

Older people make a huge contribution to society. Some communities and faith groups draw on this contribution in responding to the needs of all their members.

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The importance of community and its significance should not be understated in relation to its impact on how ageing is experienced by individuals. Included in notional definitions of community are close family members and friends, the wider society, and the local community. The idea of community (as we have seen through other aspects of the Policy Commission's work), is central to identity and concepts of place and space. It is often associated within articles on successful ageing as being a key pillar of the foundations of this process. Lui *et al.* (2009) found that there had been widespread adoption of ageing in place as a policy goal internationally, and saw the "rising importance of environmental gerontology over the past decades also fuels the discussion on an age-friendly community" (Lui *et al.*, 2009: 119). They found that from this discussion "a supportive context with positive social relationship, engagement and inclusion is a core prerequisite for ageing well and that there is a global impetus to build an integrated and mutually enhancing environment for the well-being of older citizens" (Lui *et al.*, 2009: 120).

One of the important ideas contained within descriptors of successful ageing from the literature was older people's desire to feel included and useful. In international literature on healthy and successful ageing, concepts linked to community involvement and the benefit of staying engaged in communities are apparent, with Chong *et al.* (2006) citing "active engagement with an activity or with society" (Chong *et al.*, 2006: 243) as a factor in healthy ageing. Similarly in Thailand, research has shown that "behavioural strategies, including enjoyment through helping family and participating in community activities, staying away from stress, and making merit and helping other people without expecting anything in return. This is the highest level for reaching healthy aging, and participants obtain the maximum benefits from it" (Thiamwong *et al.*, 2013: 259). In the UK, we are less able to articulate the enormous potential contained within the older population and still our notional understanding of ageing is one of poor health and frailty. This narrative needs to change in both policy and political understanding so that successful ageing strategy has the opportunity to develop, enabling people to flourish.

Healthy ageing and the relationship with community

There are unique examples, some within Birmingham, or where healthy ageing is understood and incorporated into community development. From the focus groups, it was seen that community was extremely important in relation to resilience building, facilitating independence and healthy ageing:

"Yes community or being part of the community is really important for me and am right to say for us all. My community is supportive and it is good to meet here as a group, and we talk and have some food and drink and share our concerns and have a good laugh too"
(Arabic Women's Awareness Group)

“Ageing is inevitable. It is not easy but with some help from our family, friends and from the mosque together we can work on embracing various aspects of getting old” (Clifton Road Mosque Ladies Group)

“I feel really positive knowing that there is a community spirit to help and support each other, which makes me feel really confident to seek help when needed” (Arabic Women’s Awareness Group)

“We come here at this centre and we really feel at home, and there is so much community spirit here with this group” (UK Caribbean Seniors)

“We are here for each other, and that makes us feel stronger. We learn from each other and we just feel that everyone here is like our family, we feel really wanted and that is really important. I think when you share your concerns with people you can trust than it helps you to cope better with things in life” (Clifton Road Mosque Ladies Group)

However, positive experience of community was not universal and this was associated in the evidence gathering from older people with poorer attitudes to healthy ageing:

“I think the problem with communities today, they are becoming more and more isolated. I think the times were that you knew everybody in your street, doors were not locked, you could go down, knock on the door. “Hello, Mr so and so, is Billy coming out to play?” And he’d say yes or no, and if he did come out to play you went off to play. Today you get in your house, your four walls and you stay there, you might know your immediate neighbours but you don’t know people three or four doors away” (Halesowen and Dudley Elders Group)

“Ooh I don’t know. I live in a cul-de-sac and we all look out at each other, we know exactly what’s going on, so it depends where you live I suppose” (Halesowen and Dudley Elders Group)

There was also an understanding that place and space, are important in relation to community and that older people having a space enhanced feelings of wellbeing:

“Back in 70’s life for our community was very difficult. As we did not have a place to worship. So they used to hire community hall and take several rugs so that we could all pray together; than we had to roll all the carpets back in the vans and tidy up the community hall. If we were unable to hire the hall, especially around Ramadan, then we would just pray at home and often used to feel so isolated. This mosque was built in 1981, and since then it has been so wonderful to be part of this community” (Clifton Road Mosque Ladies Group)

“Being part of this community and where we live is also important and rewarding” (Clifton Road Mosque Ladies Group)

“I think you have to make every effort to be part of your surroundings and keep yourself busy and interested in your family, friends and your community too. It has to start with you” (Halesowen Asian Elderly Association)

There is clearly an important relationship between community and older persons that means that communities not only bears witness to the healthy ageing as an activity, but having a positive community is one of the crucial factors in the genesis of healthy and successful ageing. The absence of community was also correlated with people’s negative perceptions of the ageing process, **and it**

was clear that community was something that was of huge value to all the participants spoken to in Birmingham and importantly this was important across cultures. This has repercussions for the Policy Commission as it is a finding that works across the paucity of literature on cultural ageing and offers insight into a fruitful area for future research and investigation.

Resilience and Innovation; sharing practice from community experience

One of the main themes identified in the international literature was the importance of being able to participate. There was a strong sense also in the evidence gathering from the Commission that being able to contribute brought unique satisfaction to older people, supporting international literature on the relationship between feeling connected and giving back and healthy ageing:

“Helping each other is rewarding too” (Clifton Road Mosque Ladies Group)

“My community is made up of several things, my family, my neighbours, friends and extended families, my voluntary work here as a trustee and my religion” (Halesowen Asian Elderly Association)

One of the best examples of where this had been important and worked well was in Handsworth in Birmingham, where the Sikh community had pulled together in order to renovate an area, to regenerate it, and to build and open a school. The school called ‘Nishkam’ which translates to “selflessness or altruism in Punjabi” was designed to have a “Sikh ethos” and as one of the first free schools opened under the coalition government (Shepherd, 2011). The school was described in a Guardian article as “a labour of love and duty for Birmingham's 200,000-strong Sikh community. Sikhs as old as 90 and as young as five have helped strip floorboards and paint” that in its creation, “some 130 members of the community have helped, unpaid, on a daily or weekly basis. They include Amardip Singh Suri, manager of a plastics factory, who has come after work almost every day when the workmen leave, to sweep up until the early hours” (Shepherd, 2011). One of the particularly fascinating things about this initiative, aside from its basis in Sikh faith “Daswand – donating a minimum of a tenth of your earnings, time, knowledge and prayers to a noble cause or a social service”, is the approach and attitude in which it has embraced the older person’s community. The intention of the school is that “community elders such as grandparents will be invited to share their skills in sewing, cooking and storytelling. ‘I don't want these skills to be wasted,’ Brach says. ‘I imagine the school to be buzzing with community’” (Shepherd, 2011). This principle was based on what the founder describes as a “‘common feeling’ that they had benefited from close contact with their grandparents and the community, and wanted that for their children. ‘We wanted a modern school, but one with a healthy connection to our heritage and families’” (Shepherd, 2011).

The progress of this work is summarised in the table below. The table shows the achievements of the Guru Nanak Nishkam Sewak Jatha Sikh community based around Handsworth and the timeline of events in planning this work.

Guru Nanak Nishkam Sewak Jatha: A Sikh Faith-Based Organisation, Birmingham

1972 – Prayer meetings are held in the homes of four or five local families.

1976 – The Gurudwara on Soho Road (originally the Polish Club) is purchased to house the growing congregation.

1993 – Following the purchase of adjoining properties, the Soho Road complex is redeveloped in Sikh style using Sewa (selfless service).

1995 – A thriving Gurudwara emerges. It is a space that is used for a variety of religious and social gatherings and purposes, including for education, funded wholly from donations: ‘Self-help, self-reliance and community participation is encouraged and practiced’.

2003 – Building work for the Nishkam Centre at 6 Soho Road commences using Sewa.

2006 - The Nishkam Centre is opened. It offers health and education services, amongst others.

2009 – The Nishkam School Trust is established. A nursery, primary and then secondary school are all opened by 2011, again using Sewa. Older members of the community are invited to share experiences and skills within the school.

2012 – The Nishkam Health Trust is established. This provides:

- 20,000-25,000 free hot meals weekly, of which 60-70 per cent are served to older members
- counselling and guidance
- opportunities to do a range of Nishkam Sewa (selfless service) throughout the Gurudwara complex e.g. holding prayer services, cooking, cleaning, infrastructure work
- opportunities to attend and participate in organised pilgrimage tours in India and Africa
- use of a library
- participation in holistic living via the use of the NCA gym in a culturally sensitive environment
- a pharmacy and a free collection/delivery service for medicines
- a voluntary foot care clinic
- soon to be established: a GP surgery

There were other anecdotal descriptions of community involvement and the importance of older people’s community participating submitted during the evidence gathering of the Policy Commission. For example, one older resident described the importance of the environment in relation to healthy ageing and the responsibility he and others had taken for that in his area:

“It’s like with the park. It was very derelict and there was rubbish everywhere, it was a right tip. Anyway there was a few of us got together, I think it was the council that got us all together actually, the people, and we went round to his house and we appointed a chairman, a secretary, I was treasurer and there was various others. Well some have fallen by the wayside but it was <name withheld> and myself who then went to the council and said, ‘We can’t get any funding for the feasibility study and all the rest of it, nobody will give us that money’, and the council agreed to do that and then we had a thing in the park saying, ‘What do you want to happen to this park?’ It was terrible. It was so wet it was unbelievable. But we got more people at our park that day saying what they wanted than they did at... ..We got about 140 people signing ours and they got about 80, for this

feasibility study. Anyway, it's because of the strength of our committee that when the local PCT when they got this 5 million that our park was nominated to do all the things we wanted done in the park" (Halesowen and Dudley Elders Group)

These are examples of what can be achieved by communities and ageing communities however, the real question for policy makers looking at healthy ageing in the 21st century, is how do you marry these agendas of healthy ageing; the importance of community; and resilience and contributions from older people? Promoting what can only be mutually beneficial projects or initiatives such as these identified has to be a proactive goal of both national and local governments.

Older people make a huge contribution

It is not just examples such as these that are evidence of the contribution that older people can make. Within the UK, various lobbying groups have been trying to renegotiate perceptions of ageing populations over recent years. The Royal Voluntary Service (formerly WRVS) produced a report showing the estimated value of the "economic and social contribution that older people make to our society. In 2010, over 65s made an astonishing net contribution of £40 billion to the UK economy through, amongst other contributions, taxes, spending power, provision of social care and the value of their volunteering. In spite of future costs around providing pensions, welfare and health services to a larger and longer living population of older people in the UK, over 65s' net economic contribution will actually grow to £77 billion by 2030" (WRVS, 2010: 4-5). They argue that "rather than being a 'drain' on resources however, WRVS believe older people are a foundation to provide positive economic contribution and social glue to the country. And with this report, we're showing how they're doing it already" (WRVS, 2010: 5).

In addition to the financial contribution, the Royal Voluntary Service identify the huge contribution older people make in their role as "social glue" through "other contributions to their communities and neighbourhoods by being active members of the places where they live, which cannot readily be quantified in cash terms" and that "research has shown that older people already have a greater propensity to volunteer, to be involved with community-based organisations and to participate in democratic institutions and to vote" (WRVS, 2010: 7-8). They cite examples of these social glue as being "pillars of the community: lynchpins of local clubs, societies, faith groups and other community-based organisations; Leadership: leadership and high levels of membership of many local organisations, groups and societies; Contributing to community safety: making important contributions to local safety e.g. Neighbourhood Watch and helping children travel to school safely; Active neighbours: 'looking out' for vulnerable neighbours and helping them stay independent for longer; Skills and experience: helping to address the national shortages in a number of craft and technical skills or providing specific organisational skills and/or technical expertise to volunteering groups; Advocacy: providing advocacy and guidance to a range of people in their community, including younger generations who can soak up their experience and skills; Underpinning the viability of local services: being active users or customers of community-based facilities and resources such as local shops, post offices, libraries, pubs and GP surgeries, without whom these facilities could be less viable" (WRVS, 2010: 7-8). They report argues that these findings pave the way for a renegotiation of public attitudes towards ageing population, and that they also argue that the public debate needs to "be rebalanced to focus not just on the costs but also on the social and economic dividends of a rising population of active older people" (WRVS, 2010: 8). Here we see that older people offer a potentially huge resource not just to their community, but to wider society through offering things such as childcare and family support creating an informal economy of care, and in a myriad of other ways.

The relationship between remaining actively engaged in community has a two way benefit, as the cost of not remaining engaged in community not just in terms of lost potential, but to mental health and wellbeing remains large. A report into mental health and wellbeing in later life produce by Age UK, showed how central opportunities to contribute and relationships were to people, whereby “

Mutual exchange and reciprocity builds trust between people and creates positive social relationships, yet 36 per cent of people aged 65 and over in the UK feel out of touch with the pace of modern life and 9 per cent say they feel cut off from society. Nearly half of all older people (about 4.6 million) consider the television as their main form of company. Nearly 600,000 older people leave their house only once a week or less. Services and activities such as these provide opportunities for older people to contribute to and participate in meaningful activity, and to make meaningful relationships with others” (Age UK, 2010: 16). This bleak picture is made all the more so by the simple fact that this is avoidable, not inevitable. Positive strategies for meaningful community engagement must become a policy priority for the 21st century UK.

One of the strongest messages from the findings of the Policy Commission therefore has to be that of the agency and power that older people have in relation to positive change and innovation. In the words of the older residents of Birmingham themselves, and in unanimous agreement within this focus group was the statement that encapsulates this idea perfectly:

“Community or a good community will always work together to bring change. Change does not happen on its own” (Halesowen Asian Elderly Association)

This finding is supported by academic research like that of Phillipson and Powell (2004), who identify ‘no identity zones’ and ‘no care zones’ for older adults, whereby “older people it might be argued are affected by two major changes in respect of access to support on the one side, and the construction of identity on the other. One the one side, there is the creation of what Estes and others describe as ‘no care’ zones where community supports may disintegrate in the face of inadequate services and benefits. On the other side, there may equally be the emergence of ‘no identity zones’, these reflecting the absence of spaces in which to construct a viable identity for alter life” (Phillipson and Powell, 2004: 24).

Policy makers need to respond and marry the multiple agendas of healthy ageing, importance of community, and resilience and contributions from older people to facilitate healthy ageing in the 21st century.

The challenge has been therefore already set by the ageing population for Birmingham, **how does the city facilitate the community or communities to be those that generate from within positive change? How in the 21st century, does Birmingham, or do other cities and areas across the UK ensure that core services are sufficient and support is in place to make the UK a centre for a flourishing ageing population who are resilient and supported to continue making a huge contribution?**

References

Age UK (2010) **Promoting Mental Health and Well-being in Later Life A guide for commissioners of older people's services**, Age UK

Chong, A.M.-L., Ng, S.-H., Woo, J. and Kwan, A.Y.-H. (2006) Positive ageing: the views of middle-aged and older adults in Hong Kong. **Ageing and Society**, 26 (02): p. 243

Lui, C.-W., Everingham, J.-A., Warburton, J., Cuthill, M. and Bartlett, H. (2009) What makes a community age-friendly: A review of international literature. **Australasian Journal on Ageing**, 28 (3): pp. 116–121

Phillipson, C. and Powell, J.L. (2004) "Risk, Social Welfare & old age." In Tulle, E. (ed.) **Old age and agency**. New York, N.Y: Nova Science. pp. 17–26

Shepherd, J. (2011) Free school built by Sikh community prepares to open doors: Birmingham gets ready for new term and will be 'open to all faiths and races'. **The Guardian** [online], 30 August. Available from: <http://www.theguardian.com/education/2011/aug/29/free-school-sikhs-birmingham> [Accessed 24 November 2013]

Thiamwong, L., McManus, M.S. and Suwanno, J. (2013) Development of the Thai healthy aging model: A grounded theory study: Thai healthy aging model. **Nursing & Health Sciences**, 15 (2): pp. 256–261

WRVS (2010) **Gold Age Pensioners**. [online]. Available from: <http://www.royalvoluntaryservice.org.uk/our-impact/reports-and-reviews/gold-age-pensioners> [Accessed 24 November 2013]