

# AGEING IN PLACE SPARKBROOK

## Outline

Report of the Ageing better research undertaken within the Sparkbrook Ward (pre-2018) in Birmingham

The Sparkbrook Ward was one of five projects developed as part of the Ageing Better programme in Birmingham. Following the Local Authority reorganisation in the 2018 elections the Sparkbrook Ward became two wards. Sparkbrook and Balsall Heath East, and Balsall Heath West.

Research and report undertaken by Ashiana Community Project supported by RnR Organisation.

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# 1. Local Context

## **Name of ward(s), population and information on demographics<sup>1</sup>, particularly around BAME groups.**

The Ageing Better programme is a Lottery based project administered by BVSC -The Centre for Voluntary Action. The purpose is to empower and support vulnerable and isolated people over the age of 50 to make new contacts and establish new networks.

The Ageing Better programme had focused and thematic areas of activity - in Sparkbrook, it was defined by the electoral ward of the area. In May 2018, Birmingham City Council underwent a reorganisation and the area was split into two new wards, Balsall Heath West and Sparkbrook and Balsall Heath East. Unless data is specifically related to, or referenced to either one of these new wards, the term 'Sparkbrook' is used throughout the report to describe the area.

Prior to the 2018 reorganisation of wards, Sparkbrook was ranked as the most deprived ward in the City related to Overall Deprivation (national rank 48 of 7672) income domain (36) employment domain (118)<sup>3</sup>

Two LSOA (local super output areas) in Sparkbrook are ranked 52<sup>nd</sup> and 101<sup>st</sup> most deprived in country in 2011 census; almost all of Sparkbrook's LSOA are in the top 10% most deprived nationally<sup>1</sup>

**Sparkbrook and Balsall Heath East** has a population of 26,087 (2.3% of City Population), 1,783 men over 55 and 1,929 women. **Balsall Heath West** has a population of 11,952 (1.1% of City Population), 956 men over 55 and 1,048 women. This gives a combined population of 38,012, and a combined over 50+ population of 5,716 (15.04% of the overall population)<sup>2/3</sup>.

There is little specific data relating to the ethnic breakdown of the two Wards. 82% of **Sparkbrook and Balsall Heath East** comes from a **BAME community**. **Balsall Heath West** has 75% BAME community.

This data provides us with an estimated 4,646 of individuals aged 50+ from a BAME community.

Islam is the majority religion in the area, **Sparkbrook and Balsall Heath East** having a higher percentage (72.9 to 53.8). There are 10,779 properties within the area – 7,225 in Sparkbrook and Balsall Heath East and 3,554 in Balsall Heath West, of which 241 are pensioner only households<sup>2/3</sup>.

**Demographics** - Sparkbrook / Balsall Heath are inner-city areas about 2 miles south of the city centre. Over the years they have played host to successive waves of immigrants, each community making its own contribution to the area.

The areas are some of the most densely populated and diverse areas of Birmingham with over 200 nationalities living in one area.

The current population is dominated by people of Pakistani and Bangladeshi origin. The communities coexist with earlier immigrants, Irish and Afro Caribbean, as well as with new arrivals e.g. Yemenis, Somalians and Eastern Europeans. There is a strong link between families and cultures that intertwine which creates a large social mass, connected by faith, belief and place. The majority of communities live within an extended family model, with up to four generations living in some households.

**Housing** - housing stock is mixed. There is a greater percentage of municipal and social housing within the Balsall Heath area following major clearances in the 60s and 70s. The rest of the area is predominantly Victorian terraced houses with 2 – 5 bedrooms.

**Faith and community provision** - the area has a strong foundation of faith, with some faith venues supporting communities. There are 8 churches, 3 gurdwaras, 3 mandirs and 9 mosques. These institutions lay the foundation of belief within the communities and provide structures to facilitate activity across all communities.

The area is served by a number of voluntary sector organisations. There aren't many 'large' charities under the Small Charities Coalition definition of annual income in excess of £1 million. There are a number of 'significant' and well-established organisations whose income is between £500,000 and £1 million. The vast number of organisations can be described as micro organisations with incomes of less than £10,000 per annum.

Such groups provide a range of local engagement, e.g. community activity, service provision (grant-funded or commissioned), resident groups, faith, social action groups etc. across the area.

**Commercial centres** - there is no single commercial centre within Sparkbrook. Commerce is predominantly retail. The majority of major industries that people would have worked in are outside the area. There are, however, a small number of 'industrial' manufacturing units, focusing on small manufacturing activity within the ward.

The area is dissected, north to south, by a number of major arterial roads. In the east of the ward is the Stratford Road (A34), starts just outside the 'City' boundary (identified by the inner ring road) and runs the length of the ward, into the neighbouring ward, Sparkhill, and beyond. There are two main retail areas within Sparkbrook and further south in Sparkhill.

Running along the centre of the area is Stoney Lane and Ladypool Road, recognised as the 'Balti Triangle' of Birmingham with a recognised world class cuisine from the south Asian continent, but also the latter being a more varied commercial centre and an attraction for shoppers for clothes for special occasions

In the east is the Moseley Road which has a number of local and national businesses.

**Parks and green space, leisure facilities** - the area has a number of significant green spaces and parks (pocket parks). These parks play a significant role within the elements of this report.

There is one swimming pool in the area. This is an Edwardian pool, under threat of closure and currently run by a charity exploring an asset transfer. The area is also served by a refurbished pool in Sparkhill, run by a private organisation.

**Public transport** - there is no train stations within the area, however, there are significant bus services along three arterial routes: the Stratford Road in the East, Stoney Lane and Ladypool Road in the middle and Moseley Road and the Pershore Road/ Willows Road / Lincoln Road in the west. Busses run every 4-10 minutes but travel into the city centre. There is only one bus that cuts across part of the ward, but this only runs once per hour and stops at 4.00pm.

Elderly bus pass analysis for B11 and B12 postcode shows significant usage and indicates multiple usages on a daily basis.

**What might the area be known for locally?** The area is known as a cultural focal point for many BME communities, with access to affordable groceries. There is a focus on locally run family retail businesses, specialising in spices, and food from across the globe. It has one of the highest numbers of fast food outlets, and commercial corridors for retail fashion. This concentrated area of retail attracts shoppers from across the United Kingdom, tasting food and buying clothes for special occasions, e.g. weddings and parties.

The area now has a growing number of European-style cafes and shops from newly arrived African communities, and several money transfer venues, aiding immigrants sending money to their countries of origin.

## 2. BAME-led organisations - Engagement with older people

### BAME-led organisations in the area – *table of organisations*

During the course of this research 17 organisations of a variety of sizes were identified, 11 were interviewed and 6 did not return the calls or e-mails and follow up calls.

The 11 represents a variety of organisations in size, services, experience and longevity of existence.

Most groups were not specifically established to provide support for elderly clients, many being established to provide support to local people generally. Some are well established and the demographics of the community within which they were established and exist has changed over the years. This is reflected in the type of support now offered. Support to the elderly and their carers is one such service that has been developed or accommodated within the core work of the organisations.

#### a) **Small Heath Community Forum (SHCF)**

**Community they work with** - Local community, mainly Asian and Irish people when established in 1965/6 - this has changed over the years.

**Aims** - Empower local community and support [smaller] community organisations.

Smaller groups are in decline but there is still a 'desire' that each small group in the area has a structure.

**Number of staff** – 4; **Volunteers** - 6-12, some for work experience from DWP Job Centre.

**Level of engagement with older members of their community**

SHCF offers information, Guidance and Advice (IAG), in the form of general support, and also has two contracts to support elderly people and their carers: one highlights the issues in the area, the second identifies carers needs and the needs of those cared for

The IAG programme provides support to approximately 300 people every quarter. With other activities, SHCF deals with between two and three thousand people a year.

Additional activities include coffee mornings, physical exercise, variety of workshops etc. - tends to be attended by (and focused on) women, predominantly Asian women.

There is an increasing focus on benefit support to the elderly., especially related to universal credit digital application, and Personal Independence Payment (PIP).

**Please rank from low, medium, high**

Elderly support and carer support would be ranked as a medium / high priority

#### b) **Smart Women CIC (SWCIC)**

**Community they work with** - Women within the immediate community but have developed a reputation for running leisure activities, trips etc. and has widened 'catchment' area. Some women and their families come from the other side of city. Other sessions include Confidence building sessions, and events using activity, sewing, computer, ESOL classes as a platform for engaging women, gym activity and room hire.

**Aims** - Aims to provide support and empower to local women who are isolated – some families restrict women's activities, some women have skills but engagement is restricted (*Some issues with the community when the centre was opened*)

**Number of staff** – 0; **Volunteers** – 11, predominantly younger women

**Level of engagement with older members of their community**

A volunteer led organisation, SWCIC aims to provide engagement activities and support to overcome issues of isolation and loneliness which may be the result of restrictive practices of families which affect women's activities or engagement.

The programme recognises that some of these women have skills and, while they have been primarily 'homemakers', children have now grown up or left home and they are looking for something else to do.

The trips and informal activities organised by SWCIC provides an environment where trust can be established with the organisation.

There is increasing participation of women in their 50s - some women are carers and have no time for self (approximately 50% of users are carers for an older person).

There is also an issue of elderly people being left at home while other family members are out - a number of households have multi-generational occupation.

**Please rank from low, medium, high**

Women using the centre are from traditional backgrounds, born outside the UK, entering this country for marriage, with most living in the UK for over 20 years. They cannot speak English and don't have the confidence to engage in any mainstream social activity. Support for women 50+, elderly support and carer support would be ranked as high priority in developing services, although the way trust is developed still focuses on wider community engagement, and in an informal manner.

**c) Bosnian Herzegovina UK Network (BHUKN)**

**Community they work with** - Provide support to Bosnian and other ethnic minority groups, wish to work with all groups in the area

**Aims** - Information, employment, benefit, advice and support, language support, social gatherings, cultural activities, activities for young children

**Number of staff** - 4 full time 2 part-time; **Volunteers** - 50+

**Level of engagement with older members of their community**

BHUKN provide 'general support' in the form of social gathering and specific support. Sunday activities attract 70+ families; general social events, held on a regular basis, attract 200-300 people

Those aged 50+ attend such gatherings - they are now beginning to identify their own issues.

Current funding proves a challenge to providing adequate support to such issues, will signpost and provide language support where necessary.

As BHUKN is based in a community centre (which it owns and has refurbished), its services are beginning to be used by the wider community due to the closure of other services and centres.

Its own community is getting older and is looking for support.

**Please rank from low, medium, high**

Direct services would probably be a medium, but the changing need of the elderly is recognised and will probably move to high in the future

**d) Yemeni Community Association (YCA)**

**Community they work with** - Charity to provide a number of services, for youth, women, elderly etc. to the Yemeni community

**Aims** – Provide social and welfare support to the Yemeni community.

**Number of staff** – 0 (currently about to advertise our first post) – 12 hrs per week (all voluntary till now);

**Volunteers** - 9 trustees, some more engaged than others, we now have 3 women, 10-20 other active volunteers

**Level of engagement with older members of their community**

A volunteer led organisation, YCA provides a variety of activities. Predominantly attended by Yemeni community members, but other communities are welcome; some sessions are attended by people from Somalian, Syrian, Moroccan, Somali, Eritrean communities (not in large numbers)

Activities for the over 50s include: day trips, monthly meeting that includes information sessions, health support (minor health checks and signposting to GPs when necessary) activity and a meal.

Coffee and social mornings are provided for women, 20/30 attend; other activity for girls takes place on Sundays.

Activities for men and boys include swimming sessions, and there is a summer camp, 3 days in Cannock.

Isolation, older people don't engage in wider activities, some live with families, some live alone.

YCA appreciates the isolation experienced by older people and is aware that some do not engage in activities; some live with families, some live alone - no evidence if this makes a difference to engagement.

**Please rank from low, medium, high**

YCA is aware of the issues of older people and the issues related to participation. Engaging older people would be a medium to high priority but lack of resources, no staff, makes it an issue, YCA does try to engage these people and develop specific activity for 50+ and try to accommodate them in general meetings, but feel they cannot engage with those with mobility issues, those who use a wheelchair or the really infirm because of lack of transport facility to bring them to meetings.

**e) Asian Elders Welfare Association (AEWA)**

**Community they work with** - Asian elders in the surrounding community

**Aims** - welfare issues for Asian elders, deals with a variety of cases, job preparation, variety of activity

**Number of staff** – 0; **Volunteers** - 4

**Level of engagement with older members of their community**

Provides general advice and support for welfare issues for Asian elders - this includes housing, medical, bereavement, matrimonial, benefits advice and passport issues for 75yrs +



Please rank from low, medium, high

Older people services are a high priority for AEWA and a number of activities have been organised to support older men. As a volunteer-led organisation, they are however at full capacity in what they can manage

**f) Muslim Educational Consultative Committee (MECC)**

**Community they work with** - Predominantly local community around the centre,

**Aims** - established in 1979 to help anyone who needs help, have an open-door policy

**Number of staff** - 1ft, 2pt; **Volunteers** - 4 looking after the day-care facility

**Level of engagement with older members of their community**

MECC offers a range of support through their AIG service, welfare benefits, employment and training and addressing elderly issues. Service has been delivered through contracts with BCC and more recently in partnership with Birinus Regeneration, a community regeneration trust funds, and A4A. The organisation, established in 1979, feels it has established a level of accountability within the community. People come [and come back as repeat customers] and recommend MECC to others. MECC feels it has developed trust within the community, "people will come because of recommendation but takes time to trust, we provide an honest assessment [may not want to hear it]". Service users receive recommendations by word of mouth.

Services are open to all residents and have recently began to offer a 'day care' drop-in for men and women.

Please rank from low, medium, high

Based on the core work of the organisation, elderly support would be medium, benefit changes and language issues dominating activity. Care support and the creation of a 'day-care' facility, ostensibly a room for older people to meet in, run by volunteers, is in response to the growing need to address isolation for older people, begins to move it to high.

**g) Ashiana Community Project (ACP)**

**Community they work with** - Local and wider community to provide a variety of services; Employment advice, advice and guidance, welfare support, Sports activities, Women's groups

**Aims** - Provide services to people with issues. Reduce deprivation, increase aspiration.

**Number of staff** – 33; **Volunteers** - 40+

**Level of engagement with older members of their community**

Provides a breadth of services addressing financial resilience, health inequalities, extended family support, right care and support, quality of life, medical/clinical support, employment and training advice.

Identified issues of older people, living in an extended family, but isolated. Issues of the dominance of older people in family structure; when older members get ill, whole family collapses - no delegation of care, no support when it fails, family fights.

As people are living longer there are a number of people in their 50s/60s looking after parents/relatives in their 75s/80s, although there is no identifiable data. Potential increase in stress issues on 'younger' carers.

ACP has developed a variety of projects offering support to older people (55+) who are a growing clientele requiring support and joining social / activity groups. Provides carer support and programmes that challenge diabetes, in a variety of venues, allotments, youth centres, health centres – bring outside organisations that augment ACP activity. ACP also provides a variety of outdoor activities, walking, cycling etc

Please rank from low, medium, high

As a multi funded organisation, elderly services would be of medium importance in the 'overall' picture of contract and service delivery. However, as a community-led organisation, services provided to the growing elderly demographic in the community is a high priority.

**h) Muath Trust (MT)**

**Community they work with** – predominantly the Yemeni, Arab and the north African community in the local and surrounding area.

**Aims** - Community development through education, training and personal development.

**Number of staff** – 55 fte; **Volunteers** - between 20 to 30 across the organisation volunteer in one of those areas

**Level of engagement with older members of their community**

MT develops activities to attract a wider group of people, breaking the language barrier. Attracting men and women, try new things; services are open to all but predominantly used by Arab spring communities, majority Yemeni, there is an increasing number accessing the services from the Arabic Speaking Communities from north African countries.

Centre offers adult education, elderly services and youth conference, banqueting, sport, nursery, supplementary school burial services and a Mosque

There are a number of older men living in accommodation on the complex.

Elderly services aim to address isolation - people would be at home if they did not have this service. Also provides language support, helps people address their needs to provide additional support e.g. fire safety. Services for older people includes weekly gatherings and luncheon club, exercise activity and trips

**Please rank from low, medium, high**

As a multi funded organisation, elderly services would be of medium importance in the 'overall' picture of delivering contracts and services. However, the development of contracts to provide services to the user and geographic community is a high priority.

**i) Bangladesh Women's Association (BWA)**

**Community they work with** - Local Women, providing employability market preparation, crèche facilities as necessary, work experience, work with WEA to provide training.

**Aims** - empower women, IAG, training, ESOL, computer classes

**Number of staff** - 4 (used to be 10); **Volunteers** - 10

**Level of engagement with older members of their community**

Not specifically aimed at older people but services tend to attract older women who are isolated e.g. children gone or widows. Some of these women have used the service previously and can be targeted by the organisation. There is no post bereavement support for such women.

People living at home but isolated, as the rest of the family is busy.

Additional support provided for digital skills for older people, phones are used. Computers are still an issue. English a barrier.

Have developed some activity via Ageing Better: Cake decoration, Embroidery workshop

Other 50+ programmes that organisation would wish to develop, gardening etc.

Chapman road MH centre refers to programmes, no funding received.

**Please rank from low, medium, high**

Providing services to older people is a high priority for the organisation as it has identified a number of specific issues in older women it wishes to address.

**j) Apna Ghar (AG)**

**Community they work with** – Established 1984 to support Asian elders regardless of faith. Started by providing services for men who “had to leave the house during the day as the daughter in law was busy”, grew service to include women.

**Aims** - Open door, walk-in provision, offering meal and social interaction, anyone is welcome. 20/25 come because of their care package

**Number of staff** – 1 Manager f/t, 8p/t (cook and care staff to deliver care programme, open 5 days a week);

**Volunteers** - 18 [approx.] – use in large numbers to befriend people during the sessions, all trustees are volunteers.

Long term volunteers support activities; keep fit, healthy eating, wellbeing support, keep sharp etc.

**Level of engagement with older members of their community**

Developed as an elderly care organisation, AG now offers support through a walk-in programme and a daycare programme for people with a care plan. 106 -150 per week, depending on walk-in. Care package clients come from other areas, walk-in is more local but some travel to be here (60% women, 40% men)

The centre provides an open-door drop-in offering somewhere to go, as well as the opportunity to go on outings with the centre.

**Please rank from low, medium, high**

As a day-care provider with an open-door policy, older people are a high priority

**k) ISRA – UK**

**Community they work with** - humanitarian charity, relief of poverty and service provision in Africa and Asia. Widened brief to encompass local community in 2014.

**Aims** - Water Aid and international food programme. Local programme – shops [work experience], recycling clothes, food for hampers, worked with other charities – clothes for asylum seekers. Community room (room hire, meeting and training room), walking and cycling group,



**Number of staff** - 11 (3 for the community); **Volunteers** - 20 to 30 part-time; work in a shop, admin, more on-street collection

**Level of engagement with older members of their community**

Predominantly focused on overseas aid, local shops provide service to the poorer community in the area and the aim is to develop centre (space above the shop) as a community provision.

Shop used by those on benefits or with a disability, carers, majority over 30 with children, increasingly used by a growing number of young people.

The organisation is aiming to increase engagement in future.

**Please rank from low, medium, high**

ISRA's focus is its humanitarian activity but it is seeking to develop local services. Funding donations to the organisation are primarily for the overseas activity and, therefore, local provision is a low priority from a funding perspective

**How the organisations work with older members of their community**

Activities, for older people, delivered by the interviewed organisations, can be divided into two headings, recreational and functional.

This division identifies the organisational rationale for the activity but is not a defining objective for encouraging individual participation and service or provision. More than one organisation identified 'low level' recreational activity as a non-threatening, safe activity with which to engage people in the community and begin to develop their trust. Trust is developed by attending a friendly activity. Once trust is established, wider issues may be identified and 'functional' support can be offered.

Most women's programmes are developed from the principle that women want to do something, they don't want to sit around and therefore "[we] put on activities to support these women".

**Recreational**

The least formal activities are Trips and holiday activity, family fun days or coffee mornings

- Trips - Some organisations offer these to the wider community, day trips or longer. Funded at a cost, these provide opportunities for families to have a break, away from the area. It introduces individuals to the organisation and their other services. These activities provide the 'introduction and trust' process but also provide a break from home activities for some women who bear the majority of the care activities.
- Trips – some are specifically provided for elderly people, short day trips away from the area to 'tourist venues'
- Holiday activities – Family fun days, family activities of children's activities, providing a much-needed break from childcare responsibilities during the six-week summer break.
- Coffee mornings – general chat and socialisation opportunities, predominantly focused on women, although some groups provide sessions for men to get together with chai.

While these sessions are provided for socialisation, they also play an important role in continuing the development of trust.

More structured workshops or luncheon activities

Subject-based workshops or activity sessions e.g. cooking (including cooking for men), sewing, computer classes, baking, and cake decoration. These activities can be developed separately or as part of confidence-building sessions.

Luncheon clubs and general meeting sessions at a community centre/venue. Providing space and opportunities for older members to meet. While food is a crucial element of any gathering, these informal activities provide an opportunity to share information with attendees: general information, wellbeing or health-related information or offering health sessions, minor health checks and signposting to GPs if appropriate.

General gatherings / information sessions providing information, employment, benefit, advice and support, language support. Social Gatherings and cultural activities either specifically for the older generation or the community, in general, encourage people to access services and acknowledge support.

## Functional

Functional support can be defined as activities that the organisations provide through a contract or activities that have a specific outcome, purpose or objective, related to care personal growth or learning; these may not necessarily have received funding.

These include

- Providing day-care, either through personal care provision
- Providing day-care through volunteer support
- Providing open door / day drop-in or luncheon club activity
- Providing support and advice to carers
- Delivering Wellbeing activities, walking, cycling gym activities etc.
- ESOL classes developing language skills
- Benefits advice and support, financial support bereavement support
- Cooking classes for older men
- Digital skills – making claims online

The majority of the organisations interviewed provided some form of 'functional' activity either as part of their core offer or as a funded programme through a contract of grant-funded provision.

## Changes to ways of working and why these changes have come about

Sparkbook community has changed over the past 50 years, the immigrants that came to Birmingham in the 50s and 60s have become established communities. These individuals are getting older. In some cases, their children have moved away, or at least out of the house, though possibly still living in the same street/area. In other cases, the family lives in the original house. Some remain within the house. Multi-generational living causes a variety of problems e.g. shared living space, financial issues and possibly conflict, care roles and responsibilities, stress and loneliness.

Some organisations report a variety of abuse of older people within the family home, sometimes left isolated in one room. Abuse related to financial issues as well, and in a small minority of cases, physical abuse.

In other cases, the older generation sometimes takes responsibility for the household following a cultural tradition of elders being the head of the house, thus taking responsibility for household bills. Others of the younger generation may live in the house and may not contribute towards costs. This results in elders with no income and leads to debt issues for them to resolve.

At least three organisations commented on the assumptions made by statutory organisations related to these living conditions. Assumptions are made about 'Asian' families looking after their own, so that if families do not ask for help, this is not an issue. The organisations felt that such an attitude has had an impact on resources and services in the area.

Change in benefit process - the implementation of PIP and universal credit has had an impact on those with poor literacy skills or who are less digitally competent.

Those that provided IAG support commented on the number of people losing eligibility or being refused PIP. Supporting such individuals requires significant staff time to help fill in forms. In addition to this issue, there is an increase in the number of women 50+ making universal credit claims. This process requires online access and competencies. Some people use the online facilities at some centres, providing the centre with personal login details. Trust is a crucial element of this activity.

The number of debt issues is increasing with the reduction of funding to organisations to deal with such issues - this puts additional stress on remaining organisations, some of whom report people waiting for 1 hour+ prior to the centre opening. Other organisation refers to Citizens Advice, which is based in the City Centre.

Communication and language issues remain a problem for people accessing appropriate statutory services.

Referrals from statutory provision, not followed by funding, is an increasing problem. As statutory provision is declining, some users are referred to community provision. The community provision is not informed of this referral, or given any background information, neither do they receive any funding for dealing with the individuals. This places additional pressure on the core services planned and delivered by the organisation - this was identified by almost half of those interviewed.

## Barriers faced when trying to engage with older people

Some organisations only advertise one-off or specialist events as their 'core activity' is well known. Many of the organisations interviewed have an established and trusted reputation within the area. Because of this, most rely on word of mouth to publicise their services and activities. The barriers faced by the organisations are not related to attracting people to their services. In some cases, it is the opposite - too many people, too little time; these are organisational capacity barriers.

Trust is also a barrier, not just individuals trusting the organisation but feeling confident enough to start raising or sharing issues. Some older people don't want their family to know they are having problems, and need to trust the organisation won't share details, or that they will not be seen going to the centre.

This trust issue leads to delays in coming forward for help, and increases the workload of the organisation to resolve it.

The issues outlined above, relate to benefit changes, and the time required to fill in forms, construct appeals if necessary, and applying for benefits through a digital means. In some cases, organisations are having to charge for form filling, telephone calls and printing, just to cover basic costs. This can be a barrier to people applying or seeking support.

Change in public-funded process from grant funding to commissioning: while some grant processes remain, they have been drastically reduced. Some organisations are not eligible/capable of tendering for contracts, lacking organisational capacity in the form of financial limitations/restrictions and dealing with an increase in demand, and the complexity of delivering contracts hindering an application process. This process reduces the capacity of smaller organisations to grow and develop, and creates an additional barrier to people accessing services. For those that receive the reduced funding, it can have a significant impact on service delivery as the workload and need remains the same.

In some of the smaller, volunteer-led organisations, there was a feeling that they were not trusted with funds and that such funds went to the larger organisations in the area. This leads to a lack of trust between organisations.

The lack of trust between some, not all, organisations, means that partnerships are not created within the area. This has two noteworthy consequences. Either organisations seek external partners, whose priority may not be this area, or they submit applications to the public sector or external funders beyond their experience or capability.

This has the potential to reduce the certainty of funding, as funding allocation is not within their control, or they fail to get funding, with its consequences for practice and attitude, reinforcing the possibility that big organisations get the funding.

Time constraints for filling in benefit forms, especially PIP or PIP appeals: some organisations have a waiting list or now charge for this service.

Time constraints in dealing with people who have misinterpreted what is available: this manifests itself as feeling an entitlement/right to service<sup>2</sup> - because their neighbour receives a benefit, they believe they should have one. They take staff time and, when they get a negative answer, people are not happy. They take up staff time in seeking assistance and, in many cases, arguing with the organisations.

While organisations are busy at their centres, they are aware of mobility issues that restrict some older people's participation in both support and socialising services. Very few organisations have the resources to undertake home visits. Exceptions are made in extreme cases, stretching the resources and capacity of centre-based services.

Language skills remain an issue, and the majority of organisations have multilingual staff which eases the issue within the organisational provision.

Some organisations rely on volunteer support for translation and, in some cases, home visits. This limits the capacity of an organisation.

## Working with other organisations - Community Partnership activity

The majority of the organisations stated that they often work in formal partnership arrangements with voluntary organisations and groups (7 out of 11), although one clarified this by stating they do not work with "local groups", and has developed a partnership with agencies outside the area.

One group stated that they were “reluctant to work in partnership as they have been abused in the past (financially and operationally)” and another didn’t work in a formal partnership due to its contractual structure.

Two volunteer-led organisations identified that they don’t “work quite closely but informally with other voluntary groups” - this was primarily a capacity issue, and not a reluctance to work with other organisations.

All respondents believed and stated that they had “useful informal relationships with other voluntary organisations and groups”.

Due to the history of public-funded projects within the Sparkbrook area, partnership work has been well established. While these ‘historical’ partnerships were compelled by the funding process, they were not robust and, in some cases, caused argument and dissension which is clearly manifested in some organisation’s responses within this research.

Networking has improved within the area, with new partnerships being established, developed by some of the organisations in recognition of the changing environment of public funding and the importance of utilising all resources, and of not competing with each other.

Smaller organisations identified partnerships as being important, but indicated that they were recipients of funding from lead organisations. In some cases, these groups were ‘used’ because of their access to people or their location - postcode / deprivation indices etc.

In response to the questions, these organisations are very clear as to the partners they work for, in elderly care provision and other services. Staff and trustee time are given to developing relationships, purpose, and direction of the partnership. Contracts have been obtained, and service delivery developed, between participant partners.

Organisations identified other external partners that widened their access to skills and services.

Larger organisations identified new partnerships, created to enable them to apply for and fulfil contracts, share skills, pass due diligence tests with the aim of maintaining a level of service within the community. It was also acknowledged that such a partnership was in danger of reinforcing established views, and therefore processes had to be developed to overcome attitudes, actions and activities to engage and support smaller organisations.

The creation of the East Birmingham Collective (EBC), provides an opportunity for organisations to work together and support smaller community-led organisations to widen access and develop their skills

‘Connect Sparkbrook’, the Ageing Better Local Action Plan, established through the EBC, has aimed to develop activities to address and ameliorate the ‘trust’ issues outlined previously, acknowledging there is no one simple answer to wider partnership development.

### **Other partnership activity**

Adult or further education provision, colleges, private trainers or WEA provide opportunities to develop language and skills, enabling organisations to provide recreational and functional learning activities.

The police will provide advice surgeries or domestic violence support, sometimes coming to the centre to interview women. The Fire Service would also provide sessions but less so.

Organisations sought partners with whoever could provide ‘activity’ sessions in their building, or with their community. Some of these partners provided an opportunity for organisations to widen their provision, but some point out it comes with a cost, predominantly in time, a prime commodity for voluntary led and run community groups. Statutory health provision will work in partnership, or refer ‘patients’ to community groups, but there is no formal process and no funding accompanying such referrals.

One smaller organisation expressed a reluctance to work in partnership as they had “been abused in the past, financially and operationally”.

### **Benefits of partnership work**

A number of benefits to partnerships were outlined by organisations;

- Working as a collective, tapping into bigger pots of funding, making use of specialist areas and strengths of other, partner organisations.
- An increase in the range of services offered through the organisation partnership facilitating or attracting specific outside skills for the community of benefit.

- Working with partners helped deliver the ethos of the organisation, enhancing their pastoral care role, enabling organisations to help as many people as they can.
- Some saw partnership work as enhancing their own facilities, enabling them to benefit from increased resources, additional expertise, knowledge, shared values and potential additional physical accommodation e.g. an organisation can provide the building and access to clientele and the partner organisation provides the staff and the service.
- Some identified an increase in income, helping turnover and reach; one identifying a 25% increase in turnover and a fivefold increase in footfall.

### 3. Important social infrastructure for older members of the BAME community

12 people were interviewed, 10 of whom were women; we aimed for 17 but could not make appropriate arrangements with 5 of the targeted individuals. The oldest person was aged 72 and the youngest 50.

10 of those interviewed were of Pakistani heritage, two identified as Kashmiri.

8 identified as having a long-standing physical or mental illness or disability.

These included: dementia, diabetes, arthritis (impaired mobility in legs), depression, asthma.

4 of the interviewees identified as having care responsibilities

1 individual was in paid employment

#### Details of what places are important for social contacts and information

Of those interviewed, the most important places tended to be local facilities and services: mosques, visits to family, shops, parks, and leisure activities and baths.

Only the men identified the mosque as being important to them. Both acknowledge the religious significance of the mosque and touched upon the conversations, related to prayer and social issues, that they have with other older men. One individual acknowledged the importance of attendance in combating his social isolation. The second man, still in work, acknowledged the religious importance of the mosque, but also commented on meeting and communicating with local people

Many of the women identified the family as being an important contact in their day. Some would visit family houses, either mother or mother in law. Some of these houses were close by, “few roads away” where they meet and converse with other family members or, in one case, undertake caring responsibilities for “a poorly mother in law”. One had care responsibility for a grandchild and therefore identified the nursery, collecting the grandchildren, as an important contact.

A number of the women identified shops, especially the local Asian shops along the Stratford Road, as being important social contacts in their day.

Shopping was seen as a functional activity for food and household items, but also as a ‘leisure and welfare activity’, time for themselves. They meet people, have general conversations in a space and at a time they feel is their own.

Other venues included Birmingham city centre to window shop or car boot sales to hunt for bargains. The women who identified these two activities acknowledged how this time and these places were good for their wellbeing.

At least 50% of the women undertake some form of physical activity, utilising the local parks and leisure facilities.

Some utilise the women-only sessions at the local pools, others use the local parks for exercise, usually by themselves, stating it was for weight control or wellbeing activity for physical and mental health.

Some attend a women’s group at the local church where they undertake exercise, healthy eating and other leisure activities.

#### Types of social capital

None of those interviewed mentioned any volunteering within community organisations in the area. *(Although it is known that some of those who were interviewed do undertake some volunteering with community organisations as trustees or chairs of specific projects.)*

Some of those interviewed were participants in activities run within community venues by community organisations. Some played an ‘informal’ role in encouraging others to take part in such activity, accompanying them to the activity or encouraging others to join. One individual interviewed had facilitated access to at least 5 of the individuals interviewed - her ‘stamp of approval’ for the interview ensured full co-operation and participation in the activity.

At least half of the women interviewed provided some form of family support, to either an elderly/sick parent or parent in law.

One participant plays an active role in the care of a grandchild, collecting them from nursery and caring until parents return from work.



Both of these are examples of support provided to the family by individuals in the community.

**Has there been any relevant changes to this in recent years and what have the impacts been? i.e. closure of community centres, libraries etc.**

No one mentioned the decline in council services or the decline of voluntary sector activity.

This may have something to do with us recruiting interviewees from active programmes. They may have previously used other services, but not mentioned them, and only talked about current activity.

Organisations mentioned that many of their 50+ participants had been 'homemakers', and now that their children had grown up, their role had changed.

The women who spoke of using parks and pools emphasised the importance to their physical and mental health. They identified changes in their life, that they have more time for themselves, or make time for themselves, to take the opportunity through exercise and leisure activity in formal and informal settings.

Pool privatisation has had an impact on the availability and cost of resources. They use it when they can afford it or try and use the free sessions when they can.

Some organisations interviewed mentioned an increase in activity as some statutory provision declines. As statutory services are stretched, users are referred to voluntary provision, but no funding is linked to this referral, neither does the voluntary organisation receive any information about issues that an individual may have. This not only places the responsibility for sharing on the individual referred, but it may also place additional stress on the voluntary organisation's services – staff or volunteers.

**Any differences in terms of age, gender, mobility/ disability issues**

Caring responsibilities mainly fall on the women interviewed. There is no discernible difference in care responsibility based on the age of the women

Overcoming isolation was dealt with in different ways. Men tended to relate to the mosque for their religious observance, accompanied by socialisation activities, conversation, religious and 'political' discussion. Women tended to family matters and undertook leisure activities, alone, or in groups when they could.

Those with mobility or other disability issues receive support from others in accessing their activity.

Women tend to use social media more than men to keep in touch with other members of the family.

**Use of online platforms (social media, WhatsApp etc)**

Social media has been used by almost all of those interviewed for some time, 3/4 years, more often set up by younger members of the family with the older person instructed as to its use.

- WhatsApp /Facetime – used to keep in touch with immediate family, extended family, friends and colleagues (people they used to work with); people who live local, elsewhere in the country, or abroad.

Seen by most as an important tool in keeping in touch, or supporting family members at a distance - one person mentioned herself supporting a sister, following a bereavement.

Some children had set up the account and used the platform to keep an eye on a parent or older person; in addition, it is used by the younger person to inform parents, letting them know where they are and what they are doing

- YouTube – some people use YouTube to help pass the time, watching programmes, getting news or films in own language. Some people use it every night.
- Telephone (mobile or landline) – used for conversation with family and friends, men tend to be called, not calling others. Women seem to use texting or WhatsApp to keep in touch.

**Analysis and comment on types and levels of social capital** - *types of interaction participants were having were mostly with people from the same background as themselves (bonding capital) or whether there were places they visited that allowed them to develop weak bridging ties*

Conversation during visits to local shops is described as friendly and sociable; from 'Hi and Bye'/ casual small talk to a brief chat about the community or wider news.

Family conversations can be over a variety of distances, local, countrywide or international. Social media is used to keep in touch with children who have grown up - siblings, nieces, and nephews living away, in the UK or abroad.

Structure of conversation can be fun, or sharing problems and providing support

Conversations and communication are seen as very important, “family is very important to me”

Local shopping provides social interaction with shopkeepers and friends. Keeping up with information from ‘home’ (Pakistan), sometimes the local village they came from or with which they have an association.

General conversation with friends - these meetings are sometimes planned, sometimes they ‘just bump into’ friends and neighbours, *(that’s why they go to the shops)*.

All interviewees get information from a variety of sources – no one particular source.

Some have access to information through local community activists.

Information about things going on is shared via word of mouth.

While some of the participants engage in social and leisure activity that benefits their physical and mental health and wellbeing, others feel that older people are seen as a burden by some services / places. Some feel there is some respect for older people, but there is not one place where they can just go and have a conversation. They felt that most venues provided services or specific activities, when what they wanted was a place to meet or chat.

The men mentioned the mosque for socialisations and conversation but emphasised that religion was the most important use.

## References / notes

<sup>1</sup>DEPRIVATION IN BIRMINGHAM - Analysis of Index of Multiple Deprivation October 2015 amended December 2015. Economic Research and Policy, Birmingham City Council

<sup>2</sup>Reference BCC Strategic Research team

<https://public.tableau.com/profile/bcc.ck#!/vizhome/2018BirminghamWardProfiles/2018BirminghamWardProfiles> The 2018 ward estimates on this website are based on 2016 Population Estimates, 2011 Census and Mosaic Public sector (MPS, Experian, 2017)

2018 Ward estimates supplied by Transportation & Connectivity, Economy Directorate, BCC (2018) Economic Research & Policy, Birmingham City Council 2015

<sup>3</sup>Sparkbrook and Balsall Heath East Ward Factsheet, Balsall Heath West Ward Factsheet, Planning and Policy Directorate, Birmingham City Council 2015 /2018

<sup>4</sup>Elderly concession use B11, B12, Transport for West Midlands analysis request 2018