

Primary research into community contributions in later life

Local report for Hartcliffe and Withywood Ward

October 2018



Contents

5	1. Executive summary
8	2. Introduction
9	3. Key findings
10	4. Methodology
13	5. Locating the research
15	6. Community contributions in Settle
25	7. Conclusions
28	Appendix 1: Detailed methodology
31	Appendix 2: Community researcher reflections

About the Centre for Ageing Better

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

Acknowledgements

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1. Executive summary

Background

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

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

What contributions do people make in their communities?

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

Motivating and enabling community contributions

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

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

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

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

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

Barriers

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

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

Lessons

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

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

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

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

2. Introduction

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

Aims of the research

To understand:

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

To identify:

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

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

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

3. Key findings

Many older people in Hartcliffe have been in the area for a long time and describe a **community that has historically been close and mutually supportive**, with neighbours knowing and regularly helping each other with everyday neighbourly tasks.

Alongside a small number of **community facilities** including Hartcliffe Farm and the Methodist church, around which some formal volunteering clusters, much activity for older people takes place in more **private spaces** such as communal areas of residential buildings (for example coffee mornings and bingo). Through both of these routes participants build links with others and foster their bonds as neighbours.

The research in Hartcliffe has **countered the expectation** among some that it may uncover low levels of community contributions in the area. On the contrary, interviewees reported supporting others and receiving support in a myriad of ways, from shopping to dog-walking, and visiting during illness to fixing things in the home.

Underpinning most of these contributions was the **trust and reciprocity** built through knowing each other for a long time – older people reported less interaction and lower levels of trust between themselves and **newer residents** of the area, because of fears around crime and antisocial behaviour.

4. Methodology

Overall approach

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

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

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

About the community researchers

Community researchers were recruited through Hartcliffe Health and Environment Action Group (HHEAG) and the Hartcliffe and Withywood Community Partnership (HWCP). They advertised online and on community buses for individuals over 50 years old who are active in the local community.

Two community researchers (both female and White British) were recruited and trained, and each undertook six interviews. One community researcher was active volunteering locally and had recently established an older person's forum. The other works as a dementia navigator based in a local community building. Both community researchers used their social and professional networks² to identify individuals to participate in the research.

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

Reflections on the methodology

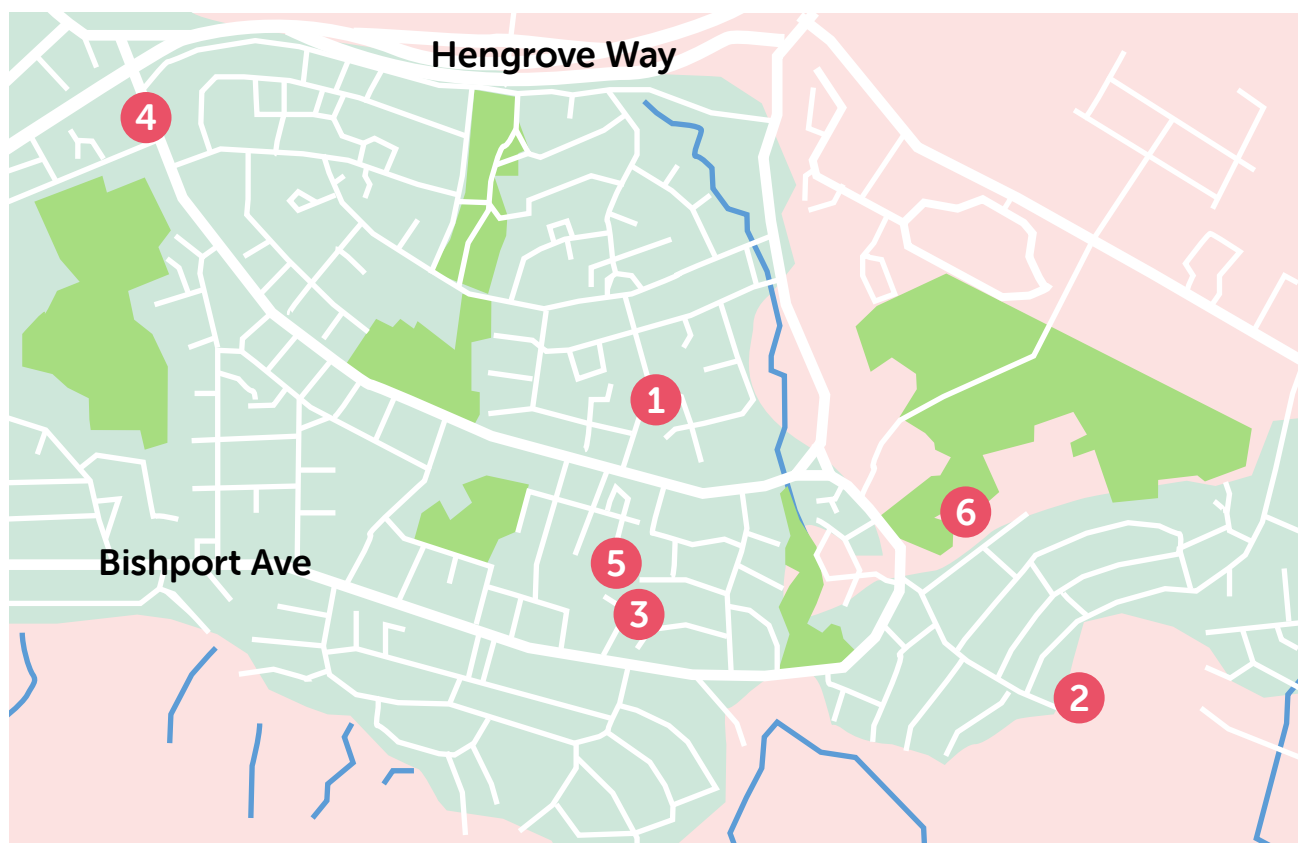
Working with community researchers brought significant advantages to the research. They had access to research participants who would have been hard to reach via traditional research recruitment methods. Their familiarity with local places, groups and people helped them to pick up on themes during interviews.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

2. The community researcher working as a dementia co-ordinator did not ask any clients to participate in the research, as this would have compromised her professional role and the integrity of the research.



5. Locating the research

5.1 Selection of Hartcliffe



1. Hartcliffe Methodist Church
2. Hartcliffe Community Farm
3. Symes Community Building
4. Hartcliffe Health & Environment Action Group
5. Morrisons Supermarket
6. Hartcliffe Millennium Green

Hartcliffe and Withywood Ward is an outer suburb to the south west of the city of Bristol. It was identified as being a potential viable site from a review of Index of Multiple Deprivation data, and population data. It was the second ward identified for inclusion in the study (the other area being Ashley Ward, which is covered in a separate report). From a review of available data, the ward was identified as a potential research site due to:

- **Ethnicity:** High proportion of White British residents
- **Poor health:** Relatively low life expectancy, and high rate of long term illnesses (42% of population compared to Bristol average of 24%)

- **Age:** a higher than average proportion of 55-65 and 65+ population.
- **Life expectancy:** a lower than average life expectancy (males: 74.8, and females 79.8, both lower than the Bristol average).

Initial discussion with stakeholders identified that the Hartcliffe part of the ward was particularly of interest in order to explore the perception that there were fewer community contributions within this area. Stakeholders spoke of a local history of several voluntary initiatives which had been limited in their success in Hartcliffe (including a school programme for older residents to read to school students). Therefore, researchers aimed to identify whether community contributions were limited and if so what the reasons for this, or alternatively if there was significant activity, surfacing information about the level and nature of this.

It was also expected to provide a comparison with Ashley, the other Bristol Ward included in the study (which has a more ethnically diverse population).

5.2 Description of local area

Stakeholders noted that Hartcliffe was an isolated community, with limited links to the rest of Bristol due to poor bus provision and other transport links. Previously, a large proportion of local residents worked in the British Tobacco factory that was located in the area during the 1970s and 80s, which was linked with the high rates of smoking and lung conditions amongst Hartcliffe residents. One of the community researchers observed that despite the factory having closed in 1990, a culture of smoking and other unhealthy lifestyle habits persisted through the generations. Several stakeholders considered that there was a distinct difference to the age profile of the area, where those aged 20 – 40 seek to move out of the area.

6. Community contributions in Hartcliffe

6.1 About the research participants

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



Six participants were engaged by each of two community researchers in Hartcliffe (12 interviews in total). The community researchers reflected that in terms of age, participants tended to be at the younger end and hence didn't include the oldest who are also likely to be those in poorest health and most socially isolated – factors which have implications for their participation in community contributions. It also didn't include people with dementia, and the researchers both reflected that although there are a lot of groups for older people, there is a gap in terms of activities for people with dementia. There were more female than male interviewees, reflecting the community researchers' view that men do not tend to

volunteer as much as women, and there are fewer community/supportive organisations specifically aimed at men.

It was noted by community researchers that a high proportion of participants had mental health conditions. In reporting researchers have tried to draw out where findings are specific to people with mental health conditions.

Community researchers took notes and a sub-sample of four audio recordings were transcribed to quality check and inform the detailed case studies presented below.

We have explored the rich qualitative data collected by the community researchers we worked with, by considering the responses overall by variables which through the course of the study emerged as likely points of difference, namely: gender, age, health and ethnicity. It should however be noted that the sample for the research is very small, and the nature of the data collected is qualitative – therefore generalisations to the wider population in Hartcliffe, in Bristol or to communities from the same ethnic and religious backgrounds living in other locations is not possible.

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

6.2.1 Context

Two thirds of research participants in Hartcliffe felt very or fairly strongly that they belonged to the local community. The level at which they felt this was not clearly linked to the length of time they had lived in the area. Most of those who felt less strongly connected to their community were male and tended to report less activity in their weekly diaries (one male interviewee noted that coffee mornings and bingo are 'for ladies'). It could be that those who are getting out and about less may be less likely to grow that sense of belonging.

The community researchers had two key observations about framing the discussion around the topic of community contributions, which may have influenced the way that participants understood and responded to it. Firstly, many people did not consider their contributions to be 'volunteering'. 'Neighbourliness' was a more useful term in getting people to understand what is meant by community contributions – i.e. informal, often ad hoc, sometimes reciprocal, always supportive and unpaid. Secondly, care needs to be taken during discussions around how people can be encouraged to help and support to each other more in their communities, because it may be perceived as a way of trying to shift responsibility away from public services and increasing reliance on volunteers. Interviewees felt this was a concern, because volunteers may not have the skills to provide services that trained professionals do.

6.2.2 Patterns of activity

Interviewees in Hartcliffe identified several points around which contributions were focused.

Social/activity based groups or events including coffee mornings held in common areas within residential spaces – in particular in tower blocks, which are a common type of housing in Hartcliffe – and bingo, painting group, local choir (Hartcliffe and Withywood Choir), provided an opportunity for participation and community contributions. For example, “[Choir] is good to build relationships with other people in the community – it’s like a family, supporting choir members and people that run the choir.”

Female, 55-64

Local community institutions and places such as the church, Hartcliffe Farm, Hartcliffe Millennium Green, and the Roundhouse community garden/allotments, provided opportunities for people to get involved and volunteer. For example, one interviewee volunteered to run the toddler group at church: “They were asking at church [for someone to run the toddler group], and my work at the time was facilitating groups - so I thought, I’ll take it on”.

Female, 50-54

Several participants were involved in supporting others via **tenants’ associations**. Some mentioned **HHEAG** activities (including Positive Minds and the Roundhouse), and **HWCP** activities (including taking part in asset-based community development events). Some individuals were involved in **ACE** (Active, Connected, Engaged) which enables over 60s to provide support to other over 60s locally through being matched with another neighbour.

Participants were also involved in **local events**, including setting up a bike show in the local area, and helping to organise a street party.

Aside from community groups, events and hubs, there was a clear element of support being provided between neighbours who had built up **long term relationships** over time (reflecting the demographic characteristic of the area as having a higher than average proportion of older people, and within our research sample, having lived in Hartcliffe for a long time – two thirds for over 20 years). People living in blocks of flats often knew each other well and had bonded over interactions in communal areas and experiences within the block such as having fire doors installed. These bonds were key to individuals supporting each other in numerous ways on a day to day basis. A wide range of neighbourly tasks was reported, including: taking in parcels, putting bins in/out, saying hello to older people in the street, going to the chemist for someone, keeping a key while someone is on holiday, finding job adverts for a neighbour, chopping wood, driving a neighbour to appointments, taking a neighbour’s child to football, gardening, shopping, fixing things in the home and walking the dog.

6.2.3 Motivations

Amongst those making community contributions in Hartcliffe the desire to help others and oneself was clear. Specific reasons for getting involved included:

- **Benefits to own health and wellbeing.** Many benefits of joining or running activities and groups and supporting others were cited, including keeping active, getting outdoors (particularly in relation to volunteering at the farm, or gardening), increasing confidence and learning new skills. One of the interviewees said of the benefits of her involvement with the Roundhouse community gardens/allotments: **"just getting out of the house, socialising, getting some fresh air and exercise."**

Female, 50-54

Community researchers and local stakeholders reflected on the importance of opportunities for community involvement that encourage physical activity, in the context of widespread poor physical health in Hartcliffe. A couple of interviewees took part in organised running (Park Run) or walking activities (a local walking group from the Gatehouse Centre), noting the physical, emotional and social benefits: **"Walking, talking – putting the world to rights!"**

Female, 55-64

- Participating in activities was also seen to have a positive impact on mental health, although, there is potential for a negative impact if efforts to contribute are unsuccessful. In addition, someone may struggle to make a consistent contribution in the context of fluctuating mental health. The individual in the case study below could not emphasise enough the importance of getting involved with local voluntary activities to his recovery from addiction and to his ongoing mental health:

Mark is in his early fifties and has lived in the Hartcliffe area for almost twenty years. Having faced with physical and mental health problems, he has become increasingly involved in voluntary activities in Hartcliffe in recent years, as well as generally helping his neighbours with a range of tasks.

Mark volunteers on a flexible basis for various groups that undertake environmental/conservation work in local parks and green spaces. He first got involved as a route out of addiction and has worked with a group who support people in this situation to gain skills and increase their readiness for paid work. From this, he has also started working as a peer mentor, supporting others who are seeking routes out of addiction. He gets a lot of satisfaction and pride from improving local green spaces that everyone can enjoy, and it has positive impacts on his physical and mental wellbeing: **"When you actually see what you've contributed towards for the community it's such a great feeling, you actually can't buy that."**

Mark is now in the process of developing his own tree-planting project, and meeting with local stakeholders to build support and interest.

- **Social benefits** were reported around meeting and getting to know others, particularly others with a common interest (such as gardening or singing), or a common experience, such as mental health needs. Interviewees talked about feeling that they were part of a community, for example one woman who regularly helps her neighbours in their gardens said: **"I get a sense of community, especially when it's right next door. Belonging... friendships."**

Female, 50-54

Participation was seen to **reduce loneliness and isolation**: **"It's a chance to meet other like-minded people, struggling with life. There are benefits in reducing isolation, getting exercise, doing something in the community, and helping mental wellbeing."**

Female, 50-54

Opportunities for social interactions locally and transport provided by volunteers was especially important in the context of Hartcliffe's poor public transport links, which limits residents' ability to travel further afield to access these. One interviewee who volunteers to take older people to bingo sessions described the importance of this for those who take part in it: **"Unless I go and get to the residents for bingo on a Friday they would be in their flat continually, they might not be into bingo but I make sure they come down, have a cup of tea, meet other people [...] And the benefit for me is, I would have been hanging round in the house just watching crap TV. And to me, it's payback, because if I help someone else, it makes me feel better."**

Male, 50-54

- **Previous experience of receiving support** has inspired some individuals to volunteer and support others locally. One spoke of an inspirational figure who had influenced her during her teens, and another of the support received by her sister at a vulnerable time: **"I would like to set up a team of volunteers that visit people, to go and see families that are vulnerable, and sit and talk. My experience has made me want to help others – my sister benefited from the support of a volunteer during post-natal depression."**

Female, 50-54

- **Feeling needed** – several participants said they liked to feel needed: **"I like to be needed – [it gives a] sense of worth and boost to self-confidence."**

Female, 50-54

People were happy to be asked for help by others so that they could take the opportunity to be a 'good neighbour'. One individual proactively asked neighbours how she could help them, recognising that they might be too proud to ask: **"She doesn't like asking - I will ask her to save her pride. I've only known her a couple of years. I want to be a good friend/neighbour."**

Female, 50-54

- **Helping others as part of Christian faith**, with the perception of oneself as a 'good' Christian. This was not limited to helping others of the same faith, or the same church: **"Someone knew her from church - but I would do it for anyone – I couldn't imagine not to. I like helping people. It's compassion – I felt for her, she's on her own."**
Female, 55-64

While church and linked participatory/voluntary activities (e.g. toddler/children's groups, meditation group) were important to a small number of interviewees in Hartcliffe, it did not play a significant role in their lives of the majority (in contrast to the Ashley sample where church and faith were key drivers and enablers of community contributions).

6.2.4 Enablers

The basis for many contributions in Hartcliffe seemed to be strong bonds and longstanding relationships between neighbours in the local area. This tallies with the characterisation of the area gained through our scoping conversations, as one where people are limited in transport options to leave the area and have a strong shared history in the area having lived and in many case worked there (including at the tobacco factory) for many years.

- **Long standing connection with the local area**, through multiple generations, has led people to feel a commitment to supporting others in the local community and a sense of pride in contributing to improving the community, for both older and younger generations: **"Why do people help each other? Everyone knows everyone else. Family ties are very strong."**
Female, 50-54

With stakeholders and community researchers noting that many younger people have moved away from the area, it may be that older generations remaining there want to address this trend, as illustrated by this Hartcliffe resident:

Karen is in her fifties and has lived in Hartcliffe all her life. She feels strongly that she belongs to her local area - having grown up and then raised her own family there, she knows most of the people on her street. Karen is strongly motivated to improve her local community and encourage others to feel pride in it. Her desire to help others partly comes from having had an inspirational figure in her teenage years who encouraged her to overcome difficult circumstances – she now feels that she can offer this to others. Karen is the kind of person who talks to people when she's walking along the street and gets to know others. She sees herself as a supportive neighbour, for example baking cakes for people in her street, visiting someone recently widowed, helping a neighbour to look for jobs, having keys for people when they are on holiday, taking parcels and bins. Neighbours reciprocate with the same kind of things. **"We love this community and we want to share the positive things and inspire other people to love it and care about it."**

- **Time to build relationships with neighbours** was seen as a key enabler - once relationships have been established, with the trust that grows between people over time, people felt able to call for help as and when needed. Relationships were seen to change over time from the stage of just saying hello or chatting, to actually helping with something in someone's home: "In the first couple of years we chatted a bit. Then I noticed drips from the ceiling, and [my neighbour] went up in the loft and he fixed it for me."

Female, 55-64

"A lot of people have lived in this area a long, long time. People that have lived in the area are well-connected."

Female, 50-54

- **Reciprocity** – long standing relationships with neighbours enabled people to recognise where helping each other would be beneficial, and to get pleasure and satisfaction from doing so. There were examples such as sharing freezer space, shopping for each other and taking care of pets in a mutual exchange of support: "People like to help each other. You build up a good relationship. They help me and I help them by looking after the cat."

Female, 50-54

- **Absence of younger family members** - with many younger people having moved away from the Hartcliffe area, older relatives have been left feeling isolated – which opens up a space for members of the community to provide support instead: "The family don't go and see older people, so we look out for each other in the community."

Female, 50-54

However, the experience of family moving away could also leave older people feeling less confident about seeking help, as described in the next section on barriers.

6.2.5 Barriers

A 'flip side' to the strong sense of neighbourly bonds amongst some long-time residents of Hartcliffe emerged for those who do not feel part of this. People could feel **suspicion** around offers of help from someone they do not know well, making them reluctant to accept help. There was a perception that it takes **time to integrate into the local community**, and newer residents may not 'fit in' straightaway:

"If you're not from the area, they might be a bit wary of you. Once they've got to know you, it's fine, but if someone is different... This is predominately a white, working class area, and if you look different, speak different, if you're foreign - it doesn't mean they wouldn't help you. But they would need to get to know you first. When I first worked here, I felt I needed to blend in. My Bristolian accent isn't that strong, but I can make it stronger, if that makes someone more comfortable with me."

Female, 50-54

Some felt uncomfortable about offering support in case their intentions were misjudged, or they were perceived as a **'do-gooder'**. In the example below, one interviewee identifies this tendency in Hartcliffe, perhaps reflecting a sense of fatigue or cynicism around attempts to address long-term issues:

Mark (in his fifties) does a range of tasks for people on his street. He has cleared neighbours' paths of snow, returned lost dogs, done shopping for neighbours, maintains a neighbour's garden and looked after pets. One of his neighbours sometimes gives him lifts. Mark feels it's the kind of street where people do tend to help each other. But things that he thinks can hold people back from offering their help to others in the community are the perception of being seen as a 'do-gooder', or of only focusing on problems rather than solutions:

"There is a sense in this community that people that are trying to do stuff for the community are somehow, there's a term that they call them, which is do-gooders, and it's meant in quite a derogatory way. There is that sense, a lot of the community stuff that is going on in the community to try and pull them together is kind of identifying problems, rather than looking at what we've got and saying, 'right well there could actually be some solutions to these problems'."

Mark finds that sometimes this can feel quite negative and that people can get fed up with trying to address ingrained problems (for example, fly tipping on unused open space).

It was suggested that if people are not used to living in a neighbourly community, they may be more likely to feel wary about accepting or offering support from those around them. There were some concerns about safety, particularly around interacting with people who are new to the area: **"People don't want to get involved with each other - you don't know what you're getting into."**

Female, 55-64

Generational differences were discussed by some interviewees, in particular perceptions of younger people being less 'respectful' towards others than older people:

"The older generation they were always taught to be polite, helpful, to help anyone out. But today's children, well they're not taught respect. That's why they're losing community benefits, because they don't help themselves and they don't help others. Older people do."

Male, 50-54

There were also barriers to participation around health and money:

- **Financial constraints**, limiting people's ability to take part in some activities either due to travel costs or the cost of participating. The community researcher who works as a dementia navigator and therefore knows Hartcliffe's elderly population well observed that many older people in the area are not accessing benefits to which they are entitled. She also noted that many activities and groups that used to offer transport for older people to get there are no longer doing so due to funding cuts.
- **Poor mental health**, particularly apparent within our participant sample as a high proportion reported having poor mental health. While this was a driver for getting involved, as described earlier, it was also acknowledged as a barrier, affecting one's day to day wellbeing and sense of motivation: **"Sometimes it's not possible when you are suffering with your mental health. You need to look after yourself first."**
Male, 50-54
- **Lack of time or energy**, cited as a challenge by some interviewees who were still working (generally at the younger end of the 50+ age bracket). But energy was also an issue for some older people in general, even if they were retired.
- **Seasons/weather** – older people may be less keen to go out during rain or cold weather, especially in winter. Several interviewees mentioned poor weather as a trigger for offering help to older people, such as offering to get shopping for them during the snow, or to drive them somewhere.
- **Lack of awareness of opportunities** to get involved could also be a barrier to older people, particularly with the increasing shift towards use of social media to publicise and promote activities:

"I think that possibly the communication of all these groups and things that go on, I reckon that people as they get older, they don't do Facebook or social media, or some people do, but a lot of the time everything's done digitally where a whole section of people get missed out without any other type of communication."

Male, 50-54

"Not everyone is on the computer – some people are frightened of connecting to the world wide web."

Female, 55-64

Social media was seen by community researchers as having a key role in whether or not someone accesses opportunities to give or receive support (and also played a role in who participated in the research, because one community researcher used Facebook as a key recruitment tool).

Barriers to accepting help were identified by one of the community researchers, based on her interactions with older people in Hartcliffe. She observed that older people can experience a cluster of obstacles linked to psychological wellbeing including:

- **Fears around loss of independence** if they admit to needing help:
“People are fearful - They are wary of admitting difficulties due to feeling scared of being put in a care home or having their Independence taken away.”
Community researcher
- **Pride**, likewise, can prevent people from admitting when they are finding things difficult and they need help and support. Linked to this, when health needs have changed, people can struggle to come to terms with this and feel self-conscious about others seeing them in this way, particularly in relation to incontinence, mobility, mental health or just 'looking ill': “One man I saw last week does not want to be seen “Like this”.”
(Community researcher).
- **Loss of confidence** resulting from poor health and mobility as described above, family members moving out of the area, and/or friends becoming ill or dying. These circumstances can lead to people turning inward and becoming even less likely to ask for help, or access community resources, at a time when they most need it.

7. Conclusions

7.1 Conclusions

It was clear from the research findings and the discussions at the co-analysis and routes to action workshops that any initial perceptions around Hartcliffe as an area of little voluntary activity were far from accurate.

On the contrary, the interviews generated a picture of a community with many active individuals contributing in either or both formal and informal ways. As one of the community researchers put it:

“The area has many organisations already and people locally linking up. Doing this research has been eye opening. I have felt humbled by the grass roots action.”

Hartcliffe has a good infrastructure in terms of places for community activities – including churches, community hubs, and spaces with communal buildings (including sheltered housing). Churches are a consistent presence in communities, while council-funded venues have in recent years been subject to cuts. Hartcliffe also has a huge asset in the form of the people already volunteering and supporting their neighbours.

However, while there are strong bonds between longstanding residents, there was also a sense of wariness around newer, unfamiliar neighbours and a perception amongst some older people that the area was not as safe a community as it was.

7.2 Proposed routes-to-action

Traverse facilitated a **routes-to-action** workshop with the aim of encouraging local stakeholders to engage with the research findings to generate potential actions, addressing some of the barriers or building on the enablers to community contributions. The workshop covered both Hartcliffe Ward and the other ward which was included in the research, Ashley. Participants included a wide range of local stakeholders with an interest in one or both of the Bristol Wards, including those from the council, local voluntary organisations, and individuals from the communities. Using the research findings as a basis and number of ideas were discussed, not necessarily specific to Hartcliffe. It is hoped that those involved in the discussions may take the ideas forward.

Celebrating local community contributions

An idea emerged around the importance of recognising the worth of acts of kindness and helpfulness towards neighbours, that keep the community ticking in informal ways. Options for this were:

- An event - people could nominate neighbours who have helped them to receive an award, and local businesses could sponsor an event/party to present the awards. There is a possible model for this currently operating in Easton, called 'Up My Street'. Something similar had been run in Hartcliffe previously but was costly – workshop participants thought that a more community-led approach could be more sustainable.
- Case studies – showcasing how individuals have contributed to the community by supporting their neighbours. These could be included in local press, newsletters or similar.

Feeling confident to offer and ask for help from neighbours – using a street party to 'break the ice' and build trust

Workshop participants thought that while people may often be willing to help their neighbours, and would like to ask for help in return, it could be difficult to get past the stage of 'just saying hello', and get to know each other better, building the trust that enables people to accept and provide help. They thought that an event such as a street party would help neighbours to take that step. To get the most benefit from it, it was suggested that all neighbours should be invited to contribute in whatever way suited them – whether it be bringing food, helping to set up, or playing music – recognising that individuals have different skills and strengths, and creating an inclusive environment for participation.



Appendix 1. Detailed methodology

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

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

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

Researchers chose to recruit community researchers through engaging with HHEAG (Hartcliffe Health and Environment Action Group) and through the Hartcliffe and Withywood Community Partnership (HWCP) to identify appropriate individuals to be community researchers. This included sharing a short advert online and putting a paper-based advert on community buses to encourage participation. The flyer which the researchers developed included criteria of:

- Over 50 years old
- Active in the local community, and well networked (they might lead local community projects or social groups for example)
- Male or Female
- Proficient in written English
- Based within and well-connected within the local Hartcliffe area
- Confident to talk to others within the community and to work with researchers.

Recruitment of community researchers took three weeks, during which two female community researchers were recruited and trained in February. Both were well connected in the local community. One community researcher was very active volunteering locally, and aside from contributing to multiple organisations, had recently established an older person's forum to discuss issues in the local area. The other community researcher works as a dementia navigator supporting two GP practices locally, and based in the local Symes community building, where several activities are hosted for older people. Both community

researchers built on their existing social and professional networks³ to identify individuals to participate in the research, ensuring they spoke to people known to their neighbours or people they knew already, rather than interviewing anyone they knew already.

Each community researcher completed six interviews and both completed all their interviews within two months.

	Gender and age	Ethnic background	Interviews completed
Community researcher 1	Female / 50s-60s	White British	6
Community researcher 2	Female / 40s	White British	6
Total			12

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

Reflections on the methodology

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

3. Note that the community researcher working as a dementia co-ordinator did not ask any clients she was supporting to participate in the research, as this would have compromised her professional role and the integrity of the research.

Appendix 2. Community researcher reflections on their involvement

The two community researchers reflected on the experience of being involved and on the process of the research. They thought that having two community researchers who used different methods for recruiting participants was useful, as it reached different audiences. One used social media and local organisations, while the other drew on her personal networks. However, this still leaves a segment of the older population who were not engaged in the research – those who do not use social media and who are not well-connected locally.

Using the interview guide was a learning curve for both researchers, and they found that the questions did not always flow in the most useful way as they went through the interview. This suggests that training for community researchers could include more focus on how to use the guide flexibly, and tailor it as the interview proceeds in order to collect key data while still allowing a natural flow of dialogue.

This report is available at www.ageing-better.org.uk | For more info email info@ageing-better.org.uk



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