"BEFORE THIS, I HAD NOTHING"

A REPORT ON THE DEVELOPMENT AND IMPACT OF A BAME-LED PARTNERSHIP FOR TACKLING SOCIAL ISOLATION AMONG OLDER PEOPLE IN CAMDEN

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EXECUTIVE SUMMARY

Ageing Better in Camden (ABC) is a partnership of older people and local organisations in Camden with the aim to develop creative ways for people aged over 50 to be actively involved in their local communities to help tackle social isolation and loneliness. ABC is part of Age UK Camden and one of the 14 National Lottery Community Fund Ageing Better programmes across England.

Two years into the Ageing Better in Camden programme, it was apparent that the approach so far had not enabled them to engage with **smaller** Black, Asian and Minority Ethnic (BAME) communities in Camden. To address this, ABC designed and developed a BAME Community Action Project (CAP) in 2018 which included finding a way to **fund, support and develop the capacity** of small **BAME-led organisations** to tackle loneliness and social isolation in older people within **smaller minority communities** in Camden.

A three-tier partnership was developed and commissioned to deliver the project as presented in the figure below. The partnership is currently made up of seven **Black-led** organisations who plan and deliver activities to older people in their respective communities. This project will be funded until December 2021.
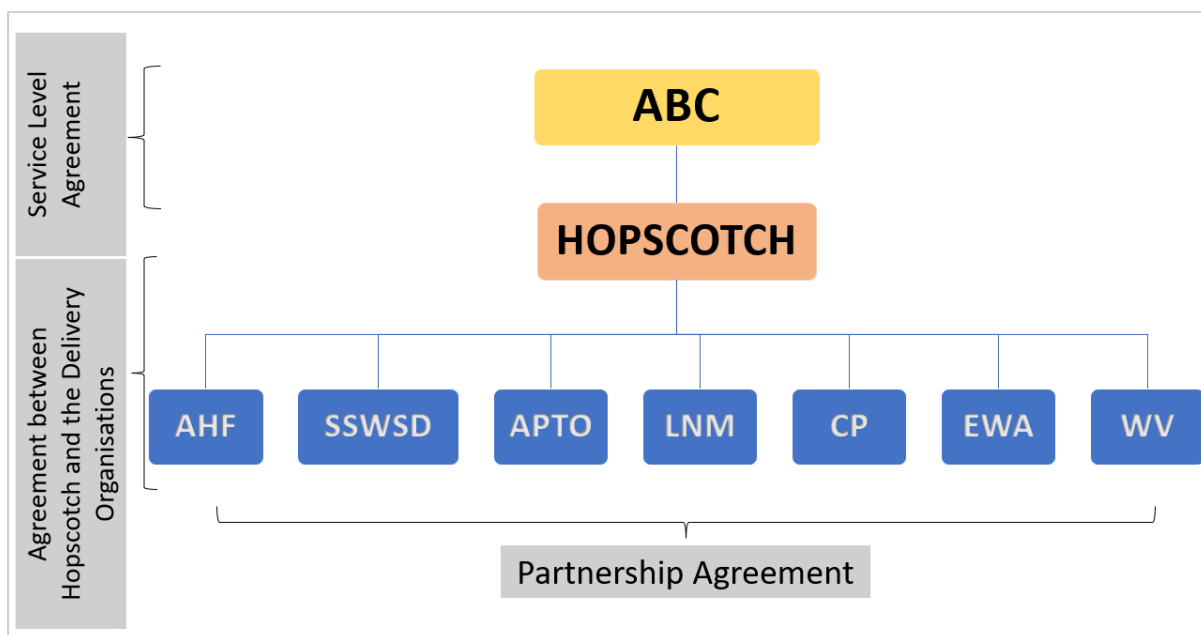
In April 2021, ABC commissioned independent research into the development, implementation, and impact of the BAME-CAP project to document learning from the project. Interviews were conducted with 28 participants using telephone/video enabled platforms. The sample is made up of 14 older people, seven Project Leads, four managers from supporting organisations, the Project Manager and three volunteers.

1. **Older people**

Almost all the older people did not participate in social activities organised by mainstream organisations (MSOs) before their involvement with the partnership organisations.

Most of the older people said that they would prefer activities offered by people who looked like them and had similar experiences to them. The main reason given by the older people for this is **'not having a sense of belonging' in UK**. The lack of social interaction made some of the older people feel lonely or depressed. This included older people who lived in **multigenerational households**, challenging some of the assumptions around loneliness and social isolation in older people from BAME communities.

The project however had a positive impact on the older people who engaged with the partner organisations. The primary impacts include: **having a sense of community; improved wellbeing; providing an opportunity for older people**

to plan, assist or lead activities; increased confidence; and reaching 'harder-to-reach' older people.

2. Findings about the partnership

The research identified factors that facilitated the development and implementation of the project as well as some barriers. The initial project development barriers and facilitators are presented below.

Barriers		Facilitators		
Lack of trust	Cultural issues	Comprehensive culturally sensitive project planning	Trust built by ABC	ABC's willingness
Bad past partnering experiences · Systemic racism	Gender issues	Recruiting the right people · The model of partner-ship · Project duration	Transpa-rency and coopera-tion	Innovative ways to fund partner organisations
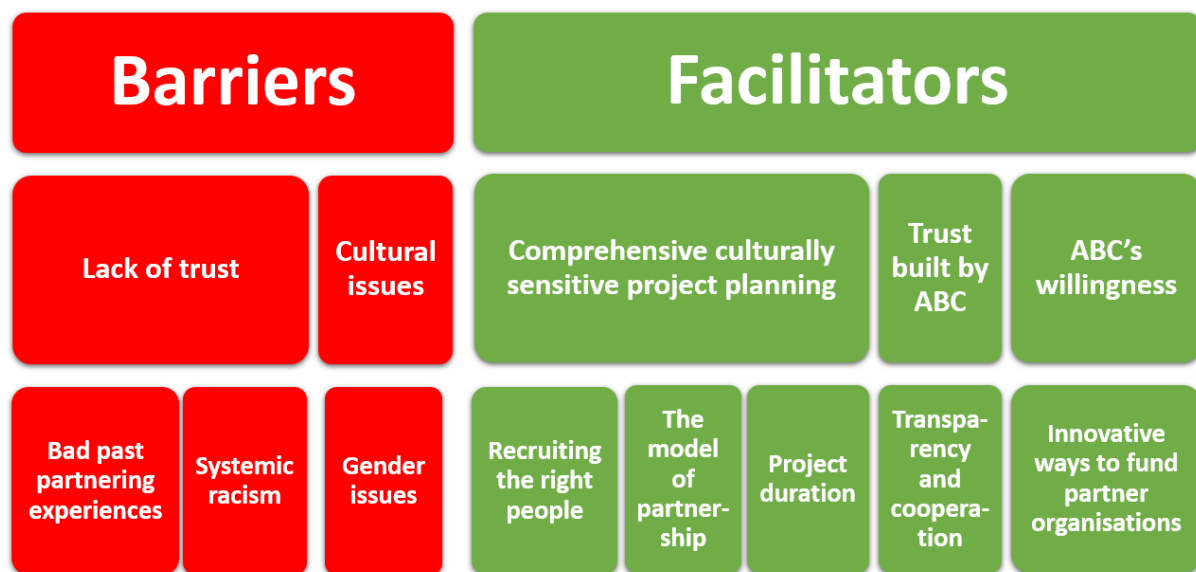
Project implementation facilitators	Project implementation barriers
The partnership structure	Recruitment challenges
Tenacity of the partner organisations	Management challenges
Trust of the partner organisations	Insufficient funds
Access to some funds	Capacity building challenges
ABC's commitment to the project	COVID-19
The Project Manager	

The partner organisations were of different sizes. They also had varied levels of experiences before they got involved in the project. The project therefore made a commitment to build their capacity to tackle loneliness and social isolation amongst older BAME people in Camden. The partner organisations developed capacity (albeit varied) through delivering the project and the

provision of support and training. Some of the capacity built includes organisational skills, dealing with vulnerable adults, tackling loneliness and social isolation, and building a track record of delivering projects.

3. Impact of the COVID-19 pandemic on the BAME-CAP project

The COVID-19 pandemic had a huge impact on both the older people and the organisations in the partnership.

Impact on Older People

Anxiety or fear was the most mentioned impact on the older people. The older people were afraid of catching the virus, going to the hospital when they had symptoms, and taking the vaccine. They were also anxious about how to get their native foods. This anxiety or fear appeared to be driven by the conspiracy theories circulating in their communities about COVID-19 and the vaccines. Historical unethical research in Black populations may have made the conspiracy theories more believable in the Black communities. This fear or anxiety cut them off from their family and friends, the mosque, church, or attending BAME-CAP activities which were their main sources of social interaction making them **lonely and socially isolated**. Most of the older people who had engaged with the partner organisations also did not have access or the skills to use more modern forms of digital communication to connect with their loved ones.

Organisations in the partnership

The organisations in the partnership responded to crisis by temporarily suspending activities. They used the funds to: provide correct information about the pandemic, offer befriending support and African food shopping to the older people. Re-engaging the older people to start face-to-face activities has been a challenge for the partner organisations. The PLs felt that most of the project gains in the older people had been lost. The fear surrounding the pandemic was preventing the older people from wanting to meet face to face. The older people also admitted not feeling ready to meet outside yet. Even those who were double vaccinated said they were afraid to go out.

4. Recommendations

The findings of this research have implications for key stakeholders, particularly the partnership organisations and supporting organisations and, more broadly, for social care practitioners, funding organisations and public bodies.

BAME-CAP Partnership

a. With the pandemic causing fear and anxiety in the older people, it is crucial for the partnership to seek funding to re-engage them when the current funding ends in December 2021. The funding for the continuation of the project should include additional budget lines to:
   o cover the core operational costs of the partner organisations;
   o enable the Project Manager to work full time and in turn be able to provide tailored training and support to the organisations in the partnership;
   o enable partner organisations to run more events to reach older people;
   o increase the number of days allocated for activities; and increase the frequency of calls for the older people who are on the befriending service.

b. Hold the PLs accountable especially in monitoring and reporting so that they can take ownership and develop an appropriate level of competence and skill;

c. The partnership should organise regular joint events with mainstream organisations supporting older people to help increase the older people's confidence which will help them to integrate better in the wider communities;

d. Support organisations need to communicate to the partnership, both verbally and in writing, in a manner that can be clearly understood considering that all the PLs speak English either as a second or third language.

Practice Implications

To help identify vulnerable BAME older people, and to develop well informed approaches when dealing with older people from BAME communities, social care practitioners (carers, social workers, GPs, nurses etc.) should be aware:

a. Of the varied experiences of loneliness and social isolation in older people from different BAME groups;
b. That assumptions such as living in multigenerational homes reducing BAME older people's risk of loneliness are not necessarily true;
c. That older people from BAME communities may not automatically trust them as they are perceived to be part of a systemically racist institution. They should therefore seek to gain trust from the older people.

Funding Organisations and Public bodies such as Local Authorities

The COVID-19 pandemic exposed the longstanding health and social inequalities in BAME communities and as such, funding organisations and public bodies should:

a. Recognise the value of small/micro organisations in reaching older people from their communities;
b. Be aware that the requirements/hurdles they put up to reduce risk as well as the complexity of the bidding process inadvertently prevents small/micro BAME organisations from accessing funding programmes;
c. Make use of the model used in this BAME-CAP project to make funding accessible to small/micro BAME organisations;
d. Provide sustainable, long-term funding to small/micro BAME organisations. The funding should include budget for infrastructure (e.g., office premises and basic management systems), capacity building and core operational costs of the small/micro BAME organisations;
e. Provide grants to small/micro BAME organisations to tackle the digital exclusion that older people from BAME communities face. The work funded by such grants must include procurement of technological devices (smart phones and tablets) for the older people and provision of guidance on how to use them.

Conducting further research

This work indicates a number of useful directions for future research. Some possibilities are:

- To carry out a systematic review of existing research evaluations of work to support capacity building of grass roots BAME organisations working with older people from their communities which is similar or different to the model examined here;

- If necessary, on the basis of such a review, to build evaluative research into new capacity building projects of this kind in order to create a fuller body of evidence about what works;

- To carry out a large-scale, nationally or regionally representative quantitative study to explore how the prevalence of loneliness and social isolation among people from different BAME communities correlates with socio-cultural factors such as living arrangements.

INTRODUCTION

1.1 Background

Ageing Better in Camden (ABC) is a partnership of older people and local organisations in Camden with the objective of tackling social isolation and loneliness among older people. They draw on the experience and skills of organisations in Camden to develop effective approaches to encouraging social connections in older people in the community. ABC is part of Age UK Camden and one of the 14 National Lottery Community Fund Ageing Better programmes across England. They aim to develop creative ways for people aged over 50 to be actively involved in their local communities to help tackle social isolation and loneliness.

Two years into the Ageing Better in Camden programme, it was apparent that the approach so far had not enabled them to engage with **smaller** Black, Asian and Minority Ethnic (BAME) communities and micro groups in Camden. To address this, ABC designed and developed a BAME Community Action Project (CAP) in 2018 which included finding a way to fund, support and develop the capacity of small BAME-led organisations to tackle loneliness and social isolation in older people within **smaller minority communities** in Camden. The project will be funded until December 2021.

The BAME-CAP aimed to:

- Work with and support BAME-led organisations in the voluntary and community sector to address loneliness and social isolation amongst older BAME people in Camden;
- Reach out to and identify BAME older people at risk of social isolation in a range of communities and cultures;
- Engage older people and groups to develop networks and activities;
- Increase BAME older people's take up and participation in support activities and services; and
- Ensure the voice of older BAME people contributes to the shaping and development of older people's activities and in their wider communities

In April 2021, ABC commissioned independent research into the development, implementation and impact of the BAME-CAP project to identify and document learning from this project.

1.2   Research Objectives

The research had the following objectives:

1. To understand and evaluate whether and how the partnership members have developed capacity to tackle social isolation and loneliness in older people from BAME communities;
2. To highlight the factors that hindered or helped the development and implementation of the project; and
3. To assess the impact of the project on older people who have engaged with the partners.

This report describes findings from the research. Following this introduction:

- Section 2 sets out and discusses the older people's experiences and journeys;
- Section 3 sets out and discusses the findings about the partnership;
- Section 4 highlights the impact of COVID-19 on the project and the organisations' response; and
- Section 5 concludes the report and sets out recommendations.

1.3 Overview of evidence on loneliness and social isolation in BAME older people

Older people from **some** BAME communities are believed to be at a higher risk of loneliness in the UK[1]; 8-10% of older people from the general non-BAME population reported loneliness compared to about 24% for Caribbean older people and 50% for African older people. This difference may reflect some BAME communities' higher risk of experiencing specific factors of loneliness - such as racism, discrimination, feelings of not belonging[2], poverty[3], mental health problems[4], and poor health[5] - than their white British counterparts. These socio-economic and health inequalities may prevent social participation[6]. In addition, more older people from BAME communities have reported having no close friends or that none of their friends lived locally compared to their white counterparts[7].

Despite these alarming findings, assumptions are made about loneliness in BAME groups including that they have greater protection against loneliness compared to white British older people because of living in multigenerational households[2]. This assumption ignores the diversity in BAME groups and assumes that all BAME groups have similar living arrangements. Being in a multigenerational household does not always protect against loneliness due to the subjective nature of loneliness. Older people from BAME groups tend to have more 'hidden loneliness'[8].

1.4 Development and the structure of the partnership

Using a competitive tender process, ABC commissioned Voluntary Action Camden (VAC) to support micro BAME-led organisations to form a partnership to bid for and deliver the BAME-CAP project.

Following this development work and subsequent tender process, ABC commissioned the partnership to deliver the BAME-CAP project which commenced in October 2018. This was a three-tier partnership structure as none of the original organisations who had come together to form the partnership had the capacity required to hold and manage the contract. See Figure 1 for the structure of the partnership. Hopscotch Women's Centre, a bigger Bangladeshi organisation who already held a contract with ABC for another project, and, therefore, had the requisite capacity and experience,

agreed to manage the contract. Their role was to support the smaller organisations to deliver the project, enter the data, manage the finances and monitor progress. The partnership is currently made up of seven Black-led organisations who plan and deliver activities to older people in their respective communities. The organisations are the African Health Forum (AHF), South Sudan Women's Skills Development (SSWSD), African Physical Training Organisation (APTO), Cornerstone Parish (CP), Light of Nations Mission (LNM), Ethiopian Welfare Association (EWA), and Women's Voices (WV). AHF is the lead delivery partner and has employed a part-time Project Manager to manage the delivery of the project. The role of the Project Manager includes the provision of ongoing support to the partnership members; organising quarterly meetings for the partnership members; organising joint events for older people, and provision/sourcing of training for the organisations.

The activities organised by the partner organisations to the older people include health talks, walks and exercise sessions, Afro dancing, arts and crafts, sewing, drawing, and tea and talk. They also provide befriending support, counselling, and practical and emotional support to the older people they engage with. A brief description of the organisations is provided in Appendix B.

Figure 1 Partnership Structure
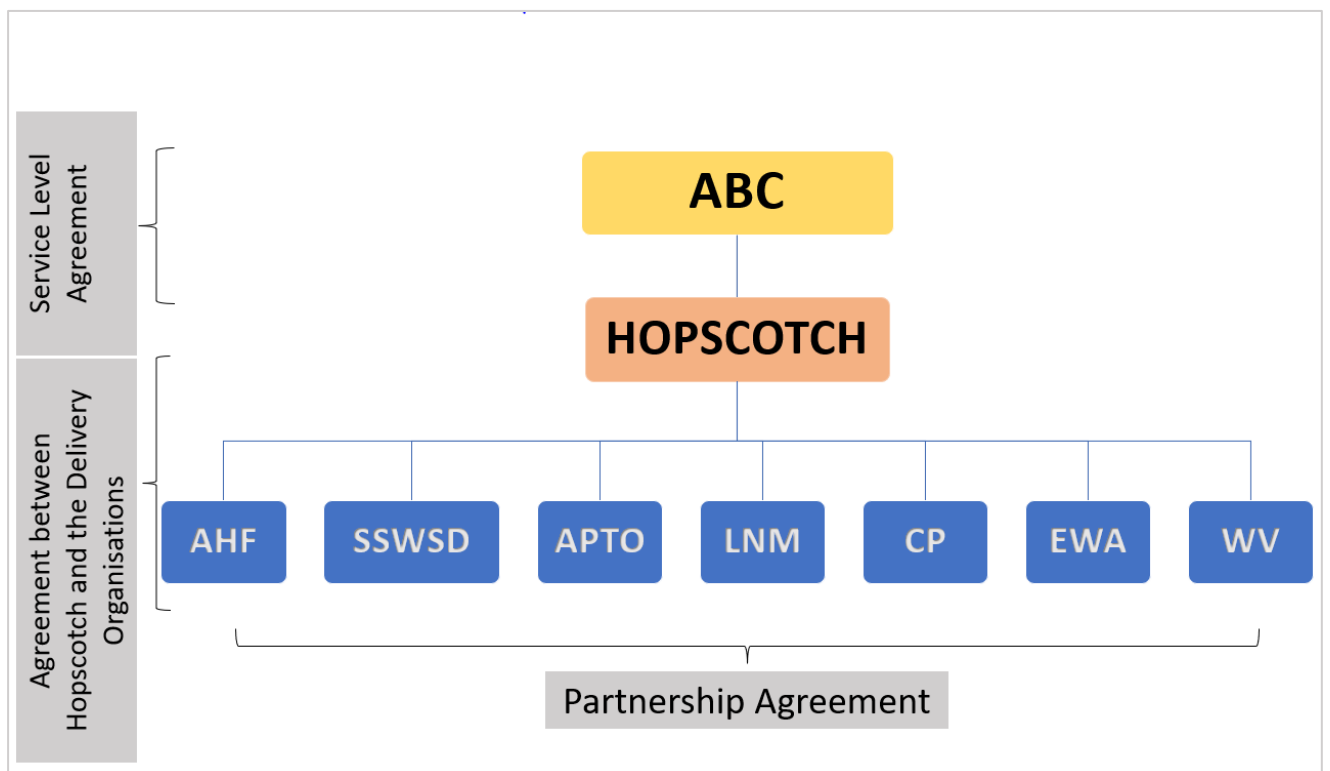
1.5   Research Methods

Interviews were conducted with 28 participants from four different groups presented in Table 1. They were carried out using video enabled platforms such as Zoom or WhatsApp (20 interviews) and mobile phone calls without video (8 interviews).

Table 1 Interview Groups and Number of Participants

	Interview Group	Number of Participants
1	Managers from supporting organisations and the Project Manager	4
2	Project Leads	7
3	Older people	14
4	Volunteers	3
TOTAL		**28**

The Project Leads (PLs) were used as interpreters in seven interviews with older people who are unable to communicate clearly in English – this was primarily to help establish rapport and trust with the older people. The researcher also attended and took part in face-to-face activities for the older people organised by two partner organisations to build rapport, observe and interact with the older people, volunteers and PLs. The researcher took notes during these activities. All interviews were recorded and transcribed verbatim and were analysed thematically. All the older people, PLs and volunteers were each offered a £10 gift voucher as a 'thank you'. Refer to Appendix A for a more detailed breakdown of the research methods and ethics protocol.

To ensure anonymity, the names of all research participants have been changed in the findings which are presented next.

OLDER PEOPLE'S EXPERIENCES AND JOURNEYS

This section sets out the experience of the older people before their involvement with the partnership organisations and the impact of this involvement on the older people. Most of the older people did not participate in social activities before their involvement with the partnership organisations because they did not have a sense of belonging. Loneliness and depression were mentioned by nine of the older people as the outcome of their lack of participation in activities; however, regularly attending activities run by the partner organisations had a positive impact on the older people.

2.1 Lack of participation in social activities

Most of the older people did not attend activities organised by any mainstream organisation. Of the 14 older people interviewed for the research, only two attended activities organised by mainstream organisations in addition to activities run by a partner organisation. These two people did so because they had had an opportunity to be introduced to these mainstream organisations for specific needs. For instance, Lily attends activities run by Age UK Camden because she lives in a sheltered accommodation and was referred to Age UK

activities by the manager of the unit. The rest of the older people attended no other social activities except faith-based gatherings: five mentioned that they attended church services and two mentioned that went to the mosque. Most of the older people said that visiting family and friends was their main form of social interaction. The opportunity was, however, few and far between because they did not want to bother their relatives or become a burden as highlighted in this quote:

"…*because **before this I had nothing**, I just sit there all day and was very lonely and when I would call people, I felt like I was bothering them…" (Haddi, older person)*

Almost all the older people said that they would prefer activities organised by people who looked like them and had similar experiences to them. One of the older participants summed up their thoughts in this response:

"…it's just what we experience is similar like he could say something, and it's got a meaning to me. So, it is not necessarily transferable; somebody else could have the best of intentions but they couldn't transfer it… so our experience is more or less similar…they are people I can relate to more and they can relate to me. I can only put it that way. It is very deep." (Ahmed, older person)

2.2   Reasons for not attending activities organised by mainstream organisations

The reasons given by the older people for not attending activities run by mainstream organisations (MSOs) can be put together under one umbrella theme **'not belonging'.** The reasons included: perception of not relating or understanding; lack of confidence; and cultural differences.

Most of the older people interviewed spoke of the difficulties they have experienced since moving to the UK. These include racism, health and social inequalities, marginalization, difficulty in integrating into the UK social fabric and language barriers which all set limitations on '*belonging* '. These difficulties may be responsible for the older people not attempting to try out activities from MSOs. Although the older people had not attended any activity organised by MSOs, some had a perception that they would not be able to relate to the MSOs or understand their activities. An older person explained why she prefers activities run by people from her country:

"…I feel more happy, more comfortable when I'm around you know, people I can relate to…" (Sara, older person)

Lack of confidence was another barrier to belonging mentioned by older people which prevents them from attending activities by MSOs. They felt that they would know no one, stick out or be the odd one in the group because they look and sound different.

"It depends on if you know a person there but if you don't know, you look around and everyone a white person, you can't go, you know." (Dina, older person)

The older people also considered that the cultural differences between their home country and the UK was another contributing factor to their feeling of 'not belonging'. This is supported by the Care-Connect's (2018)[9] report which noted that culture is known to prevent older people from participating in general social activities in their communities.

"In my country…, when they [neighbour] have got a funeral, you have to go to that funeral and attend that funeral. Nobody should invite you when you are the neighbour to go to the funeral. But here you can't just go to your neighbour's. Here, they will look at you…" (Twiza, older person)

Not being able to speak English or express themselves clearly in English was another way cultural differences became a barrier to belonging. In the quote below, the participant explains why she doesn't attend activities organised by mainstream organisations:

".. It's difficult to say what you want, to express yourself, that's why it's difficult. I feel more comfortable and can be social and get to know people more. I'm able to speak in this group you know." (Sara, older person)

2.3 Outcome of the lack of participation in social activities

When the older people were asked how they felt before getting involved with their respective organisations, most of them felt that they needed to participate more in the activities they enjoy. In addition, nine of the older people mentioned that their lack of social participation had affected their mental wellbeing.

Six mentioned of feeling lonely and three mentioned depression. Of those who mentioned that they were lonely, two of them lived alone and **four lived in multigenerational households**. Living alone is a known risk factor of loneliness[10]. For those who lived with family, they acknowledged that not living alone did have its advantages but did not stop them from feeling lonely as they had nothing enjoyable to do. Lack of participation in activities that older people enjoy is another known risk factor for social isolation and loneliness[11].

"I help my daughter I just look after her child for her, but I usually don't do that much, I'm just home waiting, doing nothing." (Sara, older person)

This finding reiterates the evidence that living in multi-generational BAME households does not necessarily reduce the risk of loneliness[8].

It is known that health challenges are associated with mental health conditions[6]. For the older people who mentioned depression, two of them had mobility issues and one lived with a long-term chronic illness which limited their ability to go out or participate in activities. A 78-year-old woman spoke about how her double hip replacement has affected her:

"But now to stay in one place whole day, day after day, week after week, month after month. It really makes some people depressed." (Amal, older person)

2.4 Impact of the BAME-CAP project on the older people

The project has had a positive impact on the older people who engaged with the organisations. The primary impacts include giving older people a sense of community; improving their wellbeing; increased confidence; providing an opportunity for older people to get involved in delivery of activities; and reaching 'harder-to-reach' older people. Table 2 provides an overview of the impact on the older people.

Table 2 Impact of the BAME-CAP project on older people

IMPACT OF THE PROJECT ON THE OLDER PEOPLE	
Sense of Community	• Inspired to help others • New friends • Intergenerational support • Belonging
Ability to reach the 'harder to reach' older people	• Address loneliness and social isolation
Getting involved with the project	• Experience • Pastime • Sense of responsibility / purpose • Increased knowledge and skills • Feels good
Increased Confidence	• Going out more • Feel entitled to help • Ability to integrate in their community
Improved wellbeing	• Physical wellbeing • Mental wellbeing

Sense of Community

In the interviews, the most mentioned impact of the project on the older people was coded to the theme 'sense of community'. This included having a sense of belonging, getting intergenerational support, making new friends and being inspired to help other lonely older people.

Belonging

Other than those who recently started attending activities, all the older people interviewed believed that the project had helped them to have a sense of belonging. They used phrases like "*feeling like a family*", "*feels like home*". This feeling of belonging was fostered by having people to call for help without

feeling like a burden, receiving regular phone calls and regularly attending activities with people who look like them and have similar culture or have similar experiences as described in Twiza's case study.

Case Study 1: Twiza

"Living alone without anybody or talking to the people, you feel like you are in limbo and... You're just in the house alone, loneliness can kill a person, you need the people, you need people to talk to, you need to go out to meet the people and not alone"

Twiza, a 73-year-old woman, moved from her native country to the UK about eighteen years ago to assist her daughter who was a single mother. The accommodation she shared with them became too small, so she moved into her own place three years ago. Then, she became very lonely, isolated and homesick. Attending church service was her only form of social interaction and she could go for weeks without having a conversation with anyone.

She heard about the project from a volunteer of one of the partnership organisations. It happened that the volunteer overheard Twiza telling her granddaughter off in her native language for not visiting her. The volunteer then approached her and used the opportunity to tell her about the project. Twiza told the volunteer that she would have been interested but was worried that her limited English would prevent her from feeling a sense of belonging. The volunteer assured her that there were people from her native country who also attend the activities. She decided to give it a go and met many older people from different African countries. She felt welcomed and could relate to them as they had similar life experiences. She attends and enjoys all activities organised by the organisation and considers them a part of her family. She feels less homesick because of this engagement and remains grateful to the organisation.

"It's like I'm at home, I think this organisation makes me to forget a bit [native country]"

Inter-generational support

The older people also highlighted that the project had helped foster intergenerational support. The relatively younger members felt like they had a pool of wisdom to learn from (the experiences of the older members). The older members on the other hand mentioned that the relatively younger members of the groups helped them with technology, reading their letters and interpreting from English into their native language.

"I get to learn; I get to learn things I didn't know, because there is quite a few very knowledgeable older women, you know, they talk about things. I've learnt a lot!" (Bwalya, older person)

New Friendship

All older people interviewed said that their organisations had helped them to make new friends and generally be more connected in their community. They called each other outside the meetings and some even met for coffee before the pandemic. The new friendships/connections they have made had given them their own 'little communities'.

"Yes of course, because when you join a new group, you get to know other people and of course you become friends with people, I feel like I have friends now." (Sara, older person)

Inspired to help others

Almost half of the older people felt they had been inspired to help others in their communities. These older people felt that engaging with the organisations had transformed the quality of their lives and were ready to share their stories with others in their community who could benefit from the project. They were ready to volunteer to find others after they had seen the benefit of the project in their lives as illustrated in Ahmed's case study.
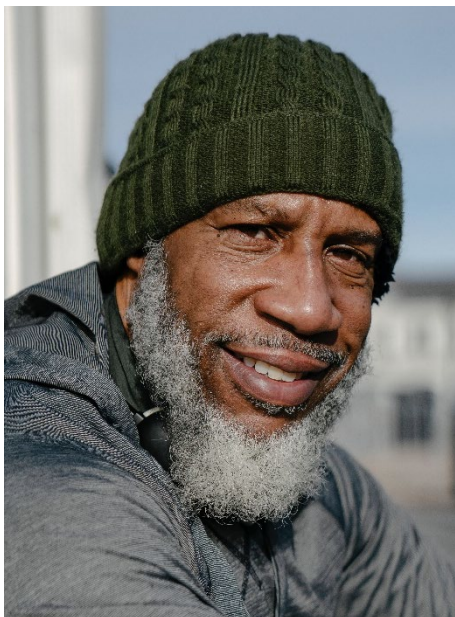
Case Study 2: Ahmed

Fifty-five-year-old Ahmed was diagnosed with a chronic immune compromised condition in his late 20's only about two years after migrating to UK as a refugee. He struggled to make friends because of the stigmatization of his illness. His condition also stopped him from working, limiting his ability to interact even further. He never married and has no family in the UK. Over the years, he has lost most of his friends, and in 2018, his best friend passed away which made him clinically depressed. He shut himself away at home and became unmotivated to take his medication.

One of the Project Leads (Aman), who he knew from the community, invited him to a meeting about two months before the pandemic. He decided to give it a shot. Aman would call Ahmed regularly just to check on him and chat. He would sometimes pop by and deliver food parcels from the foodbank to him.

"It is very very hard; it was very difficult. So, with phone calls and when he just pops in, he drops something. It brightens my life I could say."

Ahmed began to trust Aman even more and opened up about his condition to him. He was happy when he did not feel judged by Aman. Rather, he would often call Ahmed to remind him to take his medication. After the pandemic hit, Ahmed had to shield, and Aman continued to be a pillar of support to him. Being involved in the project has also helped him to make a few friends in his area. He is convinced that he would not have survived shielding if Aman had not reached out to him.

Ahmed is looking forward to the lockdown restrictions ending so that he can get involved in the project, find and offer assistance/support to people like him.

"When I met other people, I started thinking about the other people like me I see on the street, and I think we should help them."

Positive impact on wellbeing

The activities offered by the partnership members generally focus health and wellness. Most of the older people believed that regularly attending meetings positively impacted their physical and mental wellbeing by making them feel stronger and energized.

"change my type of eating and my illnesses start getting less. Because of the food they have told me what to eat... Not to eat any type of food which my eyes are attracted to the food, sometimes it's not good for my body" (Twiza, older person)

"...It helps us, it helps me in particular, it helps my mental growth….. we do not just walk, we go for a coffee or something afterwards and while we are waiting for everybody to turn up we have these discussions joking you know so it is fun!"(Lola, older person)

Getting involved with the project

All the older people acknowledged that the partner organisations had given them the opportunity to plan, lead or assist activities in the project; and almost all the older people took up an offer to be involved. All the older people mentioned having a say on the activities the partner organisations provide. Some of them helped to plan activities whereas others assisted or led activities. All the older people spoke of benefitting immensely from being involved including having a sense of responsibility, increased knowledge, skills and experience, being occupied and an overall positive feeling. Below is an extract from an older woman:

"It means a lot. Because I found myself…I regard myself when I'm getting involved. I look at myself like I'm a responsible person, because if someone asks you your idea and you are able to contribute, to me it's being responsible." (Bwalya, older person)

Increased Confidence

An important impact of the project highlighted by both older people and Project Leads is the increased confidence of older people. The older people had become more proactive and more confident to ask for help.

"People just learnt a lot and were managing themselves a lot better. They were not uncomfortable or afraid to come out ..." (PL)

Two older people mentioned that being part of their group had increased their confidence to begin to integrate into the wider community. Although only two older people mentioned this, **it remains a very important impact of the project**. This shows that while most of the older people say that they prefer to attend African groups, their engagement with the partner organisations may give them the confidence needed to begin to integrate more in their wider community.

"but, there are people in your area or the shops and you have never said a word to each other. So now you can be patient, confident and become more friendly to each other which builds relationships in that area…" (Peter, older person)

Ability to reach 'harder-to-reach' older people or 'older people no one knows'

Another important impact of the project has been the ability to reach the so called 'older people no one knows' or older people that mainstream or public organisations such as local authorities struggle to reach. The older people from these communities are usually not hard to reach for the partner organisations. A Project Lead illustrated this finding clearly when asked how he finds the older people:

"Because I know the people, talking to them face-to-face. Because I know where they live. For example, if you want to run a business, you must know the need of the people. If you don't live in Camden, you can't run a business in Camden. You don't know the people; how can you find the people…. but people, to find them is easy for me. If somebody else wants to find [PL's country] people, they will struggle. But for me, it's my people and I know the area…" (PL)

The methods mentioned by all the PLs for reaching older people were primarily word-of-mouth. They started with the older people they already knew in the community. They also went to places where older people from their respective communities are likely to be found such as churches, mosques, Black events and festivals to tell them about the project. In addition, the partner

organisations organise events to attract older people. All the PLs highlighted the importance of allowing time to build trust when recruiting older people from their communities. The recruitment journey as illustrated in Figure 2, can take a long time because older people were attracted to the organisation based on the organisation's track record in the community and sharing a similar culture. However, for them to register with the partner organisations and commit to be fully involved, they need to build more trust which in turn requires more time. This means that a lot of older people attend activities but are not registered yet. This delay may be because of the older people's distrust of formal contacts.

Figure 2 Recruitment Journey

Older people are attracted to organisations based on trust which is gained by having similar experiences, knowing the organisation in the community or having a shared culture such as language and food

↓

Older people start to attend activities

↓

Older people engaged by activities they find interesting

↓

Older people start to make friends

↓

Older People get registered (Recruited)

↓

Older people start to have a sense of community

↓

Older people start to get involved in the delivery and planning of activities

↓

Older people's confidence to integrate into the wider community increases
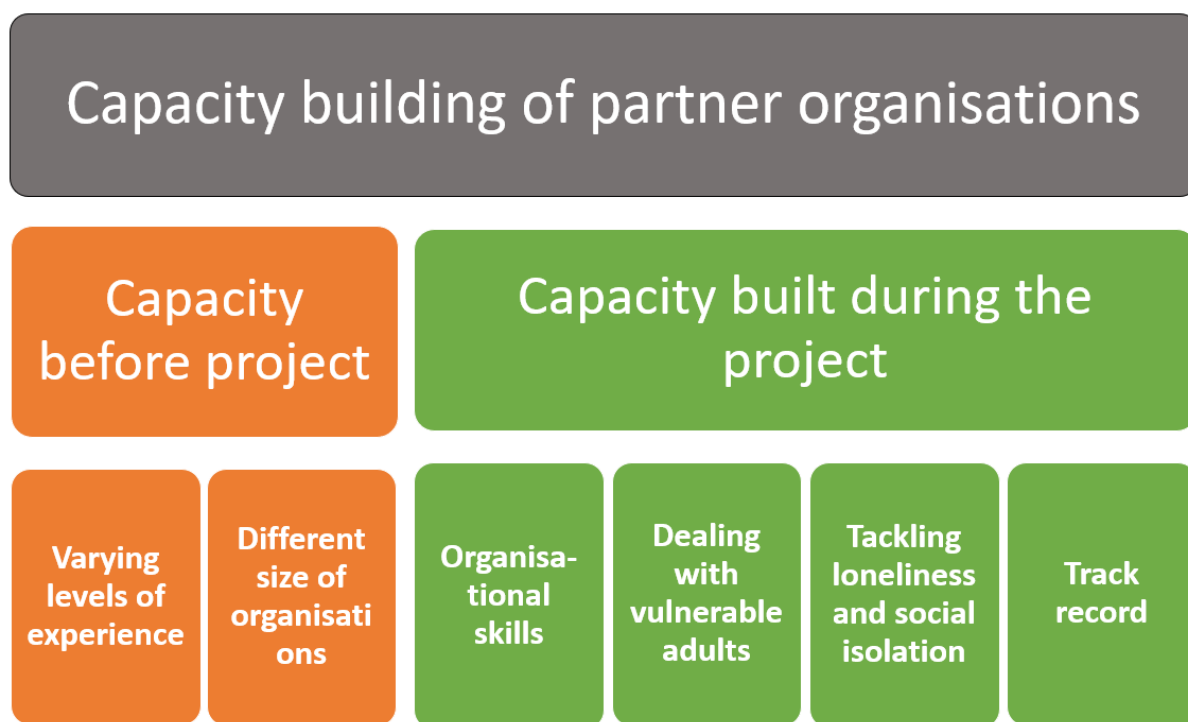
FINDINGS ABOUT THE PARTNERSHIP

The project made a commitment to build the capacity of the partner organisations to be able to tackle loneliness and social isolation amongst older BAME people in Camden. In this chapter, first the capacity built by the organisations is discussed. Next, factors which supported or hindered the **initial project development** are highlighted**.** Finally, factors supporting or hindering **project implementation** are discussed.

3.1   Capacity building

To be able to understand the capacity built by the organisations in the project, their capacity before the project was explored first, followed by the capacity that was developed during the project.

Figure 3 provides an overview of capacity building of the partner organisations.

Figure 3 Summary of the capacity building of partner organisations

Capacity building of partner organisations

Capacity before project	Capacity built during the project
Varying levels of experience / Different size of organisations	Organisational skills / Dealing with vulnerable adults / Tackling loneliness and social isolation / Track record

Capacity before the project

Before the project began, none of the organisations in the partnership had experience in delivering projects that tackle loneliness and social isolation in older people. All the partner organisations had varying levels of experience in delivering projects. Some groups such as the South Sudan Women's Skills Development and African Health Forum (AHF) were already very experienced in the delivery and management of funded projects, while others such as Light of Nations Missions and the Cornerstone Parish did not have any experience dealing with funders, making this their first funded project.

The partner organisations also differ in size. For example, AHF was already a partnership of 13 organisations with several volunteers; Ethiopian Welfare Association on the other hand is an organisation run mainly by the Project Lead (PL).

These partner organisations have years of experience in helping their communities, from having homework clubs to signposting fellow migrants to

the appropriate body for help. Nevertheless, some of the PLs had limited knowledge of the basic IT skills necessary for delivering funded projects. Some admitted that, at the start of the project, they did not know what Microsoft Excel was; others were not conversant with emails.

Capacity built during the project

As highlighted in the previous section, the organisations involved in the project started with varying levels of capacity. Therefore, although all the organisations have developed capacity through this project, the level of capacity developed also varies. Some of the areas that the organisations have built capacity include:

- Organisational skills;
- Dealing with vulnerable adults;
- Tackling loneliness and social isolation;
- Track record of delivering activities.

Organisational Skills

All the partner organisations developed capacity in setting up processes; putting up structures; reporting; budgeting and planning. VAC provided organisation skills training at the start of the project; the ABC Programme Manager responsible for the project also designed a template for the reporting required by ABC/the National Lottery. The Project Manager was also available to support the partner organisations. The experienced organisations in the partnership improved their capability through assisting the less experienced organisations. The partner organisations who had no experience in working with funders but had access to a lot of volunteers also developed their capacity by setting up structures and processes – such as opening specific bank accounts for the project, internal approval processes, involvement of their board in the decision-making – in their organisations. Although there has been a general improvement in the organisational skills, a couple of organisations did not appear to have made the necessary progress in this area.

Dealing with vulnerable adults

Provision of training by the council on safeguarding vulnerable adults and applying the knowledge in the running of the project helped the partner

organisations put the needed processes in place to safeguard vulnerable adults. The Project Manager also ensured that all the members had a safeguarding policy and process document. The PLs knew what to look out for to identify vulnerable adults, when to refer to other organisations or signpost their participants and understood their limits regarding offering help or making referrals. All the organisations have built capacity to deal with vulnerable older people. See Pierre's case study.

Case Study 3: Pierre

Pierre came to the UK in 1992 and, for many years, he worked as a bus driver in London. He is 55 years old and has three children: one independent, two still living with him (one in the university and one in sixth form). He suffered a massive stroke in his late forties which left him with mobility issues and a speech impediment. This 'new life' was difficult for him to adjust to. His wife, who was his carer and encourager not to give up, died two years ago after a short battle with cancer. He was devastated by this loss which made him shut himself away grieving. Not interacting with people worsened his speech impediment which in turn made him shut himself away more, isolating him still further.

Pierre was already a member of the partner organisation but had not been attending meetings since his wife passed away. The facilitators of the project, from the training they had received on identifying and dealing with vulnerable older people, recognised him as such and devised a plan to help him. This included putting him on the befriending list and calling him almost every day to build trust. At the start, he wasn't very interested, but they persisted. Slowly, Pierre began to look forward to their calls. Chatting regularly with the facilitators gradually increased his interest and confidence in attending the activities the project offered. Meeting regularly with people gave him the confidence to start going out to other places alone. During the pandemic, the

partner organisation continued to support him as he was advised to shield. He described the partner organisation as a part of his family:

"I don't have siblings here, so [the partner organisation] are my family. For anything 24/7 I can call anyone, and they know me"

Running activities for older people and the training provided on how to deal with vulnerable adults in the BAME-CAP project gave the facilitators the knowledge to identify Pierre as vulnerable; and the needed skills and patience to gain his trust.

Tackling loneliness and social isolation

Running activities for older people and reaching out to the older people in their communities helped the organisations to develop capacity in dealing with loneliness and social isolation. The skills demonstrated by the PLs include building trust, making the older people feel welcomed, following up and providing a befriending service for the very socially isolated (again, refer to Pierre's case study above). All the PLs highlighted the importance of building trust in their work with older people from their communities.

Although most of the organisations developed capacity to tackle loneliness and social isolation in older people in their communities, a few appeared not to have a full understanding of the project yet. Below is a comment made by one of the PLs:

".. since we started this project, they've become lazy. "Come do shopping for me that's your job." "I say to them, we are volunteers, it's not our job." (PL)

The PL, when talking about some of the challenges with working with older people felt that some of the older people were taking advantage of the organisation. He did not fully understand that the older people's sense of entitlement was rather a testament to their work with older people who were now feeling able to ask for help.

Track record of delivering activities

All the PLs spoke of the difficulty in accessing funding, and most of the organisations did not have access to funds to cover their core operational costs. They believed that several funders have requirements that make it almost impossible for micro/small organisations to be able to access funds.

Systemic racism was blamed by most of the PLs as the cause of this difficulty. Things such as due diligence which may involve looking at organisations' experience in delivering similar funded projects or having reserve funds could exclude them. For instance, one PL spoke of being told his organisation was unsuccessful in a funding bid because they did not have reserve funds. However, according to the PL, it was a 'chicken and egg' scenario which is that an organisation would not be able to build a reserve if they have no opportunity to win funding bids. The partner organisations delivering activities for the BAME-CAP project now have a track record of delivering funded projects. Their perseverance through all the challenges the project faced, including the COVID-19 pandemic, to keep the partnership together, and continuing to help their communities through this project has given them substantial demonstrable experience and a track record. This has helped them to win other funded projects, for example, the 'Camden Giving' project to tackle the digital exclusion faced by older people from BAME communities.

3.2 Initial project development barriers and facilitators

The facilitators and barriers which impacted the initial development of the project are described in this section with a summary presented in Figure 4.

Figure 4 Initial project development barriers and facilitators
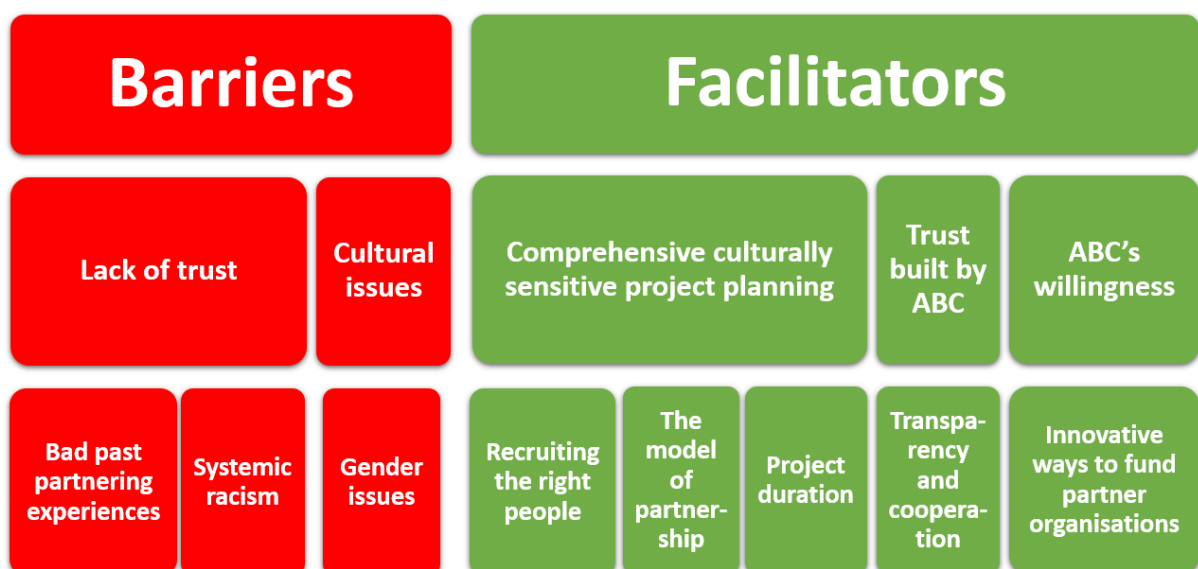
Barriers during the initial project development

Working with BAME organisations can be different and, as such, can be seen as risky and 'challenging' for mainstream and public organisations. The factors that hindered the setting up of the partnership were lack of trust and cultural issues.

Lack of trust

As a result of their bad past experiences with partnering other organisations for funding, as well as systemic racism, the partner organisations did not trust the partnership model at the early stages of the project. Hopscotch was made the lead agency for the partnership because none of the partnership organisations had the requisite capacity expected by the National Lottery to hold the contract. However, almost all the PLs were not comfortable with this arrangement – they were disappointed that a Black-led organisation could not be trusted to manage the contract and associated funding. Some of the PLs talked about their frustration at not being able to qualify for funding bids even as a partnership of Black-led organisations but had to partner with a bigger BAME organisation to access the funding which in turn reduced how much money they received. At the start, some of the smaller partner organisations were also concerned that the bigger organisations would take most of the money following a successful funding application which brewed mistrust and suspicion.

Cultural issues

All three managers in the project are women, which appeared to be a problem for some of the male PLs. It was understood from some of the interviews that the patriarchal nature of most African countries means that usually men hold the power. They naturally preferred to take charge and therefore they were very vocal and, in some cases, wanted to take over meetings; they sometimes by-passed the Project Manager and attempted to liaise directly with the Hopscotch Programme Manager. This behaviour undermined the authority of the Project Manager at the early stages.

Facilitators during the initial project development

A number of factors helped to overcome the barriers identified above. Firstly, ABC's willingness to set up this project; secondly, building trust by being accommodating and transparent; and thirdly, having a comprehensive culturally sensitive project plan.

ABC's willingness

ABC's willingness to find an innovative way to fund these micro-organisations to meet the needs of older people from these communities in spite of the 'fear' and anxiety[12] around funding BAME communities was key, when the project was being developed. These micro-organisations could not bid (or perhaps did not qualify) for funding due to the requirements that needed to be met, as well as the complexity of the whole bidding process. This issue was also highlighted in Ubele Initiative's research on the impact of COVID-19 on BAME VCS[13]as part of the reasons for the lack of funding for micro BAME organisations.

Building trust

Gaining the trust of the partner organisations was important for the initial development of the partnership. To get all the micro-organisations who were interested in the project to be on the same page and trust that the structure of the partnership was beneficial, required a lot of trust. Trust was built through ABC's transparency in budget allocation and willingness to accommodate the organisations' concerns where possible. These made the partner organisations feel heard. For instance, ABC agreed to the request for the age limit of older people to be lowered from 60 years to 50 years because in the cultures of these communities, a person in their fifties is considered as an older person.

Comprehensive culturally sensitive project planning

Comprehensive culturally sensitive planning included the following:

a. **Recruiting the right people:** ABC commissioned VAC, who had the experience of working with most of these micro-organisations in Camden, to support the development of the new BAME project. In addition, Hopscotch's Programme Manager for the project had experience working with BAME communities. AHF also appointed a

Project Manager who was already well known and trusted in the community. These were key factors that brought together the organisations of the partnership. For instance, the Project and Programme Managers' experience in working with BAME communities enabled them to deal with the cultural issues (highlighted in the previous section) in a sensitive but effective way. This included making the male Project Leads retain some power by calling them Mr 'Man' and not their first name, while nevertheless being firm. These changes appear to have had positive impact.

b. **The partnership model:** While the partnership model seemed to create mistrust (as explained above), the same model enabled the partner organisations get the funding to deliver the project. ABC's idea to partner the Black-led partnership with Hopscotch Women's Centre (a bigger BAME organisation) helped the micro organisations to qualify for funding which they would not otherwise have been able to access. **Hopscotch Women's Centre's agreement to hold the contract for the partnership despite the potential risk and was key in getting the project off the ground.**

c. **Project duration:** The initial two and half years' project duration was vital to the success of the partnership. With this duration the partner organisations were interested and confident that the project would run long enough to make a difference in their communities.

3.3   Project implementation barriers and facilitators

The barriers and facilitators of the project during the ongoing implementation are described below.

Project implementation barriers

The main barriers during the implementation of the project were recruitment challenges; management challenges; insufficient resources; capacity building challenges; and COVID-19 which is discussed in Chapter 0. These are summarised in Figure 5.

Figure 5 Project implementation barriers
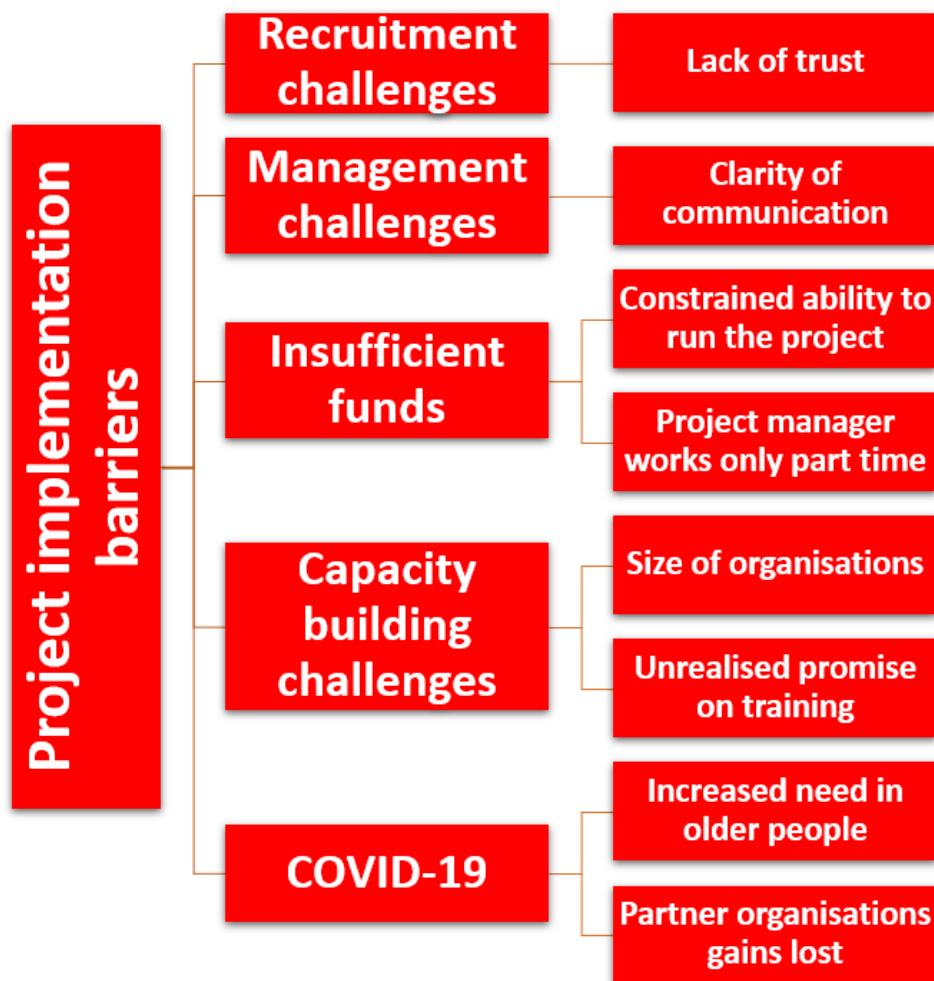
Recruitment challenges

The most reported barrier to the recruitment of older people to the project was refusal/reluctance by the older people to complete registration forms. Older people who attend an ABC funded activity or receive a service from the partner members are asked to fill in a registration form. This data is included anonymously in ABC's reporting to the National Lottery. However, most of the older people recruited did not want to fill in the registration forms. While they were happy to attend the activities, they were not happy to send their information to the funders. The main reason for this was the lack of trust of formal institutions. Most of the older people are migrants and, as such, may have had bad experiences with the immigration process/authorities which may have contributed to their reluctance to sign formal documents or give out personal information[4].

Management challenges

The most reported management issue that hindered the implementation of the project was clarity of communication. All the PLs identified the late payment of funds as a huge barrier to the project. The partner organisations are very small and as such have no reserves and therefore could not deliver the project until the funds were paid. ABC's programme manager talked about a float payment that can be accessed. However, none of the PLs or the Project Manager appeared to know about it. This suggests that while the PLs and Project Manager may have been informed about float payment, it may not have been clear enough for them to understand. Most of the PLs also did not understand clearly why the lead delivery partner (AHF) could not hold the finances or why Hopscotch was the lead agency.

Insufficient funds

Insufficient funds were the most mentioned barrier to the implementation of the project. All the PLs felt that about £1000 a quarter (which equates to £333/month) for the work they had to do was woefully inadequate. The older people they recruited were very isolated and did not have any other organisations to ask for help or attend any other activities. The partner organisations quickly found themselves overwhelmed with the support they had to provide with the limited funds. The older people wanted more activities and support; however, the partner organisations were unable to meet their requests due to the limited funds.

The limited funds also affected the partner organisation's ability to provide very interesting activities. The PLs mentioned that the older people wanted to go for day trips, but they could not organise them because of the limited resources. The limited funds also affected the ability to organise more social events which are usually key in recruiting new older people.

In addition, the limited resources also meant that the Project Manager only worked part-time on the project, hindering the partner organisations' ability to develop capacity. This is because the Project Manager's role in keeping the partner organisation together and providing support, was greater than anticipated.

Capacity building challenges

The main barriers that prevented the partner organisations from developing more capacity in the project were: unfulfilled promise on training and the size of the partner organisations. The VAC employee in charge of the capacity building work when the partnership was being set up promised to provide the partner organisations with a lot of ongoing support and training as part of her role. However, this employee left VAC at the early stages of the project. The extra training and the support were not picked up by anyone and therefore limited the partner organisations' ability to build the expected level of capacity.

Some of the organisations were so small that there was a lot of solo working. This also limited their ability to build capacity.

Project implementation facilitators

The main factors that helped the project were trust of the organisations, the Project Manager, the partnership, tenacity of the organisations, having access to some funds (albeit limited) and ABC's commitment to the project. These are summarised in Figure 6.

Figure 6 Project implementation facilitators
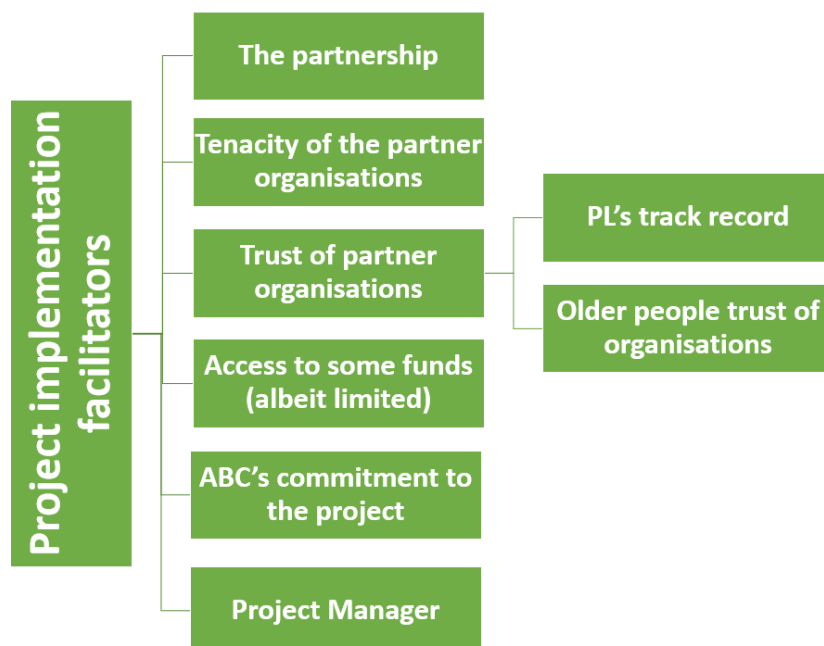
Trust of organisations

Trust is the foundation for attracting and engaging older people from African BAME backgrounds. The small size of the partnership organisations means that the organisations usually revolve around the PLs who were already well known and trusted in their communities. The PLs track record in their community helped them gain the trust of the older people who needed to be reached. All the older people interviewed said that they decided to attend an activity by a partner organisation because they either knew the PL or a volunteer or were referred by someone else who knew the organisation.

Project Manager

Recruiting a Project Manager albeit part time who was already well known and trusted in the BAME community in Camden was crucial in the success of this project. The role included building capacity and acting as the go-to person for all the partner organisations. The Project Manager helped them put in the required structures and was on hand to help with any challenges they faced. All the PLs and the managers were full of praises for the efforts that the Project Manager had put in to keep the partnership together and support the partner organisations.

Partnership

Although there were trust issues during the initial development, the most positive aspect the implementation of the project mentioned by the PLs was the partnership. The PLs highlighted that being part of a partnership helped them: learn from each other; reach more people and share experiences and opportunities to help solve problems. For instance, African Health Forum was able to reach older people from South Sudan because they could ask the South Sudan Women's Skills Development organisation for volunteers to help them with interpretation. Being in a partnership with organisations from similar backgrounds working to make a difference in their communities made them aware that they had similar challenges. This made the partner organisations feel that they were in it together, making them stronger and increased their trust levels.

"When I say something about the difficulties we are facing. Some people in the partnership can relate to it, 'Yes we have that problem as well'! You know! That

made it easier. It's not difficult to actually explain when we have difficulties. It makes the issues we're facing easier because we are all you know from similar backgrounds…" (PL)

Being in a partnership instead of individual organisations also helped to give them a stronger voice and increased visibility in Camden.

Tenacity of the organisations

The commitment of the organisations to serve their communities also helped. Before the partnership, some of the organisations had been serving their community without funding. The bigger organisations such as the faith groups had several volunteers who were willing to give time to make a positive difference in their communities. This dedication to their communities helped them to work through challenges to keep the partnership together. This included the COVID-19 pandemic and its disproportionate impact on the BAME Voluntary Community Sector[13], as well as the limited funds. None of the partner organisations in the partnership closed despite the immense challenges they had to overcome since the start of the pandemic in 2020. Rather, they adapted and dug deep into their passion reserves to keep on serving their communities with the limited resources they had.

Access to funding

Although all the PLs spoke about not having resources and felt that the budget for the project was insufficient, they were yet grateful to have access to regular funding. All the partner organisations had difficulty accessing funds. Therefore, having access to even limited funding increased their confidence as they felt that their work in the community had been appreciated which in turn motivated them to continue to serve the communities. The access to funding also increased the partner organisations capacity to do more including their ability to afford to hire a room for their activities.

ABC's Commitment to the Success of the Project

ABC's commitment to the project was a key facilitator of the project. ABC approached the challenges faced in the project with empathy and came up with simple, yet innovative solutions. For example, ABC agreed to reduce the registration requirement to a few basic pieces of information which excluded

sensitive information such as full names, date of birth and postcode when PLs shared their challenges in recruiting with them.

IMPACT OF COVID-19 ON THE PROJECT

The COVID-19 pandemic revealed longstanding health and social inequalities in BAME communities[14] In this section the findings about the impact of COVID-19 on the older people and the organisations in the partnership are presented.

4.1   Impact of the pandemic on the older people

The main impact of the pandemic on the older people was their mental wellbeing. **Anxiety or fear** was the most talked about impact on the older people. Nine out of the 14 older people interviewed admitted feeling fearful. This included both older people who live alone, those who live in multigenerational households and those who had already received the vaccine at the time of the interview. For those who lived in multigenerational households, living with younger members of the family made them more afraid because of their increased risk of getting the virus[14]. This made the older people frightened of interacting with their family members. To mitigate the risk, they were usually confined to their rooms, which was isolating and traumatic for them. Haddi's case study below provides an example of this.

The PLs highlighted that there were a lot of conspiracy theories circulating in their communities about COVID-19 and the vaccines which seemed to contribute to the panic and fear in the older people. The distrust of formal institutions by some BAME communities because of historical unethical research in Black populations[15,16] may have made the conspiracy theories more believable in the Black communities. The PLs mentioned that this fear may be contributing to the vaccine hesitancy in older people from Black communities.

I don't know if you've been following social media, there was a lot of conspiracy theories on social media about wanting to kill black people, Bill Gates issues and all of those. People are reading these things, and people are believing these things, and they're afraid of coming out, they're afraid of having their vaccinations, so yeah, that's been a challenge because of that…(PL)

According to the Office of National Statistics, August 2021's report on vaccine hesitancy[17] in the UK, Black or Black British adults were more likely to be vaccine hesitant (21%) compared with White adults (4%).

Older people who live alone were also anxious about not accessing their native foods (which they frequently ate) from the local shops because of the fear of catching the virus.

All the older people interviewed admitted **feeling lonely and socially isolated** because their fear of catching the virus had cut them off from their family and friends, the mosque, church, or attending BAME-CAP activities which were their main sources of social interaction. Most of the older people who had engaged with the partner organisations did not have access or the skills to use more modern forms of communication with family and friends such as video-enabled calls.

4.2 Impact of COVID-19 on the organisations in the partnership

This section describes how ABC and the partnership responded when the pandemic started by suspending activities temporarily and using the funds to support older people. The support provided to the older people include the provision of correct information, shopping for African food, and the provision of a befriending service.

Providing correct information

As highlighted in Section 4.1, there was a lot of wrong information and conspiracy theories circulating in the community at the start of the pandemic which caused a lot of fear. At the start, Government information about the pandemic and about restrictions was also quite complex and changed often with the Prime Minister's daily updates. A lot of the older people speak English as a second or third language; and some of them do not speak English at all which made it difficult for them to access these guidelines. The partnership spent a lot of time calling the older people and updating them on the guidelines, encouraging them to seek help when they had symptoms, dispelling the common conspiracy theories circulating and trying to get the older people to trust the information that was being put out by the government.

"You know the African mind, it's like anything is a taboo, even when they got it, they don't want to say. So, we need to work hard to call them, to explain to them if you're not feeling well don't hesitate to call 111, when they ask you to go the hospital, don't refuse because they will help you, cause there was a bad messages going around on WhatsApp. They said when you go to hospital with it, they will kill you." (PL)

African Food Shopping and Food Parcels

Food is an integral part of the culture of a people. Being able to have food from your home country is a very important tool that helps people settle when they migrate. The fear of catching the virus and financial difficulties for some of the older people meant that they could not access African foods which are not provided in the food banks or supermarkets offering online deliveries. The partnership decided to use the funds from the project to shop for African food on a monthly basis for the older people. For the very vulnerable older people, the partnership organisations would cook meals and package them to meal-size portions and deliver to them.

There were also older people who, although they were quite poorly, had fallen through the social care system and did not have access to any food. The PLs highlighted that a lot of the older people in their communities may not know the services they are entitled to, so it makes it easier for them to fall through the cracks. The PLs stepped in to support them during the pandemic.

"So, for example, we have a gentleman from [African country], who is very unwell. He's in and out of hospital and his care package with the care agency hasn't got enough time so they somehow didn't cater for his food. So, when we called him the first time, all he could say is, you know, I'm hungry. I want something to eat. So, one of our volunteers takes him food. We pack it in small lunch boxes so he can keep it in the fridge. So even if they just warm it up for him, he's able to eat on his own." (PM)

Befriending Service

Most of the partner members started a befriending service to the older people in their community. They had a list of all the older people who had come for activities and not only their registered members. Befrienders would call the older person weekly to check on them, be a listening ear, and provide advice or counsel, if needed. After a while, they were able to identify the very vulnerable and called every day to check on them. For those very vulnerable, the organisations provided volunteers to be part of their support bubble. It was interesting that the older people who live in multigenerational homes struggled even more in the pandemic as illustrated in Haddi's case study below. This supports the argument[8] that the use of stereotypical or blanket statements such as 'people who live in multigenerational homes may struggle less' should be discouraged.

Case Study 4: Haddi

Haddi, a 73-year-old woman, moved to the UK in 2002 as a refugee with her daughter to escape the civil war in her home country. Language and cultural barriers made it difficult for her to integrate and find employment. She currently lives with her daughter and grandchild. She misses her home country and dreams of an idyllic retirement in her warm homeland with its rich culture. However, she feels bound by duty to stay here to support her daughter, even though that makes her feel very lonely:

"I have one daughter in my life, and I want to be close to my daughter and that is more important than myself... I don't know if I want to go back and think of just myself..."

Following the outbreak of COVID-19 in 2020, her main source of social interaction – visiting the mosque each Friday – was no longer possible. She found herself stuck at home in her room watching TV programmes which she didn't understand. The pandemic also affected her mental health. She still feels terrified about going out of her house although she has had the vaccine and is afraid to hug or interact with her grandchild for fear of catching the virus.

"I'm scared to look after my grandchild. They opened the schools, and the kids go to school and when she comes from school, I'm scared to hug the child, scared to even go near the child, let alone touching the child, it makes me feel like I'm more vulnerable that's the scary part..."

Haddi was approached by a PL of one of the partner organisations who she knew already in her community. The PL offered her weekly online activities with other older people from her home country. She loved the first online session and logged on to all the meetings. She even made friends with two other older women from her group, and they speak on the phone all the time. Attending the online sessions gave her something to look forward to and

reduced her anxiety about the virus. Haddi wanted the sessions to be increased from once to twice a week.

"It would be good to have an extra day because our minds need to be kept entertained, we don't want our minds to die, which is what can happen when you are home all day by yourself."

Restarting face-to-face activities

All the PLs highlighted that restarting face-to-face activities has been a challenge. At the time of conducting the interviews (May – July 2021), the lockdown was being eased and although the groups could meet, there was a lot of hesitancy. The PLs felt that most of the project gains in the older people had been lost. The fear surrounding the pandemic was preventing the older people from wanting to meet face to face. The older people also admitted not feeling ready to meet outside yet. Even those who were double vaccinated said they were afraid to go out.

"The mosques have been closed for a long time, now that is open, I heard some people are going but I'm too scared to go there and the shopping and things my daughter does most of it." (Sara, older person)

The PLs believe that a lot of the older people have lost their confidence. This, in addition to their fear, is making it very difficult to re-engage them. The PLs are now working to balance rebuilding the confidence of the older people and encouraging them to go out for activities while keeping them safe. A few of the PLs are also vaccine hesitant, and therefore find it difficult to encourage others to get the vaccine, which in turn makes restarting face-to-face activities difficult.

"…Even though I'm referred to as someone with underlying condition, up to now I've not taken the vaccine, and because of that, I can't encourage others to go and take the vaccine… So, it will be difficult for me to advise somebody to go and take it if I don't have myself, so I left it to the individual persons." (PL)

RESEARCH CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

The research revealed that **there was a lack of participation in social activities in the older people who engaged with the partner organisations, and this had affected the mental wellbeing** of some of the older people. This included older people who live in multigenerational households which challenge assumptions about loneliness in BAME communities, reiterating the evidence that **living in multi-generational BAME households does not necessarily reduce the risk of loneliness**.

Despite the risk of working with micro/small BAME organisations, Ageing Better in Camden found an innovative way to fund, support and develop their capacity to tackle loneliness and social isolation in older people in their communities. These organisations usually have difficulties in accessing funding by mainstream organisations or public bodies. **Systemic racism** was highlighted by the PLs as the main barrier to accessing funds**.**

The project, through the delivery of activities by the partner organisations, had a positive impact on the older people. The partner organisations also **developed a varied but increased level of capacity to deal with social**

isolation and loneliness due to the project delivery and the provision of support and training**.**

While the BAME-CAP project made an impact in terms of tackling loneliness and social isolation in older people and building capacity in the partner organisations, **the COVID-19 pandemic has had a detrimental impact on both the older people and the organisations in the partnership.** The older people have been gripped with the fear of catching the virus and are now afraid to go out. This fear has made it difficult for the partner organisations to re-engage the older people to start attending face-to-face activities. **Overall, a lot of the gains the project made in the older people have been lost due to the pandemic.**

5.2   Recommendations

The findings of this research have implications for key stakeholders, particularly the partnership organisations and supporting organisations and, more broadly, for social care practitioners, funding organisations and public bodies.

BAME-CAP Partnership

a. With the pandemic causing fear and anxiety in the older people, it is crucial for the partnership to seek funding to re-engage them when the current funding ends in December 2021. The funding for the continuation of the project should include additional budget lines to:
   o cover the core operational costs of the partner organisations;
   o enable the Project Manager to work full time and in turn be able to provide tailored training and support to the organisations in the partnership;
   o enable partner organisations to run more events to reach older people;
   o increase the number of days allocated for activities; and increase the frequency of calls for the older people who are on the befriending service.
b. Hold the PLs accountable especially in monitoring and reporting so that they can take ownership and develop an appropriate level of competence and skill;

c. The partnership should organise regular joint events with mainstream organisations, who support older people, to help increase the older people's confidence. This will in turn help them to integrate better in the wider community;

d. Support organisations need to communicate to the partnership, both verbally and in writing, in a manner that can be clearly understood considering that all the PLs speak English either as a second or third language.

Practice Implications

To help identify vulnerable BAME older people, and to develop well informed approaches when dealing with older people from BAME communities, social care practitioners (carers, social workers, GPs, nurses etc.) should be aware:

a. Of the varied experiences of loneliness and social isolation in older people from different BAME groups;

b. That assumptions such as living in multigenerational homes reducing BAME older people's risk of loneliness are not necessarily true;

c. That older people from BAME communities may not automatically trust them as they are perceived to be part of a systemically racist institution. They should therefore seek to gain trust from the older people.

Funding Organisations and Public bodies such as Local Authorities

The COVID-19 pandemic exposed the longstanding health and social inequalities in BAME communities and as such, funding organisations and public bodies should:

a. Recognise the value of small/micro organisations in reaching older people from their communities;

b. Be aware that the requirements/hurdles they put up to reduce risk as well as the complexity of the bidding process inadvertently prevents small/micro BAME organisations from accessing funding programmes;

c. Make use of the model used in this BAME-CAP project to make funding accessible to small/micro BAME organisations;

d. Provide sustainable, long-term funding to small/micro BAME organisations. The funding should include budget for infrastructure (e.g., office premises

and basic management systems), capacity building and core operational costs of the small/micro BAME organisations;

e. Provide grants to small/micro BAME organisations to tackle the digital exclusion that older people from BAME communities face. The work funded by such grants must include procurement of technological devices (smart phones and tablets) for the older people and provision of guidance on how to use them.

Conducting further research

This work indicates a number of useful directions for future research. Some possibilities are:

a. To carry out a systematic review of existing research evaluations of work to support capacity building of grass roots BAME organisations working with older people from their communities which is similar or different to the model examined here;

b. If necessary, based on such a review, to build evaluative research into new capacity building projects of this kind in order to create a fuller body of evidence about what works;

c. To carry out a large-scale, nationally, or regionally representative quantitative study to explore how the prevalence of loneliness and social isolation among people from different BAME communities correlates with socio-cultural factors such as living arrangements.

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APPENDIX A
RESEARCH METHODS AND ETHICS PROTOCOL

Sampling Approach

Purposive and convenience sampling was used to recruit the participants. The researcher collaborated with the PLs to come up with a sampling frame for interviews with older people. This helped to ensure that this group of participants varied in age, frequency of attendance, how involved they were in organisation activities and whether they were registered or not. They were requested to propose six older people according to the sampling frame. Four out of the seven PLS were able to provide six names. Two out of each group of six proposed who matched the sampling requirements were selected. Convenience sampling was used to recruit older people from the other organisations. PLs helped to book the interviews with older people. Convenience sampling was used to recruit three volunteers from three partner organisations who had volunteers willing to take part in the research.

Format of the interviews

An in-depth semi-structured interview method, using an interview guide was used to allow answers to be probed further for clarifications while providing

structure for the comparison of responses. Four different interview guides were designed with open ended questions for each of the groups to enable the research aims to be realised. The interviews were recorded and transcribed verbatim. Interviews lasted between 30 minutes and one hour.

Analysis of the data

Thematic analysis was used to analyse the data. Relevant ABC monitoring data and the observational data was analysed in addition to the data collected from the interviews. NVivo11, a computer-assisted qualitative data analysis software (CAQDAS), was used to store, manage and code data into segments.

To ensure research rigour and validity of the study findings, reflexive steps including taking notes were undertaken as much as possible in the research process to avoid researcher bias.

Research ethics

Ethical considerations permeated the whole research process. An ethical protocol and interview guide were also developed and approved by ABC before the interviews commenced. The ethical protocol is provided below.

Strengths and Limitations of the research

The use of qualitative interviews allowed an in-depth exploration of the experiences of the research participants. In addition, collaborating with the PLs to include older people who attended activities but were not yet registered with the organisations in the sampling frame made the findings richer. However, the findings would have been strengthened further by including older people who had not engaged with the partner organisations.

The use of the PLs as interpreters for a small number of the interviews helped to establish rapport but may have introduced a bias in the answers of the older people.

Finally, asking participants to answer questions on what happened over two years ago may have affected participants' responses as some may have forgotten the details.

Characteristics of older people

No.	Name	Age	Marital status	Living arrangement	Sex
1	Pierre	55	Widower	Live with his children	Male
2	Ahmed	55	Single	Lives alone	Male
3	David	58	Married	Lives with nuclear	Male
4	Bwalya	58	Single	Lives alone	Female
5	Lola	62	Married	Lives with nuclear	Female
6	Peter	63	Divorced	Multigenerational	Male
7	Alongi	63	Single	Lives with nuclear	Female
8	Sara	66	Widow	Multigenerational	Female
9	Dina	68	Widow	Lives alone	Female
10	Lily	69	Single	Sheltered housing	Female
11	Twiza	73	Single	Lives alone	Female
12	Haddi	73	Single	Multigenerational	Female
13	Afi	73	Divorced	Lives alone	Female
14	Amal	78	Widow	Multigenerational	Female

ETHICS PROTOCOL

Informed / Voluntary Consent

To obtain an informed and voluntary consent from the participants for the interviews, the following will be presented to the participants: the aims of the study and what the study is for, their right to withdraw at any point in the interview and an assurance of confidentiality and anonymity before asking if they would want to participate.

Participant information sheets (PIS) and consent forms will also be designed and made available to all identified prospective participants through emails, post or other channels agreed with the participants. The PIS will include the information about the study, the voluntary nature of participation, and their

right to opt out of the study at any time. For the volunteers and older people, the PIS will also mention the offer of a gift voucher as a 'thank you'.

Participants will be asked to sign the consent form if they can or give verbal consent (to be recorded) if unable to sign, before each interview. The consent form will highlight the participant's rights, including the time-period from when it may not be possible to remove participants' data from the study.

Informal consent will be sought from the older people before the researcher participates in their activities to capture observational data.

Participants will be reminded frequently of their right to opt out and the timeframe within which the participant could withdraw to ensure that their data is removed.

Right of participants to withdraw consent to participate

Participants will be assured repeatedly of their right to withdraw from the study at any point before and during the interviews. However, participants would have to inform the researcher as soon as possible after the interview if they decide to withdraw from the project so that their comments are not included in the write-up. This flexibility to withdraw will also be put on the consent form and the participant information sheet.

Possible distress, discomfort, inconvenience, harm, or other adverse effects the participants in the study may experience (including after the study) and how it will be dealt with.

Vulnerable participants may become distressed during the interview especially when talking about loneliness, isolation or the effects of COVID-19. If a participant becomes distressed during an interview, the recording will be stopped immediately, and the participant given time to recover/ compose themselves. They will also be asked if they would like a break or want to terminate the interview altogether. They will be given the option of having the interview at another time or to withdraw completely from the research. If the participant decides at that moment to withdraw from the study, all their data will be deleted. In addition, participants who may have been recently bereaved in the COVID-19 pandemic will not be recruited in the study. Care must be

taken when writing the interview guide to make it culturally sensitive and acknowledge any misgivings they may have about the research.

Maintaining participant anonymity and confidentiality during data collection, analyses, and reporting

Participant information will be kept confidential and anonymous by removing all identifiable information from the data during transcription. All identifiable data like consent forms will be kept separate from the non-identifiable data. The interview recording will be kept separate from the transcribed data.

The anonymised data will be used in the analyses and write up of the report. Research findings written up in the report will not include any identifiable information. Participants and their organisations names will be withheld in the subsequent write-up to ensure anonymity.

Participants would be encouraged to provide an honest assessment of their experience or interaction with the partner organisations, of which some might be negative. Participants may be victimised if their identity is recognizable in the report due to the small size of the organisations. To deal with this, participants will be assured that any information shared will be anonymized. Pseudonyms will be used for both participants and organisations and care taken in the write up to ensure all identifiable data removed.

Main ethical issues

The main ethical issues in the study will be informed and voluntary consent, avoidance of harm, confidentiality and anonymity and appropriate storage and handling of data which has been highlighted earlier.

There are extra ethical issues to be considered because of the potentially vulnerable participants in the study. This includes having a safeguarding policy and ensuring privacy.

Each of the partner organisations has a safeguarding policy and a safeguarding officer. If the researcher comes across a safeguarding issue, the respective safeguarding officer will be contacted, and the safeguarding policy followed.

APPENDIX B
DESCRIPTION OF PARTNER ORGANISATIONS

African Health Forum (LEAD DELIVERY PARTNER)

The African Health Forum is a partnership of 13 different sized African organisations, established in 2004. The organisations include self-help groups, faith groups and voluntary community groups. They deliver services to all African communities in the diaspora. The services provided include supporting individuals and the community to access health services, encourage Africans in the diaspora to adopt healthier lifestyles and encourage Africans to contribute to society.

African Health Forum has one paid part time staff member and lots of volunteers. They are experienced in the delivery and management of funded projects and have acted as a lead organisation on a £100,0000 project.

Activities delivered in this project: The activities offered at any time come from consultations with the older people. Some of the activities that AHF has offered to older people include Zumba classes, chair exercises, walking sessions and presentations on healthy lifestyle.

Note: They have recently changed their name to **"Umoja"**

South Sudan Women's Skills Development

South Sudan Women's Skills Development (SSWSD) (formerly the Sudan Women's Association) was established in 1991 by Sudanese women who took refuge in the UK and registered as a charity in 1996. SSWSD currently provides services to refugees, asylum seekers and other Black and Minority Ethnic (BAME) women living in the Camden area. SSWSD is dedicated to combating poverty, isolation and social exclusion. They help their members integrate into wider society and promote recreation and leisure to improve the quality of life of their members. SSWSD also provide a safe and supportive space where women can help each other and learn together to empower themselves.

SSWSD currently has no paid staff but a vast team of dedicated volunteers. They are very experienced and have managed a lot of funded projects. They were funded for about 20 years by Camden Council.

Activities delivered in this project: The activities offered to the older women include yoga, sewing, knitting, crochet, and embroidery and arts and craft. They also organise a monthly social gathering for the women to come together to pamper each other. This includes massage, braiding hair, manicure and pedicure.

The Light for Nations Mission

Light for Nations Mission is a faith-based group that provides services to Angolan and Congolese communities in Camden. They aim to advance the Christian faith in the United Kingdom, to relieve poverty, sickness, financial hardship and to promote and preserve good health by the provision of funds, goods or services to people. Advancing the education of school age children by the provision of homework clubs.

LNM has no paid staff but has access to large number of volunteers. Most of their work in the community has been funded by the church with volunteers. Being a part of the partnership helped them to win their first funded project.

Activities delivered in this project: The activities offered to the older people include sewing African material, healthy eating workshops, computer skills lessons, afternoon tea and coffee to share stories and dance.

Cornerstone Parish Church

Cornerstone Parish is a faith-based organisation with a keen interest in impacting their community through transformational Christ-centred activities and programs. They mainly cater to the Nigerian community. Their vision is to empower and transform lives in the community through the word of God. They do home visits, provide counselling and Sunday school for children.

They currently have no paid staff but have access to several volunteers. Being a part of the partnership helped them to win their first funded project.

Activities delivered in this project: The activities offered to older people include lectures on healthy eating, walking sessions, knitting and tea and talk. They also provide counselling and practical and emotional support to the older people.

Women's Voices

Women's Voices is a women's group focused on changing the way that Somali women and girls are viewed within their own communities, and in wider society; and for women to be empowered. They offer training and support to get more women and girls educated and into paid jobs to build up their resilience and confidence and encourage their independence.

They have one part time paid staff member and five volunteers and are in the process of registering as a charity. They have funded project experience. They joined the partnership in January this year (2021) during the lockdown.

Activities delivered in this project: They only delivered activities online at the time of the interview because of lockdown restrictions. The offer in this project includes tea and talk sessions, chair exercises and health workshops online.

African Physical Training Organisation (APTO)

APTO was founded in the UK in 2002 to improve the quality of life of children and young refugees/asylum seekers by enabling and empowering them to participate in the socio-economic development of the wider community in which they live. They provide activities like football training and educational sessions that benefit young people, adults and the elderly. APTO offers its services to all Central Africans and African French speaking people because of the shared language and culture.

They have funded project experience.

Activities delivered in this project: The activities they have delivered to older people in the BAME-CAP project including walking sessions, dance sessions, arts and crafts. They also offer translation services for GP and hospital appointments.

Ethiopian Welfare Association (Also known as Ethiopian Welfare Action Group)

Ethiopian Welfare Association was set up in 1994 to empower those living in poverty and the disadvantaged, especially Ethiopian refugees and people of African origin, to enable them to take positive action themselves to improve the quality of their lives. They provide motivational workshops and also run a food bank service including delivering food to very needy but isolated people.

They joined the partnership in December 2019, not long before the pandemic.

Activities delivered in this project: The activities they have delivered to older people in the BAME-CAP project including walking sessions, food delivery and a befriending service.

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