

# Good Connections & Inequality

## Ageing Better Conference 2018

Chaired by **John Hannen**, Programme Manager, Ambition for Ageing, Greater Manchester

With **Michelle Dawson** (Programme Manager, Ageing Better Middlesbrough), and **Kate Jopling** (Independent Policy & Strategy Consultant).

**How does inequality increase the risk of isolation? What are the implications for future policy developments in health & social care? John Hannen provided a strategic view of isolation and inequality, looking at factors relating to inequality that create risks of isolation. Michelle Dawson talked about her experiences with asset-based approaches and BAME communities and Kate Jopling highlighted the challenges and opportunities this may present for policy initiatives such as social prescribing.**

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Format: Panel members talked about their own experiences. The session was then opened to the audience to share experiences and ask questions.

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Research from the **University of Manchester** has shown that inequality and isolation are linked – with isolation amplifying existing inequalities, making people feel more marginalised. In poorer areas, the risk of isolation at community level can be raised by ‘over-design’ in planning policies. Making places safer for older people can mean segregation, moving from a place where they have lived all their life and have social connections. Group approaches can work better than one-to-one, but some people need support before they can even get into a group. Just being visible in the neighbourhood can do a lot to reduce social isolation and we need to enable people to make the accidental connections that are part of a fulfilling life.

A key finding from research into social isolation and older BAME people was that the risk varies amongst minority ethnic groups, with each community having very different social networks and structure. There is commonality, however, in significant health and social economic inequalities for BAME men between 50 and 65 years old, specifically in relation to health issues preventing employment. Developing links into BAME communities is essential to reach these

groups. Co-research is key, and community organisations can create and build bridges into BAME groups.

People are more resilient if they have a library and community centre, a pub, shops – trusted places where they can meet, which have often been lost through austerity in poorer areas. It’s important to bring people together to build ‘capital resilience’, but key to get this right. A report done by the **Greater Manchester** team on asset-based approaches to inequalities showed that the most vulnerable people don’t take part in consultations because they find the terminology off-putting or the venue reminds them of other institutionalised bad experiences (such as school).

In **Middlesbrough**, more than half the area falls into the top 10% deprived wards in the UK, with 6 wards falling in the top 1% most deprived. In terms of poverty as an indicator of marginalisation for older people Middlesbrough is, therefore, heavily marginalised even before other indicators such as health are measured.

Reaching marginalised people from areas with no structural assets makes co-design difficult. It can

take a year's support just to develop enough bridging social capital for people to then confidently engage in co-design activities. Without long-term funding, this timescale is unworkable.

The combination of isolating issues – poverty, ethnic marginalization, physical and mental health problems, caring responsibilities, substance issues, domestic violence – can make older people very hard-to-reach and not a short-term process. Meaningful co-design is skilled and expensive work and can make planning programmes at the pre-funding stage difficult. Practical help and support running alongside community development activity is vital when engaging people from marginalized communities. Staff must be able to signpost, handhold, and provide actual intervention. Meeting the needs of the most marginalized takes longer, costs more, and therefore works with fewer people.

With the government's **Lonely Strategy**, loneliness is suddenly a much bigger agenda than it was. Addressing questions around the impact of inequality can move the agenda out of communities and onto the national stage with all the risks that brings. It's important to consider where we might actually exacerbate issues, e.g. trying to create a 'one size fits all' model for social prescribing.

The **Big Lottery Fund** recognizes that funding budgets and priorities need to be based on local knowledge at a regional level. Being more aligned with NHS England will hopefully help share this approach so that funders will speak to each other and local authorities will speak with local businesses, to build a collective and more collaborative approach.

In **Torbay**, the asset-based community development approach has reached out effectively to people with long-term conditions and mental health issues. In areas with no

structural assets, there are still people with skills, passion and resilience who have gone on to create the physical community assets required to engage more widely. The use of neighbourhood 'community builders' and 'wellbeing coordinators' has proved very effective in Torbay, particularly in areas with few assets.

**Greater Manchester** has also adopted a neighbourhood-based approach which has worked well in areas where there's more of a mono-culture and stable population with less turnover. In areas where community facilities have closed and there's no local economy, there's no shared experience and this makes engagement and support more difficult. Sometimes the issues faced in a neighbourhood are too great and need to be solved first – such as crime.

In **Camden**, where there is a large Bangladeshi community, services introduced in the past were seen as unsuccessful in reaching this group, when in fact it was a matter of timing. It's important to recognise that with marginalised groups, the message needs to be reiterated that services and activities are available, as it may take longer to engage people. Funding can be an issue as it is rarely given for long enough periods.

People who are lonely have a massive web of complex issues that have caused them to disconnect. It's important to keep explaining this to a national policy level to ensure humanity remains when interventions are planned. Trust takes a long time, particularly in the most marginalised communities where interventions have been and gone multiple times and resistance develops. It's key to understand who the gatekeepers to marginalised communities are and to work collaboratively with them.

Reaching and working with the most marginalised groups takes more time and effort and funding needs to recognise and reflect this.