I decided to help her sister who lived alone. I knew there was a need there, as she didn’t have anyone else. She now has someone she can call on. She can trust me.”

Female, 65-74

“[My husband and I] go visiting people in hospital or who are ill at home or in a care home. Not just friends - people we have heard about through church.

We ask the staff if they need anything, and get it for them, remember people's birthdays and get them a card, get the Minister to go and visit them. It makes people feel that they are cared about, valued, that they belong -it's very important for how people feel."

Female, 75-84

The community researcher reflected on the role of the church amongst the Jamaican population in Ashley, noting that the church is deeply rooted in the community, commanding respect and being seen as a positive institution and resource, even by those who are not extremely committed in terms of actual faith or regular attendance. For example, younger people who do not attend church regularly will still turn out for an important event in the community such as a funeral. These kinds of events are a way for individuals to maintain familiarity and bonds with others, even if this contact is not every day or even regular.

- **Joining groups** (such as Malcolm X Elders, Evergreen) is an enabler for community contributions, as joining can be a) a first step towards volunteering for the group – for example stepping up to support or lead a group and b) a place to build social connections with others which can be the basis for supporting each other.

For some, joining social groups was a means of starting to **build support network for later in life** – in anticipation of needing more support as they were getting older, and to reduce feelings of social isolation. Attending groups was not only about enjoying the company and activities while physically at the group, but about becoming part of a network with others who would check on each other by noticing when they are absent, and visit each other during illness:

"I keep a strict eye on attendance and I visit people [if they are not there] and encourage others to have health checks".

Female, 55-64

## Links with neighbours

- **Regular contact with neighbours on the same street** such as having keys to homes and being able to drop in. For example,

"when a neighbour had a fall, I would follow up after carer visits, and I would help this neighbour to get out of bed."

Female, 75-84.

This requires a level of trust that can come from knowing each other for a long time, or knowing members of each other's families, or from belonging to a mutually trusted institution such as church – all strong features of the Jamaican community in Ashley.

- **Building a community of support beyond the individual.** There were examples of individuals being connected to the wider family of their neighbours (e.g. sons/daughters), which meant they could call them if needed – thereby acting as a link in a chain of support around the individual. For example:

“Once she fell on the floor. I was able to get her up, with help, and I also phoned her son as I have his phone number.”

Female, 75-84

- There was an element of reciprocity around specific neighbourly tasks including taking in parcels, taking out dustbins, keeping an eye on each other’s’ homes, gardens or cars while on holiday. Sometimes this was intergenerational, where younger people who are more physically able help older people with physical jobs such as the bins. Only in one case was payment mentioned for such help – where an elderly person paid a neighbour to cut the grass; however, because it was a small amount of money, she still saw this as help rather than a paid-for service.

Going beyond immediate neighbours, one interviewee discussed **providing support to more vulnerable groups**, namely the homeless population (this was organised via church outreach schemes). While the majority of discussions around church as a driver of community contributions focused on older people supporting each other, there was also some evidence of church encouraging people to look outside their own circles to contribute to different people within the community.

## 6.2.5 Barriers

There were several reasons that people felt unable to, or wary of, giving or accepting help from others – broadly falling into generic categories around personal factors and health (likely to reflect common experiences amongst older people in many places), and differences with others, where the barriers were related to Ashley’s recent population churn.

## Personal factors

- Some talked about wanting to **maintain privacy** - not wanting others in their own home because this brings a sense of intrusion:

“People are fearful that others intrude.”

Female, 65-74

- **Lack of confidence** – some people are shy by nature or reticent about meeting or getting to know new people for other personal reasons, which is a barrier to then progressing to a stage in the relationship where they may feel able to trust and accept help from someone. One interviewee who felt that this applied to her said that she would only be willing to countenance accepting help from someone after they had exchanged greetings several times (e.g. at church).

"I see people at church, sometimes they try to chat, ask me questions, offer me a tea. It's nice... but I'm a shy person."

Female, 55-64

- **Desire to maintain independence** – individuals may have been, or still see themselves as, independent people who do not need help from others, and it can require a difficult psychological shift to admit to needing help. Acknowledging that one can no longer be self-sufficient can have an impact on someone's sense of self and identity, so offers of help need to be posed sensitively of this.
- **Family as a blocker** – sometimes the family of an older person may not think that they need help from outside the family, and therefore reject offers of help. In this case the person offering help might try to include the family member resisting it, for example by inviting them to attend a group or activity alongside their parent.
- **Financial limitations** – if there is a cost associated with participating in a community activity, some people may not be able to afford this. Some interviewees reported paying for others to participate out of their own pockets – again, although it was not explicitly articulated during the interviews, Christian values around charity and caring for others appeared to motivate this.
- **Concerns around being rebuffed** – some people may not want to offer support in case it's not wanting to have help turned away. **"You don't know how others would react. Some are reluctant to accept help even when they need it."**

Female, 65-74

## Difference acting as a barrier

This did not come up in many of the interviews, but a few did reflect on the changing character of the Ashley area because of gentrification (younger, middle class professionals moving in, not from within the Jamaican community) and the growing Somali population:

- Some evidence of generational differences: there was talk about trying to build relationships with new neighbours, but getting the sense that they were 'not interested':

**"I tried to talk to some of the younger neighbours - but they don't seem to be interested in communicating with me."**

Female, 75-84

- Perception of differences between ethnic groups:

**"Somalis help each other more. Jamaicans - may help others but not as much as Somalis"**.

Female, 55-64

Doris (80) notes the changes to the local population in Ashley that she has seen in recent years and doesn't feel positively towards some of the newer residents in her area. She finds that communication – between people of different backgrounds and ages – can be a barrier.

“When I first lived here people were nice, but they moved. Foreigners, like students, are not friendly. I try to be polite, but half the time they don't understand what I am saying, and I don't understand what they say. There's a different generational culture.”

## Health

- **Poor health** e.g. memory loss, arthritis, other causes of poor mobility or mental agility means that some are unable to take part in some social activities. People may be unable to provide physical support such as carrying shopping or giving lifts, due to disability:

“I don't feel able to offer others more help as I am not in good health myself.”  
Female, 65-74

- But poor health can also be a **trigger for receipt of support**, for example being taken out shopping by friends, like Sylvia in the example below:

Sylvia (80) has a health condition limiting her mobility and has had to reduce her voluntary commitments as it was “**getting too much**”. She still feels that she leads a busy life, however, and says she “**couldn't get any busier**”. She regularly attends church and knows that if she isn't there, someone will call her to check that she's OK. Her reduced mobility would be a barrier to some day to day activities like shopping, but she goes with a friend who helps her on and off the bus – this gives her more confidence about going.

# 7. Conclusions

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## 7.1 Conclusions

Two drivers of change in Ashley were identified during our scoping conversations with stakeholders, these being gentrification and the growing Somali population. Neither of these were extensively discussed during interviews (both issues came up but infrequently and not in-depth). This perhaps reflects the strong sense that for the elderly Jamaican population in Ashley, 'community' means people, and connections between people, more than place. Hence when asked to talk about their communities, interviewees thought of long-standing friends and acquaintances from within the Jamaican community, as opposed to of others also living in the same geographical community. As discussed in this report, some older Jamaican people who have moved outside of the Ashley Ward boundaries still consider themselves to be members of the Jamaican community that is based there – but do not, presumably, feel the same kind of connection to the young middle class families and Somalis who now share the physical space of Ashley. This generates a picture of different communities living in parallel in the same location but with little interaction, and little sense of any strong desire for interaction from those interviewed.

The connections between members of this deeply rooted and close community of older Jamaican people centred around shared places (churches and community centres and hubs), culture (enjoyed at groups and activities run by and for older people including singing of Calypso music and cooking West Indian food) and history (shared experience of establishing lives in Britain). Participating and contributing were an integral part of day to day life for most of those interviewed, bringing practical and psychological benefits to both those supporting and being supported by others.

## 7.2 Proposed routes-to-action

Researchers facilitated a **routes-to-action** workshop with the aim of encouraging local stakeholders to engage with the research findings to generate potential actions, addressing some of the barriers or building on the enablers to community contributions. The workshop covered both Ashley Ward and the other area which was included in the research, Hartcliffe. Participants included a wide range of local stakeholders with an interest in one or both of the Bristol Wards, including those from the council, local voluntary organisations, and individuals from the communities. Using the research findings as a basis, possible routes to



action for Ashley were proposed. It is hoped that those involved in the discussions may take these actions forward.

Ideas tended to focus on encouraging participation in activities, rather than contributions as such – but it was recognised that simply getting involved is a pre-cursor to taking it further and starting to offer, as well as enjoy, support within the community.

## **Making use of common spaces and residents' skills**

Workshop participants identified an opportunity to make use of communal spaces within residential buildings including tower blocks in the area. Management committees for each building could be encouraged to explore with their residents whether best use is being made of these spaces, and to support residents to establish new activities in them. The actions required to make this happen might include:

- A local community organisation could make contact with management committees for residential buildings with communal spaces
- Management committees could be supported to convene a meeting and/or knock on residents' doors to talk about what skills residents have that they may be interested in sharing, by running an activity in the communal space – such as yoga or craft
- There may be sources of micro-funding available to improve the rooms and buy equipment.

## **Better outreach and support to participate**

Communication of what activities and opportunities are available locally was seen as a key issue around engaging older people who do not have good support networks. Social media, posters and leaflets have had limited success, and what is really effective is face to face contact, i.e. outreach. This would involve having people in the community to act as champions or a 'link person', whose role is to communicate directly with older people to let them know about groups and activities they could join, and to 'handhold' individuals while they get involved (go with them, or arrange for a named person to greet them at the group and introduce them to others). Workshop participants working or volunteering in older people's groups felt strongly that this kind of personal, bespoke approach to engaging individuals could really make the difference in terms of getting someone to take the first step.

## **Community event**

One participant recalled an annual barbecue that was run in the past by volunteer community organisers with the support of a (paid) community development worker. It was well attended even when it was raining, and residents remember enjoying it. When the

community development worker post came to an end, there was not sufficient capacity to continue the barbecue on a voluntary basis. However, workshop participants felt it could be re-instated. Residents of sheltered housing could be invited, providing an opportunity to meet others in the local area.



# Appendix 1. Detailed methodology

To answer the research question - to understand whether, how and in what circumstances people later in life currently contribute to their local communities and the various barriers and enablers they face - it was important that the research was designed to be **location-specific** and sensitive to local contexts. To achieve this, researchers worked in collaboration with local stakeholders in each of 4 locations to recruit community researchers who were themselves members of the target populations, to conduct fieldwork, as they would be more effective at seeking out and gaining trust from research participants than someone external to the community. The method used to locate, train and ensure the quality of the research outputs in listed below:

<b>1. Choosing the research sites</b>	Locations for the research were chosen to give a diverse perspective on what local factors impact community contributions, including health, socio-economic factors, ethnicity, and whether the setting is urban or rural. Bristol was chosen as an urban site for the research, as it has ethnically diverse areas with high levels of deprivation.
<b>2. Scoping interviews</b>	Once this site was chosen, scoping interviews were set up to better understand local contexts and build a relationship with local voluntary organisation, Bristol Ageing Better, to support the research in Bristol.
<b>3. Stakeholder workshop: Co-design</b>	The research in Bristol was coordinated through Bristol Ageing Better, who were also able to provide a location for meetings. They were also able to identify key stakeholders from local voluntary organisations and the local council for an initial <b>stakeholder workshop</b> . This helped to: structure the research, identify key locations within Bristol to conduct research, suggest potential community researchers, discuss expected findings and possible ways that the research will be mobilised.
<b>4. Community researcher training</b>	Researchers offered training to <b>two community researchers</b> , which included qualitative research techniques, how to locate suitable participants, how to conduct interviews ethically, including seeking consent, using a voice recorder and taking notes.

<b>5. Midpoint review</b>	Researchers facilitated a midpoint review with the community researchers and some key stakeholders to ensure that the right people were being targeted for the research to discuss initial research findings.
<b>6. Reflective interviews</b>	All researchers were asked to reflect on their experiences of the research.
<b>7. Stakeholder workshop: Co-analysis</b>	Researchers facilitated a <b>co-analysis</b> workshop to discuss overall key findings with community researchers and a wider group of stakeholders. These helped to ensure that the emerging findings from interview transcripts matches the community researchers' and stakeholders' expectations.
<b>8. Stakeholder workshop: Routes to action workshop</b>	Researchers facilitated a <b>routes-to-action</b> workshop to ensure that all findings were actionable and that the research would have a lasting effect within the local community.

Researchers recruited community researchers through several organisations (including housing trusts and local support groups) based in Ashley Ward, to identify appropriate individuals to be community researchers. Researchers developed a flyer setting out what was needed from a community researcher, which included:

- Over 50 years old
- Active in the local community, and well networked (they might lead local community projects or social groups for example)
- Of Black Caribbean descent, as we are looking to undertake research with the Jamaican community
- Male or Female
- Proficient in written English
- Based within and well-connected within the local Ashley area
- Confident to talk to others within the community and to work with researchers.

Recruitment of community researchers took one month, of which one male and one female community researchers were recruited and trained. Both were well connected in the local community and active in social groups supporting the local older Jamaican population. One community researcher did not manage to complete any interviews due to ill health, which meant that subsequent interviews were conducted by a researcher to allow completion of all interviews in the required timeframe.

The community researcher achieved eight interviews through mapping the local area and identifying social groups which she could use to engage local older Jamaican individuals.

	Gender and age	Ethnic background	Interviews completed
Community researcher 1	Male / 50s	Jamaican descent	0
Community researcher 2	Female / 50s	Jamaican descent	8
Supplementary interviews by Traverse researcher	-	-	3
<b>Total</b>			<b>11</b>

Information was collected during all stakeholder workshops and has informed our analysis.

## Reflections on the methodology

Working with community researchers brought significant advantages to the research. They had access to research participants who would have been hard to reach via traditional research recruitment methods. Their familiarity with local places, groups and people helped them to pick up on themes during interviews. Their embeddedness within their communities meant we could draw on their own insights to help contextualise and explain the interview findings and ensure that we interpreted interview data correctly in our analysis. However, the community researchers were conducting research for the first time, following a short training session. To help ensure the robustness and quality of the data that they captured, we asked researchers to record their interviews (where participants agreed to it), and had regular discussion with them through telephone calls, workshops and interviews, to discuss findings and give further support.

This report is available at [www.ageing-better.org.uk](http://www.ageing-better.org.uk) | For more info email [info@ageing-better.org.uk](mailto:info@ageing-better.org.uk)

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The Centre for Ageing Better received £50 million from the Big Lottery Fund in January 2015 in the form of an endowment to enable it to identify what works in the ageing sector by bridging the gap between research, evidence and practice.