

TALKING ABOUT LONELINESS

Findings from Community Perspectives on Loneliness in the Over 50s in Tower Hamlets

A Community Participatory Project by Account3 for Tower Hamlets Public Health Department

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ACKNOWLEDGEMENTS

We would like to acknowledge particularly the contributions of the many Tower Hamlets residents who were kind enough to share their time and personal life experiences to add depth and insights to this project.

The volunteers:

We extend our grateful thanks to the community researchers who volunteered for a year on this project, and particularly for their skills, insights, enthusiasm, hard work, community connections and willingness to share their learning throughout. They are:

- ▶ Abigail Gordon
- ▶ Ageritu Katema
- ▶ Alema Khadim
- ▶ Brian Kerr
- ▶ Elias Mhlope
- ▶ Helena Begum
- ▶ Iffat Mir
- ▶ Jebunnahara Jebu
- ▶ Jhorna Chowdhury
- ▶ Khudeja Chowdhury
- ▶ Linnelle Knight
- ▶ Marwa Egal
- ▶ Nilufa Begum
- ▶ Parmila Chowdhury
- ▶ Paulline Williams
- ▶ Prafula Copp
- ▶ Rahima Khatun
- ▶ Rukia Begum
- ▶ Sabiha Khanam
- ▶ Shumi Begum
- ▶ Stamatoula (Matina) Panagiari

Account 3 Project Staff Team:

Project Managers:

- ▶ Cherifa Atoussi
- ▶ Nilza Tarmamad

Accreditation and advice:

- ▶ Toni Meredew
- ▶ Jedda Thompson

Participatory Appraisal Consultant / Project Advisor:

- ▶ Roger Newton (3Ps)

Public Health:

Project lead:

- ▶ Nicola Donnelly

Advisory team:

- ▶ Susie Crome
- ▶ Abigail Gilbert
- ▶ Radhika Puri
- ▶ Sukhjit Sanghera

Stakeholders, Community Connections and Projects:

- ▶ Age UK
- ▶ Alzheimer's Society Tower Hamlets
- ▶ Beside Mental Health Community Project
- ▶ Bethnal Green Library
- ▶ Bethnal Green One Stop Shop
- ▶ Cranbrook Community Centre
- ▶ Dementia Café (run by the Alzheimer's Society at London Muslim Centre)
- ▶ East End Homes
- ▶ East London Chinese Community Centre
- ▶ East London Tabernacle Baptist Church
- ▶ Geezers Club
- ▶ Grounded Project – Cemetery Park
- ▶ London Borough of Tower Hamlets (LBTH) Idea Stores - Whitechapel / Chrisp Street/ Bethnal Green
- ▶ LGBT Consortium / East London Out Project
- ▶ London Muslim Centre
- ▶ Maryam Centre
- ▶ Nomadic Gardens
- ▶ Poplar HARCA Estate Services Teams
- ▶ Providence Row Housing Association
- ▶ Somali Integration Project
- ▶ Somali Learning Education Centre
- ▶ Spitalfields City Farm
- ▶ St Hilda's Community Centre
- ▶ St. Andrews Health Centre
- ▶ Stepney City Farm
- ▶ Sundial Healthy Living Centre
- ▶ The Centre, Merchant Street
- ▶ The Zacchaeus Project
- ▶ Tower Hamlets Homes
- ▶ Zander Court

Info-graphics and publications:

- ▶ Matina Panagiari
- ▶ Walled City
- ▶ Proper East

This project was commissioned by the Public Health Team in Tower Hamlets Council in 2015 to inform a Joint Strategic Needs Assessment on Loneliness and Isolation of older residents in Tower Hamlets. Data and intelligence suggested that older people in the London Borough of Tower Hamlets (LBTH) were at high risk of loneliness, however we lacked information on local people's experience of the issue. This project was therefore undertaken to capture residents' views, perspectives and experiences of loneliness, as well as their suggestions for what could be done to address loneliness in the over 50s in Tower Hamlets.

The project engaged some 600 residents from the communities in the borough. This report reflects what they said, and their views are as diverse as they are numerous, and it is important therefore to acknowledge that people do not always have the same views, they do not always agree, nor do they come to a consensus of opinion. Accordingly, this report presents the views of the people we have spoken to, and so should not be considered true for all Tower Hamlets residents, any particular group or community of interest.

This project was carried out over the period of 12 months from October 2015, during which time Account 3 recruited and trained 20 local volunteers in Participatory Appraisal (PA) in order to equip them with the skills, attitudes and tools to engage with the communities of Tower Hamlets. There have been many projects looking at loneliness in recent years, but none specific to Tower Hamlets and so we wanted to find out in more depth about the impact on older residents living in this borough has on being lonely, or not being lonely.

The purpose of this report is to share these experiences of living in Tower Hamlets, to identify what factors lie at the heart of loneliness as it exists in the borough and, importantly, including what assets exist to alleviate loneliness. Accordingly, we set out in this report the findings and recommendations developed from the engagement with people in Tower Hamlets in order to provide some guidance for action by all those involved that might help reduce and overcome loneliness in both the short and longer term.

PA is a process that comprises community research, learning and collective action. It uses interactive visual 'tools' that overcome barriers to participation, and that encourage clearer expression of issues, group analysis of these which leads to development of ideas, solutions and aspirations. Thus, it encourages an open and wider range of views, issues and perspectives to be expressed. Central to the approach is the belief that local people are experts on their own lives and that, without their participation and expertise, sustainable and appropriate actions, in this case to address loneliness, will be neither found nor implemented.

In the course of the project the volunteers engaged people in places where older people congregate. We used both planned and 'opportunistic' sessions; most were open to the public but some were closed, for example those held in lunch clubs or support groups. In addition we carried out in-depth semi-structured interviews with more than ten individuals who are lonely or have been lonely in the course of their lives. These have given us unique insights into what it is like to live with loneliness.

¹The project concentrated principally on three wards – Bethnal Green, St Peters and Mile End.

See Four: Demographic Information

²For a more in depth description of the PA methodology see Appendix Three

PA is a qualitative approach and, accordingly, our findings here reflect people's feelings, perceptions, beliefs and lived experiences; these are subjective and vary from individual to individual and are not based on quantifiable, absolute or verifiable facts.

We have heard people's stories that reflect both positive and negative aspects of living in this borough that connect to the issue of loneliness. From early in the project a number of themes for the over-50s emerged clearly as major areas of concern for local people, and were common across the borough and within the three wards that were the focus for this project. What developed over the project period were the depth of the discussions, the analysis and comparisons people shared, and the nature and impact of these issues on the lives of older people, their families and communities.

These themes are:

- ▶ Mental health and wellbeing
- ▶ Physical health
- ▶ Feeling safe
- ▶ Housing conditions
- ▶ Family, relationships and life experiences
- ▶ Community activities and social networks
- ▶ Culture, faith and cohesion
- ▶ Environment and Infrastructure

Of course themes interlink, and there are issues that apply across the headings, which cannot be neatly 'sliced'. In particular two discussion topics arose frequently within each of the above themes: the first was **service provision** and the second was **poverty and economic disadvantage**. We hope key providers will find evidence that relates to their services and, by looking at the wide impact of poverty and financial disadvantage, people may be able to better understand the context and nature of loneliness in the borough, and take action to make positive change.

³Limitations of the methodology:

(a) PA is qualitative, not quantitative, and although those we engaged with reflect the demographics of the Borough in terms of gender, ethnicity and cultural background and include a majority aged over 50, the people engaged do not comprise a representative sampling of the local population.

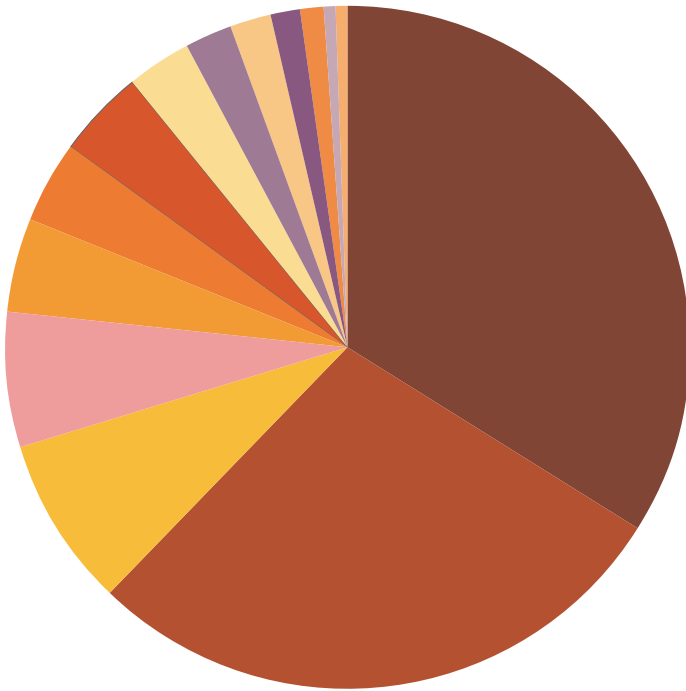
Furthermore, the views expressed are highly subjective and arose in contexts of specific groups, venues, times of day, season, and by the length, depth and priorities of attendees.

(b) We used a demographic pro-forma from the outset in order to record participants' broad age ranges. In the one to one interviews we were able to record more specific age information. As was confirmed by the validation process, needs, personal circumstances and opinions change with advancing age; it would have been helpful, in retrospect, to have recorded narrower age ranges over 50 years in order to capture more nuanced data.

⁴See Appendix Four – Demographic Information

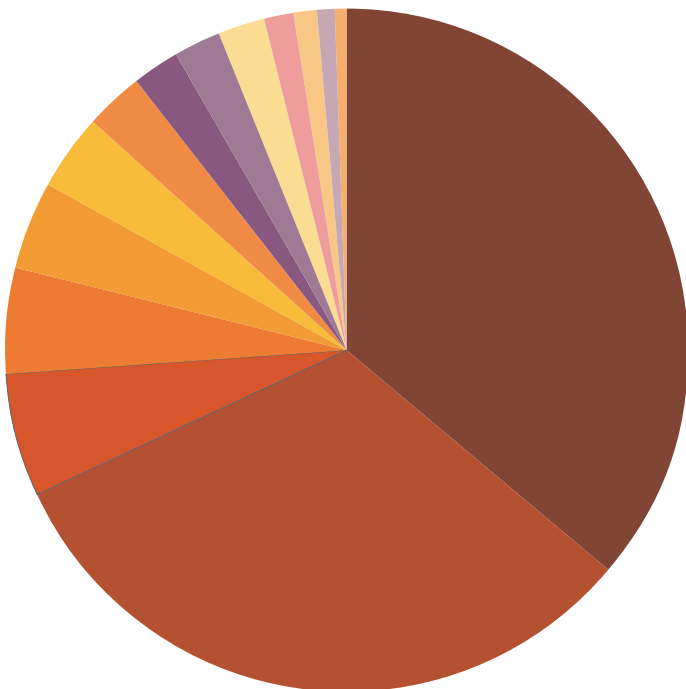
We have listened to the voices of the diverse communities of Tower Hamlets:

Men



- White British
- Asian or Asian British: Bangladeshi
- Black or Black British: African
- Other Ethnic Groups: Chinese
- White Other
- Black or Black British: Somali
- Mixed/Dual Heritage: Any Other Mixed Background
- Mixed/Dual Heritage: White & Black African
- Mixed/Dual Heritage: White & Black Caribbean
- White Irish
- Asian or Asian British: Indian
- Asian/Asian British/Other Asian Background
- Asian or Asian British: Pakistani
- Black or Black British: Caribbean

Women



- White British
- Asian or Asian British: Bangladeshi
- Black or Black British: African
- Other Ethnic Groups: Chinese
- White Other
- Black or Black British: Somali
- Mixed/Dual Heritage: Any Other Mixed Background
- Mixed/Dual Heritage: White & Black African
- Mixed/Dual Heritage: White & Black Caribbean
- White Irish
- Asian or Asian British: Indian
- Asian/Asian British/Other Asian Background
- Asian or Asian British: Pakistani
- Black or Black British: Caribbean

Most people we spoke to were over 50 years old, but we also heard the views of the wider community including younger people, workers and families of older people.

Older people living in Tower Hamlets are predicted to be the loneliest in all of England according to a model looking at risk factors for loneliness which quantifies the many factors that can increase the risk of loneliness in older age. In Tower Hamlets, older people are more likely to live alone, to be from an ethnic minority, to report poor health, compared to England overall. Furthermore half of all older people in the borough live in an income deprived household, which is the highest, by far, in England, being three times higher than the national rate (16%).

Within the three chosen wards and across the borough generally there are demographic and other factors relating to Tower Hamlets that may influence the experiences of loneliness that people talked to us about. These include population churn and other aspects of its rapidly growing population, impact on the supply, availability and quality of housing provision. Environmental quality, health, and crime deprivation statistics also correlate to the range of issues that people reported.

Given these factors, an outsider might expect this project to present a wholly negative picture, but the perspectives we have accessed from local people indicate that statistics alone do not reflect the full picture as lived locally. While our findings do indicate that loneliness is something that very many older people experience, there is also considerable data to suggest there are aspects of living in the borough, including a great many 'community assets', that impact very positively on the lives of older people within our communities.

There are many observations in this regard. Travelling by bus can be testimony to older people being on the move, and using their Freedom Passes; on the bus you can often observe banter, gossip and the presence of people with mobility problems, as well as willing locals making room for them and supporting them to travel about. If you walk along Bethnal Green Road, Whitechapel Road or Crisp Street for example you will find many older members of the community shopping, chatting, or sitting with friends in the local cafes.

Tower Hamlets is well connected with many destinations:

In our sessions we heard and observed that people will travel a long way to go to activities and places that meet their needs – so it is quite usual to find older people taking the bus from Bethnal Green to Roman Road for the 'Golden Hour' or for the street market; people with dementia from the Bangladeshi community travel from the length and breadth of the borough to the London Muslim Centre (LMC) in Whitechapel to attend the Dementia Café. The Chinese Community Association that meets in Mile End has regular attenders from the ward, the borough and beyond - from Essex and South London. The Idea Stores are a beacon for older people borough-wide and also from other parts of London and the South East.

Tower Hamlets is a better place to live than it used to be:

For anyone who knows the East End well it is also clear (and our findings support this) that many, though not all, people think the borough is a much cleaner, safer and pleasanter place to live in than 40 years ago. Tower Hamlets is no longer in the top 20 of the league tables across the range of Indices of Multiple Deprivation, having made relatively marked improvement in the years from 2010 to 2015 (though this could partly be due to other areas declining relative to Tower Hamlets).

Refurbishment and improvement of social housing estates has been considerable, and the range and quantity of community assets are good and highly rated generally. They include community and other centres, clubs, gardens, green spaces, leisure centres, as well as health centres and provision of many other services. Many of those we engaged, though in the older age ranges, told us that the improved performance of schools is a reason for all the community to feel better about the place, and that in turn is good for self-esteem and general community pride.

A call to action:

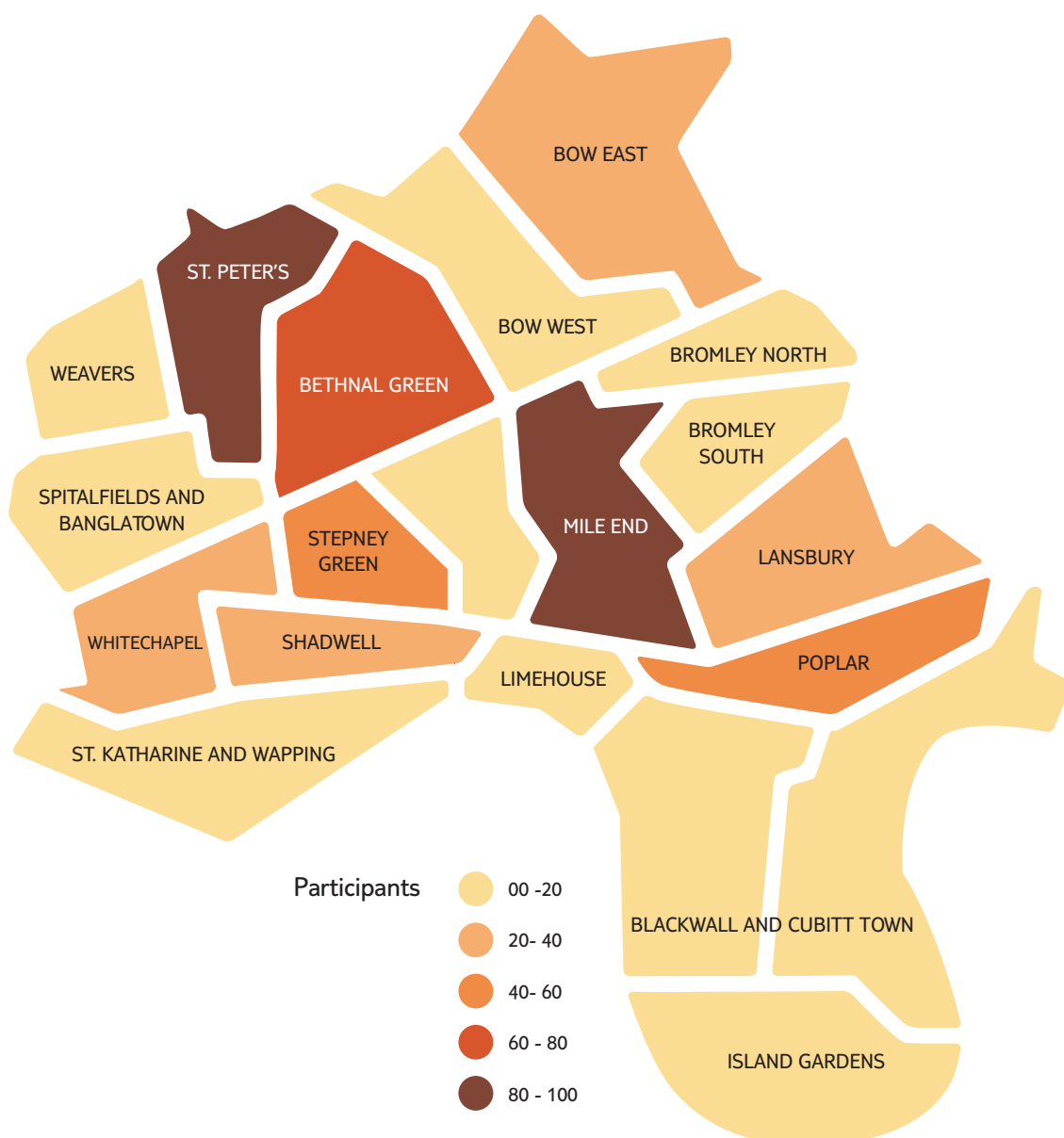
These findings, importantly, provide the community insights, views, ideas and suggestions that will inform and, we hope, motivate individuals, families, communities, service providers, elected and community leaders, and a range of professionals from all disciplines to work closer together, make funding bids and direct resources, change cultures, ways of working and old habits, in order to step up to the challenges of loneliness in later life and make a positive difference.

In the current climate of cuts and austerity that affects many organisations and services, making change and motivating people to take action may be daunting. A strong message from our data is that one size does not fit all and no single intervention will solve the issues; a range of projects of different scales might in the end make for more feasible, practical, sustainable ways of making long and short-term change in this borough. It is important also to think more about the wealth of community assets that exist here, and which we have begun to list in this report. They offer accessible, usable building blocks and the potential for real synergy.

The Loneliness Project took place over a 12 month period from October 2015 to September 2016 and included several phases: recruitment of the volunteer team, training, engagement, on-going analysis of and learning from the engagement sessions, and all of these have led us to this presentation of the findings and recommendations arising from what people talked about and that were validated at the end of project event.

In the course of the project we recruited 20 local people as volunteer community researchers, and we ran training courses for them in PA. Subsequently they led participatory engagement with around 600 people, principally from the three wards St Peters, Bethnal Green and Mile End, in some 60 engagement sessions including:

- ▶ Opportunistic sessions in public places like Idea Stores, parks, markets, health centres and other locations where older people are likely to be found in the course of their daily lives.
- ▶ More in-depth discussions with groups of people such as lunch clubs, community centres, faith groups, support organisations. In most cases these groups took part in two such sessions in order to understand people's perspectives better, and to analyse and compare them more deeply.
- ▶ Semi structured interviews with 11 local people to understand personal lived experiences of being lonely, or not being lonely.



⁵Office for National Statistics, Probability of loneliness for those aged 65 and over (2015) at <<http://london.gov.uk/dataset/probability-of-loneliness-for-those-aged-65-and-over>>

⁶London Borough of Tower Hamlets. Loneliness and Isolation in Older People: Factsheet (2016).

⁷Income Deprivation Affecting Older People (IDAOP) Index.

⁸See Demographic Information – Appendix Four

⁹Though this was observed in the course of the project by our researchers, this was not everyone's opinion when we spoke to a range of different people.

In the course of the project there were occasions when older community members were asked to locate on a map (a) where they don't feel lonely and (b) where they do feel lonely. Our intention had been to create from this a 'loneliness map'. However, while many places and activities in the borough were pinpointed relating to being lonely and not being lonely, overwhelmingly where individuals feel lonely is 'at home'; that location is individually and uniquely subjective and 'located' everywhere.

While some individuals were reticent at first to give their views, we found most pleased to be asked for their opinions and about their life experiences; many said that that this does not happen often. A telling comment was that *"the workforce doesn't think about some communities – it is good that local people are doing this project"*. Importantly, in order to build trust and to free people up to speak honestly, we have taken care to protect the anonymity of the individuals who participated. Furthermore, by framing questions in terms of 'people like you' or 'people that you know' we could de-personalise the issues and make it easier for people to contribute.

When community views are sought in projects like this there is a danger in asking people mostly about what is wrong or what complaints they have. In our approach therefore we always tried to start conversations positively – if you spend all the time on the negatives you might never get to the good things. Also, by looking at what does work one can begin to identify how this learning can be used to make barriers and problems easier to overcome, and solutions clearer.

Though we made sustained efforts to speak to people who might be described as the 'most lonely', for example by approaching the doctor's surgery, one stop shops, or through personal introductions and support groups, as well as the testimony of those who provide support and services, it remains a challenge to access and engage those people. For ethical reasons, including the personal safety of the volunteers and safeguarding older people in their homes, this PA project did not involve door knocking to find and talk to those who are housebound, living alone and who never go out at all. The engagement of housing providers and their front line staff helped to identify those who were particularly vulnerable to loneliness. As with other projects involving those particular people, this remains a problem, but is perhaps one that can be overcome by others with the specific remit and the professional authority to access and support people in their own homes.

The fact that the project has been implemented across all seasons is also crucial – there are seasonal differences that impact on older people's mood and ability to get out and about. Also, during the year some contexts have changed. For example, towards the end of the engagement, we heard more about impacts of austerity, including discussions about families moving out of the area, family members working all the time and impact of cuts, and since the 'Brexit' vote, reported increased occurrences of racist incidents and racist comments .

A summary report of the findings from the engagement sessions formed the focus for a participatory Feedback and Validation 'World Café' event attended by some 60 participants including community members, the volunteer community researchers and statutory and voluntary/community sector stakeholders, that gave the attendees the opportunity to:

- ▶ Discuss the issues of greatest concern to the community
- ▶ Tell us whether we had 'got it right' (and where we might have got it wrong)
- ▶ Add further views and issues
- ▶ Consider and add to the suggestions and ideas for change that came from our engagement with the community

¹⁰People reported fear of and incidence of racist incidents in several engagement sessions held before June 2016, but the 'Brexit' increases were a particular topic of the discussions at the Validation Event in October 2016.

¹¹A knowledge café, or World Café, is a participatory meeting or workshop which aims to provide open and creative conversations around themed tables on topic(s) of mutual interest to surface collective knowledge, share ideas and insights, and gain a deeper understanding of the subject and the issues involved and/or to plan future actions.

The following eight separate sections correspond to the main issues that the local people we engaged with linked to the experience of loneliness for over 50 year olds in the borough. Each section presents what the project found out about the particular theme, why it is a key factor in local community perspectives on loneliness. We also present in these sections the main learning from the rich qualitative data that we accessed; this reflects the diversity of responses and insights that enable us to understand better people's opinions, emotions, lived and shared experiences and, importantly, the range of barriers they face to leading lives that are not lonely and solutions that are, or could be, in place to help overcome them.

The themes reflect the most cited and discussed issues relating to loneliness in the course of this project. Although it was actually Environment and Infrastructure that came up most often in numerical terms, when we look at the depth of discussion and inquiry, and the quality of the data, we are not able to rank them in order of importance to local communities. This list does not constitute a 'league table' of topics. We found priorities often reflected the group or community of interest we were engaged with – for example with people attending mental health support groups clearly mental health was both the most burning and most discussed issue while, for faith groups, the role and impact of faith and faith-related social and support activities dominated those discussions.

The most mentioned issues and suggestions relating to each theme are illustrated by means of a coloured evaluation wheel at the beginning of each section. The larger the individual segment, the greater number of times the particular topic was raised.

In order to make the wealth of data easily accessible to the reader, each section also contains the main positive and negative forces that impact on the issue, and these are set out in a 'force field analysis'. This diagram captures, simply and in one place, the balance, or weighting, of good and bad forces (relating to the individual theme) of living in the borough. It illustrates the range and diversity of opinion and perspective within the community that the PA process reveals, compares and analyses, and which is covered subsequently and in more depth in each section.

¹²It is telling that the Force Field analysis also highlights differences of opinion – for example, one person's positive can be another person's negative. The Force Field analysis is generally, and was often used in this project, as a component part of the 'H Form' tool, often used at the beginning of the PA process to gain an overall picture of what people think about the issue or issues. For more information about tools and their application see Appendix Three.

Most mentioned issues



Befriending and outreach

Support groups and services properly funded and quicker and easier access to services

Education about mental health



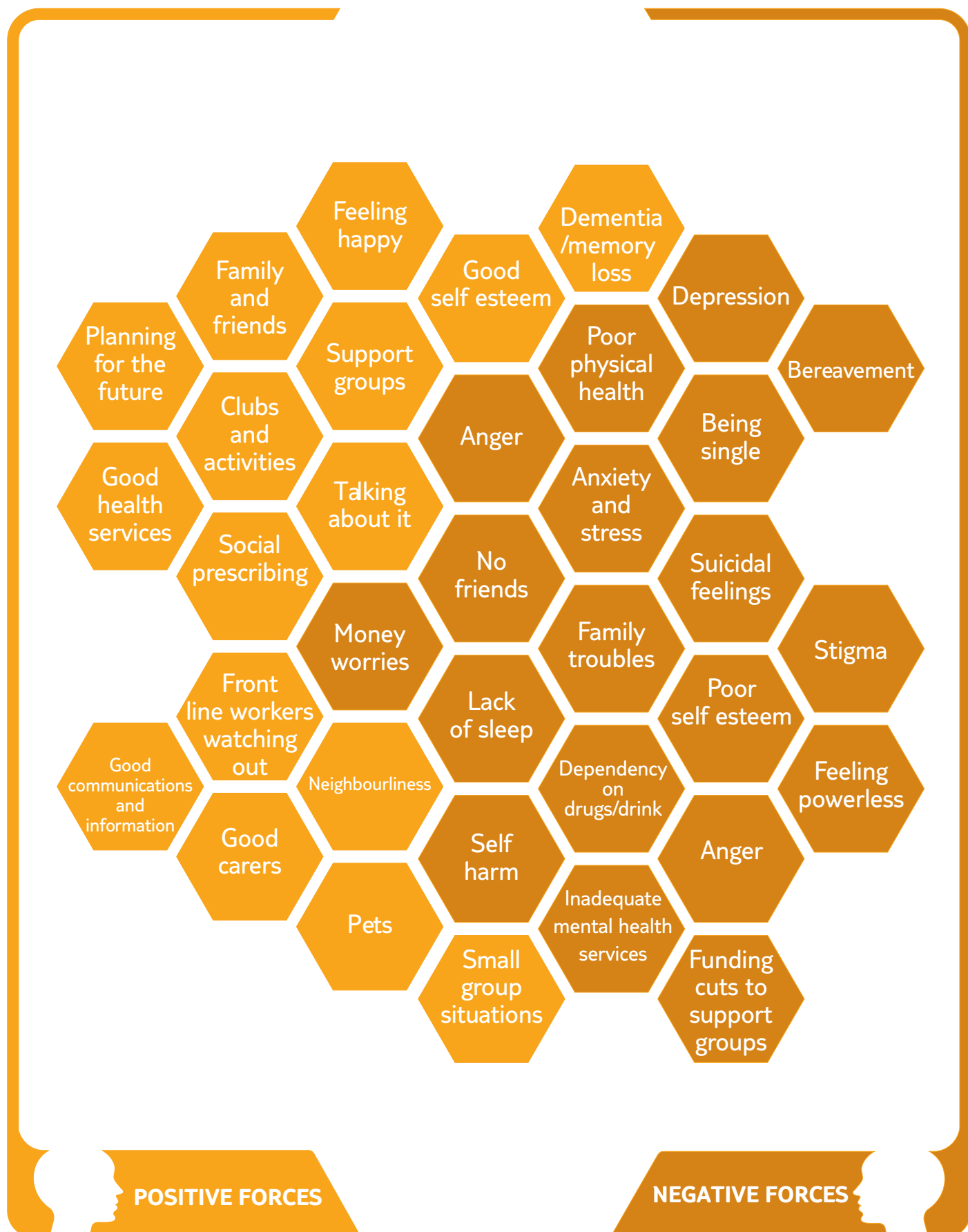
Most mentioned ideas and suggestions

Story telling

Volunteering and spending time with people with mental health issues

Positive attitudes and motivators

In our engagement with local people to discuss factors in experiencing loneliness mental health and wellbeing was cited on numerous occasions and was a topic for deeper and extended conversations. They identified good mental health and a strong feeling of wellbeing as being important. Feeling mentally healthy and self-confident, positive, active and valued, and being well supported by services and social networks help people overcome loneliness in older age.



While 'mental health' was not always the exact form of words used, other terms like 'state of mind' 'depression', 'anxiety', 'self esteem', 'stress' came into the conversations. Our data evidences that, for many of the local people we talked to, mental health and issues relating to state of mind and wellbeing can be both the causes of and impacts on loneliness. Many respondents told us they suffered from these problems, while others were familiar with the issues through the experience of friends, family and support workers. It was noted also that poor mental health impacted negatively not only on the individual but also on family and friends who also find it difficult to cope. *"If you don't like yourself how do you expect others to like you?" ... "I don't go and see her any more because she's a misery."*

Degrees of mental ill-health experienced by participants ranged from anxiety, worry, stress and lack of self esteem, increasing memory loss, to severe depression, suicidal thoughts as well as diagnosable and chronic conditions like bi-polar disorder, schizophrenia, dementia and learning difficulties. *"Loneliness just creeps up on you. It's devastating." ... "I have been lonely all my life." ... "Loneliness is a killer."*

People told us about the negative impacts of practical problems including living, often alone, in unsuitable or temporary accommodation; *"You wake up – and start getting dressed and you think ... why am I getting dressed... that feeling is devastating."* They also cited being adversely affected by poverty and financial exclusion including debt and benefit dependency, as well as difficulties in accessing adequate and sustained support and mental health services generally. *"Professionals move around, you can't build up a relationship and get help" ... "If you go to the doctor you get a pill for a headache, a cream for your skin, but you can't get anything for loneliness."*

They talked with us about how poor mental health can arise from family and relationships, life experiences and life changes, physical illness and disability. *"I am the queen of loneliness."* They also referred to worry about funding and service cuts, lack of education and a shortage of appropriate information about mental health. *"Being left with no workers, no psychiatrist, no doctor that really cares enough to take time with you – that's loneliness."* Many reported experiencing stigma and prejudice about mental health. People also said that those with memory loss or early stages of dementia may forget or get confused, including about taking their medication.

Being able to 'talk about loneliness and dementia' was an important aspect of overcoming some mental health problems, and it is interesting to note that people did say that taking part in our sessions was therapeutic, as they didn't get much opportunity to have a voice.

An interesting example here was with dementia sufferers at the Dementia Café held at the LMC, whom we found could and did talk about loneliness and they really wanted to be listened to. They said people with dementia often revert to their mother tongue, and suggested that younger carers need to understand the older generation better and help to overcome language barriers. *"People don't talk about loneliness - I don't know why."*



The stigma of mental illness

Woman aged 55+

It's complicated ... my first partner died, and my time with him wasn't great, there was domestic violence. But I was left isolated then with no support and two kids. But years later as I am getting older I still miss him, I did love him. I swept it all under the carpet, and couldn't talk to anyone about things.

Woman aged 50+

I feel lonely at home, with no one to speak to. Depression just makes you sit

– there is no motivation, it feels physical. There is a stigma about mental health, it makes you scared to share it, and you lose friends. Sometimes I can't get up, you just sit there waiting till it gets better. But the other side of this is that sometimes there are real friendships between people with mental health problems.

Motivators, resilience and strength

Woman aged 60+

I think it is important to fight old age – it's a motivator. The more it hurts the more determined I am

Woman aged 75

It reminds me of something my mum used to say to me. She said there is no point chasing after the world because all that really matters is the afterlife. That's what's important to me. That's what gets me by, when I remember that. I rely on God for everything.

Woman aged 50+

I was close to killing myself when I had the kidney failure but a picture of my son on the wall saved me as I felt I couldn't do it to him. I was lucky that I had a counsellor at the Renal Department.

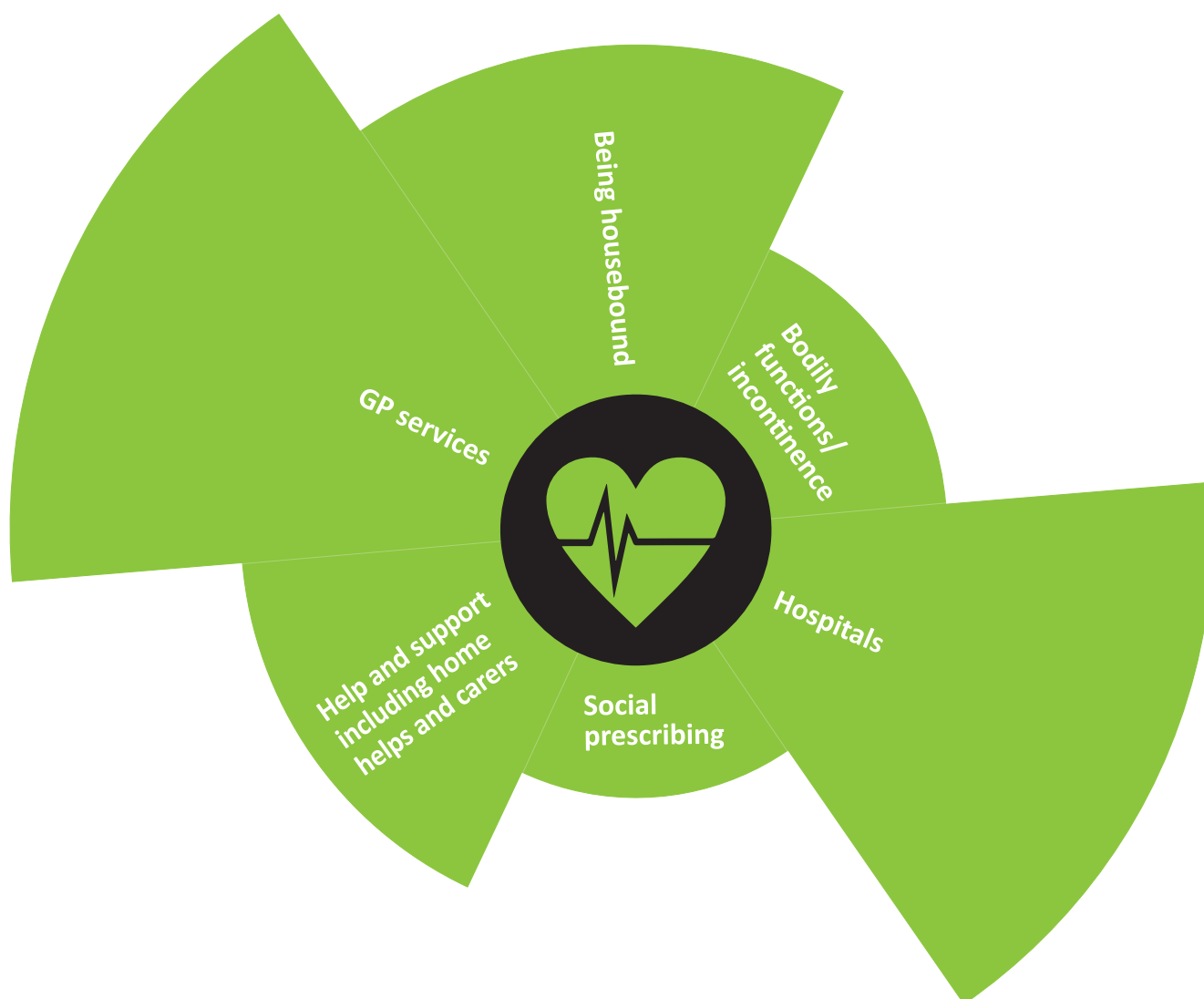
Woman aged 90+

It was depression ... like catching a germ. I just wanted to die, as straight as that - it was a good idea. I wouldn't have to bother with anything any more. But I had carers who were quite stern with me – I was being hopeless and self-pitying. But these girls got me going.

Woman aged 65+

(She) is a diamond in my life ... she found me and put me in touch with things going on ...

Most mentioned issues



Outreach and befriending

Access within the home/estate
(mobility issues like stairs,
lifts, repairs)

More time for carers on visits
and better training for them



Walk more

More volunteers and befrienders
for people who can't go out

Provision of toilet facilities

Cooking courses /info on Diabetes

People whom we engaged with identified good physical health as being an important factor in overcoming or avoiding being lonely. They also recognised that deteriorating health often comes with increasing age, but stated that good services and support, may ameliorate associated isolation and loneliness.



POSITIVE FORCES

NEGATIVE FORCES

"As you get older you become infirm, invisible, incoherent, incontinent"

Many of the older people we talked to had health problems including: arthritis, poor mobility, deafness and tinnitus, cancer, diabetes, back pain, blindness, stroke, heart disease, chronic obstructive pulmonary disease, alcoholism, asthma, liver and kidney problems, epilepsy, mobility, balance, neurological problems including sciatica, memory loss, loss of bodily functions, skin conditions, and the general age-related deteriorations of health. People pointed to the connection between mental health and physical health – if your mind is unwell it affects you physically – while others said if you have a serious illness you can be impacted negatively in terms of your mental health.

People had a lot to say about the impact on being lonely of increasing immobility and being unable to get out and around. *"A lady I visit in her home had a fall years ago and she just doesn't want to go out now."* They also evidenced the good quality of services they experience from hospitals, GPs and other health professionals, as well as support from voluntary and community groups. A significant minority of people, however, were concerned about the length of time it takes to get a GP appointment, waiting times at hospitals, staff who are sometimes rude, the impact of cuts on caring and social support services, and the difficulty in getting advice and information. *"After being in hospital you come home to nothing, so you just get ill again."*

They also reported a tendency for different service providers not to communicate effectively or consistently with each other. *"Seeing the person not the illness"* was something people would like to see more of from service providers. Others felt that some professionals do not see loneliness as an issue – they only look at the physical. One person suggested that *"professionals should do more digging in casework"*.

Some people reported being frightened to tell what illnesses they have, and generally to talk about incapacity issues and fears as they get older – for example *"I have often wondered who can I ask if I smell?"* - while bodily functions including incontinence are often taboo and hidden subjects. Typical comments related to talking about illness and not drawing attention to difficulties were: *"They know I try to hide my illnesses. ... The doctors and nurses at my local practice know I hate going in and I don't like to feel like a burden on anyone, especially when it comes to my health."*

Even small things like losing your spectacles or being hard of hearing can cause confusion, worry and perhaps lead to reluctance to go out or be self-sufficient. Others cited the loss of physical contact with a loved one in older age, and the loss of the comfort of human touch.

The poorer you are the more likely you are to have health problems. For example, if you are poor you are less likely to have a good diet and are more likely to live in substandard accommodation. If your family is poor they may be in less of a position to help you. Even for those who are better off the cost of private care, accommodation or equipment is high or even prohibitive, and certainly the subject of worry.

Feedback also underscored that it is important for people to have a sense of purpose and not to lose their sense of belonging and independence – even when living with terminal illness. More planning for and talking about getting older would be cost effective ways of making a difference in this context.



Man aged 65+, Men who are stuck in the house

I have been trying to get this friend of mine out ... he sits in-doors and drinks five to six pints of beer in a day. You have to think how much is this costing the Council and the NHS – he is drinking so he probably has liver problems, but it would run into £000s if he has to go into hospital. In my opinion it would save the Government thousands in Tower Hamlets to get really stuck in and get these people out of their armchairs. Get them out of the house. If I could help with that it would be a result!

Man aged 65+ Having a pet

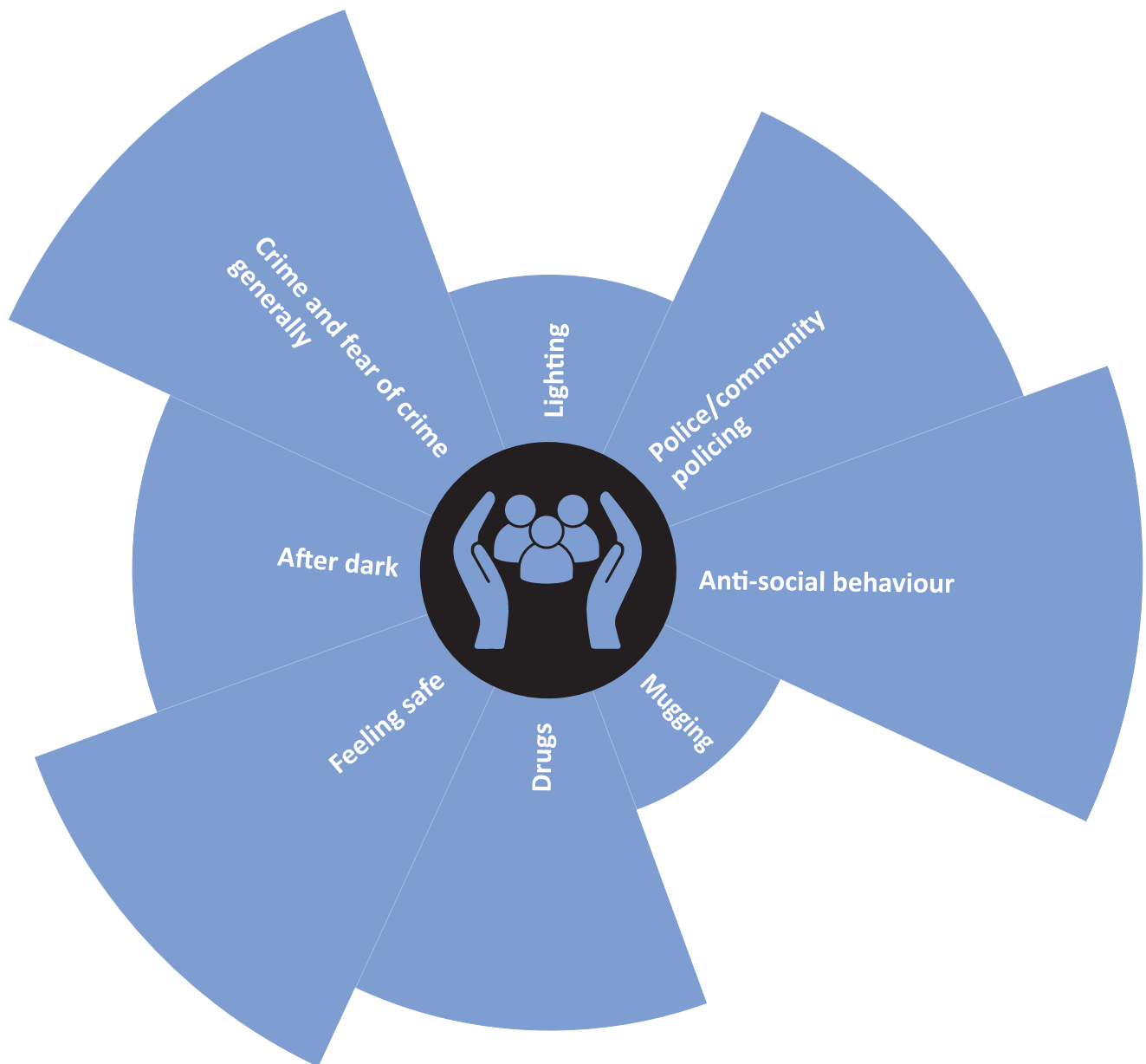
What about helping older people to have a pet? It's something to look after, responsibility, it gets you out of yourself. You would need to go out to get the dog something to eat, go to the vet, brushed, looked after. It makes life livelier. People don't think about that – that little thing, it means a walk every day, keeps you away from the GP. I think the RSPCA has a scheme for this but people need the information to make it work.

Man aged 60+ Having a pet

I lost my dog last year, and feel more invisible now ... people used to come up and speak to me ... if you have a dog people talk to you.

¹³Some branches of the RSPCA offer the Elderly Animal Re-homing Scheme

Most mentioned issues



More youth provision
More/ visible/ friendly police/
community safety officers
Someone to go out with at night



Most mentioned
ideas and
suggestions

Lighting improved
Road safety/ crossing the road
Dispelling myths

Community participants cited 'feeling safe', and crime, or fear of crime, as particular worries for older people, and contributors to experiencing or exacerbating loneliness. Many older people stay at home (alone) a lot or all of the time, or do not go out after dark or at certain times of day.



Experiences and opinions about feeling safe ranged from being afraid to answer the door and go out in the evening, to perceptions and impact of anti-social behaviour, criminality, drugs and drinking in public places. *“There are gangs and youth issues so people don’t want to go out.”*

We took conversations deeper in the second part of the project in order to try to ascertain whether ‘crime’ and ‘anti-social behaviour’ were more perceived than experienced, and found that fear of crime was more prevalent than being the victim or witness to actual crime. *“They read the papers too much, they don’t actually see the crime, but they are fearful.” ... “I don’t read the papers in case I get to know about murderers.”*

There is no doubt, however, that fear of crime makes crime seem very real to people with those feelings. It is also true to say that significant numbers of people we engaged with had seen or experienced genuine crime and anti-social behaviour – citing for example muggings, burglary, chewing betel, drug taking/dealing and littering, particularly in Mile End ward, a finding which may correlate with that ward being more deprived than other wards on the Crime measure of IMD.

¹⁴See Appendix Four – Demographic Information



Woman aged 75+, Things that prey on your mind:

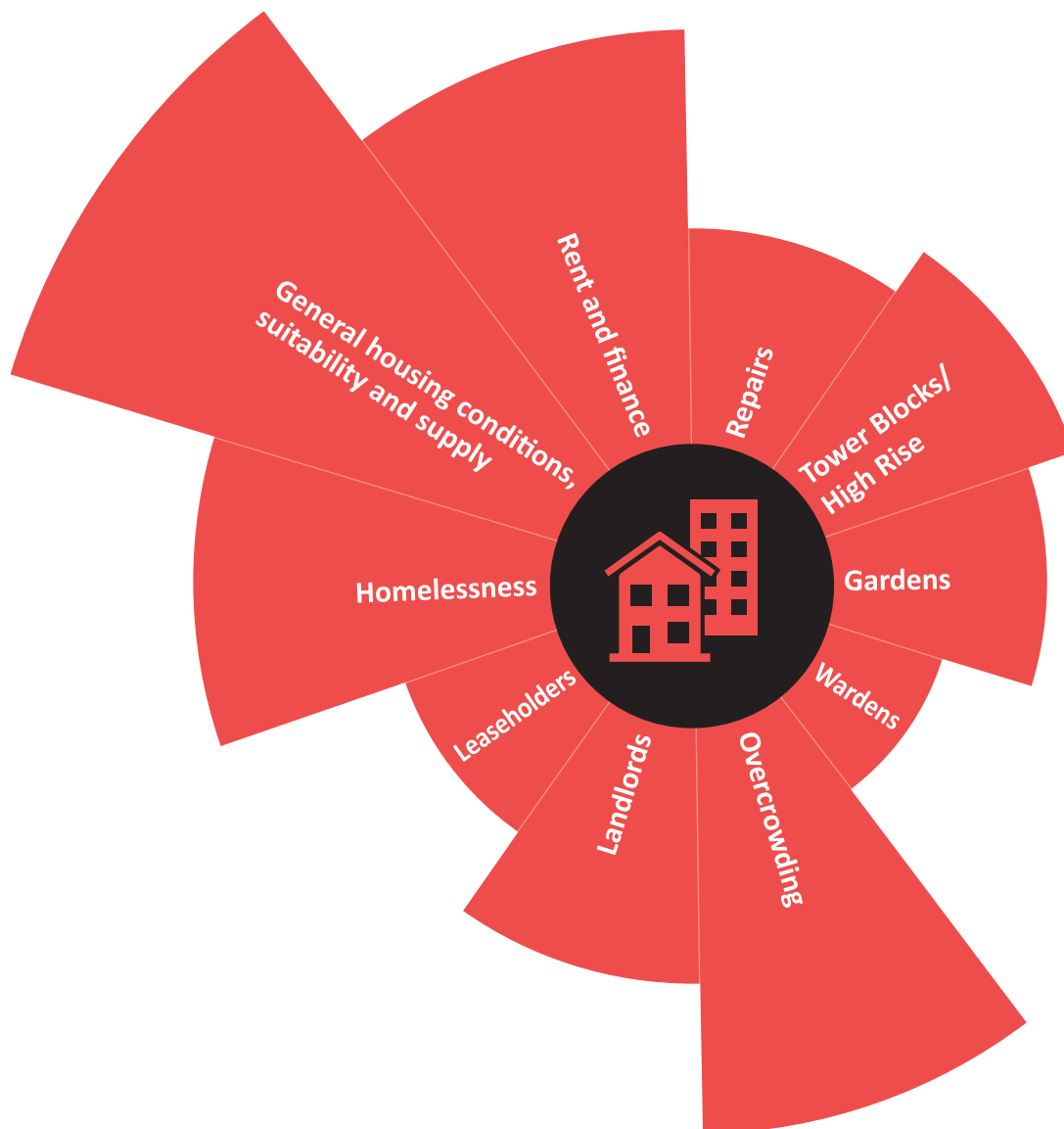
There are people going around this area who trick you into letting them into your house, and they come in and steal your gold and valuables. They have metal detectors that help them find it.

Woman aged 90+, Things that prey on your mind:

You sit here and you read the paper, and your imagination goes wild.

We get lots of people in and out of the car park and I can see it all from my window here. There had been a pair of cars out there a few times, quite expensive ones, and the drivers meet and they talk and walk off. So I am thinking all sorts of things – even, are they from ISIS? ... Anyway I mention it to my daughter and she goes out to see what's happening, and do you know they offered her dope! Really I feel safe here, but you know I didn't feel threatened, I did wonder what they were doing.

Most mentioned issues



Allocation of and planning system
to provide for suitable housing
for older people at different
times of their lives

More affordable and
social housing

Housing for families so they don't
move away from their elders



**Most mentioned
ideas and
suggestions**

Reliable and timely repairs
and maintenance

Alarms for all the elderly

More provision for the homeless

Social Landlords to take on the
issue of loneliness as they are
on the front line

Housing is a major factor for many older people in the borough in the context of loneliness; the availability of affordable, appropriate, well-maintained housing can make the difference between being lonely or not lonely. Many felt that key to overcoming or preventing loneliness is living in a home that is suitable for older people. Ideally there should be good access, a good landlord, good neighbours, and the neighbourhood should consolidate a sense of belonging and community spirit.



For many people, especially those who have spent most of their lives, or significant time in Tower Hamlets, the improvements in housing, cleanliness, and the role of social landlords services have all seen considerable improvements in the last 20 years particularly. Regeneration and upgrading of housing has been very positive.

"People are lonely because when they open the door they don't see anyone." Where 'suitable' housing for the elderly is available it has a very positive impact on their lives, and people have mentioned having a garden, being able to see out to what is going on, and good access as significant positive features. "Old people like living in a house, so they can relax in the garden as they don't go out much." ... "The housing officer walks around a lot and greets people – so I feel safe, as it is a familiar face."

The flip side of this picture demonstrates that various negative aspects of housing can exacerbate the experience of loneliness. Tellingly, when asked to place a sticker on a map showing "where in Tower Hamlets do you feel lonely" the 'place' most identified by respondents was "home".

Others said that they experience damp conditions, poor repair and maintenance, either because they can't afford to pay for this themselves, or their private landlord does not put things right. *"If the house is not clean you don't feel well." ... "I have a disability and when I am at home I have difficulty going up the stairs. I feel cold, repairs service is poor, ... my toilet seat is unsuitable and I can't get it changed." ... "Old people are made mad by poor housing."*

Overcrowding is another problem. People talked about the consequences of recent benefit and housing cuts and lack of affordable housing, especially seeing their families moving away because they have been hit by the 'bedroom tax' or not being able to afford to rent or buy privately. Some talked about a lack of affordable housing to buy or rent as a serious problem, and consequent changes in the community and social structures. *"Local people and families that have lived here for generations are driven out of the area because of high rents."* Many said to us that these changes have removed support mechanisms and the family safety net for older people – including informal help with health issues and social care. Some, though not actually experiencing this themselves, fear that it will happen to them – including as a consequence a widespread perception that communities are being 'cleansed'. New housing is perceived to be for the 'rich' not for 'us'. Furthermore, people commented on the increasing numbers of older people who are homeless in the borough (and this is backed up by local homeless charities). *"No friends, no family, homeless."*

High-rise accommodation was considered unsuitable for many older people who reported to us that it can exacerbate the loneliness because of mobility and accessibility issues, anti social behaviour, lifts out of action and just being isolated and cut off socially. *"There are 34 steps to my flat ... I have no life, but I suppose I manage." ... "I am on the 21st floor and there are people sleeping on the stair."*

Care homes and sheltered accommodation are regarded as very good, though people have said that it is quite common for residents to be lonely even when they live with other people. One lady in a care home said it was better to be in a room near the people with dementia as their doors were always open and people were moving around, whereas the non-dementia residents tended to keep their doors closed. Hostels and temporary accommodation are felt to be adequate and necessary but can be un-conducive to socialising or community spirit.



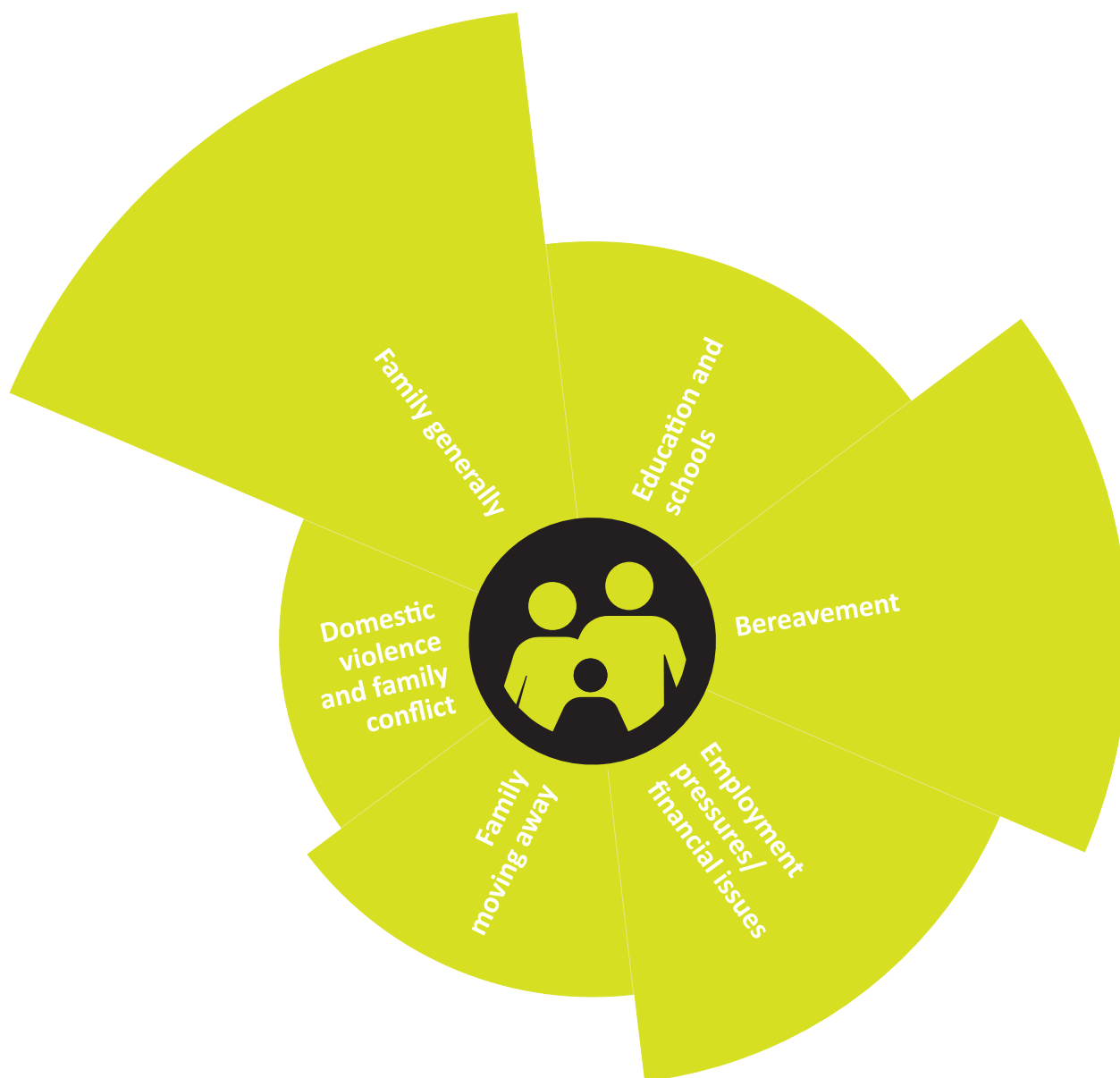
Man aged 60+, Memories

A lady I know who liked her high rise flat where she lived for all her married life but, after losing her husband, she found the memories surrounding her were too much to live with. She was re-housed in low-rise accommodation with a garden nearby; the loneliness, emptiness and isolation vanished from her life.

Man aged 65+, Living in temporary accommodation when you are older and single

I live in a hostel – you have to be on the housing list for years ... a single guy has very little standing - and it is filled with all sorts of people. I have got a heart condition. I'm supposed to be taking it easy. Taking it easy in that place? I have to be there for three years before I get on the housing register to move, three years. I probably got no chance anyway, as a single white male maybe no chance. I am not allowed to do anything – can't bring any one back, cook food even in my room. That is against my human rights. ... I am retired now and draw a pension. All I do is go and check me money has come in.

Most mentioned issues



Intergenerational projects including language

Use of schools as assets

'Adopt a granny or grand-dad'



Most mentioned ideas and suggestions

Advice and family support

Awareness campaigns on less talked about issues/taboos

Many of the people we engaged with made links between living within or near a supportive family as being helpful in preventing loneliness in older age. Strong bonds with, and support from, spouses, partners, children and grandchildren are all important ways of preventing or ameliorating loneliness. For many bereavement is particularly difficult and can often be a time when people are very lonely. People also talked of links between absence of a supportive family environment in early life as being a cause of loneliness in later life.



Our project shows that family relationships are key when it comes to being lonely or not feeling lonely in later life. As with other issues, there is a bright and positive side to family life, but also at times a darker side.

Generally people spoke about family as being central to avoiding loneliness in later life.

"The best thing in life is a wife and a family – this is happiness." Support from family is wonderful and positive when it is happening, through visits or living with relatives who give support, company, practical help.

"I have nicknames for my two daughters who help me - one is my transport manager, the other is my finance manager."

Even when their families live outside London more active elderly people (who can afford it) go for visits which keeps them in touch and happier. Schools and education being good are cited as 'feel good factors', creating family pride.

Family support, regardless of background, is highly valued. *"When you have a big family it is difficult to feel lonely."* People from outside the Bangladeshi and other Muslim families tend to believe that those communities have stronger family ties and therefore probably older people get more family support and care, although some of the in-depth conversations we had might suggest that this is not always the case.

Many community members reported that the tradition of older people living with their children is decreasing, as society changes, and work demands take priority – for example many were saying that people are more independent now, and rely less on their children.

I would ask my family to help me ,..... but I realise they have their own things to deal with; they have to pick up their kids from school ...I don't want to ask them for help because I don't want to cause problems. I understand, I don't want to burden them

My family and people are working all the time, sleep at night is difficult, I worry about where I will go, and I spend evenings on my own.

Values are changing – we used to look after the elderly, now we want our own space

These comments are from people we spoke to, and not therefore, necessarily reflective of all views. There are those who don't expect, and indeed say they don't want to stay with their children. This is perhaps an indicator of significant societal trend. However, as our case studies indicate, even when older people do live with their families there can be pressures that mean they may feel lonely in that environment. *"My family are too busy – they don't know I'm lonely."*

Bereavement and loss of spouses, partners and friends is deeply traumatic and is considered a major factor in people being lonely in Tower Hamlets, as indeed it is everywhere. *"You've been with that person for 48 years and it's a part of you gone."*

Conflict, arguments, domestic abuse, problems with employment and finances and intergenerational problems are also contributors to loneliness. Being bullied in early life, being in care, having been in a single parent family, especially with many siblings and without a father figure, getting into trouble in early life, being an ex-offender, were also cited as causing life-long loneliness that does not diminish or disappear as you get older – they are exacerbating factors. For some LGBT people loneliness is an issue; family breakdown, depression and suicide were also mentioned. For those who came out in the 1970s, and before equalities legislation, it may be significantly worse, as it can be for many who lived through bereavement caused by HIV and AIDS.



Woman aged 70, Not being a burden on my family

I don't want to be a burden on my children. But I am weaker now. When my family come to see me I can't cook for them, feed them or look after them any more. ...If they have to look after me, they will fall behind in life, it will affect them negatively. I don't want to be the cause of that. Nowadays everyone has to work to get by, for their livelihoods. They don't have time for me. ... I am blind, I can't read the Quran and learn new prayers. But I don't want to burden my family with this. This world is a test, it's not meant to be easy. The Mosque has everything I need, I come on Fridays, I wish I could come more often, but there is no one to bring me.

¹⁶This is reflective of the comments made by people we spoke to, and is not therefore necessarily reflective of all views, i.e. White British or Bangladeshi people.

Woman aged 75, Not being a burden on my family

I have certain expectations or habits that my daughter in law and son don't always understand. It can get tense living with them. I am a very independent woman and I have my own ways of doing things. I don't like relying on people, but sometimes the situation requires it. That's when I feel lonely. They are a younger generation and they don't understand me, and things get easily misconstrued.

I don't like to feel like a burden on anyone, especially when it comes to my health ... I don't want to take any money from the government because of any illness I might have. I don't want to be dependent on anyone. I am scared of growing old and losing the ability to control certain bodily functions. I pray to Allah to keep me from becoming like that. I want to be in a constant state of cleanliness so I am always ready to pray.

Woman aged 55+, An unhappy marriage

My former husband was very controlling; the money, my family allowance, there was a lot of coercion. ...He was always good with my family, but cruel with me. No one believed me about what was happening. Respect is important in our family, and he was nice to my family and children. When he divorced me it had terrible effects on me and my life was so difficult. I struggled to cope with it all, but I got through.

I feel now that my family doesn't want me and so there is distancing between me and the wider family now I am older. I feel like I got all the blame; at times it was better with the family, but then there was gossip going on about me and I lost trust in my family and friends.

Woman aged 60+, Family attitudes to difference

I remember my first encounter with loneliness was when I realised I didn't feel the same as other people, I didn't want to do the things my parents were expecting me to do as a girl. I was always in conflict of gender identity but tried as much as I could to fit in by hiding my true feelings. I was often angry.

At 15 I was thrown out of home by my parents who could no longer deal with me in the controlling fashion they felt was required. I spent many years homeless and squatting and not knowing what I should do. I had very limited social support. There was no LGBT centre and I didn't know any other lesbians. I was very lonely. I was involved in lots of gender based political activism but normally hid my deep-seated fears about difference.

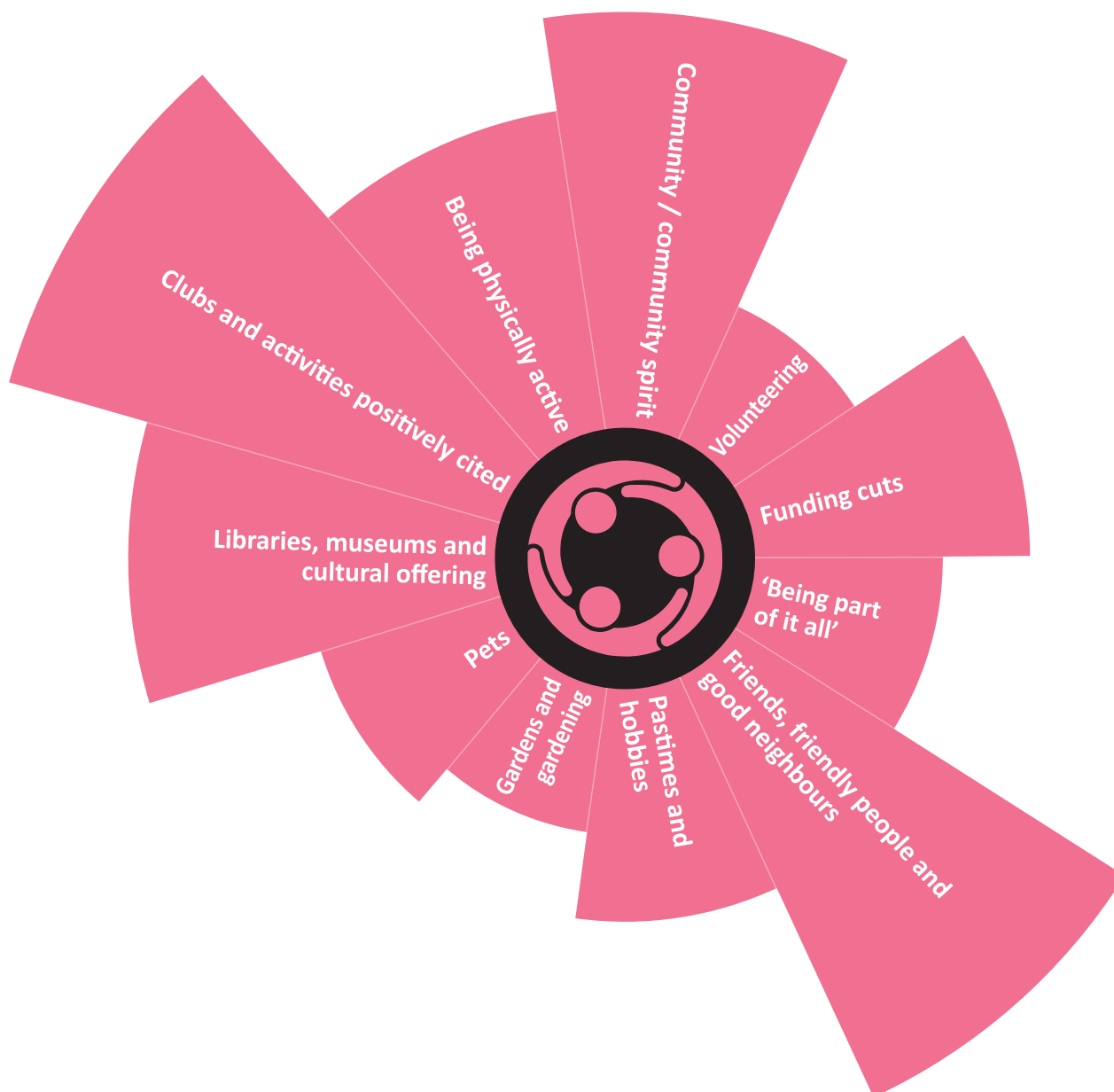
Woman aged 65+, Losing my wife

Probably the worst time was when I lost my wife ... it wasn't long ago, only 18 months. Through our life together we had our problems, but the thing about it then was that there was always a light at the end of the tunnel. I was her carer, and I still felt there was light at the end of the tunnel and you could overcome it, but when you lose a partner there is no light, she is never coming back and that is the hardest thing in my life.

When you are with people you can put a front on, but the most difficult time is when you get home and you close the door behind you. I do try to keep myself occupied, I don't just sit in the chair and watch TV, but no matter how you keep yourself busy, it knocks you back. It is the silence - it comes down like a cloud and hits you.

I lost a lot of friends over 10 years of being a carer. I was on duty 24/7, she was ill, multiple things were wrong with her, so I had to put her first. I did what I could, but I couldn't leave her for any length of time ... you don't go out for a drink with friends because you have to look after, keep sober. ... You lose your friends, they pass on, they move out. I had to make the choice; my wife came first. I have no regrets now, but it is good if you do have friends.

Most mentioned issues



Neighbourliness/
helping hands/friendliness/
restore community spirit/
campaigns and events

More clubs and
activities more frequently open



**Most mentioned
ideas and
suggestions**

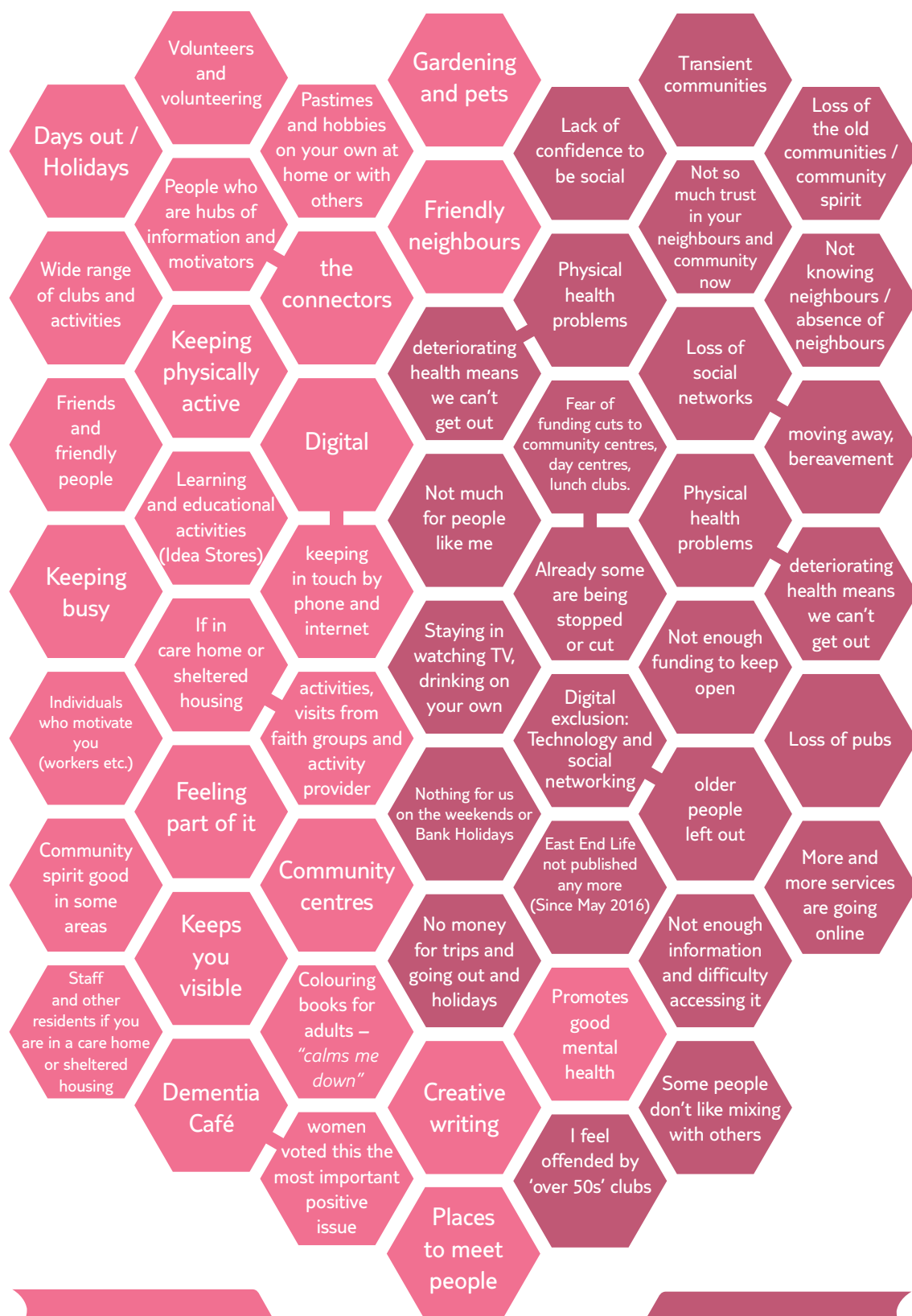
More outings

No more cuts to funding –
Lottery applications

Expanding the Idea Store services

Take a lonely friend with you

In the course of engaging with local Tower Hamlets residents we found that people, almost invariably, valued community activities and their social networks as key ways of avoiding loneliness. This was because these aspects of life motivate them to do the things that keep them socially connected, that 'get you out of the house' and 'give you somewhere to go', that keep the mind and the body active and that maintain a sense of purpose, all crucial to not feeling lonely.



POSITIVE FORCES

NEGATIVE FORCES

People said repeatedly that clubs and activities have an extremely positive impact on 'not being lonely'. *"Don't just sit around – do something."* This is not surprising, as we were talking to people often in the setting of a club, community centre or as part of a social activity. The range and quality of activities, clubs etc. is very extensive - from hobbies to lunch clubs, healthy eating, physical exercise, support groups, cultural groups, local history, faith groups, gardening, leisure centres, coffee mornings, rumba, day centres to name but a few.

There is certainly a very substantial amount of community activity, formal and informal, funded and unfunded, going on in the borough; this is valued and makes people happier, socially networked, and busy and occupied. *"I'm too busy to be lonely."* *"A bit of gossip keeps you going ... I have a different outlook on life since coming here."* For some being a volunteer, on a committee or housing association board, being a leader in the community and having a civic/societal role are all things that combat loneliness and build self esteem. *"Get dressed, put on your make up and make yourself feel better."* ... *"Your humanity comes back."*

'Community spirit' is another aspect of this theme. There was a lot of discussion about community spirit, neighbourliness and friendly people, and that these aspects of life in Tower Hamlets help to combat loneliness. *"Feeling at home and being part of the community."*

Some people believe that women are more likely to be social, networked, to volunteer and be active in the community - though there is nothing absolutely conclusive about this. Individual experiences were telling: *"This is my main place, I don't have anyone"* ... *"You can be lonely when you are with other people."* ... *"I feel like a different person since coming to St Hilda's."* ... *"I refresh my mind and meet friends by coming to the Mosque."* It was interesting to note that, for women in one Bangladeshi group, being part of the community was their most 'positive' about living in Tower Hamlets – while for the men in the same group good health services were most important.

We were also able to delve deeper into the barriers and hardships that really lonely people face in attending such activities (noted in the diagram at the beginning of this section).



Isolation and dying alone

One respondent told us about his elderly neighbour who was found three months after his death, and he was concerned because he now knows that this could happen to anyone. Initially there was no cause for concern as he assumed the social services were visiting regularly to pick him up and to take him out – but it turned out that they were not picking him up at all.

It was only when he saw a damp patch that it was noticed he hadn't been around lately. He found a damp patch next to his wardrobe on the wall and floor. He was very concerned as he was used to seeing him every day. He had not seen him for a while and reported to the social landlord that he had not seen his friend in months he was not opening the door.

The Police came to break the door down to find out what had happened. They found the neighbour dead on the floor next to the window – the damp had come from the deceased leaving the tap on before he fell to the ground. They estimated that the man had died in the Christmas holidays, and his body was found only in March.

Man aged 60+, Being grounded

A lot of blokes come here to the Grounded Project in Cemetery Park. They are usually referred by GP, Probation, or by the Housing Association. It's much better than running around on heroin with your mates on the streets. They come four times a week and build up their time here – everyone does a minimum of two days a week. We call it 'Grounded' because the whole thing is physical, getting back to what our ancestors did. It's far better – not everyone is the same.

People have to learn to get on-line to get their dole money, and some older people are not interested in learning the computer. This works, winter and summer, we have pets here, a shelter, it's good exercise and we get people out to play.

Woman aged 65+, Being grounded

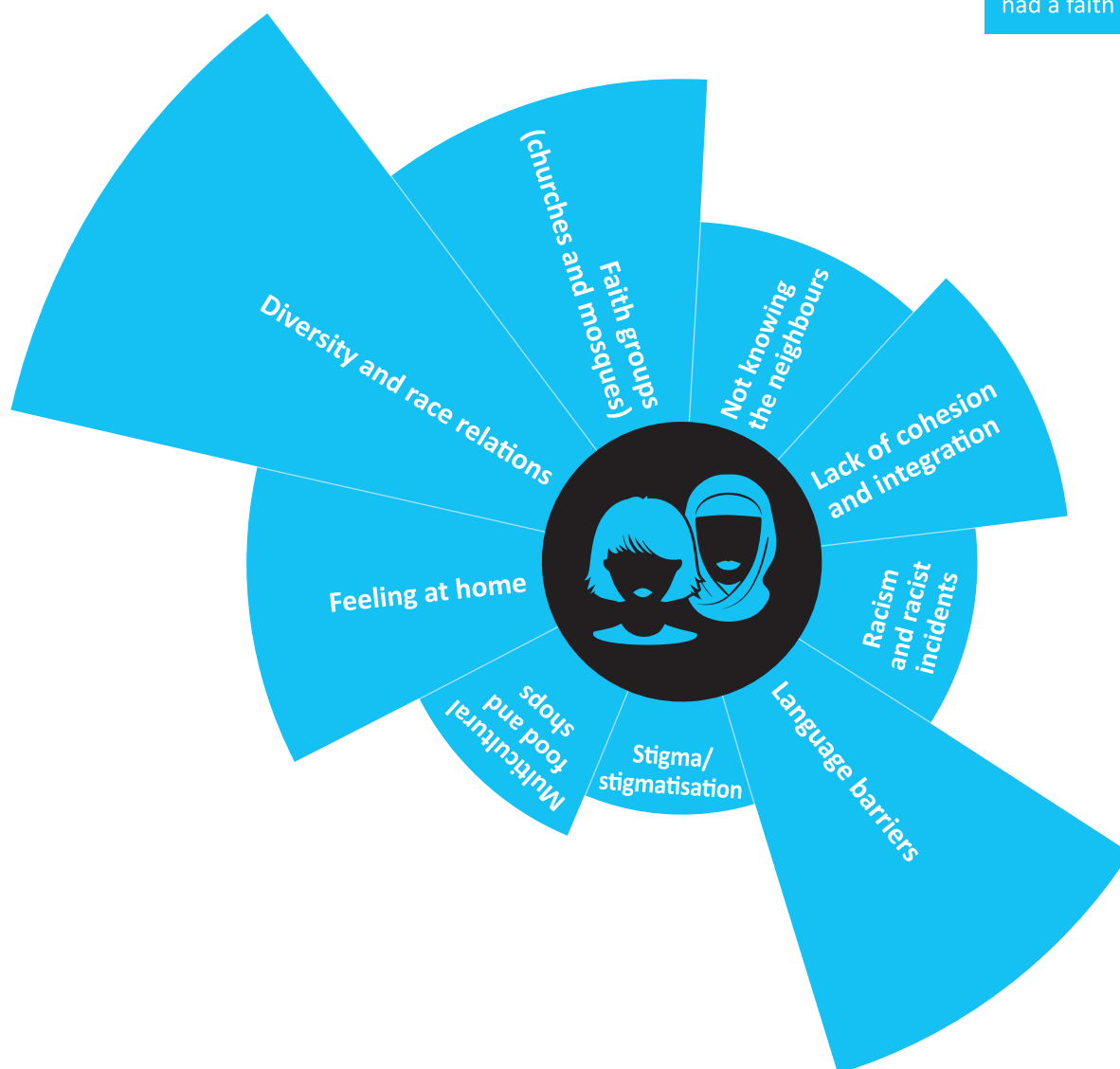
I'm not really ever lonely - I do two days here at Spitalfields City Farm, I do the watering. When I am in this place all the aches and pains and anything negative is gone – doing stuff, that's what keeps me going. I also have a plot in Stepney – gardening keeps me going winter and summer. Gets me out of the house.

Man aged 77, Being grounded

I started here four years ago – my neighbour brought me – he took me over here, and I have never stopped. Winter and summer – winter doesn't worry me at all I just get out.

Most mentioned issues

70%
of the people
we spoke to
had a faith



Tolerance and consideration

Education about others

Multicultural events –
more festivals and street parties

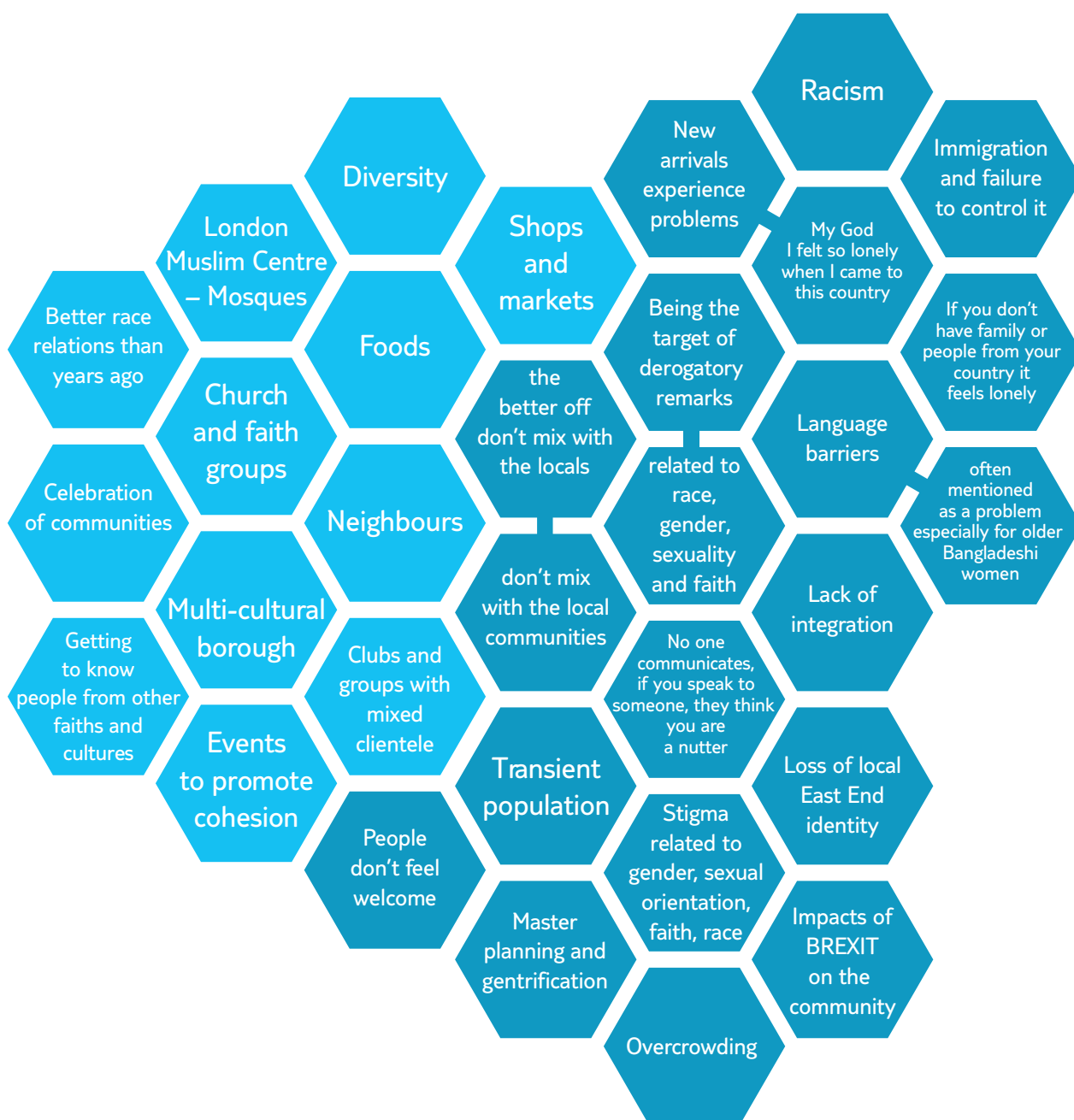


**Most mentioned
ideas and
suggestions**

Local history walks

Support and respect to overcome
stigma/ stigmatisation

The residents we spoke to linked loneliness to aspects of culture, faith and cohesion. Where people value and respect each other's cultures and faiths, where a sense of belonging is strong and where tolerance is nurtured, residents say, loneliness is reduced. Whereas divisions can result in loneliness because people do not feel valued or 'at home'.



POSITIVE FORCES

NEGATIVE FORCES

Tower Hamlets is one of the most diverse boroughs in the country, with many different ethnicities having lived here for generations, while others have settled here more recently, including refugees and asylum seekers from many areas of the world, some of them very recently arrived. Another aspect of problems with cohesion is rich and poor, and people have talked of a divide that is growing as the more affluent come into the borough with 'gentrification' and rising rents and property values.

While many felt that diversity was one of the reasons for celebrating life in the borough, others expressed concern about the number of immigrants, the old white East End culture being lost, people speaking of feeling like a stranger in your own place. *"We are losing our communities ... they are transient, people don't know their neighbours any more." ... "We live in a bubble. ... It's like a ghetto – sometimes I feel I am the only white person."*

In many cases people stated, and we observed, that people tend to gravitate to those they feel they have something in common with; sticking to their ethnic group. Some centres demonstrably have a multi-cultural clientele, but many do not. *"Even at community centres, you only sit with your friends."*

Language is often a barrier – even between generations of the same ethnicity and older people tend to have more language difficulties than younger people. Some felt that people get on well, and cited examples that celebrate diversity, while others said there is little true cohesion. *"There is a divide between communities and that is not good." People rub along together but do not come together.*

Seventy percent of people who gave us demographic information were recorded as having a faith or belief, principally Christian and Muslim, but also Jewish, Sikh, Hindu and Buddhist.

Having a faith, a belief in God and/or being part of a faith/religious community were considered a good way of alleviating, overcoming or preventing the negative impacts of loneliness, and were a great comfort in later life, especially in the context of bereavement. Going to worship at a church or a mosque, and also the many activities that faith groups provide or host were often mentioned. *"When I feel lonely I come to the Mosque."* Churches and mosques in Tower Hamlets are considered easy to access, and we noted that people said both that these were near and local to them, but also reported that people would travel to attend faith groups where social activities take place. They are an important source or hub of information for attendees.

In older age attending a place of worship can be difficult or impossible due to incapacity/ health problems. We heard that faith groups that go into communities and care homes provide a good service that is important to people with faith and also other residents (in the case of care homes). It was felt that more of this (going out to the people) should happen, and that it would have a positive impact on lonely people either in their homes or in care homes. For example also, it was suggested that perhaps prayer rooms and religious studies provided at the Idea Stores might be a good thing.

Some women from the Muslim community spoke of their fear of losing control of their bodily functions as they age and this might mean they therefore might face serious barriers to taking part in worship as a result.

Faith:

Typically people said of their faith or faith community:

"They give you moral support and someone to confide in"

"When I feel lonely I ask someone to drop me to the Mosque "

"I love the Maryam Centre because I can talk with other people, and pray – it makes me feel happy"

Beyond the structure and support offered by organised faith groups, people also talked about the strength, comfort and resilience that faith gives them:

'It is God's job to decide when we die'

"I thank God everyday for being alive"

Several respondents talked about this life not being important, and that what comes afterwards is, giving the sense of an acceptance of the health issues that come with older age.

People cited the positivity of the multiculturalism in the Borough, and the positive impacts of festivals, of sharing food. *"It's a good community and now it's really, really mixed – it is a good thing – mix of shops. We have the four corners of the world here. I love to see it."* Having neighbours of different faiths and cultures and receiving support from them is very positive: *"At Ramadan I get fed like a princess."*

However, we also noted as the project progressed and in later stages people said that Muslim women were increasingly being the target of racism. Older people are worried about their own safety as a result, and men said they are worried about their wives and daughters on account of the way they dress. Some people felt that the 'old religion' was being 'taken away' by other religions and faiths 'taking over' and that this impacted particularly negatively on older white 'East Enders'.



Woman aged 65, Living in a foreign country

Coming with someone else (a friend) at the same time

makes it easier to not be lonely. You need time to make friends. You have to learn English and get over the language barriers. You don't know the ways of life or the laws of your new country, you don't know what you are allowed to do. You find that the climate affects the way you live in a foreign country – its different here.

Woman aged 60+, Help to cope with stigma

I feel now that I can be me, and am supported by the law and services are available. More recently as centres have closed down I have been worrying

about young lesbians and where they go. There are LGBT services but no lesbian spaces and this means they might end up in bars in relationships fuelled by alcohol. That is a terrible thought for me.

Now I am getting old I am worried that as I get older and more vulnerable I will start to have to hide my sexuality and "invisibilise" my past and my present in order to get treated well by services which pay only lip service to equality issues. I meet many social workers and carers who know the rules and can articulate equalities policies, but in reality they do not treat us with the respect they may treat others, sniggering about lesbians and transsexuals is commonplace. Sometimes I have the strength to challenge, sometimes I do not.

Craving for the home country

A grand-daughter's perception

When my Somali grandmother was healthy and active she (like many others) would go back to the native country and her family back home for a few weeks of holiday but she would always come back here to live with us. But after deterioration of her health, when she was having lots of headaches and complaining about living in England she wanted to go home. The weather here didn't suit her; she hated the cold and damp and the house was draughty. Because of rumours that went around the community, especially amongst those like her whose English was non-existent, she also convinced herself that the doctors here wanted to kill people off before they wanted to go. So she wouldn't have the flu jab or anything.

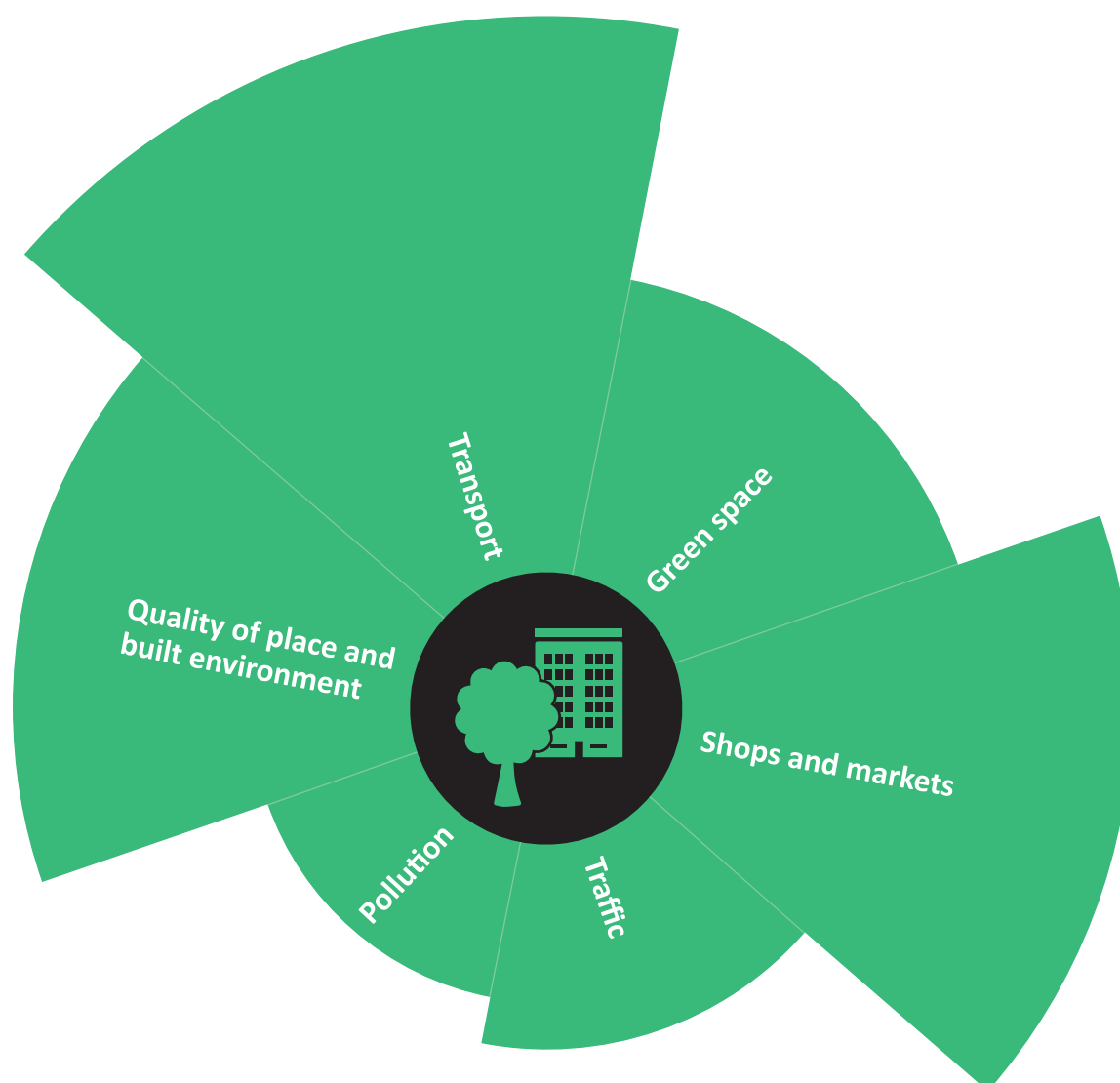
She felt the heat back home would be good for the pain in her joints, and she thought so if she went back in Somaliland she would be healthier and happier. So she went back to her roots which taught her to be very self-disciplined, rigorously practising her religion and its daily rituals, to know her own mind, and her habits of eating simple food and only enough to keep her maintained.

It did make her happier - Somali people have extended family here - but all of her family except us were abroad, so she did feel lonely. She went back for good. She getting very old and now she is in her 90s, and she would rather be very old there than here.

Woman 80+, Craving for the home country

I didn't know about Loneliness when I was in Jamaica. If I was in Jamaica I wouldn't be lonely – it's only in England

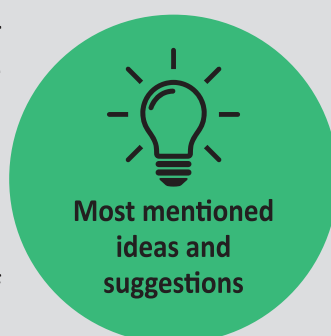
Most mentioned issues



Improved transport for older people

Cleaner, safer environment, including dealing with rubbish and littering

Assistance to get on and off buses/ transport

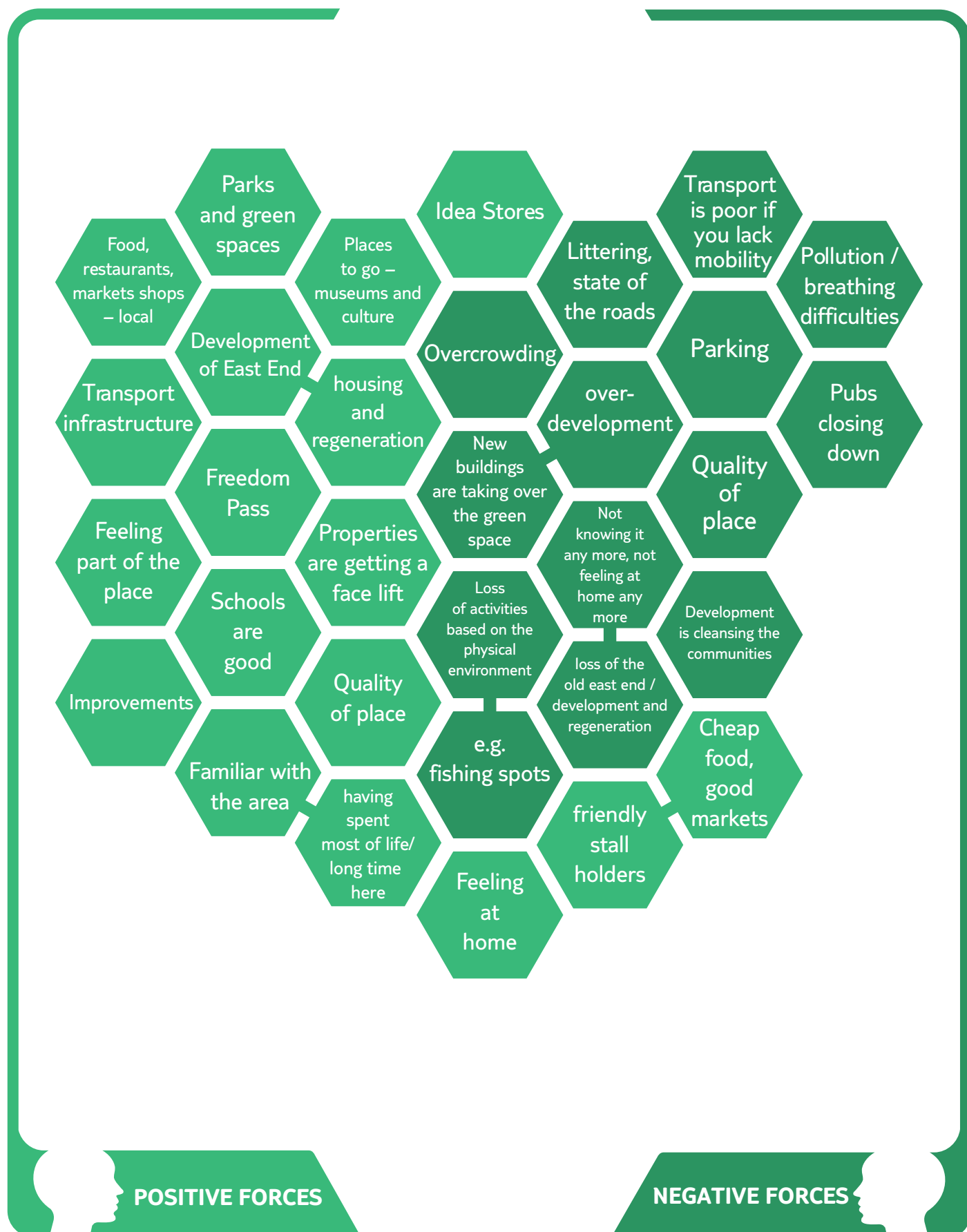


More sitting areas for older people in public places

More pedestrian crossings

Making it safer for older people (e.g. make cyclists aware, deal with pot-holes)

Local people frequently felt that a good built environment, green spaces and other aspects of the Tower Hamlets infrastructure had a positive role in enabling older people to overcome or prevent loneliness, and they made connections between quality of place and quality of life. Amenities (assets) that make daily activity easier such as good accessible transport, attention to road and traffic safety, availability of local shops and markets, cultural venues and green spaces underscore this.



The impact of the place is important. People were generally positive about the place where they live, citing examples of Tower Hamlets improving, being cleaned up, becoming in recent years much smarter, pleasant and safer in terms of the built environment. *"It's quiet and peaceful where we live."*

Almost everyone was very enthusiastic about the quality and quantity of the transport infrastructure, and the Freedom Pass in particular. *"You can just go for a ride if you've got nothing to do."*

"Everything is here!" People value and use the parks and green spaces and cultural and environmental amenities generally – Idea Stores, museums etc. *"The Idea Store is the key – we can watch people go by, drink a cup of tea, read a book."* Shops and markets, the availability of cheap food, located near to where people live, are particularly valued.

However, there are areas of concern about the quality of place and of infrastructure that exacerbate the problems of being older, and consequently on becoming lonely in later life:

- ▶ getting about can be dangerous
- ▶ traffic is heavy
- ▶ parking is expensive and inadequate
- ▶ crossing the road can be difficult
- ▶ pavements are crowded or poorly maintained. *"There are dangerous pavements and you can fall over."*
- ▶ *"Why do I have to cross the bike lane to get to the bus stop ... and it is even more difficult in a wheelchair or with a walking aid?"*
- ▶ *"Pollution can make asthma and other health conditions worse and stop you going out."*
- ▶ disabled access is lacking at tube stations.

Many people feel they don't feel at home here anymore because of gentrification and all the new developments, and it does not look like it used to. *"All the old fishing spots are gone – development has led to marinas and only boats are there now – this has led to my loneliness."* ... *"The rich are getting richer and the poor are getting poorer."*

Apparently there are people in the borough who are eligible for Freedom Passes but, due to isolation or language barriers, lack the information about how to apply for one or how to use it; people who know of this problem say it needs addressing.



Impact of parking charges

Woman aged 65

This woman is a pensioner and is registered Disabled. She initially made an application for a parking bay at the beginning of this year. She had been informed that the policy had changed and she needs to pay £10 weekly. She is unable to afford this.

She has a blue badge for the vehicle in question. However, this vehicle is not registered at her property and her grand daughter, who is the owner and driver of this vehicle, is her carer, providing basic care and social support. She asked for the social landlords to have more compassion. She needs her granddaughter to help with her basic needs but due to the parking charges, she is unable to come as frequently as is needed.

In the context of austerity and funding cuts to public services and to voluntary and community sector organisations, perhaps it makes sense to concentrate on small initiatives and actions that could make a difference in a cumulative way. Working together need not cost money. Can people do more to change attitudes by joining up – is there an argument for everyone to think about Loneliness Proofing? By this phrase we mean that, for example, whenever a project is being developed, a service cut or modified, the organisations and personnel involved should try to consider older people and loneliness part of the overall equalities impact processes and identify the short and long-term impacts which will be alleviating or exacerbating loneliness and the lives of older people.

Do we know enough about our community assets? Is there more social and community capital that could be built on – like front line workers being incentivised to do things to reduce loneliness – call centre staff, estate cleaners, maintenance workers and gardeners? How much does changing organisational cultures cost? To what extent do our community and democratic leaders have the will and the power to change things?

A digital hub is one thing, but maybe we also need to engage better with the ‘bush telegraph’, i.e. activate informal communication networks in the community. (Could, for example, putting notices up on the public transport infrastructure get people talking to each other about loneliness?) Building up the number, capacity and power of the motivational connectors and leaders in the community might also make a big difference. How can we all strengthen recent work in Public Health and the Clinical Commissioning Group on ‘Making Every Contact Count’ and building and extending the reach and impact of social prescribing, making it appropriate to the local and individual need?

We therefore asked people at our workshops to think about:

- ▶ what can I do?
 - ▶ what can we do?
 - ▶ what should they do?
- (i.e. those with decision-making or service-provision roles like Government, Council, NHS, Police etc.)

Can the ideas captured and actions identified be spread around to meet a range of different needs and different kinds of people? Our findings indicate that one size doesn’t necessarily fit all – there is much commonality of concern, but we cannot assume that one big change will be the answer. So we shouldn’t think that because digital inclusion is a good thing that everyone should be trained – e.g. at a project for people with mental health and addiction issues people reportedly don’t find that doing training in IT relieves them from loneliness and do not like to be reminded of negative educational experiences. They benefit more from something physical and more social, while for others digital is wonderful – one lady said her son had given her an i-pad and she had never looked back, she’s ‘surfing every day’. Another said she spent many evenings in touch with friends around the country and on the other side of the world.

Local people’s suggestions and ideas for action can be found in Appendix One and are listed as interlinking groupings, I, We and They.

Combating Loneliness: A Guide for Local Authorities recommends local authorities adopt place based approaches, joining up of services that impact people who are likely to be lonely, and proposes that asset based community development approaches are key to positive action. In the course of the project we started to list assets, including public sector assets, community assets, online and digital assets and private assets. The list can be found in Appendix Two. It is the start of a full list; the assets are constantly growing and changing.

¹⁷Making Every Contact Count (MECC) is an approach that encourages frontline staff and volunteers to build into their daily routine conversations that may help service users to make healthier choices

This project on community perspectives on loneliness in the over 50s in Tower Hamlets aimed to shed some light, via the residents' experiences on factors that lie at the heart of loneliness. There is a big difference between being alone and feeling lonely. Loneliness is often about the quality of relationships rather than the quantity. Being alone is something we may all experience at some point in our lives, sometimes by choice, sometimes as the result of circumstances beyond our control. Loneliness can involve a sense of not having enough meaningful contact with others, or quality companionship, which can result in feelings of isolation and not belonging.

What we learned from this participatory project carried out by trained community volunteer researchers, is that the loneliness as experienced in the borough, does not have a simple cause, but is complex and highly subjective. The researchers have identified several themes and factors that are interconnected and have an impact on older people's health and well-being. Thus, it is paramount that the responses to the problem of loneliness, as lived in the borough, comprise multi-dimensional approaches and solutions in which all stakeholders (statutory service providers, housing providers, business, community services, and members of the community) have a role in tackling loneliness. It is everyone's business to address loneliness and isolation.

Recommendations:

Recommended action: Raise awareness of loneliness and its causes

Awareness of the causes and signs of loneliness that local people have told us about is a first step to action. People have made many suggestions (see Appendix One). Raising awareness could be a major catalyst for change. It would be a first step towards tackling people's lack of knowledge and understanding. It might also assist in identifying residents who may be experiencing loneliness and associated stigma, and provide an opportunity to overcome barriers.

Recommended action: Build on and fully utilise community assets to combat loneliness

In the course of this project people have identified a wide and diverse range of community assets (listed in Appendix Two). It is important that the stakeholders involved in the issue of loneliness should know about them, harness, champion and link up better around them using co-production or partnership approaches. People frequently told us that services and assets should be better joined up, and improved communication between them is much needed. They held up as an example of good practice the borough wide social prescribing programme, and suggested that this initiative should make more links to the huge range of community activities that can meet the needs of lonely, or potentially lonely, people. Another opportunity could be to involve local businesses and harness the potential for corporate social responsibility. For someone who is lonely, a cashier or assistant, in a shop or a bank, may be the only person with whom they have regular meaningful contact. Businesses and their frontline staff could really make a difference.

Recommended action: Take a strategic approach on loneliness

The Council should take a strategic approach towards preventing, reducing and alleviating loneliness among residents in Tower Hamlets. The findings of this report have relevance across all services. Spatial planning, for example, is a context where our findings could aid understanding of the impact of planning decisions on loneliness. Furthermore, opportunities exist to break down barriers caused by intergenerational misunderstandings; these could be realised by engaging children and young people in the lives of elders through children's centres, schools, colleges and clubs.

Recommended action:

Support and enable older people to be actively involved in shaping and where possible delivering local action on loneliness

People talked about the value of being listened to and of having a voice. An approach that empowers and engages older people directly in shaping local action to combat loneliness should be central to informing strategy.

Mental health and wellbeing

Befriending and outreach Support groups and services
properly funded and quicker and easier access to services
Education about mental health
Story telling
Volunteering and spending time with people with mental health issues
Positive attitudes and motivators

Physical health

Outreach and befriending
Access within the home/estate (mobility issues like stairs, lifts, repairs)
More time for carers on visits and better training for them
More volunteers and befrienders for people who can't go out
Walk more
Provision of toilet facilities
Cooking courses /info on Diabetes

Feeling Safe

More youth provision
More/ visible/ friendly police/ community safety officers
Someone to go out with at night
Road safety/ crossing the road
Lighting improved
Dispelling myths

Housing conditions

Allocation of and planning system to provide for suitable housing for older people at different times of their lives
More affordable and social housing
Housing for families so they don't move away from their elders
Reliable and timely repairs and maintenance
Alarms for all the elderly
More provision for the homeless
Social Landlords to take on the issue of loneliness as they are on the front line

Family, relationships and life experiences

Intergenerational projects including language
Use of schools as assets
'Adopt a granny or grand-dad'
Advice and family support
Awareness campaigns on less talked about issues/taboos

Community activities and social networks

Neighbourliness/ helping hands/friendliness/ restore community spirit/campaigns and events
More clubs and activities more frequently open
More outings
'to secure funding i.e. Lottery applications'
Expanding the Idea Store services
Take a lonely friend with you

Culture, faith and cohesion

Tolerance and consideration
Education about others
Multicultural events
more festivals and street parties
Local history walks
Support and respect to overcome stigma/ stigmatisation

Environments and infrastructure

Improved transport for older people
Cleaner, safer environment, including dealing with rubbish and littering
Assistance to get on and off buses/ transport
More sitting areas for older people in public places
More pedestrian crossings
Making it safer for older people (e.g. make cyclists aware, deal with pot-holes)

Local people's suggestions and ideas for action

What 'I' could do

Encourage positive attitudes and habits:

- ▶ Talk about it
- ▶ Listen better and more
- ▶ Stop being selfish
- ▶ Show tolerance and consideration

Take practical actions:

- ▶ Be a buddy or a mentor, someone to rely on
- ▶ Go out with an older person at night
- ▶ Visit lonely people in their homes
- ▶ Make them a cup of tea and talk to them
- ▶ Help them with shopping / deliveries / carrying
- ▶ Help older people on and off the bus, especially those who face difficulties

What older people might do for themselves, or could do more of

Encourage positive attitudes and habits:

- ▶ Talk about it
- ▶ Don't say can't until you have tried
- ▶ Think positively - good thoughts can make you physically stronger
- ▶ Avoid being apathetic

Take practical actions:

- ▶ Read books and use the internet to keep in touch and keep occupied
- ▶ Challenge yourself
- ▶ Plan for your old age
- ▶ Do more and keep yourself busy
- ▶ Think about keeping a pet
- ▶ Walk more – it's very good exercise
- ▶ Do some gardening - Reconnecting with nature improves physical health and mental wellbeing
- ▶ Go to the GP fully prepared with list of questions, symptoms, solutions and what you want to happen
- ▶ Know where to go for support and advice

What 'we' could do together: (co-production)

Encourage positive attitudes and habits:

- ▶ Talk about it
- ▶ Helping hands' – put people together to support each other
- ▶ Listen to the eyes and ears in the community – including frontline staff
- ▶ Campaign about / promote neighbourliness
- ▶ Have smaller meetings where people can hear and see better, and gain the confidence to participate

- ▶ Let people know where to go for support and advice
- ▶ Correct the myths that prevail in communities
- ▶ Enable people to recognise loneliness
- ▶ **Take practical actions:**
 - ▶ Connect people to clubs and activities, advice, talks and courses such as healthy eating, wellbeing, mental health, pet schemes
 - ▶ Make a booklet of activities
 - ▶ Think about providing more outings and trips
 - ▶ Set up a 'telephone tree' project for people who are lonely
 - ▶ Conduct more surveys of older people's needs
 - ▶ Develop and extend Idea Stores activities including digital inclusion
 - ▶ Make social media more accessible for older people – it's a hub for everyone - but not everyone can afford it
 - ▶ Promote improved cohesion at all times
 - ▶ Enable older people to tell their stories about the East End
 - Hold more multicultural carnivals, celebrations and festivals that include older people, for example celebrate St George's day
 - ▶ Involve men across all communities and cultures
 - ▶ Set up more Men's Sheds and more 'geezers' groups
 - ▶ Make funding bids (.e.g. Lottery, Charitable Trusts, Corporate funders) using this project's findings as 'evidence'
 - ▶ Utilise public gardens and spaces to encourage more community gardens
 - ▶ Get older people to volunteer and clean up the green spaces/ garden projects
- ▶ Try to improve transport for older people -- dial a ride, community transport
- ▶ Encourage organisations and businesses to join to form a community toilet scheme in range of community locations, with facilities for ablutions
- ▶ Use and provide free spaces for activities and socialising
- ▶ Help people to plan for the future, including making "living wills"
- ▶ Activate the community grapevine – not just online – using newsagents
- ▶ Lead and join in on Loneliness Awareness Days – maybe twice a year, one being in January
- ▶ Take the loneliness issues to the Community Ward Forums and include in Community Plans
- ▶ Set up Grandparents assemblies

- ▶ Devise intergenerational projects:
Encourage young people and older people to speak and learn, for example, Sylheti together, so that
- ▶ younger people connect better with the elders
- ▶ Adopt a granny or grand-dad
See the whole person not just the illness

What 'they' could do

- ▶ Encourage positive habits and 'joining up'
- ▶ Talk about it
Make sure it is not your service that is 'hard to reach' (many services talk about people being 'hard to reach', not the service)
- ▶ Ensure your information is connecting with people who need it
Think about how your service could impact more positively on loneliness and related issues
Put people who 'socially prescribe' in touch with projects that welcome people in need and older
- ▶ volunteers
Join up assets/services more in smaller neighbourhoods and make them area/estate specific
Encourage peer support groups – pairing up and buddying
- ▶ **Take practical actions:**
- ▶ Improve housing infrastructure
- ▶ House people appropriately
- ▶ Tackle homelessness in older people
Make access better for the disabled within their homes and neighbourhoods
Plan for/ provide outdoor space for groups to meet socially, including more sitting areas
Plan for and provide more toilets in public places such as markets and parks
Clean up more and repair more – in order to make the roads and pavements safer, less hazardous
Promote road safety tips for motorist and cyclists that make them more aware of older people
Ensure neighbourhood wardens / community policing are adequate
Make underused buildings more available for community activities
Promote freedom passes - linking to ethnic groups and signposting to the TFL scheme
Provide free New Age Games like Hackney does for older people in parks etc.
Enable care workers to spend more time when they visit old people in their homes
Enable older people to access speedier appointments at hospital and GPs

Promote and provide better information about mental health and how to combat depression and poor wellbeing

- ▶ Promote intergenerational projects to bring the old and the young together to learn from and understand each other
- ▶ Encourage access to safe social places for older
- ▶ lesbians
- ▶ Do more to tackle economic hardship for older people
- ▶ Make more job opportunities for people in older age

Community Assets

Public Sector and Service Provider Assets:

- ▶ Tower Hamlets Council
- ▶ Tower Hamlets Council Community Engagement Strategy 2017-20 https://democracy.towerhamlets.gov.uk/documents/s93185/ITEM%205%20-%20CES%20Presentation_HWBB%202.pdf
- ▶ Local democratic representation
- ▶ Community Forums, Action Plans, Neighbourhood Boards
- ▶ Central Government
- ▶ Information and communication services
- ▶ Mental Health services
- ▶ Health centres
- ▶ Hospitals and discharge services
- ▶ Social prescribing
- ▶ Public Health
- ▶ Health Trainers Programmes
- ▶ Make Every Contact Count (MECC – NHS England initiative)
- ▶ End of life services
- ▶ Social housing providers / Housing Associations / Social Landlords
- ▶ Care homes
- ▶ Home Helps
- ▶ Carers
- ▶ Staff who deal directly with people and communities
- ▶ Police and community safety services (including victim support and anti social behaviour teams)
- ▶ Schools, universities, colleges
- ▶ Idea Stores
- ▶ TfL's Travel Mentoring Scheme
- ▶ Transport services
- ▶ Parks and green spaces
- ▶ Museums

Community assets (including charities, voluntary sector and community groups):

- ▶ Groups, projects, clubs, centres, clubs, advice giving bodies generally

- ▶ Tower Hamlets Council for Voluntary Service (thcvs) (including current courses/workshops they offer including Asset Based Community Development and Co-Production)
- ▶ Faith groups – Mosques, Churches etc.
- ▶ Community centres
- ▶ Bereavement charities
- ▶ Tenants and Residents associations / boards
- ▶ Befriending schemes and charities
- ▶ Individuals who motivate others
- ▶ Meals on Wheels'
- ▶ End of life projects including Living Wills
- ▶ Underused buildings
- ▶ Retirement planning courses and support organisations
- ▶ Death Café at Stepney City Farm
- ▶ Community arts organisations
- ▶ Tower Hamlets Friends and Neighbours
- ▶ St Katherine's Foundation
- ▶ Museums
- ▶ Arts organisations
- ▶ Good Gym
- ▶ Victim support projects
- ▶ Residents themselves, particularly volunteers (including older people)
- ▶ Young people

Digital and online assets:

- ▶ Information/communication/digital inclusion
- ▶ Directories such as the Idea Store directory available online
- ▶ 'Gransnet'
- ▶ www.TowerHamletsLocalLinks – the online Asset Map
- ▶ Idea Store directory
- ▶ Social media

Private Sector Assets:

- ▶ Private landlords
- ▶ Businesses and corporate social responsibility schemes
- ▶ Markets
- ▶ Shops
- ▶ Post Offices
- ▶ Resources of the City of London and Canary Wharf Media – newspapers, radio, TV (local and national)
- ▶ Methodology and tools to plan action for positive change

¹⁹TfL offers advice on planning a journey using an accessible route and can provide a mentor to come with people for their first few journeys to help them gain confidence and become an independent traveller. They also provide assistance to people who wish to use mobility scooters and other mobility aids on London's bus services. Mentoring is free of charge and can be provided Monday to Friday from 08:00-18:00. Email: travelmentor@tfl.gov.uk

Participatory Appraisal: A Brief Introduction

Participatory Appraisal (PA) is a process that comprises three elements: community research, learning, and collective action. It is an approach that has its origins in work during the 1970s and '80s in developing countries where successful projects were dependent on whole community involvement, and where the views and

expertise of local people was crucial to sustainable development strategies. Over the past 25 years it has been increasingly and successfully adapted for use in contexts of rural and urban poverty and disadvantage in the UK. In Tower Hamlets it has been the approach underpinning a number of participatory community projects relating to health and wellbeing over the past eight years.

PA is based on a set of interactive, highly accessible 'tools' that rely largely on visual methods that can overcome barriers such as formal literacy or numeracy. It aims to encourage an ethos of involvement and engagement that allows for much clearer expression and analysis of ideas and ambitions. It therefore encourages the open expression of a wide range of views, issues and

perspectives. PA is a process by which communities express their needs and aspirations that leads to positive learning for future action. It is also a process whereby people who do not traditionally have a voice are enabled to be a crucial part of the process.

PA differs from more traditional 'academic' and quantitative research methods. It is not a scientific approach, but concentrates instead on collecting highly qualitative information relating to participants' experiences and perceptions, on acknowledging and analysing and planning for change. In PA great emphasis is placed on process, relationships and building trust, sharing of knowledge and conciliation between stakeholders in context, in order to move forward in ways that are mutually beneficial.

The approach makes 'big shifts' from traditional research:

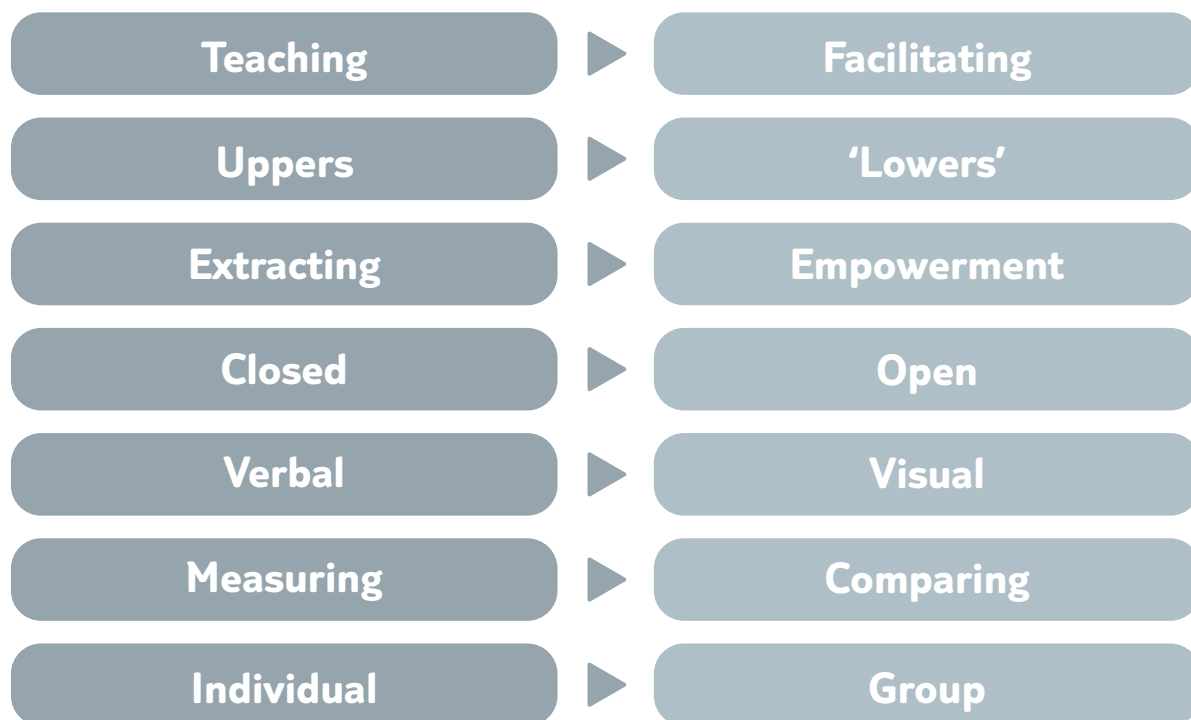
²⁰PA is one in a family of approaches that includes Participatory Learning and Action (PLA), Participatory Rapid Appraisal (PRA), Rapid Rural Appraisal (RRA)

²¹PLA was the approach used in the Joseph Rowntree Foundation project Neighbourhood Approaches to Loneliness <https://www.jrf.org.uk/cities-towns-neighbourhoods/loneliness>

²²For more information on these projects see <http://shortwork.org.uk/projects/>

The Big Shifts

(‘traditional’ compared to participatory reasearch)



Alongside these shifts, PA practitioners adopt essential attitudes and behaviours, some of which are reflected in the following ‘tips’:

- ▶ Be ‘on tap’ not ‘on top’
- ▶ Un-learn
- ▶ Ask them
- ▶ They can do it
- ▶ Hand over the stick (i.e. power, symbolised by the pen)
- ▶ Embrace error
- ▶ Relax - don’t run
- ▶ Be nice to people
- ▶ Sit down, listen, learn
- ▶ Use your best judgement at all times

The desired outcomes of a PA project can only be achieved if key stakeholders (funders, services, and others with the resources and power to make things happen) actively support the process. They are needed in order to translate the recommendations into real changes and action on the ground. Crucially, they should be available to feed back to participants any suggested actions that are (or are not) possible to put into action.

The use of PA tools to plan for action

The use of visual tools has helped people participate in this project, and the aim of using them is to stimulate discussion, analysis and exploration of people's views, enable learning by everyone, and to access different opinions and experiences.

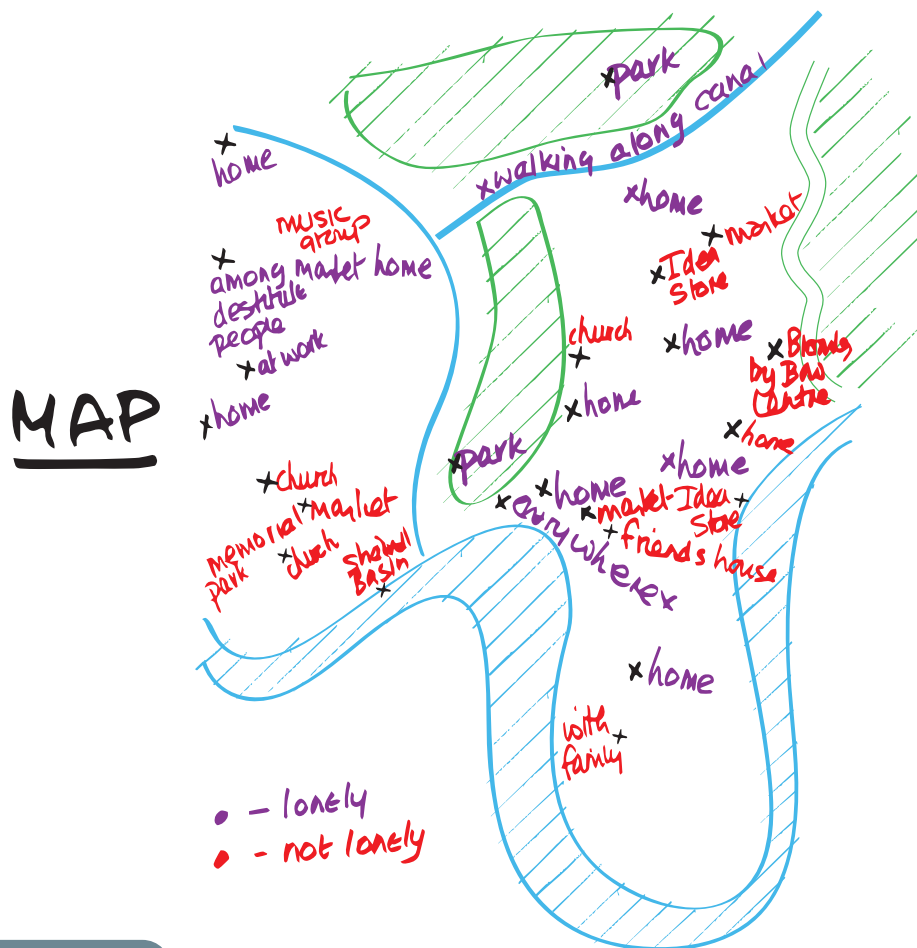
How it works

This is one of the most basic and often used tools in PA. A map (or drawing) enables local people to draw their own experiences and perceptions of a place.

Types of map can include data on:

the make up of a community or society
land use

- ▶ ideal or potential – to show what might be possible
- ▶ available resources or services
- ▶ who lives where
- ▶ historical – how things were or have changed.



How we use it

We used the map with stakeholders to find out where to find older people in the three different wards, and also and to find out from people where they feel lonely, and where do they not feel lonely in Tower Hamlets (illustrated above).

How you might use it

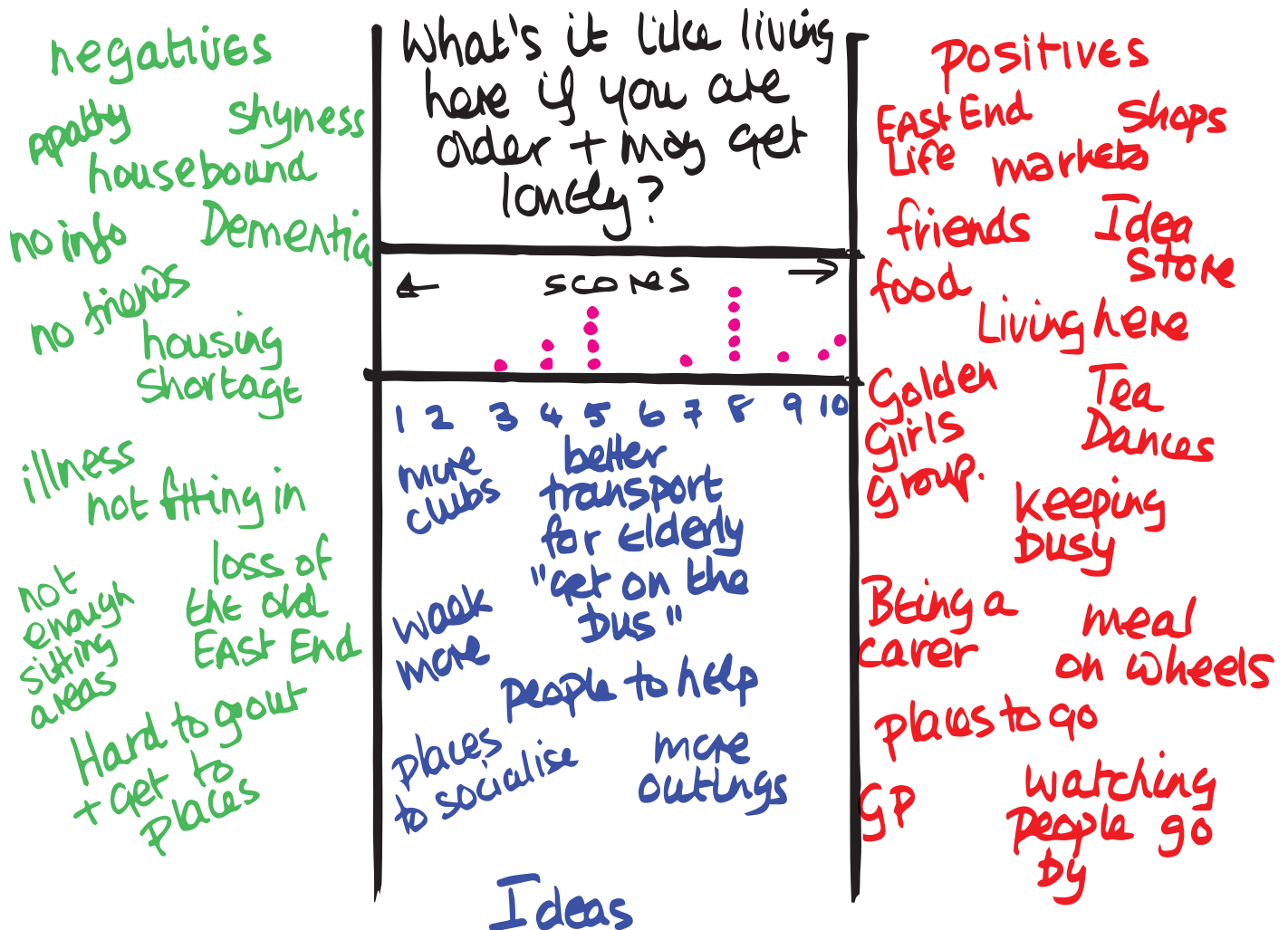
How you might use it:

You could use this tool to look into where people might want better lighting to be provided. Another use might be to ask local people where the best places might be to provide advice and information about loneliness.

2. H FORM

How it works

This tool combines several tools in one, scoring and positive and negative 'graffiti walls' and an area for ideas and suggestions. A great many views and solutions can be captured in one place and in one session. It is especially effective when used in a slightly larger group.



How we use it

We used this tool to ask older people, for example, what's it like living here if you are older and may get lonely?

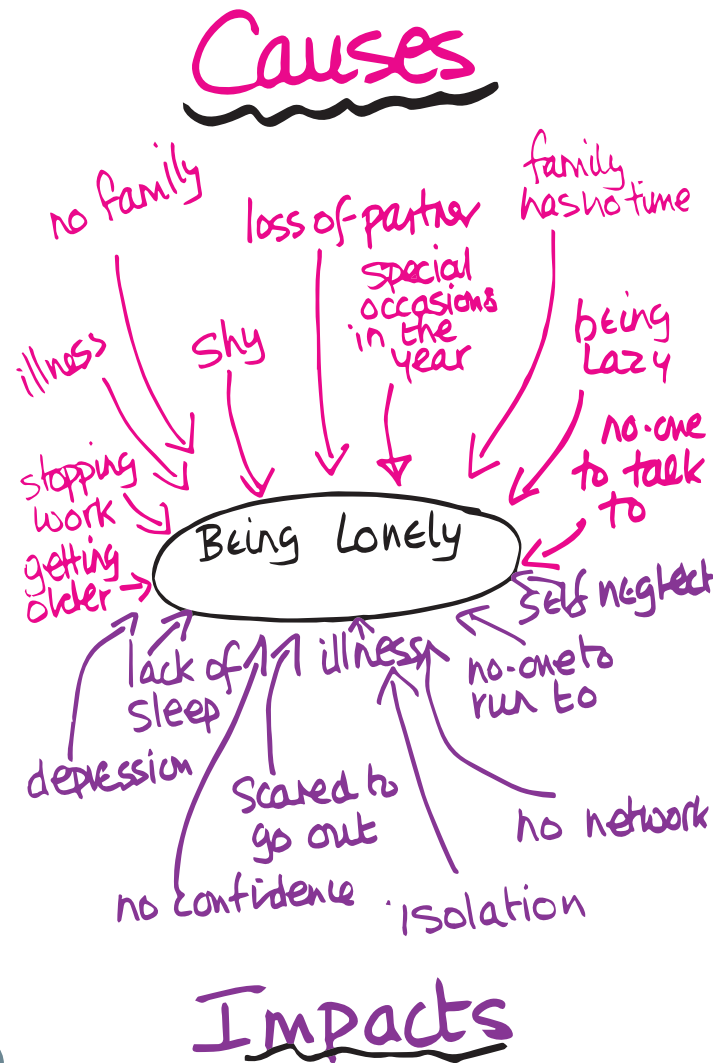
How you might use it

You could use it to find out what your organisation and the people who use its services think about, say holding a Loneliness Awareness Day twice a year?

How it works

This tool looks at the causes of something, and also the effects or impacts which that something has or may have. It helps people identify and understand a single issue, which may be complex and therefore makes it possible to address it by breaking it down in to smaller component parts.

It is possible for some factors to be both causes and impacts, so when using the tool it is important to use a one colour for causes and one for effects.



How we use it

We used it for Being Lonely – and to identify and discuss its causes and impacts
We also used this tool for causes and impacts of Not being lonely.

How you might use it

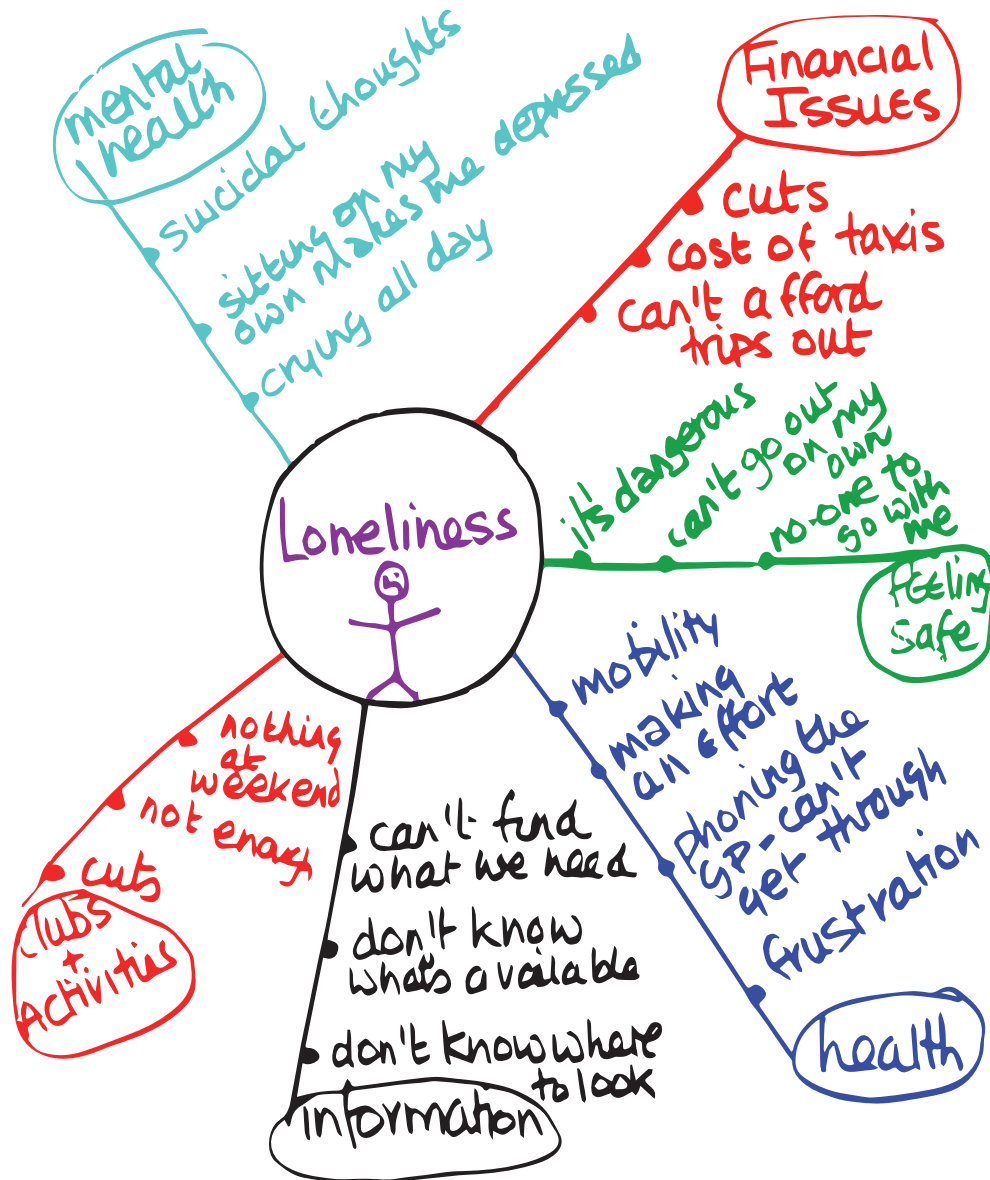
You could use it to test out an idea – for example – Neighbourliness – what causes people to be more neighbourly, what is the effect of being more neighbourly?
A spider diagram is one with a central idea, normally in a circle, which has lines coming off that look like spider's legs.

4. SPIDER DIAGRAM

How it works

It can be used effectively to identify barriers that exist preventing something from happening or making something difficult. Conversely, it can be used to identify different reasons that make something easy – for example what makes it easy to access different services.

SPIDER DIAGRAM – CAUSES OF LONELINESS – BARRIERS PEOPLE FACE



How we use it

We used it in relation to the major issues and themes of loneliness and to discuss the barriers people face in relation to each of them.

How you might use it

You could use it for looking at your service for older people, the different kinds of people that it should be for and then the barriers each of those groups face in accessing the service. Or you could use it to identify the reasons why people find it easy to use your service.

How it works

A beany counter takes ideas or issues that previous tools and discussion have identified and enables participants to 'vote' (individually) for their most important or favoured idea, issue or priority. Usually sticky dots are used and people allocate, for example, three dots to their chosen topic, issue or idea. This leads to being able to identify the community's priorities.

Beany Counter
Factors relating to NOT Being
lonely - Male group

Health services - GPs / Hospital	● ● ● ● ● ●
London Muslim Centre	● ● ● ● ● ●
Good friends + neighbours	● ● ● ●
Markets and Shops	● ● ●
Family nearby/ living with you	● ● ●
Good race relations	●
Housing	●
Public transport	●

How we use it

We used this for biggest issues relating to Loneliness

How you might use it

How you might use it:

You could use this tool in order to choose or prioritise the most popular/ favourite ideas or activities.

6. IMPACT DIAGRAM

How it works

This tool comes towards the end of a participatory process to enable people to show which solutions they feel will have the greatest impact and which will be easiest to achieve. People stick post-it notes with each idea on the appropriate box and discuss it in depth. The post it can be moved if people change their minds during discussion. The boxes within the red line are usually those that are the most achievable and having the most impact.

This tool can also be used to discuss the relative power and impact different organisations have relating to an issue.

Impact Diagram

IDEAS

	High Impact	Medium Impact	Low Impact
Easy to Do	<div>WALK MORE</div>	<div>GO WITH SOMEONE</div>	
Medium to Do	<div>SOCIAL PRESCRIBE</div> <div>USE SCHOOLS</div>	<div>STORY TELLING</div> <div>WEEKEND CLUBS</div>	
Difficult to Do	<div>MORE FUNDING</div>	<div>MORE FAMILY SUPPORT</div>	<div>STOP CUTS</div>

How we use it

We used it to compare and discuss ideas and their impact, and the ease with which they might be implemented.

How you might use it

You could use it in a similar way, or to look at what/who would have the resources to do something about it and what impact their involvement might have.

How it works

Criteria or matrix ranking is a tool that helps participants prioritise from lists of options identified by using other tools in earlier stages of the participatory process. After identifying things that they want to act upon, participants come up with the criteria by which all of the options can be ranked. By ticking the appropriate boxes it will show which options are preferred.

Criteria ranking

	Bereavement + Loss	family far away	conflict in family	issues re young people
Inter- generational projects	✓		✓	✓
Loneliness Awareness campaign	✓	✓		
Adopt a grannie or grandpa	✓			✓
Advice + family support	✓	✓	✓	

How you might use it

We didn't use this tool in our outreach work, but in moving towards action, it is a very useful one. You might use it to look at suggestions as to solutions and then tick criteria which will be the same as the themed issues – this could be very useful when making a lottery bid and deciding what actions to focus on.

8. TIMELINE

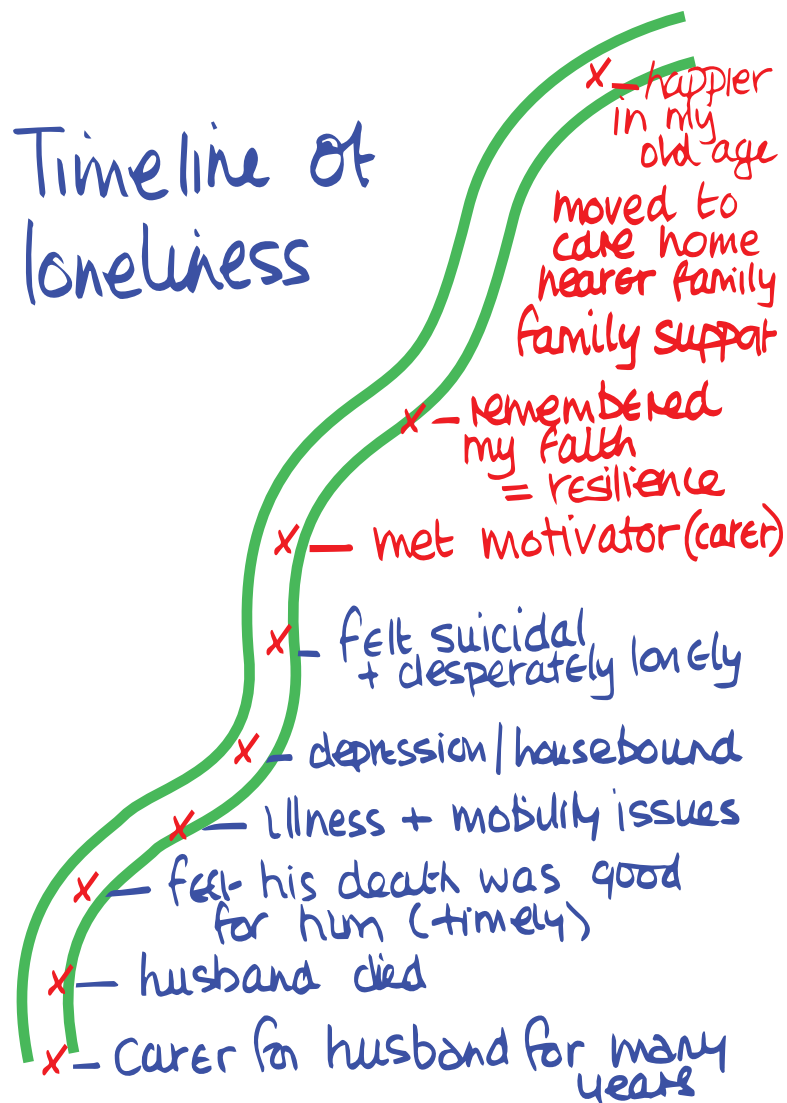
How it works

A timeline is a 'linear' tool for showing significant or important events in a community over a period of time. Different people will have different perceptions about what the important changes are and how things have changed over time.

Community members can use timelines to look at how their area or lives has altered, noting important changes.

Types of timeline include:

- ▶ Daily activity charts
- ▶ Lifelines – how changes in someone's lifetime, usually more personal. Care must be taken, in groups, not to make a lifeline too personal or public
- ▶ Future planning – timelines can be effective when used to look ahead to the future and plan for change, working out the individual steps which will need to be taken.



How we use it

We used the timeline to enable people to tell us about when in their lives they have been lonely.

How you might use it

You could use timelines to plan for doing something about loneliness over the next three years.

Demographic Information

Factors about Tower Hamlets that relate to loneliness in the over 50s

Population Facts

In June 2015 the Tower Hamlets population was estimated to be 295,200¹. Tower Hamlets has a relatively young population, only 6.0% of residents are aged over 65. Looking at the population as a whole, Tower Hamlets residents are ethnically diverse with over two thirds of people being of an ethnic minority. This is less true among residents of pension age where 73% identify as White British.

This next section will explore deprivation in Tower Hamlets with a particular focus on the wards in which the community research was undertaken, St Peters, Bethnal Green and Mile End.

These three wards were selected as a higher proportion of the residents are aged over 65 and are from a black and minority ethnic group. These wards were also

relatively deprived according to the indices of multiple deprivation.

Deprivation

The Indices of Deprivation 2015 provide a relative measure of deprivation for small areas across England³. There are seven domains. Combining information from the seven domains produces an overall relative measure of deprivation⁴.

- ▶ Income
- ▶ Employment
- ▶ Education
- ▶ Health
- ▶ Crime
- ▶ Barriers to housing services
- ▶ Living environment

Many of the factors that are used to measure deprivation also emerged as themes in the community research on loneliness. Mental & physical health, feeling safe, housing conditions, environments and infrastructure were all considered by local people to be relevant to loneliness.

Two thirds of the borough's wards (13 out of 20) are in the most deprived ten per cent of wards in all of England and this includes the wards of Mile End, St Peter's and Bethnal Green³.

Income

Half of all older people in the borough live in income deprived households which is three times greater than the rate for England³.

Crime

The LGA ward estimates indicate that St Peter's and Mile End wards are among the most highly ranked wards in the borough on the crime domain and are ranked in the most deprived 2 percent of wards in England.

Health

Tower Hamlets has a relatively low share of the most health-deprived areas of England. In the London context, however, Tower Hamlets has high levels of health deprivation and is ranked as the most deprived London borough in terms of the average LSAO score³. At ward level, St Peter's is one of two wards in Tower Hamlets that are ranked as the most health deprived in the borough.

Barriers to housing and services

Two thirds of the LSAOs in the borough fall into the most deprived 10% of areas nationally and this includes the wards of Mile End, St Peters and Bethnal Green. Tower Hamlets is ranked 4th most deprived out of 326 areas in England. This domain includes issues of overcrowding, homelessness and affordability.

Living environment

This domain measures the quality of the local environment for both indoor factors such as; housing in poor condition or houses without central heating, as well as outdoor factors such as; air quality and road traffic accidents. Due to the 'outdoor sub domain' 88% of Tower Hamlets LSAO's fall into the most deprived in England. Looking at the both domains combined the indoor and outdoor factors St Peter's and Bethnal Green are in the most deprived 10%.

Changing population

Tower Hamlets is expected to be the fastest growing borough in London and one of the fastest growing LAs in England over the next ten years⁵.

Over the past ten years the borough has grown in size by 34%, of this 45% was due to natural change which is the excess of births over deaths; and 55% due to migration.

There are also high levels of population churn or movement in and out of the borough. Tower Hamlets has the 10th highest population turnover rate in England.

If you would like more in depth understanding of the Tower Hamlets population you can access this on the London Borough of Tower Hamlets website <http://www.towerhamlets.gov.uk/Home.aspx>

1. Corporate Research Unit. Population Estimates 2015 Analysis of the 2015 mid-year population estimates for Tower Hamlets. (2016).

at www.towerhamlets.gov.uk/Documents/Borough_statistics/Population/MYE_2015_CRU_Briefing.pdf>

2. Corporate Research Unit. Population Projections for Tower Hamlets - research briefing. (2016). at

www.towerhamlets.gov.uk/Documents/Borough_statistics/Population/Population_Projections_for_Tower_Hamlets_January_2016.pdf>

3. London Borough of Tower Hamlets analysis of the 2015 Indices of Deprivation data. Deprivation in Tower Hamlets. (2015).

4. Department for communities and local government. The English Indices of Deprivation 2015 – Frequently Asked Questions (FAQs). (2015).

5. Corporate Research Unit. The borough's changing population Past and future trends. (2016).

6. Victor, C. R., Burholt, V. & Martin, W. Loneliness and ethnic minority elders in Great Britain: an exploratory study. J. Cross. Cult. Gerontol. 27, 65–78 (2012).

We analysed the data from those responses in order to find out if there were trends that could be identified. There were no significant correlations between the responses and age, ethnicity or where people lived. The only significant observation we can make is that there was little or no difference in the range of responses between men and women across all ethnicities in terms of percentages for each statement on the spectrum.

