



Battersea Age Well Project: Participatory Needs Assessment (PNA)

Katherine Low Settlement

Authors: Jacky Bourke-White, Sarah Goodall, Kerry Hagger

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Katherine Low Settlement
108 Battersea High Street
London
SW11 3HP

www.klsettlement.org.uk
info@klsettlement.org.uk
020 7223 2845

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1. Executive Summary

The Battersea Age Well service has been commissioned through a three-year contract awarded to Katherine Low Settlement (KLS) by Wandsworth Borough Council (WBC). The overarching objective for the service is to support the creation of a Battersea neighbourhood in which older adults can live full lives as dynamic and contributing members of the community.

To do this the Age Well project needs to reach previously unconnected older people within a limited financial budget. The Age Well Project (AWP) is therefore being constructed through co-produced activities and delivered by identifying and utilising community assets in a range of locations. It supports a wider drive within the borough to reduce the health inequalities prevalent within the neighbourhood and a corresponding reduction in the need for statutory Social Care provision in later life.

The contract awarded by WBC does not specify the means of delivering the service or specific KPI's; but instead takes an innovative approach of requiring the provider, KLS, to undertake a Participatory Needs Assessment (PNA) to co-produce the delivery model with older people and valued partners in the Latchmere, St Mary's Park and Queenstown wards.

The objectives of the PNA were three-fold to:

- Build a picture of community assets and existing services,
- Build a picture of the needs and interests of older people,
- Build relationships and networks with local elders and stakeholders.

The PNA began in spring of 2020 just before the first Covid-19 lockdown and, out of necessity, the methodology and project has evolved over the ensuing 12 months as a result of the impact of the pandemic. Throughout these adaptations the methodology adopted has been robust. It has included the following:

- A review of existing data and pertinent research material,
- a mapping exercise of community resources in 2020 and again in 2021,
- a focus group with older people pre pandemic and again in the hiatus during the summer of 2020,
- a focused discussion at Older Persons Provider Forum,
- Interviews with Enable Social Prescribers working in Battersea.
- Telephone and focus group interviews with 69 older residents in 2020,
- and a further 25 older people and 6 community stakeholders/partners in March 2021.

The coronavirus pandemic has not only influenced the methodology of the PNA but is also shaping the results that have emerged.

The effect of the pandemic and subsequent two lockdowns has impacted on peoples mental and physical health. With many older people, particularly within BAME communities in London, having lost friends and relatives or experienced the fear of loss and the fear for their own health; combined with the changes that the pandemic has made to how life is lived, new and sometimes urgent needs have appeared. Exacerbating the situation, many services and activities have been suspended and/or closed.

These new needs, our growing understanding of the complexity of leaving this pandemic, the likelihood of some requirement for continued social distancing in our immediate future and the potential for a third and fourth wave, combined with our current inability to accurately predict the end of the pandemic means that the project will need to continue to be informed by the pandemic response and adapt to the emergent needs and the constraints within which it can meet them.

It is also possible that the cost of the pandemic will impact adversely on funding as future opportunities will be shaped by the availability of funding pots to allow ideas and projects to be implemented.

Key messages

Resources

- Older people connected to KLS pre Covid-19 had access to activities and services.
- There has been a wealth of expertise around working with older people and a strong community memory of what has worked before exists in the neighbourhood.
- The social prescribers working in the GP practices have been a successful conduit for bringing new people into Age Well and other services. Could this be replicated elsewhere such as Adult Social Care (ASC).
- There are plentiful green spaces and community spaces that could be utilised with some additional coordination and facilities.
- The financial wealth of some residents in the area means that many private sector spaces (pubs/cafes etc) cater for this demographic and are unaffordable for use by many of the older population.
- The wealth of some residents may represent a currently untapped resource.

Needs

- There are concerns about the people that are not connected to community services and how to reach them. These concerns existed before the pandemic and research shows that during the pandemic more people will have become isolated and in need.
- People primarily find out about activities through word of mouth. Without recommendations from trusted acquaintances there is a need for more persuasion and one to one conversation. Opportunities for word-of-mouth recommendations have drastically reduced during the pandemic.
- Whilst the community sector is skilled at the necessary conversations, it lacks the level of specialist knowledge that exists in corporate marketing and PR firms on how to reach people or the budget to purchase this knowledge/services.
- There are three groups of older people in need. A group of younger old (under 60) who, due to previous social/economic disadvantage have reducing physical health and/or mental health but for whom there are no affordable services.
- There is a pre fail group of people in their sixties and seventies who remain unconnected to the community as they don't consider themselves old and therefore do not connect until there is a crisis. (bereavement, health etc) Sometimes this means that they are then unable to access support when they most need it.
- There is the silent generation of older old, who are often the hardest to reach and those least heard. Stakeholders spoke less about the unmet needs of this group. This could be because these were the age groups that many activities are already reaching, but it is likely that there is a cohort of this silent generation who are currently invisible and unreached.
- Within all three groups, men are the least likely to engage with services and activities. There is the need for targeted work with older men, many of whom struggle with social connection and who view needing support as an indication of weakness as indicated by some of the responses within the PNAs.
- There remains a lack of data about the needs of older LGBTQ population. To gain this knowledge may require a more specialised piece of research as part of the Age Well project in Year Two.
- London's older population has complex needs arising from histories of dislocation and discrimination for elders from London's diaspora communities and for a growing number of young old, histories of poor physical and mental health and complex needs
- The impact of the pandemic on the older population has led to increased need amongst the older population and the need for more skilful interventions around mental health and digital inclusion. Much expertise exists already within the community sector and the resources of space and time for facilitating the sharing and cascading of this knowledge, perhaps through action learning and cascading would be beneficial.

- The infamous English rainy summers can make open areas and parks of limited use. Are there possibilities for creating temporary covered areas over this summer so that outside exercise classes can continue whatever the weather?
- Digital inclusion and exclusion have become major issues and all stakeholders felt that this should be a focus of attention. The fear, frustration and/ or lack of interest older people express to developing digital knowledge must be tackled head on.
- There is a need not only to persuade people to connect digitally but to ensure that their connectivity is affordable in the same way that we combat fuel poverty by ensuring people are on the best packages financially for them. The pandemic has brought forward the time when digital inclusion is a necessity.

Relationships

- Battersea's community services have a high degree of connection with awareness of each other's service and offer. However many grassroots activities have disappeared during the last year.
- Stakeholders mentioned a need for more effective referral pathways between themselves and the borough wide Age UK services. They also expressed a desire for more effective working relationships with sheltered housing.
- There is a perceived divide between the older long-term population and the more recent and wealthy younger population within the area. Building relationships across this divide is likely to benefit both populations, with similarity in the loneliness statistics for both young and old people.
- Recognition of the reciprocity involved is crucial to bridging the economic and generational divide. Positive social exchanges are fundamental requirements for all of us. With our understanding of how giving brings psychological benefits and enhances the wellbeing of the giver, an older person willing to take kindness from another is also doing a kindness to the giver.

Focus for first 18 months.

1. Supporting the development of a community response to the impact of the pandemic on older people
2. Continue the emphasis of reaching new older people, ensuring the three groups are reached and also developing targeted work with older men.
3. Work across the community to increase digital participation and develop a trauma informed approach to work with older people.
4. Continue to build connections with social prescribers and other local community connectors and stakeholders.
5. Work within the community to build on the community feeling that arose during the pandemic and support the creation of reciprocal "friending" relationships and to support the service including the creation of Digital and Active Champions
6. Seek additional funding to provide additional activities.

2. Objectives for the Service

The Battersea Age Well project has been commissioned by Wandsworth Council (the Council), with the service specification setting out ten ambitious strategic objectives and to be delivered from existing community settings and newly identified assets within Battersea:

- Reducing social isolation
- Increasing contribution to the community
- Improving physical activity and healthy eating
- Equipping service users with skills required for later life including digital skills.
- Supporting residents who are unpaid carers.
- Co-producing intergenerational activities/ interventions and whole family approaches to help deliver above outcomes.
- Physical self-care and health awareness related to aging.
- Increased participation by BME groups in preventative activities
- Increased levels of independence
- Increased community action to improve health and well-being of older residents.

Following contract award, the first requirement of KLS was to undertake a Participatory Needs Assessment (PNA), and to coproduce the service with older people within the community to address these objectives and in what order of priority (Along with draft performance measures).

These objectives have increased in relevance during the pandemic and lockdowns. Whilst the pandemic impacted upon the initial progress on both the PNA and the subsequent service, the Battersea Age Well service is now well under way and has developed in an iterative manner with successfully evolving to meet the needs and constraints arising from the public health situation.

3. Participatory Needs Assessment Methodology

The methodology used for the Battersea Participatory Needs Assessment (PNA) included:

- Desk Research included local reports and data, and a review of recent research on the impact of Covid 19 on older people,
- A mapping of community assets and provision,
- A two-part consultation with Older Adults and Stakeholders, and
- Recommendations for the Service Model.

The PNA adopted a mixed methods research methodology that drew on both qualitative and quantitative, and local and national sources: This approach to research was used to gain rich data and build a picture of the specific characteristics and issues in Battersea informed by national research and knowledge around older people.

Work on the PNA began in the spring of 2020 with a focus group discussion at Dimsom Lodge involving 9 older people. This group was involved in coproducing the interview format for the first tranche of telephone interviews with 54 older people who took part in qualitative semi-structured interviews completed over the phone during a 4-week period (end of May to June 2020). 80 % (44) of this initial cohort were older people known to KLS whilst 20% (10) had not previously been in contact with the settlement prior to the first lockdown. A second tranche of 25 interviews carried out with older people in March 2021 were with people not previously known to KLS and Battersea community services. Six older people also attended a further focus group held in June 2020.

Views of stakeholders in the neighbourhood have been sought in several ways. The June Older People Providers Forum gave people attending the opportunity to contribute to the PNA. A questionnaire was sent out to the Enable Social Prescribers working through the GPs surgeries within Battersea. A further set of telephone interviews were held in March 2021 with key stakeholders including:

- Elaine Curley - Wandsworth Council
- Mo Smith - Regenerate Rise
- Sarah Rackham - Battersea Befriending
- Umer Arshad - Battersea Islamic Culture and Education Centre
- Rev Aaron Cowley Kennedy- St Mary's Church and Battersea Angels
- Kerry Hagger - Battersea Age Well Project
- Phoebe Jeffrey - Battersea Primary Care Network

Due to furloughing and pressures on some stakeholders both the PNA and the Age Well project needed to be more evolutionary and flexible than originally planned. Many of the smaller self-organised groups we planned to connect with disappeared, leisure centres closed, and statutory services were overwhelmed with responding to the crisis. Similarly the 2nd lockdown limited the ability to contact pubs and other privately owned but communal spaces that we hope will be part of the project in the future. It is likely that the lockdowns are also the reason that transport, usually identified as a major barrier to creating social connections amongst older people, did not emerge as a factor within this PNA.

Despite the reduced reach of the PNA, 94 older residents and 7 stakeholders have been interviewed, with consistent themes arising that provide some confidence to the recommendations that have been made in this progress report. All case studies have been anonymised to protect individual's confidentiality.

Questionnaires were developed to provide a structure to each interview (See Appendix 3 & 4) and a methodology adopted to ensure that relevant areas were covered with each older adult or stakeholder consulted. By doing so, it has been possible to draw statistical analysis, whilst also recognising that some areas for discussion were not relevant for some respondents, who may only be able or willing to comment on specific areas that were pertinent to their lived experience or area of expertise.

4. Literature Review

4.1 The older population in Battersea

The three wards that make up the Battersea area for this participatory need's assessment; St Mary's Park, Queenstown and Latchmere, are diverse in their social and economic demographics. Whilst of the three wards, St. Mary's Park has both the highest percentage (12.1%) and absolute number (2,295) of older residents, the older people living within this ward tend to be less at risk of loneliness than in Latchmere (older population of 1,406) which has several areas in the highest risk brackets for loneliness and Queenstown which has one high risk area identified, (older population of 1596). (Age UK loneliness map) This does not mean that there are not older people who are isolated and in need outside of areas identified as high risk, just that the likelihood is less. And as with any data, these statistics hide the wealth of individuality and difference within the older population in Battersea.

In Battersea this higher level of risk reflects less the proportion of older people living alone, with similar proportions of between 8%-9% of households in all of the three wards comprising of single people over the age of 65, (Similar to levels within Wandsworth and London) but to reflect more the levels of economic deprivation within each neighbourhood; with the population in St. Marys ward having the highest levels of income and education whilst Latchmere, (Wandsworth Public Health [profile of Latchmere](#) 2018) has 90% of its population living in areas that are consistently in the highest deciles for deprivation including the highest 10% for income deprivation affecting older people.

This disparity in economic and social exclusion is illustrated by London's first luxury retirement village recently being built within St. Mary's Park ward. With the village having its own swimming pool, cinema, spa, restaurant and activities, it is unlikely that its residents will either need or want the services of an Age Well project. (Although there is a case for exploring post Covid whether there would be any appetite for community use of these resources and therefore the possibility of the village becoming another community asset). The village reminds us however of the danger of holding a single view of what older people need. In such a setting the experience of living alone as an older person will be very different than for an older person living on the Latchmere Estate or for the older person who is isolated and in need on the Winstanley Estate within St. Mary's ward and who would benefit from an Age Well service.

As would be expected from the above statistics, healthy life expectancy in Latchmere is significantly lower than the Wandsworth average, with men in Latchmere spending only 57.7 years of their lifetime in good health which equates to up to 6.2 fewer years than the Wandsworth average (63.9 years) and women spending 61.7 years of their lifetime in good health, which equates to up to 3.6 fewer years than the Wandsworth average (65.3 years). The conflation of poor health and income deprivation

combined with living alone increases the risk of loneliness and poor health outcomes and the interplay between each of these and additional factors further increases risk. Intersectionality, the understanding of the confluence of different risk factors, also applies to situation faced by older people.

Black and Minority Ethnic (BAME) population across all ages in Latchmere is higher than in the wards of Queenstown and St Marys, comprising almost 48% of the population against 37% of the population in Queenstown and 30% in St Mary's. Although, as with most areas in the inner London boroughs the older population tends to be less culturally diverse than the younger age groups, as incoming communities age so the older population becomes more diverse.

The make-up of the older people whose views were listened to within this PNA, reflects more the ethnic diversity of Latchmere than St Marys Park and Queenstown, with 48% of older people spoken to in May & June 2020 identifying as having a white heritage ethnicity and 56% of older people interviewed in March. 26% of respondents in the earlier interviews identified as Black African and 10% as Black British Caribbean, with a smaller proportion of each in the later interviews. This diversity is likely to be reflective of those older people at risk but also of the inclusiveness and success of the established older people's organisations in reaching these groups.

These statistics also hide the wealth of individuality and difference between the older population within Battersea.

4.2 The Impact of Covid-19

“COVID-19 recovery is an opportunity to set the stage for a more inclusive, equitable and age-friendly society, anchored in human rights and guided by the shared promise of the 2030 Agenda for Sustainable Development to Leave No One Behind.” UN

Whilst Wandsworth has had slightly lower numbers of Covid-19 cases and deaths (24% increase in excess deaths), than some of its neighbouring boroughs, one year on there has undoubtedly been a large impact on its population as a whole and on its older population in particular, not only as a result of the lockdowns, but also from the collective impact of the number of people hospitalised and who have died. In parts of Battersea there has been an average death rate from Covid of almost 1 person per 1000.

That most of these deaths will have occurred amongst the older population confirms the view of stakeholders involved in this PNA, that all the older people they know, have lost friends, acquaintances and/or loved ones. Additionally, the older people spoken to for the PNA in March 2021 had all lost social connection to others during the year and an overwhelming majority of older people spoken to in both June 2020 (95%) and March 2021 expressed a fear of going outside again.

Two recently published reports (Age UK 2020; Centre for Ageing Better 2020) give a national picture and insight into how the pandemic has affected older people, with the impact of inactivity and isolation often having a greater impact upon them than younger people. With physical health this is because a loss of muscle in an older person can have dramatic functional consequences, perhaps tilting the balance from being just able to do something, for example rising from a chair, and not. This loss of physical ability has been combined with many people, especially those from the silent generation, not wanting to trouble medical practitioners as well as delays and cancellations for appointments, treatments, and operations. Starting to move again for many older people, after the latest and longest lock down is likely to prove challenging but must be a crucial element of any Age Well project.

Older people were also more likely to be digitally unconnected at the start of the pandemic. Whilst much has and is being done to counter this, sometimes it is digital inclusion.

There now exists excellent research from multiple previous public health projects on how to maximise behaviour change. (i.e. UCL Centre for Behaviour Change Toolkit) and which techniques are most likely to be effective in any given situation. It may be of interest and efficacious to apply these techniques to older people's behaviour in relation to technology.

5. What we were told

5.1 Key messages

Resources

- Older people connected to KLS pre Covid-19 had access to activities and services.
- There has been a wealth of expertise around working with older people and a strong community memory of what has worked before exists in the neighbourhood.
- The social prescribers working in the GP practices have been a successful conduit for bringing new people into Age Well and other services. Could this be replicated elsewhere such as Adult Social Care (ASC).
- There are plentiful green spaces and community spaces that could be utilised with some additional coordination and facilities.
- The financial wealth of some residents in the area means that many private sector spaces (pubs/cafes etc) cater for this demographic and are unaffordable for use by many of the older population.
- The wealth of some residents may represent a currently untapped resource.

Needs

- There are concerns about the people that are not connected to community services and how to reach them. These concerns existed before the pandemic and research shows that during the pandemic more people will have become isolated and in need.
- People primarily find out about activities through word of mouth. Without recommendations from trusted acquaintances there is a need for more persuasion and one to one conversation. Opportunities for word-of-mouth recommendations have drastically reduced during the pandemic.
- Whilst the community sector is skilled at the necessary conversations, it lacks the level of specialist knowledge that exists in corporate marketing and PR firms on how to reach people or the budget to purchase this knowledge/services.
- There are three groups of older people in need. A group of younger old (under 60) who, due to previous social/economic disadvantage have reducing physical health and/or mental health but for whom there are no affordable services.
- There is a pre fail group of people in their sixties and seventies who remain unconnected to the community as they don't consider themselves old and therefore do not connect until there is a crisis. (bereavement, health etc) Sometimes this means that they are then unable to access support when they most need it.
- There is the silent generation of older old, who are often the hardest to reach and those least heard. Stakeholders spoke less about the unmet needs of this group. This could be because these were the age groups that many activities are

already reaching, but it is likely that there is a cohort of this silent generation who are currently invisible and unreached.

- Within all three groups, men are the least likely to engage with services and activities. There is the need for targeted work with older men, many of whom struggle with social connection and who view needing support as an indication of weakness as indicated by some of the responses within the PNAs.
- There remains a lack of data about the needs of older LGBTQ population. To gain this knowledge may require a more specialised piece of research as part of the Age Well project in Year Two.
- London's older population has complex needs arising from histories of dislocation and discrimination for elders from London's diaspora communities and for a growing number of young old, histories of poor physical and mental health and complex needs.
- The impact of the pandemic on the older population has led to increased need amongst the older population and the need for more skilful interventions around mental health and digital inclusion. Much expertise exists already within the community sector and the resources of space and time for facilitating the sharing and cascading of this knowledge, perhaps through action learning and cascading would be beneficial.
- The infamous English rainy summers can make open areas and parks of limited use. Are there possibilities for creating temporary covered areas over this summer so that outside exercise classes can continue whatever the weather?
- Digital inclusion and exclusion have become major issues and all stakeholders felt that this should be a focus of attention. The fear, frustration and/ or lack of interest older people express to developing digital knowledge must be tackled head on.
- There is a need not only to persuade people to connect digitally but to ensure that their connectivity is affordable in the same way that we combat fuel poverty by ensuring people are on the best packages financially for them. The pandemic has brought forward the time when digital inclusion is a necessity.

Relationships

- Battersea's community services have a high degree of connection with awareness of each other's service and offer. However many grassroots activities have disappeared during the last year.
- Stakeholders mentioned a need for more effective referral pathways between themselves and the borough wide Age UK services. They also expressed a desire for more effective working relationships with sheltered housing.
- There is a perceived divide between the older long-term population and the more recent and wealthy younger population within the area. Building relationships across this divide is likely to benefit both populations, with similarity in the loneliness statistics for both young and old people.

- Recognition of the reciprocity involved is crucial to bridging the economic and generational divide. Positive social exchanges are fundamental requirements for all of us. With our understanding of how giving brings psychological benefits and enhances the wellbeing of the giver, an older person willing to take kindness from another is also doing a kindness to the giver.

6. Who we spoke to

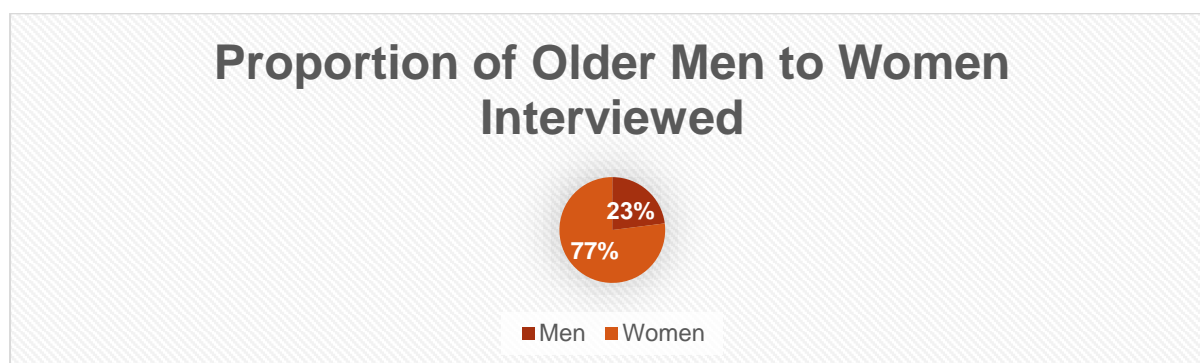
6.1 The Older Adults

As of 1st April 2021, a total of 94 older adults have taken part in semi structured interviews. They have been identified initially through older people using the services at Katherine Low settlement and then through personal introductions and referrals by stakeholders. 80% of those who were interviewed in 2020 and 70% of those interviewed in 2021 were women, a much higher proportion than exists in even the older population but reflecting that women are more likely to ask for and accept support and take part in activities than men. Of those interviewed in 2021 all but one lived alone. The oldest of those interviewed in 2020 was 93, the youngest 61 with an average age of 77. In the 2021 interviews there was also a 30year spread of ages, with the oldest being 85 and the youngest 55.

6.2 Gender of Older Adults Respondents

As demonstrated by the chart below there was a large disparity in the proportion of men who took part in the semi structured interviews. Although women outnumber men in the older population the disparity below is much larger than that, reflecting that men are less likely to be connected to services and community activities. This difference between the genders was slightly larger in the 2020 cohort who were already connected to Katherine Low Settlement than the 2020/1 group of interviewees, suggesting that the Age Well Project is already successfully reaching underrepresented older people.

Table 1



The proportion of men interviewed, combined with their lower life and healthy life expectancy, supports the view of stakeholders that further engagement with men should be a priority area for the Age Well Project in Battersea. Whilst the numbers

interviewed make it difficult to draw firm conclusions from the PNA about what would work to engage men further, the results did show an interest in one off talks and activities that did not require them to join something.

As with all work with older people, the skill required to gain the participation of the older male cohort in ageing well should not be under-estimated. Of the 6 men interviewed in 2021 two stated that they had their televisions and needed nothing else. Three of the men interviewed also declined to give their age. Successful work with this cohort is also likely to lead the greatest gains in Social Return on Investment.

Case study 1 below shows both the danger of generalising about any cohort of older people and the benefit of skilful engagement.

Case Study 1

Adam is 64 lives alone in rented council accommodation. He has physical disabilities, anxiety and depression. Prior to lockdown he was attending swimming 3x a week and volunteered in a weekly art group.

He described himself as content until lockdown when his mental health deteriorated. When referred to Age Well he had just been discharged from hospital and was low in mood. He was apprehensive about trying Zoom and worried about his capability to connect to it. He remembered his dad struggling with technology. He was saddened that all his beloved indoor plants were being eaten by aphids and everything was feeling too much.

Together we agreed a challenge of a '5-minute frenzy' to treat one plant a week, but when I next spoke to him a week later he had been motivated to treat them, he had rearranged his living room and was also planning an outing to get his hair cut.

He was missing his art group but explained that he wasn't enjoying speaking to his friends on the phone as they were all anxious about the pandemic. We spoke about online free art classes and how learning to use the Zoom app could enable him to potentially have his friends on the screen as he painted from home.

Initially he struggled to download Zoom on his PC, but a neighbour downloaded it on to his mobile for him. During a one to one zoom session he learnt to manage the technology and thought it was amazing. He still wants a few more practices to get used to the idea of seeing himself on the screen and our Digital Champion will be supporting with this. He is looking forward to the challenge and

wonders if one day he could host a group. He is now planning a socially distanced walk with a friend. He plans to tell his friends about the Zoom and likes the idea that he has learnt something in lockdown.

6.3 Age of Older Adults Interviewed

The wide spread of ages of people interviewed, with the youngest being 55 and the oldest being 93, and the mean being 77, is a timely reminder of the challenge of providing services for “older people” and the danger of lumping older people together as one group with at least two generations, the silent generation, and the boomers being represented in this group and a third, Generation X now creeping in too.

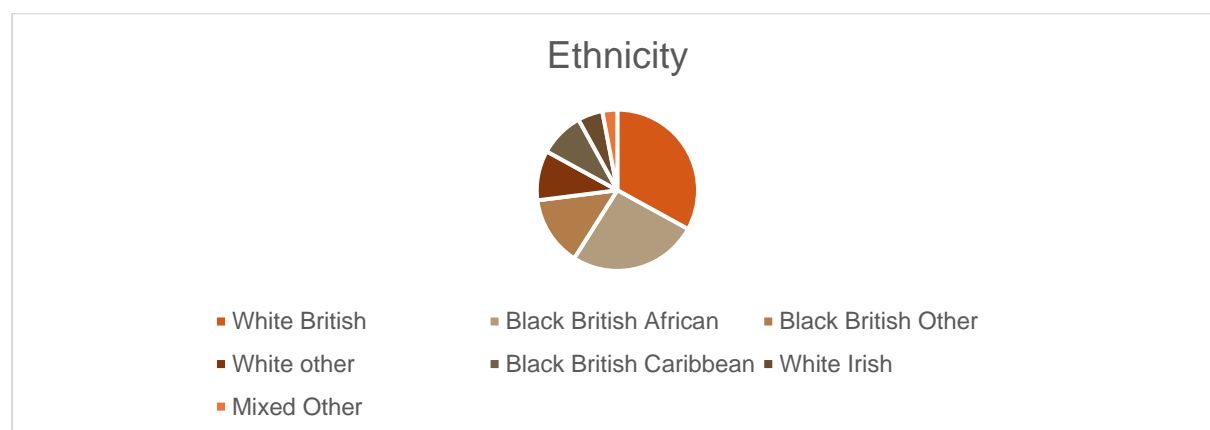
It is also a reminder that aging affects people in different ways, dependent upon many factors including physical health and ability, cultural norms and working life experience.

6.4 Ethnicity

48% of respondents identified as white (33% white British); which is more consistent with the ethnic make-up of the Latchmere ward than of Queenstown or St. Mary’s Park. The next largest groups are older people from the Black African and Black Caribbean populations, diaspora communities of longstanding in the area and the borough.

The ethnic breakdown of respondents is more representative of the socio-economic make-up of the older people both participating in activities and, in 2021, of the social prescriber’s client group, than the ethnic make-up of the whole Battersea area. It suggests that community activities and the social prescribers are successfully reaching into many of the BAME communities. This was also the view of the stakeholders interviewed.

Table 2 Ethnicity of Respondents

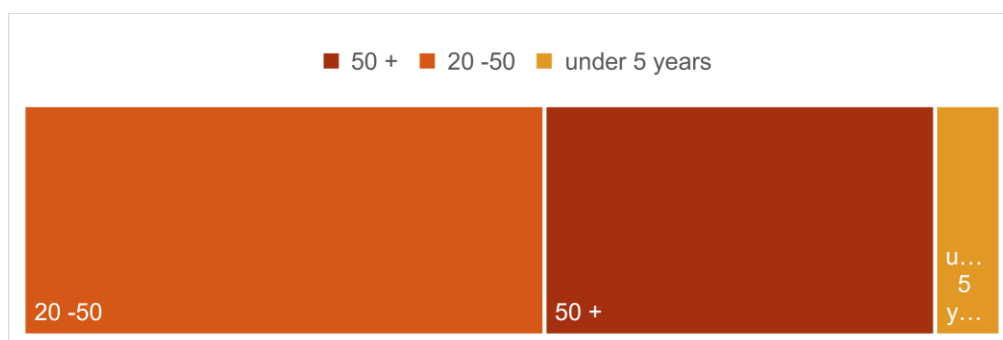


6.5 Length of time older adults had been resident in Battersea.

This question was asked of the 2021 cohort and whilst only ½ responded, of those that did only one respondent was new to the area, with most having lived in the area for between 20 -50 years.

Whilst this is indicative of how long-term residency in an area does not result in a person necessarily being networked into community resources and is a timely reminder that most people do not know about or use services until they need to. There were also people within this cohort who had been active and connected prior to the pandemic but had lost this contact and had subsequently become isolated. This cohort included people who had been volunteering and caring for others in the community. Table 4 Length of time older adults had lived in Battersea.

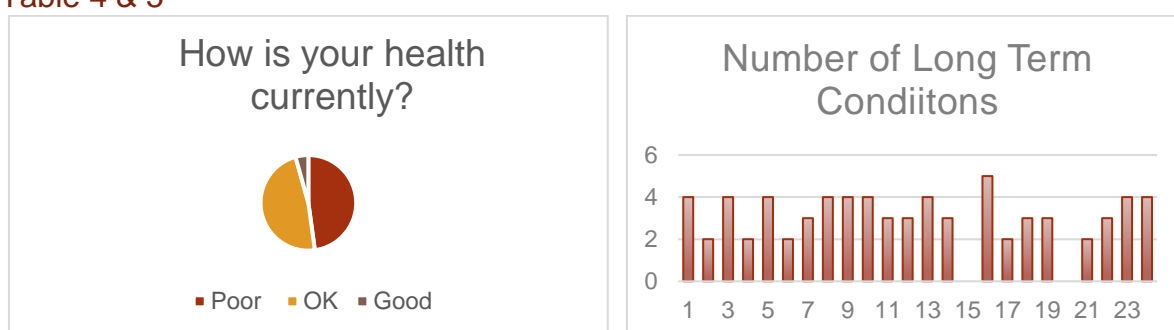
Table 3 Length of time resident in Battersea



6.6 Health of Older People

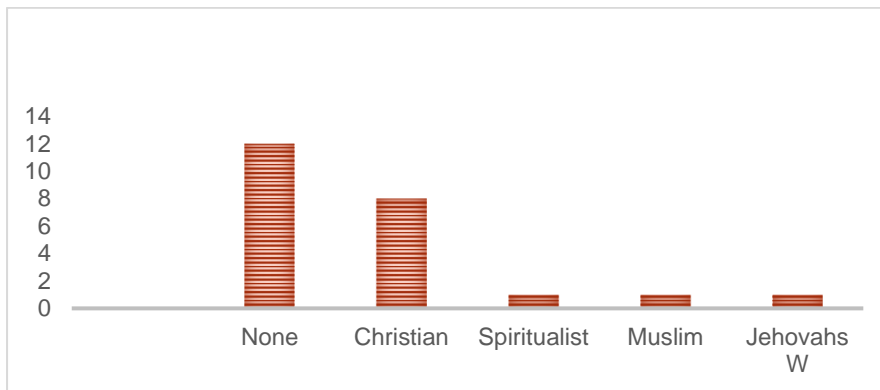
Of the respondents who answered this question all had more than one health condition. Only one respondent described their health as good. They then listed several long-term conditions that affected them. Whilst equal proportions of respondents (46%) described their health as either OK or Poor, there was little difference in the number and extent of health conditions amongst these two groups. 78% of the 2021 respondents reported having either depression, anxiety or low mood and 60% reported mobility problems.

Table 4 & 5



6.7 Religion/Faith

The largest group of respondents, just under 50%, described themselves as having no faith with a slightly lower number describing themselves as Christian. Only one respondent identified as Muslim.



6.8 Stakeholders

Feedback was provided by stakeholders attending the Battersea Older Peoples Providers Forum in June 2020.

Social prescribers working in Battersea completed questionnaires.

Further feedback was sought in March 2021 with the following people engaged:

- Elaine Curley - Wandsworth Council
- Mo Smith - Regenerate Rise
- Sarah Rackham - Battersea Befriending
- Umer Arshad - Battersea Islamic Culture and Education Centre
- Rev Aaron Cowley Kennedy- St Mary's Church and Battersea Angels
- Kerry Hagger - Battersea Age Well Project
- Phoebe Jeffrey - Battersea Primary Care Network

7. Views on delivering the Strategic Outcomes.

The Service Specification sets out ten Strategic Objectives for the service, with the qualitative discussions touching on all these areas. The text below is drawn from these discussions with older people and stakeholders:

7.1 Outcome One: Reducing Social Isolation

The factors that create social isolation amongst older people are prevalent in all inner London Boroughs where a large proportion of the older populations are often clustered in social housing. They are economically more disadvantaged and subsequently socially excluded than their newly arrived neighbours. Their sons and daughters have often been unable to afford the inner London property prices and have moved out of the inner city and often outside of London. With high property prices areas become full of expensive shops, restaurants and bars and commercial rents rise, with the consequent loss of less exclusive establishments. The older population feels and is divorced from the new wealthy communities that surround them.

This situation is further exacerbated by histories of dislocation and discrimination for elders from London's diaspora communities and for a growing number of young old, histories of poor physical and mental health and complex needs. Into this mix, the losses that come with age, the deaths of friends and family and partners and the reduction of physical abilities lead to people losing their independence and the informal support networks that stood them in good stead whilst young.

Many of 100 older people who participated in the PNA interviews had overcome the challenges outlined above and had, through engagement involved in informally supporting their peers. This was true of both cohorts interviewed. Of those interviewed in 2020 70% had attended activities at KLS and of those interviewed in 2021, the majority had not attended KLS, but pre pandemic had either informal or formal support networks in place, with only 6 of the 25 people in this group not connected to either activities or other support networks pre-covid-19.

We don't know what proportion of older people experiencing loneliness and social isolation in Battersea this group and those similarly networked represents. Whilst a large proportion of older people will not want or need community activities or services, the demographics of the area suggest that there are large numbers, particularly in Latchmere and Queenstown at risk of loneliness and social isolation. The question of how to identify, reach and engage with the hard to reach was raised by all the stakeholders spoken to.

Stakeholders spoke highly though of the reach of the Social Prescribers and their ability, through the G.P.s surgeries to reach people not otherwise known. It was suggested that maybe something similar was planned to work with Adult Social Care. Schemes elsewhere in London have demonstrated the value of placing community sector workers within adult social care, both to generate referrals into the

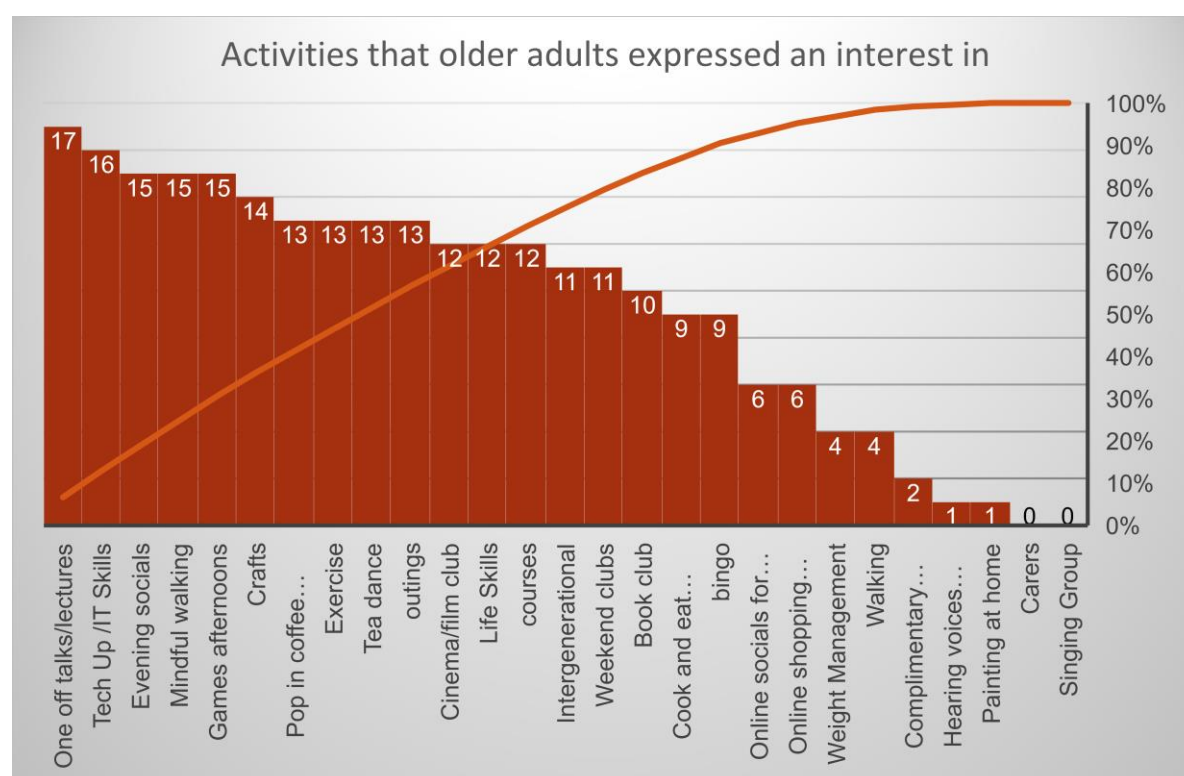
sector and also to grow the knowledgebase of community interventions within the social work teams.

An obvious cohort under-represented in the research is older men, with nearly 80% of PNA respondents being women.

Battersea has a successful and well attended Men's Shed but just as for any given geographical population, one activity or setting does not suit all. There is the need for some targeted work with older men, many of whom struggle with social connection and who view needing support as an indication of weakness as indicated by some of the male responses within the PNAs, where the idea of joining groups and activities was rejected. Men did however express interest in one off events and talks.

Social prescribers and other stakeholders also described a paucity of affordable activities for the young old, those in their 50s who are socially isolated due to a range of factors. Whilst support exists for some with specific physical disabilities, many others are left isolated.

Table 7



The challenge going forward however post Covid is not just how to find and engage with hard to reach or under-represented groups but also how to reconnect with those people who have been active but who have now lost confidence and whose mobility and physical health as a result of the Covid-19 pandemic. Given that social distancing is likely to last for at least several more months and probably over next winter, there will continue to be limits on the numbers that can attend groups in person.

National research by Age UK, (2020) The Centre for Aging Better, and recently the LGA suggest that it is those groups of people already at risk of loneliness who have suffered most during the pandemic. Whilst the older people interviewed towards the end of the first lockdown in May and June 2020 expressed some trepidation about rejoining activities, the older people interviewed in March 2021 were reporting low mood and depression and a lack of social connection. This was not always due to living alone with loneliness being expressed by at least two respondents living with husbands and another with grandchildren.

At this stage there is no certainty of what coming out of the latest lockdown will look like or whether it will be the last and this must be factored in when seeking to engage with people and combatting social isolation. If social distancing is likely to last for at least several more months and probably over next winter, there will continue to be limits on the numbers that can attend groups in person.

7.2 Increasing contribution to their community

There was a real sense from the PNA of an existing community of older people and organisations that are engaged with them in Battersea. Many of the stakeholders spoken to would themselves qualify as older people and held a wealth of community knowledge of what had worked previously in the neighbourhood.

Two of the older people in the March 2021 cohort had been formally volunteering before the lockdowns and a further two were or had been caring for friends. There is an informal support however that occurs in most older people's activities which was spoken about by all stakeholders, and a value and contribution to community wellbeing that being a friendly face and a smile brings. Recognising the societal need for simple friendly interactions allows us to see how all older people, even the physically frailest, contribute to the community and reframes how we view their relationships with others,

KLS was valued highly by older people and stakeholders as a community hub that allowed people to participate and contribute to the community and the idea of participation permeated all of the conversations and discussions. Mo Smith at Regenerate-Rise spoke of the importance to older people of feeling useful, and how they ensure everyone is involved in helping.

Wandsworth Community Transport spoke of the challenges of maintaining a large volunteer base always and the need to be always seeking more volunteers. This mirrors findings previously in more inner London boroughs of the difficulties maintaining a volunteer base. However Battersea Angels, a covid volunteer group told of more people wanting to help than people identified as needing help during the lock downs.

We do not know now whether post covid we will see an exacerbation of factors such as the exodus of the recently retired from London, who elsewhere make up the largest and most committed volunteer base for charities, or a continuation of the community spirit that characterised the Battersea Angels. Stakeholders hoped that

the latter could be harnessed to provide reciprocal community friending schemes, addressing the loneliness that we know exists within all age groups. Current research on Ageing suggests that older peoples are more skilled socially and put more effort into their relationships. Making spaces for intergenerational relationships to blossom therefore has the potential to address societal problems with loneliness across all age groups.

People spoke of the peer support that happens naturally within groups as people make friends. In building-based activities this has always occurred naturally and is simply about giving people space and time, and they will offer support to each other. A question raised by stakeholders is how, in our new reality, do we make this happen in remote groups? A further question was whether the formalising of this peer support through the creation of digital and activity champions is more efficacious than encouraging this peer support to occur naturally.

There is a need here for exploration and knowledge sharing amongst people working with older people in Battersea to ensure that these opportunities are maximised. Supporting this exploration and knowledge growth amongst the sector would add value from and to an Age Well Project

7.3 Physical self-care - Improving physical activity, healthy eating and health awareness related to ageing.

Just under 50% of those participating in the PNA in May & June 2020 said that their health stopped them from participating in activities. In the March 2021 cohort only 1 of the 25 interviewed described their health as good. The other 24 said that their health limited what they could do. Several people spoke of having put on weight during the two lockdowns and low mood and depression impacting upon their motivation to move and begin healthy eating.

National research carried out in 2020 showed that the lockdowns were having a negative impact upon people's physical health. This was due to people not moving as much as they used to combined with people, especially those from the silent generation, not wanting to trouble medical practitioners and, on the supply side, the delays and cancellations for appointments, treatments and operations that the pandemic caused.

Over 50% of older people interviewed for this PNA said they would like more exercise and all stakeholders agreed that supporting and motivating people with physical self-care was vital in the coming months. There was an emphasis again on finding out what works and creating different offerings to attract people such as walks with a creative purpose.

Drawing on the historical knowledge of what worked in the boroughs a stakeholder told of a successful falls clinic that offered cream teas after exercise. Maybe there is scope within this project to draw on the learning and offer exercise classes in the park with picnics afterwards. Running groups outside is always challenging with the propensity for both rain and hot sun. One suggestion is that parks and green spaces

create temporary covered areas with seating to enable groups to continue whatever the weather.

95% of people of older people interviewed expressed reservations and fear about the end of lockdown, and a similar percentage in 2021 it is unsurprising that several stakeholders mentioned that for many older people there will be a significant need for prompting and encouragement to come back out and into the community again. (Trauma informed approach/behaviour change/motivational interviewing)

With social distancing still likely to be in place for most of this year building based physical activities will only be able to cater to smaller numbers. Suggestions from stakeholders to enable wider participation including streaming physical activity groups to maximise numbers attending. A zoom exercise class in the Age Well Zoomers project has proved successful and continuing/expanding zoom classes such as this will be an important part of the jigsaw of activities.

As always in London transport to and from activities is an issue. One suggestion is that trikes or other adapted bikes be purchased and used by the project as can be seen in use by <https://wheelsforwellbeing.org.uk/>

7.4 Equipping service users with skills required for later life including digital skills.

65% of the June cohort and 75% of the March cohort said that they had a computer and/ or a smart phone, with the same proportion of those who were connected, saying that they were either not confident enough or did not know how to use their technology; However five respondents in the March 2021 cohort (20%) stated they had no interest in having and using either a smart phone or computer.

Both older adults and stakeholders noted that IT classes can seem both irrelevant and overwhelming to older people, and what would be more successful would-be confidence building with a focus on the specific positive changes that particular digital activities can make in an older person's life.

The Zoomers programme proved successful at interesting and increasing the skills of participants, it showed them not only what could be done in a shared Zoom space, but also gave a taste of the wealth of activities that they could participate in on the net.

The programme highlighted the need to focus on very basic tech up training, often one to one, to overcome fear of looking stupid, if there is to be long term gain. Training should be tailored to individuals as these new skills need to be used repetitively in aspects of daily living, otherwise they are often lost. This was illustrated by several participants on the Zoomers project having attended IT sessions but having not subsequently having used their skills they had both forgotten and lost confidence.

There are myriad ways in which the internet could improve people's lives. In our current times activities and social connection using technology has been vital but stakeholders spoke about how even before Covid many older people were not able

to buy and replace household goods. The shops were inaccessible, the systems alien and people, who could afford to replace furniture/furnishings and other household goods instead were living with worn out furniture and kitchen utensils.

Stakeholders spoke of the fear of fraud that stops older people from buying and banking online. Whilst the messaging and project about scams and fraud are important, with older people being the largest group of victims, this prevents many older people from exploring further and a need was identified to ensure older people felt safe online.

The fear for some older peoples of buying technology and signing up to contracts was also highlighted. Young people have grown up finding and negotiating the best digital contracts, but this is an unknown area for many older people and is an additional and often major expense.

Case Study 2

Jane, (62) has a history of bulimia, anxiety and depression. She volunteers at a local charity once a week which she has continued during lockdown. Her main social life centred around visiting a friend who lives in Tooting 5 days a week. The pandemic stopped this contact. Between lockdowns she started attending an exercise group, but this then closed. She now feels isolated with no family and just one friend. She knits and designs tapestries at home. She engaged with Age Well, wanting to learn to Zoom to learn new creative skills such as jewellery making in a group. She did not have Wi-Fi or email but had been using a pay as you go mobile. Before the pandemic this cost her £20 a fortnight which then escalated to £40 a week during the lockdown. She chose to prioritise her budget for phone calls over food relying on a food bank to manage.

She had a fear and a lack of knowledge about phone contracts and how to arrange one and she thought the costs would be high. The Age Well project supported her to find help with arranging an affordable contract and she has joined Tech-up Seniors as well as the Zoomers to improve her computer skills

7.5 Supporting residents who are unpaid carers

Three of the 25 older people who participated in the study in March 2021 identified themselves as caring for others. Whilst this is too small a group to extrapolate data on need from it is of interest that all three caring relationships were different, one older person was caring for her husband, one for her grandchildren and third for a friend. Two other people had previously been carers, one of whom had been caring for her mother.

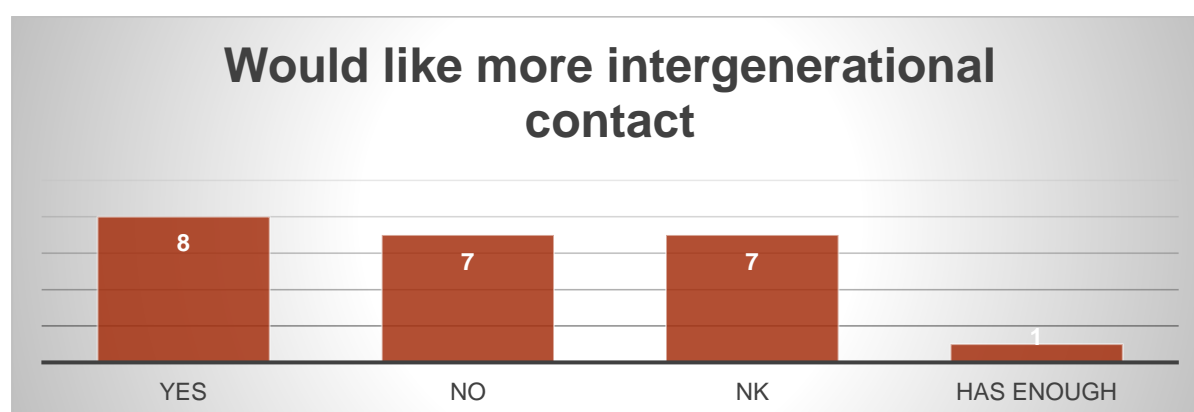
For the older person caring for her grandchildren being able to leave the house and have time away from them was crucial. The older person caring for her husband felt isolated whilst the person who had been her mother's primary carer described herself as well connected within the community as did the person caring for a friend

who was positive about his life and wellbeing despite having several chronic conditions. It is a reminder that behind our attempts to categorise people is the complexity of human life.

7.6 Co-producing intergenerational activities/ interventions and whole family approaches.

Whilst stakeholders were uniformly enthusiastic about intergenerational activities, the responses of older people who were asked this question were more ambivalent, with only 32% stating they would like more intergenerational contact, and similar percentages either not having a view or stating that this is not an area of interest. The person who was a carer for her grandchildren unsurprisingly felt she had plenty of intergenerational contact.

Table 8



This ambivalence may have been partly due to a view of intergenerational work as the bringing together of older people and children whereas stakeholders expressed a much wider view and the desire to see activity programs that brought together older people with other generations through shared interests. One stakeholder talked about the Adult Education system used to work across 7 sites within Battersea running a myriad of affordable activities that people of all ages could take part in, and that with the loss of this type of activity we had lost the ability for people to meet in communities of mutual interest and naturally build their own support networks.

7.7 Increased participation by BME groups in preventative activities

There was a wide cross section of people from different BAME groups interviewed in both the June 2020 cohort and in March 2021. Whilst some people spoke of already participating in culturally specific community activities prior to lockdown no one said this was an area in which they would like to see more culturally specific activities offered.

Stakeholders felt that there had before lockdown been good links between culturally specific organisations such as the Somali Elders Group and Katherine Low Settlement but also that there would be people from newer communities that were not being reached. Given the impact of Covid-19 on older people from BME

communities, with much higher rates of mortality and the greater likelihood of people from the Black African and Caribbean communities not taking up the vaccine, there is likely to be a piece of work needed to engage people in remote activities.

7.6 Increased community action to improve health and well-being of older residents.

During the pandemic an increased sense of community was fostered with many people wanting to support their neighbours and a sense of a shared experience.

Although little was said specifically about increasing community action there was a hope that this spirit could be built upon and for increased social integration and that maybe coming out of the pandemic would provide opportunities for bridging the divide.

It is hard to envision what this would look like at the moment, but an exploration of whether pubs and cafes that currently belong to a different world than that inhabited by many older people in Battersea could be engaged to provide community space and time for this group could pay dividends as are projects that challenge the idea that older people have little to give and that explicitly recognise that relationships across the generations are of benefit to both sides.

Post Lockdown, there are areas of shared concern around health, for instance many people, younger and older having put on excess weight during the lockdown. Does this provide an opportunity for weight loss groups that work across the divide, both social and generational?

7.7 Increased levels of independence

24 of the 25 people who were interviewed in March 2021 lived alone. Of these three stated that their home was not suitable and were awaiting adaptations. Support to remain at home within the scope of this project is likely to be in the form of referrals to Occupational Therapy and the broader scope of keeping people healthy and connected.

8 Defining the scope of the service

Battersea already has a community sector who do excellent work. KLS, the Battersea Men's Shed, Regenerate-Rise and others have strong presences and reputations in the neighbourhood, and it is important that the Age Well project does not replicate the work that they undertake with older people in the neighbourhood but adds value by responding to the findings of the PNA.

It is also vital that any new service being currently developed is realistic in terms of scope whilst it also takes on the challenges thrown up by the pandemic and ensures any service model is pandemic proofed and further, supports the wider community response.

8.1 Targeting people currently unconnected to community services.

- This work has already started with the close relationship built up with the Battersea Social prescribing project. Further work to be undertaken includes working to increase referrals from ASC and other statutory sector partners, working with the Wandsworth community development team,
- Exploring the use of areas and places where older people are known. Trialling lamppost publicity that was effectively used by <https://www.nunheadknocks.com/>
- Acknowledge that reaching older people is a recurrent challenge for the community sector and engage the experts, creating a marketing challenge for potential community corporate partners.
- Create an Older Peoples Advisory Board to inform the work and maintain input by older people.
- Support the development of new activities, drawing on the PNA responses and the success of the Zoomer projects (Some led by older people) to attract a wide range of people with an emphasis on the three groups identified by the PNA:
- Maintain a focus on supporting people to move again, with walking and park-based activities.
- Develop activities using digital connectivity and the outside world to build confidence and maintain use of newly acquired digital skills. See Appendix 1 & 2 Zoomers
- Develop evening and weekend activities, particularly semi structured activities that allow people to interact with one another, on-line, outside and when possible, building based using a range of community resources.
- Develop approaches to engage older men in activities and networks including one off talks and activities that initially require less social interaction.
- Develop ways to engage older people who do not identify as old (Pre-fail Group) to connect them into the community and bring their strength to reciprocal relationships.
- Extend the offer to people 50+ who have poor physical and/or mental health.

8.2 Responding to the impact of the Pandemic

- Continue to develop and increase the offer of both Zoom and outdoor activities available in 2021/22
- Counter the effects of Covid by increasing participation with healthy living and digital activities.
- Investigate and instigate training for workers across the community sector working with older people to enable them to work effectively and in new ways with older people negatively impacted by the pandemic.
- This would include mental first aid training/CBT and trauma informed approaches to working with older people as well as creating a forum (Action Learning Sets) for peer learning on best approaches to increase digital connectivity.
- Support the adaptation of existing activities to enable them to provide remote access to existing activities and maintain pre covid participation levels.

8.3 Building an inclusive Battersea.

- Investigate reciprocal schemes to capitalise on the community feeling created by the Covid-19 pandemic.

Appendix 1: Battersea Zoomers Programme



Age Well (60+) Battersea Zoomers Programme (Free)! January—April 2021

We Invite You To Join Our Friendly Zoom Socials & Look Forward To Your Company. Come & Be Inspired!

Group timings: 10.30am-12.15pm unless otherwise stated

**To Register & Book Sessions Email: Kerry@klsettlement.org.uk
(You will be sent the Zoom Link) Advance Booking Required**

We Welcome Newcomers: Tel: 07960 108103 020 7223 2845

Regular Zoom Groups

Monday's Weekly: Seated Exercises & Social with Kerry—All Abilities Welcome

(No class: 1 February, 5 April)

Tuesday's Fortnightly: Drawing with Adalberto —All Abilities Welcome*(1.30pm-3.30pm)

2nd & 4th Tuesday: 5/19 January, 9/23 February, 9/23 March, 13/27 April

Wednesday's Fortnightly: Biographical Storytelling with Kerry —No Experience Required

27 January, 3/17 February 3/17 March, 7 April

Special Zoom Events

Thursday 7 January: Tales From Oman with Dawn

Wednesday 13 January: 575 Wandsworth Road (National Trust) Talk & Origami —Laura

Monday 8 February : Health and Wellbeing Talk & Quiz with Naomi Good (NHS)

Wednesday 21 April: 575 Wandsworth Road (National Trust); exploring more of the creativity of Mr Asalache with Laura & Lisa

Wednesday 28 April: Fun Spring Quiz with Sarah!



Please Add Dates to your Diary!!

Appendix 2 Battersea Zoomers 12 Days of Christmas



New!

KLS
Kerry's Life Support

Age Well (60+)
12 Days Over Christmas
Battersea Zoomers Programme (Free)

We Invite You To Join Our Friendly Zoom Socials & Look Forward To Your Company. Come & Be Inspired!

Group timings: 10.30am-12.15pm unless otherwise stated

To Register & Book Sessions Email: Kerry@klsentiment.org.uk
(You will be sent the Zoom Link) Advance Booking Required

We Welcome Newcomers To Zoom 07960 108103 020 7723

18 December: Virtual Tour & Interactive Discussion Of The Inspiring 575 Wandsworth Road (National Trust); with Laura. It's a gem!

21 December: Staying Well Over Winter Workshop (CCG)

22 December: Drawing For All (No Experience Required); with Adalberto Graduate Of The Royal College of Art * (1.30pm-3pm)

26 December: Seated Exercises & Social with Kerry-All Abilities Welcome

29 December: Festive Quiz: with Polly & Family (Brighter Together)

30 December: Fun with Sarah! New Year Quiz (Elders Team)

2 January: Biographical Storytelling Workshop: with Kerry

4 January: Seated Exercises & Social: with Kerry -All Abilities Welcome

5 January: Talented Artist Adalberto: Drawing for All * (1.30pm-3pm)

7 January: Tales from Oman; Stories of Culture, History, The Natural Environment & Funny Experiences: with Dawn (Elders Team)

11 January: Seated Exercises & Social: with Kerry-All Abilities Welcome

13 January: Virtual Tour -of 575 Wandsworth Road (National Trust) & Origami Workshop: with Laura

Appendix 3 March 2021 Older Resident Telephone Qualitative Questionnaire

1. Introduction

Introduction	<ul style="list-style-type: none"> • Who I am and who KLS are. • How we got your details • Wandsworth Council has asked us to try a support a better quality of life for older people (Wellbeing) • We want to ask about what is good for you and what could be improved to improve your quality of life. • Explain about confidentiality and anonymity for any answers given. • Provide commitment to feedback and discuss how this will be done. • Dignity -assume to call Mr, Mrs or Ms unless otherwise stated to call by the first name • Explain how we will keep them updated on developments and that we will keep their details for future communication, but not pass on to third parties.
Date	

2. About You

A	First name ask name you like to be called by (if different)												
B	Age	50- 65	65-75	76-85	85+								
C.	Gender		Male	Trans	Other								
D	Phone number	Home:		Mobile:									
E.	Address / Post Code												
F.	How long have you lived here	Less than 1 year	Less than 5 years	Less than 10 years	Less than 20 years	20 years plus							
G.	Type of housing: Indicate	<table border="1"> <tr> <td>Council</td> <td>Leasehold</td> <td>Housing Association</td> <td>Owner Occupier</td> <td>Private Rented</td> <td>Supported</td> <td>Other</td> </tr> </table>					Council	Leasehold	Housing Association	Owner Occupier	Private Rented	Supported	Other
Council	Leasehold	Housing Association	Owner Occupier	Private Rented	Supported	Other							
H	Is it sheltered housing	Yes <table border="1"> <tr> <td>Council</td> <td>RSL (Indicate Anchor / Paragon)</td> </tr> </table>		Council	RSL (Indicate Anchor / Paragon)	No							
Council	RSL (Indicate Anchor / Paragon)												

I	Living arrangement	Lives with Family	Lives with Family - carer	Lives alone - has support	Lives alone - no support	Supported / Sheltered accommodation	Other	Unknown							
J	Physical and mental health How their health is and the impact on their daily life	Good – it does not stop me doing what I want to do		OK- but there are some things that I can't do anymore		POOR – it stops me doing most things that I want to do									
		Details		Details		Details									
K	Have you had a fall? Details -if needed medical intervention etc					Details									
L.	Transport Do you have access to any of the following?	Freedom Pass	Blue badge for my own or carers car	Own Car	Taxi card	Dial a ride	Cycle	Family/friends who can drive you everywhere you want to go	None of these						
M.	Faith Will need to be sensitively asked and may not be appropriate in a telephone discussion.	<table border="1"> <tr> <td>Christian</td> <td>Muslim</td> <td>Hindu</td> <td>Sikh</td> <td>Buddhist</td> <td>Other</td> <td>None</td> </tr> </table>							Christian	Muslim	Hindu	Sikh	Buddhist	Other	None
Christian	Muslim	Hindu	Sikh	Buddhist	Other	None									

3. How Involved are your activities going on in the area?

Prompt ranges of activities on offer, Café at Methodist Hall, Tai Chi, Line Dancing, Choir, Men's' Shed, other Age UK services Regenerate Rise (Day centre or outreach work) sports centre older activities, library and cultural events, lifelong learning, faith activity, etc.

Activity	Name of the activity	Details
A.		
B		
C		

D		
E		

4. Quality of life

(These topics of qualitative conversation are linked to the key outcome in the service specification)

Outcome	Possible method of meeting																						
A Do you feel that you can get enough contact with others.	<table border="1"> <tr> <td>Face to face contact</td><td></td><td></td></tr> <tr> <td>Yes</td><td>No.</td><td>Don't know</td></tr> </table> <p>(Can prompt with things such as games/bingo, reminiscence groups, gardening, trips)</p>	Face to face contact			Yes	No.	Don't know																
	Face to face contact																						
	Yes	No.	Don't know																				
	Over the phone <table border="1"> <tr> <td>Yes details</td><td>No What sort of contact might be helpful</td><td>Don't know</td></tr> </table>	Yes details	No What sort of contact might be helpful	Don't know																			
	Yes details	No What sort of contact might be helpful	Don't know																				
Via the internet (Skype, Zoom etc) <table border="1"> <tr> <td>Yes details</td><td>No details. (Is it due to digital exclusion/poverty)</td><td>Don't know</td></tr> </table>	Yes details	No details. (Is it due to digital exclusion/poverty)	Don't know																				
Yes details	No details. (Is it due to digital exclusion/poverty)	Don't know																					
If no or don't know what sort of contact might be helpful																							
B. Would you like to be more involved in the local community? Can prompt if this in relation food, safety, volunteering, lifelong learning and cultural activity, spiritual needs etc	<table border="1"> <tr> <th></th><th>Type of the activity</th><th>Details</th></tr> <tr> <td>A.</td><td></td><td></td></tr> <tr> <td>B</td><td></td><td></td></tr> <tr> <td>C</td><td></td><td></td></tr> <tr> <td>D</td><td></td><td></td></tr> <tr> <td>E</td><td></td><td></td></tr> </table>						Type of the activity	Details	A.			B			C			D			E		
		Type of the activity	Details																				
	A.																						
	B																						
	C																						
	D																						
E																							
D.Do you have a computer or SMART phone? Under details record what might help-formal training, 121 support etc	<table border="1"> <tr> <td>Yes – I feel very confident with it</td><td>Yes- but I am not confident with it</td><td>Yes – But I can't use it properly</td><td>No – But I would like to have one and to be able to use it</td><td>No -I don't want to use one</td></tr> <tr> <td>Details</td><td>Details</td><td>Details</td><td>Details</td><td>Details</td></tr> </table>					Yes – I feel very confident with it	Yes- but I am not confident with it	Yes – But I can't use it properly	No – But I would like to have one and to be able to use it	No -I don't want to use one	Details	Details	Details	Details	Details								
	Yes – I feel very confident with it	Yes- but I am not confident with it	Yes – But I can't use it properly	No – But I would like to have one and to be able to use it	No -I don't want to use one																		
Details	Details	Details	Details	Details																			
E. Are there any health issues you are concerned about? Record what details of what they do now or	<table border="1"> <tr> <th></th><th>Health issue</th><th>Details</th></tr> <tr> <td>A.</td><td></td><td></td></tr> <tr> <td>B</td><td></td><td></td></tr> <tr> <td>C</td><td></td><td></td></tr> <tr> <td>D</td><td></td><td></td></tr> <tr> <td>E</td><td></td><td></td></tr> </table>						Health issue	Details	A.			B			C			D			E		
		Health issue	Details																				
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	B																						
	C																						
	D																						
E																							

Outcome	Possible method of meeting			
what they may wish to be involved in, i.e. Keeping fit, Healthy eating, Smoking cessation emotional health, memory, other				
F. Do you care for anyone else? Record details and what support may be helpful	Yes – I am coping well	Yes- but I am finding it difficult	No -I don't care for anyone else	
	Details	Details	Details	
G. Do you have friends and family that support /care for you? Record details and what support may be helpful. May not recognise as a carer	Yes – It is working well	Yes- but they can't provide all the support I need	No -I don't need anyone	No – I don't have anyone
	Details	Details	Details	Details
H. Intergenerational Record what contact with younger people, children families in the area	Family that live in the area	Friends and Neighbours out the area	Through Faith – church mosques etc	Through initiatives with local orgs, schools, colleges etc
	Details	Details	Details	Details
I. More intergenerational contact Record what that might be with younger people, children families	Yes:	No:	Don't know	
	Details	Details	Details	
J.Independence at home. Do you worry about not being able to carry on living in your current home as you get older	Yes	No		Don't know
	Details	Details		Details

Outcome	Possible method of meeting		
K. Cultural Needs Do you feel that we need to be aware of regarding your cultural and religious needs	Yes	No	Don't know
	Details	Details	Details

Thank the older person for their conversation and provide a commitment to feedback and continue dialogue

5. What do feel are the areas that the Battersea Age Well project could support in delivering?

	Activity	Details
A.		
B.		
C.		
D.		
E.		

6. Co-producing with older residents in Battersea

KLS is committed to co-producing any Age Well services with older people and are keen to talk to older residents (via telephone during the lock down period) Would you be able to publicise this Participatory Needs Assessment or broker introductions over the coming weeks? Obviously mindful of GDPR and confidentiality. We may be able to establish telephone check ins for people who are very isolated.

Yes / No	Details

Appendix 4: Battersea Age Well Stakeholder Qualitative Questionnaire.

Introduction

Introduction	Details
	<ul style="list-style-type: none"> • Who I am and who KLS are • How we got your details • Purpose of the discussion Wandsworth Council has asked us to try a support a better quality of life for older people (Wellbeing) • We want to ask about what is good for you and what could be improved to improve your quality of life • Explain about confidentiality and anonymity for any answers given • Provide a commitment to feedback and ongoing dialogue
A. Date	

About You and your organisation

A.	Name of the organisation		
B.	Contact name		
C.	Contact	Email	Web site
D.	Phone number	Landline:	Mobile:
E.	Address		
F.	Nature of the organisation. Statutory, vol sector , community member etc		
G.	What sort of involvement you have		
H.	Located in Battersea	Yes	No

4.	Outcome	For example,	Your ideas
A.	Reducing social isolation	Older People feeling that they have enough social contact through social activities	
B.	Increasing contribution to their community	Older people being active within their local community as volunteers or sharing their skills and knowledge	
C.	Improving physical activity, health and healthy eating	Older people being involved in more physical activity to maintain physical strength Older people being involved activities that incorporate health eating Reduction in fear of falling amongst participants in physical activity programmes focussing on falls prevention Engagement in healthy living opportunities	
D.	Equipping service users with skills required for later life including digital skills	Older people receiving training in new technologies and other lifelong learning opportunities. Older people feeling safe and engaging in crime prevention events and networks	
E.	Supporting residents who are unpaid carers	Support for older people who are themselves carers	
F.	Co-producing intergenerational activities/ interventions and whole family approaches to help deliver above outcomes	Older people being involved in developing and participating in intergenerational activities	
G.	Physical self-care and health awareness related to aging	Attendance at prevention programmes related to health issues of interest to people aged 65+ Self-reported outcomes from participation in prevention programmes	
H.	Increased participation by BME groups in preventative activities	Make sure that older people from all communities feel Ageing Well activities reflect their cultural needs	
I.	Increased levels of independence	Supporting older people to remain in their own home in the future	

Support provided currently to residents

List the range of involvement and activities

3.	Activity	Description	In Battersea Yes /No
A.			

B.			
C.			
D.			
E.			
F.			
G.			
H.			

7. Meeting the service specification requirements

Explain in a conversational way the objectives of Age Well Battersea service and draw out in conversation how any of the objectives could be delivered for older people.

8. What do feel are the areas that the Battersea Age Well project could support in delivering?

	Activity	Details
A.		
B.		
C.		
D.		
E.		

9. Strengths weakness, opportunities and threats to achieving these Ageing Well Outcomes.

Please set out what you think might be the strengths, weakness, opportunities and threats to achieving these outcomes for older residents in Battersea. Would you be interested in being part of a network of older people organisations in Battersea. If so, how would you feel is the best way to move this forward (Virtual or actual-details)

A. Strengths	B. Weakness
C. Opportunities	D. Threats

10. Co-producing with older residents in Battersea

KLS is committed to co-producing any Age Well services with older people and are keen to talk to older residents (via telephone during the lock down period) Would you be able to publicise this Participatory Needs Assessment or broker introductions over the coming weeks? Obviously mindful of GDPR and confidentiality. We may be able to establish telephone check ins for people who are very isolated.

Yes / No	Details

Reference Materials

1. Loneliness Research Results – Age UK
2. 2011 Census (Data Wand)
3. Latchmere Health Profile 2018 Wandsworth Public Health
4. Coronavirus Social Impacts for Older People – 2020 ONS
5. The impact of Covid19 on Older Peoples Mental and Physical Health Age UK 2020
6. Covid19 Learning from Ageing Better Centre for Ageing Better 2021
7. The Experience of People Approaching Older Life in Lock Down Centre for Ageing Better 2020
8. IfG INSIGHT | JANUARY 2021 The new normal