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SOCIAL ISOLATION AND
BME OLDER PEOPLE IN
CROYDON
ISSUES AND SOLUTIONS

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CONTENTS

Acknowledgement	2
Executive summary.....	3
Introduction	5
Findings	
- BME older people's views	8
- The views of professionals working with older people	13
Conclusions	17
Recommendations	18
Appendix 1: BME older people suggested activities	20
Appendix 2: Some examples of projects tackling older people's social isolation	23

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- Asian Resource Centre of Croydon (ARCC)
- Broad Green Library
- Croydon African Caribbean Family Organisation (CACFO in Croydon)
- Jamaican Nurses Association
- New Testament Assembly
- Staff at St. Paul's Parish in Thornton Heath and the 50+ exercise group

Thank you to all those BME older people who also emailed us their views and health and social care professionals who, in spite of their limited time, have managed to contribute their suggestions.

We would also like to acknowledge Croydon CCG for funding the BME Community Development Workers Service (see below) and valuing the work that the Service carries out with local BME communities

Croydon BME Forum

The Forum was established to maximise the engagement of BME communities in all aspects of living and working in Croydon. We make representations with and on behalf of Croydon's BME communities to encourage involvement with public sector agencies and non-statutory organisation.

The Community Development Workers (CDWs) Service

The BME Community Development Worker (older adults) is part of the Community Development Worker's Service team, aimed at empowering BME communities to play a key role in the development of culturally appropriate and responsive services. The Service is delivered in a partnership between Croydon BME Forum and Off the Record. Four project workers cover specific age ranges. These are: 0-35 based at Off the Record and 25-65+ based at BME Forum.

EXECUTIVE SUMMARY

This report aims to raise awareness of Black and Minority Ethnic (BME) older people's views on the challenges they face in socialising in Croydon and the actions to be taken to help them connect more with their community and improve their health and emotional wellbeing.

In recent years, a volume of research from national charities, academics and policy makers has provided growing evidence of the connection between loneliness, social isolation and poor health outcomes, including links with higher blood pressure, depression and a higher risk of developing dementia.

In Croydon, the recently established 'One Croydon Alliance' (a partnership of organisations across the health and care system in the borough and Age UK) is a first step. The Alliance is committed to 'reduce social isolation and improve community cohesiveness which contributes to overall improvements in health and well being' .

As part of the 'One Croydon Alliance' initiative, Personal Independence Coordinators (with Age UK Croydon) offer support over 12 weeks to find services or activities aimed at improving people's health and wellbeing. However, the support is targeted at people who have been admitted to hospital at least twice in the previous 12 months and have two long-term health conditions.

This report clearly emphasises the importance of tackling social isolation and improve health and well being in all older people in the borough, including those who may not meet the above criteria. This is a priority that should be included in all Croydon health strategies.

The views expressed here represent BME older people's contribution towards the co-production of appropriate solutions that tackle social isolation at its source.



THE ENGAGEMENT WITH BME OLDER PEOPLE AND PROFESSIONALS WORKING WITH THEM

Apart from BME older adults, discussions were arranged with voluntary sector staff as well as health and social care professionals: social workers, multidisciplinary team members at the Heaven's Centre and a physiotherapist.

All participants in our discussions, told us about the negative factors that impact on BME older people's ability to socialise:

- Language barrier
- Lack of culture and/or gender specific groups
- Fear of crime
- Transport issues (both buses and Dial-a-ride)
- Low income and the cost of joining in activities
- No friends and/or family to go out with
- Physical and/or mental health issues and/or mobility problems
- Caring responsibilities
- Funding cuts to day centres

Both BME older people and professionals working with them, suggested similar ways of addressing loneliness and social isolation. Their views are summarised in the report recommendations.

INTRODUCTION

This report aims to raise awareness of Black and Minority Ethnic (BME) older people's views on the challenges they face in socialising in Croydon and the actions to be taken to help them connect more with their community and improve their health and emotional wellbeing.

In recent year, a volume of research from charities, academics and policy makers has provided growing evidence of the connection between loneliness, social isolation and poor health outcomes, linking them to higher blood pressure, depression and a higher risk of developing dementia. Although connected, loneliness and social isolation are two different concepts:

Social isolation is an objective state determined by lack of or insufficient quality and quantity of social relationships and contacts. (individual, groups, community and the larger social environment)

Loneliness is a subjective state based on a person's emotional perception of the inadequate quality of their social connections, irrespective of their breadth of their social networks. It can manifest as an anxious feeling of unmet need to connect or communicate with others. (from Social Isolation and Loneliness annual report of Croydon Public Health – 2016)

In the 'Combating Loneliness guide' to 370 councils by The Local Government Association (LGA), there is a mention of research suggesting that **"lonely people have a 64% increased risk of developing clinical dementia and loneliness can be more damaging than smoking 15 cigarettes a day"**.

In an article in The Guardian (1st Feb 2016), LGA spokes woman Izzi Seccombe, stated that **"As our population profile changes, and we have a larger proportion of over-65s and over-85s, loneliness is becoming an increasingly important public health concern"**.

This was echoed by Professor Keith Willet, director for acute care with NHS England, emphasising the 'importance of addressing the issue of social isolation to avoid the huge impact on NHS budgets of caring for isolated elderly patients in hospital'.

The government appointment of a Minister for Loneliness in January 2018 is a further acknowledgement of the need to address loneliness. A social isolation and a cross-government strategy should be published by the end of the year.



At national level, the Campaign to End Loneliness (a coalition of organisations and individuals, working together to combat loneliness and inspire individuals to keep connected in older age) has identified that:

- 6-13% of older people say they feel very or always lonely
- 6% of older people leave their house once a week or less
- 17% of older people are in contact with family, friends and neighbours less than once a week, and 11% are in contact less than once a month
- Almost 5 million older people say that television is their main form of company

In Croydon, the 'Social Isolation and Loneliness' report by the Director of Public Health Report (2016), estimates that:



The recently established 'One Croydon Alliance' (a partnership of organisations across the health and care system in the borough and Age UK) is a first step. The Alliance is committed to 'reduce social isolation and improve community cohesiveness which contributes to overall improvements in health and wellbeing'.

As part of the One Croydon Alliance initiative, Personal Independence Coordinators (with Age UK Croydon) offer support over 12 weeks to find services or activities aimed at improving people's health and wellbeing. However, the support is targeted at people who have been admitted to hospital at least twice in the previous 12 months and have two long-term health conditions.

This report clearly emphasises the importance of tackling social isolation and improve health and wellbeing in all older people, including those who may not meet the above criteria. This is a priority that should be included in all Croydon health strategies.

The views expressed here represent BME older people's contribution towards the co-production of appropriate solutions that tackle social isolation at its source.

The engagement with BME older people and professionals working with them

Between October 2017 and February 2018 the Community Development Worker (older adults) engaged with over 130 BME older people from an Asian, African and Caribbean ethnic origin. The most successful way of encouraging their participation, was to set up group discussions at their local community groups, on a day and time of their choice.

Meetings were also set up with voluntary sector staff and health and social care professionals: social workers, multidisciplinary team at the Heaven's Centre and a physiotherapist who told us about the issues faced by their older service users.

Questionnaires were circulated to GP practices but the rate of response was poor, with only two GPs feeding their comments.

Our discussions, focused on the following questions:

Q1. What barriers do BME older people face in socialising?

Q2. What should be done in Croydon to help BME older people socialise more?

Q3. Are you aware of projects that help tackle social isolation in BME older people?

The openness and willingness to provide solutions from all participants, made the engagement a meaningful and interesting exercise. Also, the issues and suggested solutions put forward by BME older people and professionals working with them are relevant to all older people.

FINDINGS

BME older people's views on barriers to socialising

All BME older people who took part in our discussions, recognised the value of interacting with others in orders to maintain their health and emotional wellbeing as **"It's nice to meet people, being in good company and chatting"**.

1. Language barrier

Participants told us that some older people don't feel confident in going out because they can't communicate in English. For example, hospital appointments are a challenge if a family member is not available to translate for them. Some BME older people limit their outings to once or twice a week, to join language specific faith groups.

"If you don't speak the language you can't understand anything"

The first step should be to provide beginners English classes in the community to build older people's knowledge and confidence. They could then join classes at local FE colleges



"CALAT comes to our group to teach very basic English. Without basic knowledge, you don't have the confidence to learn more".

2. Fear of crime

Some older people feel anxious and insecure about going out for fear of being attacked or mugged. Others, mentioned their friends' bad experiences of being targeted by criminals which keeps them at home as **"they feel safer in"**

"You watch the news on TV and hear about mugging and killing...you get scared and don't want to go out"

"You think you may get mugged...it's scary"

"It's worrying...you don't see policemen around any longer. Where are they?"

"The Police are not patrolling as much as they used to do"

3. Transport issues

a) Buses

Participants were concerned about using buses for a variety of reasons and this impacted negatively on their desire to go out. Some older people mentioned their discomfort because **"Children are loud and naughty on the bus and there's no respect"**. Others commented on drivers not being sensitive to the needs of older people

"Drivers are not patient, they are always in a hurry! They break hard so you jerk before you sit down!"

"Drivers should be reminded to be more caring"

There was general apprehension about the bus stopping away from the curb at the bus stop and their fear of falling

"Some drivers don't pull in closer to the curb...I find it hard to get on and off the bus because I'm scared of falling"



"When the bus gets to the stop and pulls in, the gap between the curb and the bus is too wide. Steps are also too high and it's hard to get off for someone who carries a stick, you think you may fall"

Some older people also mentioned the inconsistency of information or the lack of it

"The announcement to hold on as the bus is starting to move is not synchronised as it starts when the bus has already move on"

"The board with buses timetable outside West Croydon station is no longer there so... you don't know when the bus is coming... you don't know if you have to wait for long a time. You don't want to wait in the cold in winter. If you know what time it comes, at least you can wait in a shop"

b) Dial-a-ride

In general, older people told us that the service was not flexible or not efficient enough

"They don't call if they cannot arrive on time"

"It's often late"

"It takes a long time to get home as you could be the last on the round"

"Taxi ride is not flexible and cannot take disabled people"

Arranging free and accessible transport was also of key importance for people with dementia in order to reach community activities

"I think it would be great to increase the access to services for this patient group. In particular, I have had a client telling me that he used to enjoy walking down the street to the shops and stopping off at barber shops on the way, talking to friends, playing dominos and listening to reggae. Unfortunately, now that he is paralysed, he cannot mobilise as easily and really misses these social engagements and activities that he organised himself in the past"

4. Low income and cost of activities

BME older people were generally concerned about their lower income in retirement which made it difficult to join community activities on a regular basis

"You have to pay a lot of money if you want to join in two or three activities per week. As a pensioner, you can't do it!"

"I'm a pensioner and it's hard! You have to pay for activities and it all adds up!"

"If you go out, you want to buy things and if you can't afford them you don't want to go out"
"Age UK programmes are expensive"

"Need to look into fees for activities. Paying something like £6 to £9 per week will keep people away. Personally, I cannot see myself paying £20 or £30 per month. Please help!"

5. No friends or family to go out with

Living alone or not having friends and family to go out with, often results in isolation and loneliness. Older people were really open in expressing the sadness that comes from being alone at home

"I'm on my own and it's difficult to go out on your own. It would be nice to have someone you can do things with"

"I don't have friends living in my area and feel scared in going out by myself"

"Some older people feel shy and don't go out on their own. They need someone to get them out [of the house]"

"[Older people] need someone to talk to, someone they can trust who can bring them out of their shell"

"Sometimes you don't want to go out on your own...you want company"



6. Low mood and depression

Apart from living alone and lack of friends and family, all older people told us that bereavement and the resulting depression (with its lack of motivation and loss of self-confidence), were key factors in not wanting to socialise. Older men who lost their wives were thought of being particularly depressed and lonely.

Some participants also mentioned that the stigma attached to any form of mental ill-health would also keep them at home

"I have a friend who has a mental health problem and doesn't want to go out because she doesn't want anyone to know about her problem"

7. Poor physical health and/or disability

Older people told us that difficulty with walking (or other physical disability or sensory impairment) as well as disrupted sleep and tiredness would make it difficult to socialise. In some cases, if they felt unwell and needed help, they would not go to their doctor because of the difficulty in getting an appointment

"You feel unwell but you don't want to go to the doctor. I can't see my own doctor, can't get an appointment or have to explain to the receptionist why I want to see a doctor! It's too much so you give up and stay in!"

"When you have been ill it's difficult to come out of the house"

8. Lack of relationship with families and neighbours

Some participants told us about the poor relationship that some friends or neighbours had with their families which had a negative impact on their care

"Some older people are not looked after because families don't seem to care"

"Families are busy and have to get on with their own life. They can't stop to look after their old parents"

"Some families don't want to arrange for help at home at it costs money"

"You don't know your neighbours...and it's difficult to help for fear on interfering"



9. Caring responsibilities

Isolation is a major issue for carers. Their caring commitments, the little support from family and friends and lack of respite, make their life difficult

"Care givers have it tough! We are often on edge about the health of the person for whom we care. We usually don't have much time for ourselves. So it's much harder to entertain guests or meet friends. Many of us also do paid work. Doing this as well as looking after someone means we're often too tired to socialise"

"I find that friends and family disappear when a member of the family has many physical problems and especially Alzheimer's disease. One is left very isolated and having to manage on one's own unless you pay for all services"

"Carers feel they cannot leave the house and rely on neighbours for their shopping"

It is even harder when older couples have complex needs. A physiotherapist provided the case study below:

"An elderly married couple: the husband with a stroke who needs help with personal care and the wife with heart problems and severe arthritis. She uses a 4 wheeler to walk. The husband used to go to a stroke club and an art class for stroke survivors but both have closed because of funding. His wife, enjoys going out to her hairdresser but this is becoming an issue with her husband. They have had no luck with a befriending service so, they are housebound together. The wife is very worried about the future and how to cope longer term and she hates how this is making her feel towards her 'previously lovely husband'"

BME older men and social isolation

Our participants often commented that men would stay at home because **"they are old and frail and afraid and don't know who to talk to" or "are stuck at home... on the sofa, watching TV"**

They agreed that men may be interested in joining other men to play cards or domino or table tennis and bowling or even watching sport events together e.g. rugby or football matches in a local venue with a big screen.

Women could have a role in encouraging men to socialise

"[Women could] drag their men out...get them to go with their wives on trips"



In general, a volunteer befriender could also to visit older men at home to keep them company and/or encourage them to socialise

“Need to have someone who encourages them to come out, someone they can trust to take them to activities”

The views of professionals working with older people

Barriers to socialising for BME older people

Voluntary sector staff and health and social care professionals provided similar answers to our questions about the challenges that BME older people face in socialising.

1. Language barrier

Professionals told us that those BME older people who could not speak English found it difficult to communicate their needs, understand services and/or join activities. The language barrier creates a reliance on family members who have to interpret and/or translate written information. In some cases, volunteers and staff at day centres and/or local voluntary organisations would also be unfamiliar with community languages

“I saw an elderly lady in hospital who did not speak English and had to rely on his family to translate what the doctor or the nurse was saying. She was talking to me in her language and I could not understand what she was saying and nobody was available to translate. I was her health care assistant in charge of her. I had to wait for her daughter to come and translate what she was s a very embarrassing situation for me as well as the lady”

“A Sri Lankan mother and daughter have medical conditions and a lack of English. They socialise within their own community but keep it to a minimum, because of lack in confidence with their English and the cost of transport”

“Reliance on other family members or friends to translate limits options for socialising and accessing services”

2. Lack of culture and/or gender specific groups

Some professionals told us that some BME older people find it difficult to join groups which don't share their same language or culture. For example, there is a lack of Gujarati Asian-male only groups. In other cases, local groups are not sufficiently publicised

"A Greek woman finds it hard to find a local social group as she does not 'fit' socially with people she has met so far, she comes from a well to do, upper class family"

Although not related to specific culture issues, some professionals told us about their clients' perception that community activities did not match their age because

**"They are for very old people" or that
"Activities at Age UK are not for me...I'm not ready for them"**

3. Digital divide

Even when understanding English is not a problem, the difficulty in communicating and accessing information is compounded by the 'digital divide' and the use of technical language

"Older people are told to look for information online and not all older people have access to the internet. Also, the language used is very technical and difficult to understand"

4. Poor communication among local organisations about projects and activities available to older people

Professionals often raised the issue of having piecemeal information about activities and/or projects they could signpost older people to

"We need better exchange of information on activities and projects run by local organisations as well as a comprehensive list of services older people could be signposted to and explain waiting time for services (if any), to avoid unrealistic expectations"

5. Mobility problems, not addressed

Professionals mentioned different issues in relation to mobility problems:

- a) Lack of community professional chiropractic to care for older people's nail cutting

"Some older people are unable to cut their nails. If your feet are in a bad state, you are wobbly and don't want to walk"

- b) Lack of the right equipment that could help older people with mobility e.g. wheelchairs.

"The waiting list to receive a wheelchair is very long. Croydon Wheelchair Service is short staffed, the phone is always on voice mail and calls are not returned"



c) Multiple layers of assessment to get the product that older people need from the Council/Social Services

"The waiting list for assessment and ordering products is long. How can the waiting time be reduced?"

"An African woman with limited mobility who cannot go out and socialise because she needs a power chair due to her disability. Her financial means are non-existent as she does not have right to remain or recourse to public funds so she cannot afford to buy a power chair, so she is trapped in her one-room studio flat"

"I have had a client telling me that he used to enjoy walking down the street to the shops and stopping off at barber shops on the way, talking to friends, playing dominos and listening to reggae. Unfortunately, now that he is paralysed, he cannot mobilise as easily and really misses these social engagements and activities that he organised himself in the past"

6. Issues with Dial-a-ride

Transport was often mentioned as a key issues by those professionals who took part in our discussions

"Some older people don't meet the eligibility criteria, others find it unreliable or inconvenient, as minibuses drop people off at several destinations on the way to their home"

7. Poor mental health

Bereavement can lead to depression which in turns affects older people's motivation to socialise. This is compounded by memory problems which can create anxiety in leaving the house

"People become withdrawn and don't want to go out. They may need counselling but not access it as they think they don't need it or don't want to appear weak"

"It's difficult [to go out when] they don't remember what day it is and where they should be going"

"The sleeping pattern of some older people is altered. They may wake up late in the day and, by the time they get dressed, eat some food and get ready it is late and may not want to go out. This happens especially in winter when it gets dark earlier".

8. Fear of anti-social behaviour

Some professionals mentioned the fear of crime that some of their clients experience

"They hear the news about immigration and think that you are now trying to get rid of them"

"A disabled Indian man keeps to himself because of racist or anti-social behaviour from his neighbours"

9. Funding cuts

"As a result of funding cuts, some day centres such as Purley and Morland Day Centres and Queen's Resource Centre have been closed. There are now less activities older people can join in. Also, the high cost of the remaining day centres makes it difficult for older people to attend"

10. Lack of toilets

It was interesting to note that older people did not mention the lack of toilets as a major barrier to socialising. However, professionals often told us that older people have an increased risk of dehydration as they may not drink before going out

"So they don't get caught out"

CONCLUSIONS

This engagement exercise has identified some of the challenges that influence BME older people's decision to socialise in Croydon. BME older people were very keen on suggesting activities that could encourage more people to connect with their community and improve their wellbeing. The complete list is shown in Appendix 1.

The solutions that older people are seeking are summarised in the recommendations that follow. Voluntary sector, local authority, statutory services and other organisations should work together with older people to address the issues raised.



CROYDON BME FORUM

RECOMMENDATIONS

- Tackling social isolation, as a step towards improving health and wellbeing in all older people in the borough, should be regarded as a priority and included in all Croydon health and wellbeing strategies
- More information should be circulated on mental health services that offer psychological support to older people and help overcome the effects of bereavement, depression and anxiety and other mental health issues
- The voluntary sector, local authority and Transport for London should work together to increase the provision of free and accessible door to door transport (e.g. community vans, local neighbourhood transport) for group trips to activities and services, shops, and other places of interest. This is especially important during winter (October-March) as the cold weather keeps many older people at home.
- Organisations interested in setting up activities with and for older people, should engage with BME older people (especially men), their families and carers to learn about their interests and the support required to facilitate their participation. The engagement should involve faith group leaders and take place in GP surgeries, post offices, supermarkets, libraries, cafes and other relevant meeting points. The range of activities should include English classes, IT courses e.g. how to use skype to communicate with families abroad (Please see the complete list of suggestions in Appendix 1)
- All organisations should better publicise activities and services in Croydon, using simple, clear language and translation into major community languages. Information should be disseminated through radio, TV, mail outs and made available to health and social care professionals working with older adults (e.g. social worker teams and GP surgeries). All sectors should also improve the exchange of information on and signposting to projects and activities through an up to date website accessible to all services supporting older people in the borough
- The voluntary sector and/or local authority should set up a bank of volunteer befrienders from BME communities with a range of languages for older people who are housebound. They could **“visit just to check the person is well”**. For those with no mobility problems, befrienders could act as a ‘buddy’ to encourage older people to join local activities
- In general, all organisations should better promote volunteering to retired people. There is a particular need for volunteers able to teach English and IT skills as well as volunteer van/car drivers (to take older people to doctor’s or hospital appointments), handy men and gardeners.

“Organisations could have a board where people could advertise their skills to those who need them e.g. gardening, handy man etc.”



- The Local Policing Team should endeavour to be more visible in the neighbourhood as this can reduce older people's fear of being mugged, attacked or a target of anti-social behaviour. The Team should consider attending events to give talks on main crime issues in the borough and how to stay safe
- The local authority should further improve the external environment to facilitate access and reduce the risk of falls. This should include building more ramps, installing railings and lighting whenever possible as well as salting and gritting the side roads in winter. More information should be disseminated to Croydon residents on how to modify the home environment to support older people with mobility problems
- Access to GP appointments for older people should be improved, to ensure that **"when an older patient needs a GP appointment, you get it quickly and without having to explain why"**
- More funding should be provided to local older people groups so they don't have to charge older people for attending their activities. This is of particular importance, given that low income in retirement and the high cost of activities was often mentioned as a barrier to socialising.



Appendix 1 – BME older people suggested activities and events

Activities:

Older people told us about their interest in joining in a variety of activities as a great opportunity to communicate with others and make friends, share skills and the positive impact on their emotional wellbeing. Below is the list of activities they mentioned:

- Keep fit classes, walking, Tai-Chi,
- Dancing (reggae, salsa, African dance, Asian dancing)
- Getting together to cook healthy food, learn from each other and share a meal
- Group outings to galleries, cinema or theatre or other educational places at a discounted price

"I have spoken to an elderly lady who attended a street-art class organised by the rise gallery www.rise-gallery.co.uk aimed specifically at older adults. They loved it and even have their own 'street tag' now that they have been accepted by the community" (professional at Heaven's Centre)

- Concerts for older people in community halls
- Visits to nurseries to play with children **"they get on with young children"**
- Reading groups
- Writing groups where older people could write short stories e.g. **'my journey to the UK and what brought me here'**
- Visits to nurseries to play with children **"they get on with young children"**
- IT classes could be run as an intergenerational activity with young people teaching older adults. Local organisations could be helped to purchase reconditioned laptops for IT classes
- Equally important, the voluntary sector could have volunteers to teach English to those who have difficulties speaking the language

"Get young people who are unemployed to teach older people IT skills or a language"

- Gardening, woodwork, drama
- Health events that include talks on diabetes, exercise sessions and the option of measuring their blood pressure
- Men mentioned playing Domino and cards especially and watching sport together in a community hall as well as carpentry



"I meet a lot of socially isolated elder men who had an interest in cars, carpentry, framing as younger adults. These activities provide a great opportunity for men (particularly, but not exclusively) to talk whilst they are engaging in a common activity.

It also adds value to everyone's lives as they can teach the next generation skills that are disappearing from our common knowledge" (professional at Heaven's Centre)

- More Reminiscence work for older people with memory problems, across cultures and ethnic backgrounds

There was also a mention of setting up BME Day Centres with meaningful activities outlined by the users and facilitated by experienced social workers

"I have had several women who moved to the UK from the African subcontinent, ask me about cookery classes. Both to learn how to cook new, simpler meals and also to teach the next generation how to cook traditional African dishes".

Events:

- Health events to include talks on diabetes, exercise sessions and the option of having the blood pressure measured and **"can learn to plan in advance, especially if [older people] live on their own e.g. funerals"**
- Inter-cultural events through arts, crafts, dancing, sewing, knitting, chess and other games or other activities where people can share their skills
- Talks from the Police on how to stay safe and/or councillors on main topics affecting people in the borough
- Christmas lunch organised by the Council to reach those older people without family or friends

Transport and trips:

- A bus for group trips to the shops, church or Temple, cinema, art galleries or other entertainment. This is especially important during the winter (October-March) because the cold weather keeps older people at home. In the summer, arrange seaside trips and holiday groups in the UK and/or overseas. In general, older people seemed happy to share the cost of hiring a bus as long as an organisation would make the arrangements

"There are lots of us single people who don't like to go away on our own and would love company. We need someone [organisation] who makes the arrangements. We pay but not online"



The ideal venue(s):

Older people told us about their preference for a community place where people can socialise, talk about the old times and/or current affairs, play board games (e.g. chess or dominos), or other activities such as a reading group, knitting club or listening to music.

Some people mentioned the importance of having a local community venue because

“You don’t want to travel too far to go to the place, especially in winter”

“In Croydon, there should be a day centre like Pineapple in Anerley where older people can have a cup of tea and some food and mingle with others”

“A place where we can have a chat with likeminded people over a cup of tea and biscuits”

Libraries were also mentioned as a venue where they would enjoy taking part in activities e.g. reading club or talks

Other comments included:

“Have a drop-in centre, easily accessible where older people can have lunch, tea, coffee and join activities such as health talks, exercise and sign up for trips to cultural places”

“The Council should provide good, low cost venues around the borough and “a strong, cross-borough pull to motivate people to attend these activities”. “Apsara Arts is an Indian cultural organisation which struggles to find venues for Asian dancing. The council could do more to support these groups”

The importance of volunteering

Organisations that set up community activities, also rely on the good work of volunteers. Some participants in our discussions, were interested in volunteering as a befriender or offering their time for other useful activities

“[Volunteering] keeps older people going and they feel useful”
so they suggested promoting volunteering to retired people in a more proactive way.



Appendix 2 – Some examples of projects tackling older people's social isolation

There are a variety projects and activities for older people in Croydon organised by voluntary sector organisations such as Age UK, Croydon Asian Resource Centre, ASKI, CACFO, CNCA, just to mention a few. Below are some more examples of projects that support older people to socialise.

Drivers Redbridge Voluntary Care

In 1973 a group of churches in Redbridge set up an organisation of volunteers, who offer neighbourly help in the emergencies and difficulties that arise in daily living. The service is free and confidential. We may be able to help with occasional transport to churches, clubs and hospital appointments etc. and by visiting the housebound and lonely use their own vehicle to transport those in need to medical appointments (RVC reimburse petrol costs).

Contact: Ross Diamond, Chief Executive Officer, Tel 020 3874 4143, ross@redbridgecvs.net

Parchmore Shopping project

The project aim to escort people with limited mobility or lack of access to transport on our minibus to shop at Sainsbury's in Streatham on alternate Mondays. On the other Mondays volunteers shop for housebound people.

Contact: Claudia Roberts, Minibus driver and Community Support Worker, claudia@parchmore.org

Compassionate Neighbours

Compassionate Neighbours are trained volunteers offering friendship, emotional support and a listening ear to people who may be nearing the end of their life through age or illness, or whose health is stopping them from having the social life they would want. The programme is run by St Christopher's Hospice.

Recently, Hope for Home has started working with the Compassionate Neighbours to offer a programme of training in dementia and 'Namaste' Care (including gentle sensory stimulation) and will soon be able to match Compassionate Neighbours with people living with dementia and their carers who are looking after them at home.

Contact: Steph Turner, Compassionate Neighbours Lead, Tel 07867 556472, CN@stchristophers.org.uk

Men's Shed at the Bethlem Hospital

"I meet a lot of socially isolated elder men who had an interest in cars, carpentry, framing as younger adults. [Men's Shed] activities provide a great opportunity for men (particularly, but not exclusively) to talk whilst they are engaging in a common activity. It also adds value to everyone's lives as they can teach the next generation skills that are disappearing from our common knowledge".

Contact the Bethlem Hospital on Tel: 020 3228 6000

The Pineapple Club, Anerley Business Centre

It aims to address poverty, isolation and marginalisation among local African Caribbean elders through activities including social events, craft work, outings, health checks, dances, concerts.

Contact: The Pineapple Club, Anerley Town Hall, Anerley Road, Penge, London SE20 8BD.

Tel: 020 8676 8280, pineappleplc2000@yahoo.co.uk

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