



BAME Communities: Ageing in Place

A report for AGE UK by Healthwatch Camden

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Introduction

Ageing Better, a programme set up by The National Lottery Community Fund, aims to develop creative ways for people aged 50 and over to be actively involved in their local communities, helping to combat social isolation and loneliness.

As part of this programme, a research project has been looking at the types of social infrastructure that people aged 50 and over from Black, Asian and Minority Ethnic (BAME) communities use in specific places.

Five Ageing Better partnerships have taken part in this project: Birmingham, Camden, Hackney, Leicester and Manchester. It has been managed overall by Greater Manchester Centre for Voluntary Organisation.

The aim of the project is to understand how BAME-led organisations engage with members from their community and how this might have changed over time and to explore how individuals from BAME communities use places, organisations and services for social contact and interaction.

Healthwatch Camden was commissioned to undertake the community research work in two wards in the London Borough of Camden.

The Manchester Institute for Collaborative Research on Ageing are now looking at the findings from Birmingham, Camden, Hackney, Leicester and Manchester and a report will be published in 2020.

1. Local Context

a) Regent's Park Ward

Regent's Park Ward is an inner-city multicultural and largely non-residential neighbourhood in the London Borough of Camden. The resident population of Regent's Park ward at mid-2017 (latest data available) was 14,800 people. The ward is more ethnically diverse and more linguistically diverse than average for neighbourhoods in London. It is one of the ten most religiously diverse neighbourhoods in London.

Seventy-two percent of residents speak English as their first language. Twelve other languages - the most common of which is Bengali - are spoken by at least one hundred residents. Among those people who do not speak English as their first language, most speak English well (32%) or very well (49%), while 17% cannot speak English well and 3% cannot speak English at all.

Of those registered on the electoral roll, eight percent are from Commonwealth nations. India is the most prevalent country of origin outside Britain (2017 Electoral Roll). Older people aged 65+ account for 8.8% of the ward population; life expectancy is 85 and 83 years for females and males, respectively. People

aged 85 and older make up three percent of the population in the ward. 25 percent of people aged over 65 live alone, and the ward is ranked within the worst 40-50 percent in London for income deprivation among older people (DCLG 2017).

Most households here are made up of people living on their own or by couples with children. Most people live in flats in purpose-built low-rise blocks. Very few people live in detached houses, semi-detached houses or flats above shops or offices. Many homes in this area are rented from Camden Council or owned by the people who live in them. Most households in Regent's Park ward don't have a car.

Overall, Regent's Park ward is more deprived than the average for neighbourhoods in London. In terms of financial poverty, Regent's Park ward is in the most deprived 25% of neighbourhoods in London.

It is estimated that about 30,000 people spend weekdays in Regent's Park ward, not including people who come to shop, visit businesses or to meet with friends or family. Most people who are in this neighbourhood in the daytime are there because they work in the neighbourhood. There are also 1,300 older people who live in the neighbourhood and are retired.

The most common jobs in this neighbourhood are in transport and communications and in the finance industry. This neighbourhood has much more land used for non-domestic buildings, but much less land used for private gardens, than in London as a whole.

The area is very well connected by public transport. Disruption caused by the building works related to High Speed Rail 2 has become a significant feature of the neighbourhood.

b) St Pancras and Somers Town Ward

St Pancras and Somers Town Ward is an inner-city multicultural mixed residential and non-residential neighbourhood in the London Borough of Camden.

White British people are the largest ethnic group in this neighbourhood (34.6% of residents are from this ethnic group). Asian people are the most common non-white ethnic group, particularly Asian Bangladeshi people. St Pancras and Somers Town ward is more ethnically diverse than three-quarters of neighbourhoods in London. It is also more religiously diverse than 90% of neighbourhoods in London with Christian and Muslim people being the largest religious groups.

St Pancras and Somers Town ward is more linguistically diverse than three-quarters of neighbourhoods in London. Sixty-eight percent of residents speak English as their first language. Fourteen other languages - the most common of which is Bengali - are spoken by at least one hundred residents. Among those people who do not speak English as their first language, most speak English well (34%) or very well (46%), while 16% cannot speak English well and 3% cannot speak English at all.

The resident population of St Pancras and Somers Town ward at mid-2017 (latest data available) was 17,000 people; the most common region of birth for residents outside the UK is Asia. Asian Bangladeshi people are among the most common non-white ethnic groups. Older people aged 65+ account for 8.1% of the population in the ward. St Pancras and Somers Town ward is in the most deprived 25 percent of neighbourhoods in London, and is in the top 10 percent in England for probability of loneliness of those aged 65 and over.

Most households here are made up of people living on their own or by couples with children. Most people live in flats in purpose-built low-rise blocks. Very few people live in detached houses, semi-detached houses or flats above shops or offices. Most homes in this area are rented from Camden Council. Most households in St Pancras and Somers Town ward don't have a car.

Overall, St Pancras and Somers Town ward is in the most deprived 25% of neighbourhoods in London. In terms of financial poverty, St Pancras and Somers Town ward is in the most deprived 5% of neighbourhoods in London.

It is estimated that about 22,400 people spend weekdays in St Pancras and Somers Town ward, not including people who come to shop, visit businesses or to meet with friends or family. Most people who are in this neighbourhood in the daytime are there because they work in the neighbourhood. There are also 1,600 secondary-school pupils going to school in the neighbourhood. The most common jobs in this neighbourhood are in the finance industry and in public services, education and health.

This neighbourhood has much more land used for other types of land and for non-domestic buildings, but much less land used for private gardens, than in London as a whole.

The area is very well connected by public transport. It is a major transport hub and includes St Pancras International Station with direct transport links to mainland Europe. This also has implications as the gateway to the UK for significant numbers of immigrants. Disruption caused by the building works related to High Speed Rail 2 has become a significant feature of the neighbourhood.

2. Interviews with BAME-Led Organisations

a) About the organisations

We conducted interviews with ten local BAME-led organisations who work with local communities, specifically BAME communities, in the London Borough of Camden.

All have only small numbers of staff (maximum six) with the majority of staff part time. All rely on support from volunteers. One organisation has no paid staff and relies entirely on volunteers.

The ten organisations were:

African Health Forum

Surma Community Centre

Fitzrovia Neighbourhood Association

Kosmos Centre

West Hampstead Women's Centre

Chadswell Healthy Living Centre (Kings Cross and Brunswick Neighbourhood Association)

Ethiopian Welfare Association

Henna Asian Women's Group

South Sudan Women's Skills Development

Third Age Project

See Annex 1 on Page 23 for full details of each organisation and remit.

b) Who the organisations work with and where

All the organisations describe themselves as working with BAME residents in Camden with some extending their reach into neighbouring boroughs.

The communities served by the organisations include: South Sudanese, Sudanese, Asian, Arab, European, Bangladeshi, Chinese, Malay, Black British, African Diaspora, African Caribbean, South East Asian, Middle Eastern, Spanish, Eritrean, Somali, Ethiopian, Congolese, Zambian, Irish, Cypriot, Greek, Pakistani, Korean.

The organisations all have a physical base address. For some this is primarily administrative while for others they are based in a "centre" from which they can deliver services and to which service users can come to access activities. Most, including those operating from a centre, carry out work across their localities in a range of community locations including: parks and open spaces, libraries, tenants halls, mosques, churches, hairdressers, barbers, the Indian YMCA, and football pitches.

Some organise group trips to places such as theatres and museums.

"Eighty percent of our work is based at Kosmos [the centre] but we also go for walks in parks, days out to the theatre and museums etc."

Some go to the homes of individual residents as part of their outreach work.

One organisation, the West Hampstead Women’s Centre, works entirely from their own building/centre with the space provided by the centre being fundamental to their offer.

“All our work is at WHWC. We provide a safe place for women to talk and seek advice.”

Many identified social isolation and loneliness as key concerns for their service users. Poor physical and mental health of their community members is also cited as a major concern by several of the organisations as well as poverty.

Engaging with older members of the community

We asked the organisations about the methods they use to engage with their communities and how they communicate with residents when trying to distribute and share information. All ten placed strong emphasis on word of mouth and direct contact as the best ways of engaging.

Figure 1: Ways of engaging overview (relative size of word indicates relative number of mentions during interviews)



The full list of ways to engage cited by the ten organisations includes: direct contact, word of mouth, events, letters, personal calls, telephone, website, art, cultural and social activities, user forums, coffee mornings, outreach and leaflets. Not one organisation referred to use of social media for the purpose of community engagement.

Figure 2: Ways of engaging (by organisation)

Organisation	Q3: What do you find is the best way to engage with your community? Has this changed in recent years? Why?	Recurring themes
African Health Forum	Direct contact with communities, Outreach, word of mouth. Telephone. No, it has not changed.	outreach word of mouth telephone
Surma Community Centre	Outreach, word of mouth. One to one contacts. No, it has not changed.	outreach word of mouth
Fitzrovia Neighbourhood Association	Art, cultural and other social activities. No, it has not changed.	activities
Kosmos Centre	Direct contact with communities, Outreach, word of mouth. Referrals. No, it has not changed.	outreach word of mouth
West Hampstead Women's Centre	Outreach, word of mouth, leaflets, website. No, it has not changed.	outreach word of mouth website

Chadswell Healthy Living Centre (KCBNA)	Direct contact with communities, Outreach , word of mouth . Continuity of services. No, it has not changed.	outreach word of mouth
Ethiopian Welfare Association	Outreach , phone calls , regular contact No, it has not changed.	outreach phone calls
Henna Asian Women’s Group	Direct contact with communities, Outreach , word of mouth . Coffee mornings , user forum. Some members have taken specific roles to champion Henna and promote work No, it has not changed.	outreach word of mouth coffee mornings
South Sudan Women’s Skills Development	Direct contact with communities, word of mouth , events , letters, personal call . No, it has not changed.	word of mouth personal call events
Third Age Project	Direct contact with communities, Outreach , word of mouth , leaflets , website . No, it has not changed.	outreach word of mouth leaflets website

It is of note that all the organisations rely so heavily on very labour intensive “boots on the ground” direct personal contact to reach and connect with community members.

For the more general task of information sharing or advertising, social media and electronic communication did feature but was still secondary to more traditional communication methods such as leaflets.

“We use leaflets, Facebook, Twitter and our website. Sometime the local press.”

Other channels mentioned included email, newsletters, phone calls, WhatsApp messages, flyers, and text messages.

When asked if these ways of engaging have changed in recent years all said no - there had been no change.

Where do older members of your community go for advice and support?

We asked the organisations where older members of their community go to get information, advice and support. All the organisations saw themselves as essential “brokers” for their community – interpreting and signposting to other services.

“They come to us and we sign post to the most appropriate organisation. They don’t go anywhere else because of the language barriers. Sometimes they will go to their GP for advice.”

“Some may pick up information elsewhere but then they bring it here for us to explain or they will call us.”

Challenges around engaging with older residents

The main challenges around engaging with older community members were financial and human resource capacity. These concerns were cited by all the organisations interviewed.

There were repeated references to the fact that the limitations faced by older people around physical mobility keeps them at home and therefore hard to engage. There was also some evidence of a growing challenge related to increased anxiety created by fear of rising crime and anti-social behaviour which, whether real or perceived, is contributing to keeping people at home or retreating from engagement beyond familiar and safe spaces. Other challenges mentioned included the importance of tailoring services to individual need.

The difficulty of engaging with men was noted by one organisation.

“Men are a challenge - they are in denial....there is nothing wrong with me.”

Some organisations noted a change in recent years due to changes in benefits and the introduction of universal credit.

“The change in benefits and universal credit is very challenging to our elder communities. People are very depressed and are finding it hard to cope.”

When asked to identify the issues facing older people that are a priority for their organisation, almost all the organisations named social isolation and health issues, including mental health issues, as a priority. Some also said community safety and money worries. Language barriers and limiting health conditions are seen as contributory factors to loneliness and social isolation.

c) The organisations' services

All the organisations we interviewed offer a mix of advice, welfare support, social opportunities such as lunch clubs, skills building, educational activities, peer support. Many provide exercise classes or other health-promoting activities such as group walks and cooking classes.

All mentioned resource constraints or insecurity around funding as a limiting factor on their work.

The capacity of community organisations to communicate in mother tongue was a key feature of their offer for older residents. All conduct work in mother tongue as well as English language. One organisation observed that there is a language barrier even when working in mother tongue as many older BAME residents are not literate in their own first language.

We asked if the organisations were aware of any factors that may prevent older people from accessing their services. The theme of fear of crime came up a few times, particularly anxiety among women about going out alone or after dark. The most common barrier cited was limiting health conditions and mobility. Low social confidence was also mentioned as a barrier to engagement with services.

All the organisations agreed or strongly agreed that they devote most of their time to help the local area where they are based.

d) Working with other organisations

All ten organisations agreed that they prefer to work with other organisations or groups to achieve more collectively.

In answer to more detailed questions about the nature of their relationships with other voluntary organisations, all said they work closely but informally with other organisations. A smaller number (seven out of ten) said they often work in formal partnerships with three saying they do not work in any formal partnerships with others.

Sharing of resources was cited as a key benefit of working in partnerships as well as information sharing. Several organisations mentioned a desire to avoid overlap and duplication of services.

We noted that when the organisations mentioned others that they work with, those named were often also included among our interviews suggesting a fairly tight knit network of local groups serving BAME communities across Camden.

3. Interviews with older Bangladeshi residents

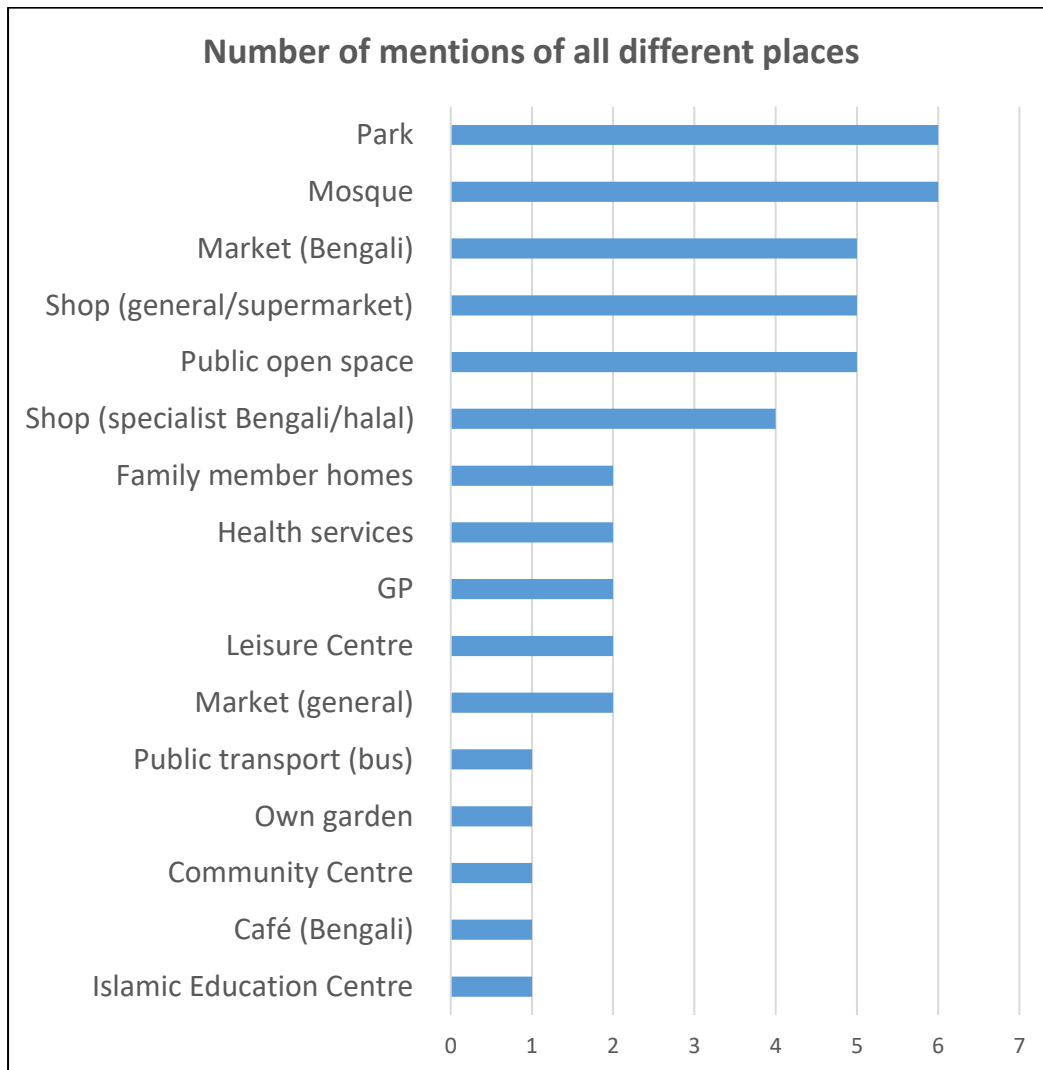
We wanted to explore the places, organisations and services used for social contact and interaction by older members of the Bangladeshi community in Camden. Twelve Bangladeshi residents aged over 50 years agreed to take part. Seven were men and five were women. All were Muslim. Each was asked to keep a daily log of places they visited over a period of two weeks. Each then participated in an extended one to one interview about their personal 2 week log. Two women dropped out finding the daily diary log too onerous. Of the 10 participants who completed the process, five were resident in St Pancras and Somers Town ward and five were resident in Regents Park ward.

a) Important places

When asked which place was the most important to visit, five said the Mosque (all of these were men), one said the Islamic Mehfil (Forum), one said a coffee shop, one said the GP, one said the leisure centre and one said the local Costcutter which has a post office.

Among our ten interviewees there were four important places that were mentioned by most respondents although they were mentioned in different orders of priority. These were the mosque, the park or public open space, the Bengali market (at Whitechapel and Brick Lane) and the shops (with specialist Bangladeshi shops mentioned frequently as distinct from other local shops). Other places less frequently mentioned were the leisure centre and the café. There was only one mention of the community centre. This was in the diary of one of the women we interviewed who had put it only fourth most important on her list.

Figure 3: Total diary log mentions of important places visited among sample of Bangladeshi older people



The primary reasons given for visiting the most important places were as follows: for the 5 citing Mosque, three said to pray, one said to pray and learn, two said to pray and meet people from their own community. The reason for going to the Islamic Mehfil was to learn about the Islamic religion and to learn to read the Quran correctly. The reason for going to the GP was for “*health reasons*”. The park was “*to get fresh air and see flowers*”. The Leisure Centre was to “*reduce pain and feel better*” and the Costcutter/Post Office was to “*buy things, pay rent and bills*”. However, subsequent questions about these places elicited answers that spoke more to the social value of the visits.

How important is it to you?

Interviewees spoke about their visits to the Mosque as being very important to them. The visits were very frequent and regular with once a week being a minimum and one interviewee attending several times a day every day.

Parks and open spaces featured strongly in the answers about places visited but the reasons given for their importance were not largely around social opportunities. The importance was more frequently cited as health reasons or getting fresh air and getting out of the home.

“I like nature and walking in the park. It lifts my mood.”

“Walking is good for my health and I feel relaxed.”

“I feel good walking around.”

The social interactions in the green spaces are generally weak bonding, amounting to passing greetings and recognising people. “I know them by face. Sometimes I see them in nearby shops and streets.”

For two interviewees there was specific reference to the “public square” or open space on the estate affording respite from a small flat on a high floor.

Green spaces on the estates seem to be important for casual interactions with others living on the estate.

“I usually talk to Bengali women I know.”

“I know them as neighbours. I also see them in the shop and high street.”

“It’s an important space for me because I live on the fourth floor and I feel isolated. I can get fresh air in the green space and feel relaxed. It’s the only place where I meet other women living on the estate.”

One woman interviewee talked about the importance of the park for special family occasions when they go with a picnic. This outing also includes seeing relatives and other local people with whom she feels comfortable. “I feel good. I meet a lot of people and enjoy the company and open space.”

The interviews revealed the high importance of shopping as a social experience.

“I can buy a lot of household things and meet friends and pass my time”.

High value was placed on places where people can buy culturally specific items such as Bangladeshi food.

“It’s important because I can buy all the Bangladeshi products at a low price - also I like the area as I find more people from the Bengali community.”

“Brick Lane Market is very important because I can buy all the Bangladeshi things I need.”

Visits to homes of relatives are valued very highly and the relationships are secure and close bonding. *“I know them very well because they are my blood relatives. I talk to them in depth about family issues and social life.”*

“I live alone and I like to be around my family.”

“I like going to my daughter’s house because she has got a garden and I can sit outside and have tea. I help my daughter and give tips on growing Bangladeshi vegetables. I live in a flat so don’t have space for growing anything.”

For one interviewee with mental health issues the GP is a very important place to visit. He cannot leave his home much and the back garden is his other important place. But he says he cannot go out anywhere else. *“This place (back garden) is very important because I cannot go out due to my health problems. This is the only place where I get fresh air and see green leaves and find peace.”* He also named the bus as an important place saying he uses public transport to get to the GP and the hospital.

Is this a good local area for older people?

Interviewees were generally positive about the area being good for older people because of its proximity to shops, public transport and services.

“Yes - it’s a good area because all the facilities are close by including the mosque.”

Three out of ten people were anxious about recent increases in anti-social behaviour and drug dealing among young people and an increase in violent crime.

“It was a good place but recently it’s become very violent. We had a murder in our area which is gang related. I feel scared.”

But another respondent from the same ward says *“Yes it’s a good area - now the area is quiet. There used to be a lot of violence but not now.”*

One person answered that it was a good area for older people because there is a community centre nearby. But it is of note that this respondent did not name the Community Centre as a place of importance that they visited in their log.

Is it a welcoming place and are services welcoming?

We recorded a mixed response to our question about whether the area and the local services are welcoming. The majority felt the area was quite welcoming although there were some exceptions.

“It used to be welcoming but now I hear racist remarks sometimes.”

“Yes I find the places quite welcoming - the local chemist is very supportive.”

“The GP, hospital and shop are quite welcoming.”

Are there enough activities for older people?

We heard different views on the question of whether there are enough activities for older people with six saying not enough and four saying enough.

“The local centres have stopped lunch club and creative workshops.”

“A lot of activities are closing because of no funding.”

Do you use local organisations and places? If not, why not?

Overall there was not a high level of use of the services of local organisations and respondents cited many barriers to usage.

“I’ll go along sometimes - if there is an event.”

“There is only one organisation in the area and they don’t provide any activities that I like.”

“I used to use but I’ve stopped because now I am a carer.”

“I don’t do anything because of my health problems.”

“I don’t like going to the local community centre.”

“I don’t get time as I am working.”

Three people noted a need for legal and benefit advice and two regretted the loss of the Fitzrovia Advice Centre.

“The advice centre is very important to me because I need help with form filling etc. I used to go to Fitzrovia advice centre but it closed and I’m having difficulty now with welfare benefits advice.”

“I want an advice service where I can see a bilingual adviser and help me with forms and phone calls.”

b) Social capital

Among our ten interviewees, all placed high value on social connections with other Bangladeshi people both at the level of bonding capital (e.g. weekly in-depth conversations at the Mosque) and weak bridging (e.g. passing conversations in Bengali while at the shops). Men were more likely than women to report bonding capital with five out of seven male interviewees reporting regular social meetings with friends and acquaintances through the Mosque. The men also enjoyed a culture of meeting for conversations at a local Bangladeshi coffee shop.

“It’s a coffee shop in the local area where we friends go and chat. Lots of people from our [Bangladeshi] community go there. I go to pass the time with people from my community, have a chat and drink tea.”

“We have long discussions about our life and Bangladesh, we read the papers and discuss.”

“It’s very important to me because I feel good and my mind is fresh. I get bored sitting at home by myself.”

“We talk about each other’s health and social life and about our children - we share our sorrows together.”

The women who we spoke to had fewer places that they attended on such a regular basis and their social connections tended towards weak bridging. They do not attend the Mosque (although one attends an Islamic learning centre on a regular basis) and none made reference to a coffee shop or similar.

For both our male and female interviewees, almost all the social connections mentioned were with other Bangladeshis.

“At the Mosque I say hello to other Muslim brothers but I talk more with Bengali men.”

“Some I just give Salem and.....some older Bengali men.....I talk to them about their health and life and about Bangladesh.”

The women made some references to speaking with neighbours and school parents (who were not Bangladeshi) but there was no evidence of any strong bonding outside the Bangladeshi community.

“I don’t know them too well. I talk briefly with local people and ask about their welfare etc.”

“It’s good to have a local community centre where I meet other Bengali women. I like to attend events and parties there.”

Even interactions at the Health Centre are focused on Bangladeshi contacts. “I visit the health centre two or three times a month. I interact with Bangladeshi people I know there.”

The type of social interaction at the Leisure Centre is weak and again is more engaged if with other Bangladeshis.

“I know them as I see them using the [leisure] service but I don’t see them anywhere else.” “The interaction is brief. But sometimes I see other Bengali people and then we talk in more depth about Bangladesh and family.”

We noted some discrepancy in the way people answered our question about how well they know the people there (Question 8). In many responses our interviewees answered “I know them quite well” or “I know them very well” which would imply strong bonding but when asked to describe the social interactions (Question 9) told

us they “*just say hello*” or “*just ask how they are and their welfare*” which represents weak bridging.

We noted some reports of linking between, for example, seeing people at the Mosque and also seeing the same people locally at the shops.

For the women we spoke to, casual contacts while shopping are very important.

There is a correlation between the places visited regularly and the quality of the interactions. This applies clearly for those who regularly attend the Mosque but also applies to regular attendance at specific markets.

“I visit the Market (once a week on Friday) because I meet a lot of friends and local Bengali people”.

While general, non-culturally specific shops such as the local Sainsbury’s feature quite high in importance this is mostly for practical and not social purposes. Convenience and proximity to home is the main reason for visits.

“I only talk to the workers on the till - I say hello to them.”

“Sometimes if I see Bengali men I ask them how they are.”

There is a clear sense from the interviews that interactions outside the Bangladeshi community are only weak and casual.

“I talk briefly with local people - I ask them about their wellbeing. But with Bangladeshi neighbours and friends we discuss family life and Bangladesh.”

Our interview responses revealed the very high importance of the Whitechapel area and Brick Lane market where there are many shops and restaurants selling Bangladeshi food and items. Many of our interviewees are making this fairly long journey from the Camden wards in which they live and are making the journey regularly – as often as once or twice a week. The reason given is clear: these areas feel culturally familiar.

“That area (Whitechapel) feels like Bangladesh. All the shopkeepers are Bengali. I like buying things from there and I meet my friends and relatives and eat Bangladeshi street food there.”

“At Whitechapel market I talk to the shopkeeper and ask them which village they are from.” “I know them well. I don’t see them anywhere else.”

“This place is important as it reminds me of Bangladesh and my culture. I like shopping there as people speak the same language and I feel comfortable and safe. Everyone there is from my own community.”

Both men and women are willing and able to travel quite a distance to somewhere that feels culturally safe and familiar.

A well-known halal shop similarly attracts people to travel beyond the local area.

One woman reports she used to live near the halal shop and even though she has now moved home she continues to make the journey there regularly. She knows the shop keeper from many years of being a customer and knows other customers. It is a significant social centre for the community - particularly the women.

“When I have time I talk to them in depth in a friendly manner. Sometimes we just give a Salam and leave in a hurry.”

“I find all the Bangladeshi things I need. People speak the same language. I always make new friend there. This place reminds me of Bangladesh and that’s why it is very important to me.”

“I meet friends and neighbours there. Sometimes we walk back together talking. Sometimes I meet them in their house. I talk to them about my childhood days and Bangladesh and what we used to do.”

In sum, we noted that our interviewees were most interested in seeking out culturally similar Bangladeshi social contacts on an informal basis (weak bonding) through shopping in areas that are predominantly Bangladeshi or, for the men, in sustaining regular deeper contacts (strong bonding) with Bangladeshi friends and acquaintances through the Mosque. There was more evidence of strong bonding among the men than among the women with the Mosque playing a very important role in facilitating such bonding. There was no evidence of strong bridging ties (acquaintances with others from different backgrounds to themselves) but there was some evidence of weak bridging ties in places such as the open spaces on housing estates.

There was strong evidence that the people we interviewed rely for social connections on places that do not have a social purpose as their main function. In particular, culturally specific shops (the Halal shop) and markets (Whitechapel and Brick Lane) and for men the Mosque perform a very important function in terms of social capital for these older Bangladeshi residents. By contrast, there was not much evidence of people accessing social support and information from places such as community centres and local services.

Figure 4: Types of social capital (bridging and bonding) by place visited

	Weak Bridging	Strong Bridging	Weak Bonding	Strong Bonding
Park	X		X	
Mosque			X	X
Market (Bengali)			X	
Shop (general/supermarket)	X		X	
Public open space	X		X	
Shop (specialist Bengali/halal)			X	X
Family member homes				X
Health services	X		X	
GP	X		X	
Leisure Centre			X	
Market (general)			X	
Public transport (bus)			X	
Own garden				
Community Centre			X	
Café (Bengali)			X	X
Islamic Education Centre			X	

c) Impact of change

Our interviews did not identify strong evidence of the impact of changes. We did note a growing awareness about health issues and the importance of exercise. There was also a generalised concern about a reduction in services due to budget cuts and two specific references were made to the closure of an advice centre that offered support with benefits advice and form filling which is clearly missed.

A noted change is a rise in anti-social behaviour and youth crime and violence which is causing anxiety among older residents with a sense this is a change and that the area is becoming less safe and less welcoming as a result. One interviewee talked about a rise in racist abuse.

d) Does age, gender, disability make a difference?

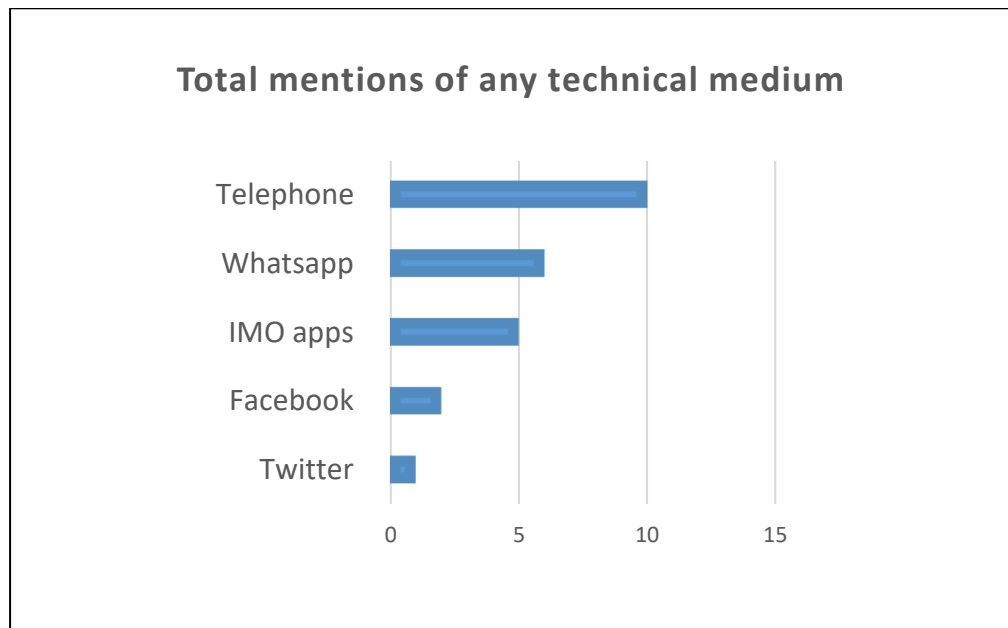
Our responses indicated a clear difference between the men and the women we spoke to in terms of the type of social contacts and capital available to them. The men were much more likely to report strong bonding relationships and to engage in in-depth discussions. Regular visits to the Mosque were key to facilitating this type of social interactions but men were also able to achieve strong bonding opportunities through visits to the local coffee shop. For women, casual contacts were more usual with the only reports of deeper contacts being with family members. More erratic and infrequent contacts were more common and casual contact via shopping was the more common social interaction. For the women, even their interactions with other Bangladeshi women are mostly described as “*brief.*”

It was of note that nine out of ten interviewees described themselves as having a long-standing physical or mental illness or disability.

e) Online and digital

We asked our interviewees about their use of different technical media.

Figure 5: Total mentions of different technical medium for communication



The telephone (landline and mobile) was by far the single most important technical medium for the participants with nine out of ten respondents citing the telephone as their number one technical medium and one saying Facebook. Two respondents (one man and one woman) said the telephone was their only technical medium and both said they use an international calling card to talk to people in Bangladesh.

“Telephone is the only way I can keep in touch with my family.”

“I don’t know how to use technical things. I use an international calling card to talk to my relatives in Bangladesh.”

Every interviewee reported using the telephone every day and many with great frequency.

The single respondent who uses Facebook places high value on this medium using it every day and using it to interact with friends but also for wider information finding.

“Through Facebook I can find out a lot about people, country, politics and social and personal life.”

The same respondent also makes extensive use of WhatsApp with a friends group, a religious group and a political group and is also using Twitter for information gathering and following people. Nevertheless, the same respondent cites the telephone as being *“the only way to keep connected to family and friends.”*

Imo app is mentioned by 5 of the 10 respondents and is used as a way to talk for free with family and friends who are abroad. Imo app also supports free exchange of photos and videos and free video calling.

WhatsApp is cited as being useful to find out about what people are doing and see video clips and news to “*pass the time.*” WhatsApp is also cited as a means for keeping in contact with Bangladesh.

“I can’t go to Bangladesh often so talking direct face to face with WhatsApp feels good.”

Being able to talk to people in Bangladesh free is the main reason cited for use of all the newer applications such as WhatsApp and Imo apps. Use of these medium is clearly a recent development and our interviewees demonstrated that they are successfully adapting to take advantage of the new opportunities afforded by these technologies. Several respondents commenting that they’ve been using WhatsApp and Imo app more recently since they got a smartphone.

“It’s free! I don’t have to buy and international calling card anymore.”

Overall the evidence is that older Bangladeshi residents are increasingly using digital media for communication but that the communication is largely limited to other Bangladeshi community members (social bonding) and is not being used for social bridging.

Are you aware of what’s going on in local area?

Only two out of ten interviewees reported confidently that they knew what was going on in the local area with five saying they did not and three saying they sometimes did. Word of mouth is the most commonly cited means of finding out with hard copy materials such as leaflets and newsletters also mentioned by almost everyone.

“Sometimes the council send letters about meetings or a leaflet about the Mela.”

“I hear about things through word of mouth.”

“I get leaflets, I read the papers, and through word of mouth.”

This seems to confirm that while older Bangladeshi residents use social media for communicating with Bangladeshi contacts they continue to rely on more traditional communication channels such as hard copy leaflets and word of mouth to know about what is happening locally. The language barrier was cited by two out of ten as an obstacle to knowing what’s going on in the local area.

“It’s not easy to find out as I have limited English.”

“I am aware of what is happening in the local area through word of mouth from local people and neighbours but it’s not very easy to find out.”

Annex 1: Organisation information

Name and address	Aims	Services	Staff	Volunteers	Community members worked with, 2018/19	Older people - priorities
1	2	3	4	5	6	7
<p>African Health Forum</p> <p>Greenwood Centre 37 Greenwood Place London NW5 1LB</p>	<ul style="list-style-type: none"> ▪ To respond to the specific needs and aspirations of African communities ▪ To raise the profile of the contribution and specific requirements of African communities ▪ To build a sustainable and meaningful partnership among African Communities ▪ To develop one to one support, training, mentoring through the development of key quality standards 	<ul style="list-style-type: none"> ▪ One to one support and safe spaces for users ▪ Workshops and seminars ▪ Outreach with those who are hard to reach ▪ Emotional support and counselling ▪ Training on awareness and skills building ▪ Capacity building ▪ Access and Referrals ▪ Community Consultations and research ▪ Supporting volunteering and employment 	1 (part-time)	12	167+	<ul style="list-style-type: none"> ▪ Isolation ▪ Housebound ▪ Physical/mental health ▪ Loneliness ▪ Transport (affordability) ▪ Bereavement ▪ Mobility
<p>Surma Community Centre</p> <p>1 Robert Street London NW1 3JU</p>	<ul style="list-style-type: none"> ▪ The Bengali Workers' Association (BWA) was originally known as the Bengali Workers' Action Group (BWAG) to work with members of the Bangladeshi community 	<p>BWA provides a dynamic range of services in areas such as:</p> <ul style="list-style-type: none"> ▪ Benefit and housing advice ▪ Advocacy ▪ Employment and health ▪ Lunch clubs ▪ Exercise classes 	1 (full-time) 3 (part-time)	7	approx. 640	<ul style="list-style-type: none"> ▪ Isolation ▪ Depression ▪ Dementia ▪ Chronic diseases ▪ Mobility issues through various social activities

	<ul style="list-style-type: none"> ▪ Raise the profile of the Bangladeshi community living in Camden to the wider community ▪ We provide advice service on issues such as immigration, accommodation and welfare for newly arrived migrants from Bangladesh 	<ul style="list-style-type: none"> ▪ Peer support ▪ Events 				
<p>Fitzrovia Neighbourhood Association</p> <p>c/o Flat 2, 19 Tottenham Street, London W1T 2AN</p>	<ul style="list-style-type: none"> ▪ To benefit the people living and working in and around the area of Central London known as Fitzrovia by the advancement of education, the protection of health and the relief of sickness and distress. ▪ The promotion of activities and a healthy environment in the interests of social welfare and in order to improve the quality of life of those who are in need by reason of their youth, age, infirmity or disablement, poverty or social and economic circumstances. ▪ To relieve poverty by the provision of advice and information about health, welfare, housing, social benefits and related matters. 	<ul style="list-style-type: none"> ▪ Drop-in welfare benefit advice ▪ Social activities for older people ▪ Community development work with the Bengali community ▪ Look at planning and licence application of both Camden and Westminster 	3 (part-time)	10	300	<ul style="list-style-type: none"> ▪ Reduce isolation through various social activities

<p>Kosmos Centre</p> <p>2C Falkland Rd, Kentish Town London NW5 2PT</p>	<ul style="list-style-type: none"> ▪ Promoting equality and diversity amongst our members and beneficiaries ▪ The active participation of local BME residents, businesses and community groups ▪ Encouraging local BME communities to participate in decision-making processes ▪ Provide quality services in a flexible and adaptable manner that meets the needs of the beneficiaries ▪ Working in partnership and developing effective relationships to work collectively to meet the needs of our beneficiaries <p>Beneficiaries</p> <p>The Kosmos Centre is committed to working with and assisting the following:</p> <ul style="list-style-type: none"> ▪ BME women ▪ Families and dependents of BME women ▪ People of BME descent ▪ All others who wish to gain a greater understanding and appreciation of our communities, culture, heritage and languages 	<ul style="list-style-type: none"> ▪ General Advice and Advocacy sessions: provides general advice on a range of issues, such as housing repairs, welfare rights, sign posting and referrals to other agencies e.g. Camden Law Centre ▪ Personal development sessions are held on a regular basis. The sessions include talks, seminars and workshops on a range of relevant topics including: <ul style="list-style-type: none"> ▪ Access to services, for example focusing on elderly services, money management, including debt ▪ Range of activities such as day trips, walks and visits to places of interest 	<p>1 (full-time) 1 (part-time)</p>	<p>10</p>	<p>approx. 800</p>	<ul style="list-style-type: none"> ▪ Social isolation ▪ Loneliness ▪ Health & wellbeing
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<p>West Hampstead Women's Centre</p> <p>26 - 30 Cotleigh Road West Hampstead London, NW6 2NP</p>	<ul style="list-style-type: none"> ▪ To provide a safe and supportive space for all women ▪ To promote any charitable purpose for the benefit of women in Camden and surrounding boroughs ▪ To help with the advancement of education, the protection of health and relief from sickness and distress ▪ To promote recreation and leisure activities in the interest of social welfare and in order to improve their quality of life ▪ To relieve poverty among women in the London borough of Camden by the provision of support and information about health, welfare, housing and other social benefits ▪ To provide a welcome to all women from all cultures, ages, backgrounds, beliefs and status ▪ To offer a place for women to come together to discover their similarities and to learn from their differences ▪ To provide a safe and supportive space for all women 	<ul style="list-style-type: none"> ▪ West Hampstead Women's Centre provides a safe space for women to come and discuss issues such as poverty, benefits, debt, housing, domestic violence and rape as well as employment and immigration ▪ Support Groups for Irish Women, Somali Women and Asian Women ▪ Volunteer Development support, Yoga Classes, Gardening Project, Asian Women's Health, English and Math Class 	<p>2 (full-time) 4 (part-time)</p>	<p>50+</p>	<p>940 women</p>	<ul style="list-style-type: none"> ▪ Access to services ▪ Health issues ▪ Family issues ▪ Multiple health issues ▪ Women also need a safe place to go to ▪ Safety issues
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<p>Chadswell Healthy Living Centre (KCBNA)</p> <p>Lower Ground Floor, Chadswell Harrison Street London, WC1H 8JE</p>	<ul style="list-style-type: none"> ▪ Supporting local people into education ▪ Health promotion activities ▪ An extensive youth work program ▪ Activities for older people ▪ Regular community events ▪ Work with local Black, Asian, Minority Ethnic and Refugee (BAMER) communities living in Camden. 	<p>Work with children, adults, families and older people, with disability or with carer needs, in supporting and assisting the community to a wide range of services and activities.</p> <p>Provide a wide range of activities:</p> <ul style="list-style-type: none"> ▪ General advice and welfare rights advice ▪ ESOL classes ▪ Computer classes ▪ Adult Numeracy Class ▪ Esol and Sewing Class ▪ Exercise class ▪ Gym facility ▪ BAME Lunch Club, Employability ▪ Health Sessions ▪ Hair & Beauty Course ▪ Day trips ▪ Workshops on issues such as dementia, mental health and improve your memory, smoking cessation 	<p>1 (full-time) 2 (part-time) (Chadswell)</p>	<p>14</p>	<p>600+</p>	<ul style="list-style-type: none"> ▪ Old age ▪ Social isolation ▪ Loneliness during the day ▪ Mobility is an issue ▪ High rate of diabetes and other chronic diseases ▪ Financial worries (older people are worried about universal credit, they don't understand it)
<p>Ethiopian Welfare Association</p> <p>26 Crowndale Road London NW1 1TT</p>	<ul style="list-style-type: none"> ▪ To empower our community by providing general advice, welfare, housing and social inter action ▪ Empower education for children ▪ Combat obesity, empower nutritionist, training ▪ Look after health 	<ul style="list-style-type: none"> ▪ Classes ▪ Advice ▪ Education ▪ IT training ▪ Sewing classes ▪ Health advice and speakers 	<p>None</p>	<p>15</p>	<p>60 community members, mainly disabled</p>	<ul style="list-style-type: none"> ▪ They have nowhere to go ▪ Isolated ▪ Loneliness ▪ Mental illness

<p>Henna Asian Women's Group</p> <p>Abbey Community Centre 222c Belsize Road London NW6 4DJ</p>	<p>Improve the quality of Asian Women's life by reducing isolation and increase participation in life skills</p>	<ul style="list-style-type: none"> ▪ The Listening Service ▪ Advice service ▪ One to one befriending service ▪ Telephone befriending service ▪ Monday Class - They meet on a regular basis to discuss social/cultural issues, health issues and participate in outings and arts & craft activities 	<p>1 (full-time) 3 (part-time)</p>	<p>8</p>	<p>200+</p>	<ul style="list-style-type: none"> ▪ Old age ▪ Social isolation ▪ Mobility ▪ Chronic diseases ▪ Lack of confidence ▪ Scared of falling ▪ Lack of access to mainstream services
<p>South Sudan Women's Skills Development</p> <p>Abbey Community Centre 222c Belsize Road London NW6 4DJ</p>	<ul style="list-style-type: none"> ▪ SSWSD is dedicated to the cause of combating poverty, isolation, social exclusion among refugees, asylum seekers and other citizens ▪ Promote recreation and leisure activities in the interest of social welfare and in order to protect our member's health and improve the quality of their lives ▪ Helping members integrate into the wider society through a range of services and projects while preserving their culture ▪ SSWSD provides a safe and supportive space where women can help each other as well as learn together to empower themselves 	<ul style="list-style-type: none"> ▪ Older peoples classes on sewing, arts and crafts, exercise ▪ Workshops on health, healthy living ▪ Advice on benefits 	<p>2 (part-time)</p>	<p>5</p>	<p>60 to 70+</p>	<ul style="list-style-type: none"> ▪ Money worries ▪ Poor physical health ▪ Mental health ▪ Mobility ▪ Language barrier

<p>Third Age Project</p> <p>Cumberland Market Regent's Park, London NW1 3RH</p>	<ul style="list-style-type: none"> ▪ To benefit the public by providing and assisting in the provision of facilities for education, recreation and other leisure-time occupations in the interests of social welfare. ▪ To relieve older people in need aged 50 years and over in particular those living in the West Euston area. ▪ The aims of our charity are to improve the quality of life and wellbeing of older people, particularly those in high need that experience barriers to accessing mainstream or other older people's services and facilities. 	<ul style="list-style-type: none"> ▪ Social, cultural, educational, healthy living ▪ Basic life skill courses ▪ Befriending and support services ▪ Outreach Programme ▪ Older Men's Outreach Project ▪ 60+ Health Club ▪ Health & Wellbeing Community Learning ▪ Women's Keep Fit Club 	<p>1 (full-time) 4 (part-time)</p>	<p>35/40</p>	<p>740 +</p>	<ul style="list-style-type: none"> ▪ Money worries – older people have no source of income ▪ Poor physical health, mental health ▪ Brexit and resident status ▪ Scared of crime/theft and burglary ▪ Transport issues because of HS2 and noise pollution
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About Healthwatch Camden

Healthwatch Camden is an independent organisation with a remit to make sure that the views of local service users in Camden are heard, responded to, taken seriously, and help to bring about service improvements.

Our duties (which are set out under the Health and Social Care Act 2012) are to support and promote people's involvement in the planning, running and monitoring of services; to gather views and experience and to make reports and recommendations for improvement based on those views; to offer information and advice on access to services and choices people can make in services; and to enable local people to monitor the quality of local services.

Our remit extends across all publicly funded health and social care in the borough. It includes statutory powers to enter and view any publicly funded health and social care service and to call for a formal response from the relevant bodies to any of the recommendations we make. Healthwatch Camden has a seat on the Health and Wellbeing Board and contributes to strategic thinking about reducing health inequalities across the borough.

Healthwatch Camden

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Healthwatch Camden is a registered Charitable Incorporated Organisation (CIO)

Charity number 1152552