What makes a good place in which to grow older for people who belong to minority communities?

– A comparative study of two communities and how they are experienced by visually impaired older people

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Ambition for Ageing is a Greater Manchester wide cross-sector partnership, led by GMCVO and funded by the National Lottery Community Fund, aimed at creating more age friendly places by connecting communities and people through the creation of relationships, development of existing assets and putting older people at the heart of designing the places they live.

Contents

Glossary

BAME – Black, Asian and Minority Ethnic (term used to refer to people in the UK who are not white)

COPD – Chronic Obstructive Pulmonary Disease

GDPR – General Data Protection Regulation (data protection law implemented in May 2018 in the UK)

GMCVO – Greater Manchester Council of Voluntary Organisations

MI – Myocardial Infarction (heart attack)

NM – North Manchester

SM – South Manchester

VI – Visual Impairment or Visually Impaired

VIAT – Visual Impairment Awareness Training

Please note throughout the report the following terms may also be used:

- Blind / Severely Sight Impaired
- Partially sighted / Sight Impaired

Executive Summary

Henshaws Community Services works with people with sight loss across Greater Manchester providing a range of services within local communities and online. As part of our ongoing aim to better understand the communities we work with and in, and to contribute to wider programmes of work across the areas we operate in, Henshaws were delighted to undertake this research as part of the Ageing Equally project through the Ambition for Ageing programme.

Henshaws undertook a comparative study of two areas, in North and South Manchester, to investigate what makes a good place in which to grow older for visually impaired (VI) people, and conversely what might not be such a good place, so lessons can be learned and harnessed from both sides. The aim was also to discover what resources and assets older VI people find useful and enjoy, or find absent or inadequate, within the neighbourhoods where they live

The aims of the project were:

- To increase awareness and understanding of the needs and preferences of visually impaired older people.
- To increase understanding of the way in which being visually impaired interacts with their experience of living within their particular neighbourhoods.
- To generate evidence to evaluate the case for community-specific provision through a comparative study of two neighbourhoods.
- To generate evidence of what is needed for older visually impaired people to be fully included in service provision.
- To discover common ways in which visually impaired people experience ageing and the factors which support positive social connection.
- To better understand the gaps and exclusions which may lead older visually impaired people to become isolated.

The methodology for the project used a range of sources and methods including:

- Secondary/desk based research
- A survey with professionals working with older people
- Overt observation visits
- Focus Groups
- Diary Accounts
- Depth Interview

The desk research highlighted that older people, and in particular older people with VI, face a number of challenges which can affect their quality of life and experience of growing older. The research also highlighted that with the right support and services in place some of these issues can be mitigated and support older people to live well.

The main themes to emerge from the primary research around how participants experienced living in their neighbourhoods were as follows:

A sense of community

- Community does not have to be the place you live
- People knowing you – acceptance
- Information about what is on offer

Emotional and Physical resilience

- Emotional impact of sight loss – lack of confidence and isolation
- Reliance on others and social support
- Intersectionality – the impact of other factors on getting the most out of life

Demographics

- Transient population
- Navigating the local area – safety, roads and crime

Structural or Policy Issues

- Transport
- Effects of austerity – expected and unexpected consequences
- Town planning/design – community hubs and central places

Recommendations made include:

- The provision of central and accessible places to meet within the local community.
- The provision of Visual Impairment Awareness Training to local networks and associations to raise awareness of VI in communities.
- Increased partnership working across the sectors.
- Tailoring service provision to the unique needs of each area rather than using a 'one size fits all' approach.
- GM approach required to transport and town planning to reduce variation between neighbourhoods.
- Facilitating and creating local informal networks of support are crucial.
- Further research to evaluate community specific projects for older people with VI.

In conclusion the evidence generated through the research has supported our original working hypothesis – that Wythenshawe was experienced as a better place to grow older for people with visual impairment.

Introduction

Henshaws Community Services enable people of all ages living with sight loss and a range of other disabilities to make informed choices about their future. We are here throughout their journey offering expert support, guidance and skills, helping people to fulfil their potential. Independence and friendship are at the heart of what we do to help people find the confidence to go beyond their expectations.

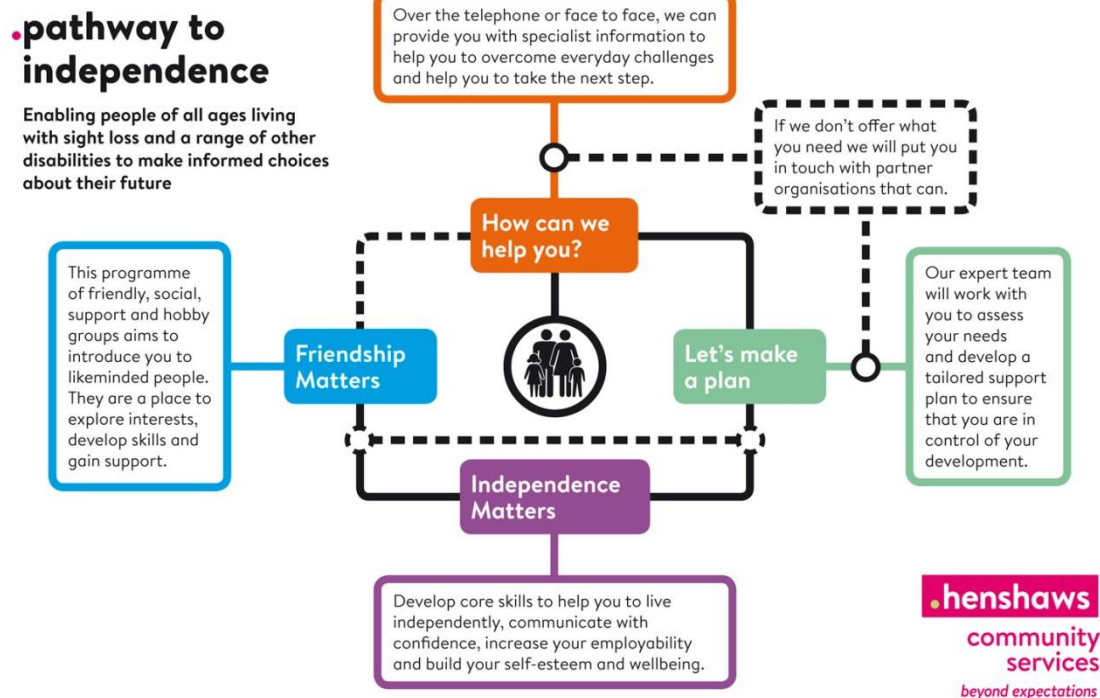Our operational delivery model is our Pathway to Independence which can be seen below.

Fig 1

Henshaws Community Services operates across Greater Manchester responding to the specific needs of the communities in which we work and partnering with key organisations across the locations to achieve better outcomes for people with sight loss (Cooper, Ridgway and Doyle 2015).

As part of our ongoing aim to better understand the community we work with and to contribute to wider programmes of work across the areas we operate in, Henshaws were delighted to undertake this research as part of the Ageing Equally project through the Ambition for Ageing programme.

Ambition for Ageing is a Greater Manchester-wide programme funded by the Big Lottery Fund and led by Greater Manchester Centre for Voluntary Organisation (GMCVO). The key objectives are to create places that are age-friendly and empower people to live fulfilling lives as they age – ultimately reducing social isolation.

The five-year project is helping communities, businesses and public services work together to better understand what older people need and want.

The Ambition for Ageing project vision is to:

- Connect communities and people through the creation of relationships.
- Help to create places that are age-friendly and that will empower people to live fulfilling lives as they age.
- Embrace the celebration of age, creating the opportunity for people to contribute to the ageing agenda, offering choice and helping them to make more and better connections so that they can live fulfilling lives in their communities.

Ageing Equally is part of the new Ambition for Ageing scaled programme and is focusing on what makes a neighbourhood a good place in which to grow older for people who belong to minority communities. The aim is to generate a deeper understanding of what supports wellbeing and what makes places age-friendly so that social isolation can ultimately be prevented.

As part of this research programme Henshaws were well placed to investigate what makes a good place to grow older for people with visual impairment. The context for the

research proposal was influenced by our operational delivery in Manchester from 2016-2019. Our lottery funded programme 'Pathway to Wellbeing' delivered support to visually impaired people in Salford, Trafford and Manchester (North and South). A standardised offer was delivered in each area from community hub locations which included the provision of Information, Advice and Guidance, Living with Sight Loss courses, exercise classes, counselling and peer support groups. There was particularly strong engagement with the project and excellent practice and peer support in South Manchester (Wythenshawe). However, of all our hub locations, delivery from our base in Harpurhey (North Manchester) was particularly challenging in terms of meeting our target beneficiary numbers. For example, in 2017/18 In North Manchester 213 people accessed information, advice and guidance but only 27 went on to access further support in terms of courses, counselling or groups. We identified that there was a need for services and support for VI people in this region and needed further research to discover why uptake of services was low and to do so by comparing that with a similar area demographically where uptake was much more robust. Analysis of our data showed that VI people in North Manchester experience multiple barriers including their VI, lower socio-economic status and other physical and mental health conditions, but we also know that people in South Manchester experience this intersectionality as well. The social barriers intersecting can make VI people more vulnerable to social isolation but what has mitigated against this in South Manchester? Our working hypothesis at the outset of the project was that South Manchester communities are experienced as better places to grow old so people are more likely to engage in services and are less marginalised. A comparative study to investigate we hoped would provide evidence about what makes a good place in which to grow older for VI people and conversely what isn't such a good place so lessons can be learned and harnessed from both sides. The aim was also to discover what resources and assets older VI people find useful and enjoy, or find absent or inadequate, within the neighbourhoods where they live.

Project Aims

The aims of the project were:

- To increase awareness and understanding of the needs and preferences of visually impaired older people.
- To increase understanding of the way in which being visually impaired interacts with their experience of living within their particular neighbourhoods.
- To generate evidence to evaluate the case for community-specific provision through a comparative study of two neighbourhoods.
- To generate evidence of what is needed for older visually impaired people to be fully included in service provision.
- To discover common ways in which visually impaired people experience ageing and the factors which support positive social connection.
- To better understand the gaps and exclusions which may lead older visually impaired people to become isolated.

Methodology

The methodology adopted for this project triangulated data from a range of sources to ensure depth and breadth of information.

Secondary/ desk-based research was carried out to provide context and background and to map provision– this included analysis of the RNIB sight loss data tool, local strategic plans and, academic and other specialist sector research into the experiences of people with sight loss. Henshaws own primary research findings from recent surveys and evaluations were also utilised to provide local context.

This was then followed by the primary research which consisted of:

- A survey with 20 professionals working within 13 organisations as follows:

Manchester City Council
Guide Dogs for the Blind
Action Together
Golden Oldies
Greater Manchester Mental Health NHS TRUST
Age Friendly Manchester, Manchester City Council
BUZZ Health & Wellbeing Service
Be Well
RNIB
Vista
Stroke Association
Royal Exchange Theatre
Care and Repair England

Of the 13 organisations involved, 2 were based centrally in Manchester but worked across the whole city; 2 were based out of the Greater Manchester area, 5 were mostly working in North Manchester and 4 were mostly working in South Manchester.

Roles of the respondents were varied and show a good representation of various levels across the organisations:

Social Worker
Operations Manager - Orientation and Mobility
Project support officer - helping people volunteer
Secretary
Development Worker
Support Time Recovery Worker

Project Manager looking at Age Friendly Neighbourhoods
Neighbourhood Worker
Link Worker
Dementia advisor
Local Councillor
Eye Clinic Liaison Officer
CEO
Stroke Association support coordinator
Project support officer
Elders Programme Manager
Housing Action Officer
Secretary
Project Worker
Community Services Manager

Respondents were asked what type of services their organisation provided, again so it was possible to gather a good representation of views across the sector. Figure 2 below shows the range of services provided and it can be seen that community groups and Information, Advice and Guidance services are the most commonly provided.

What type of services does your organisation provide? (Please tick all that apply)
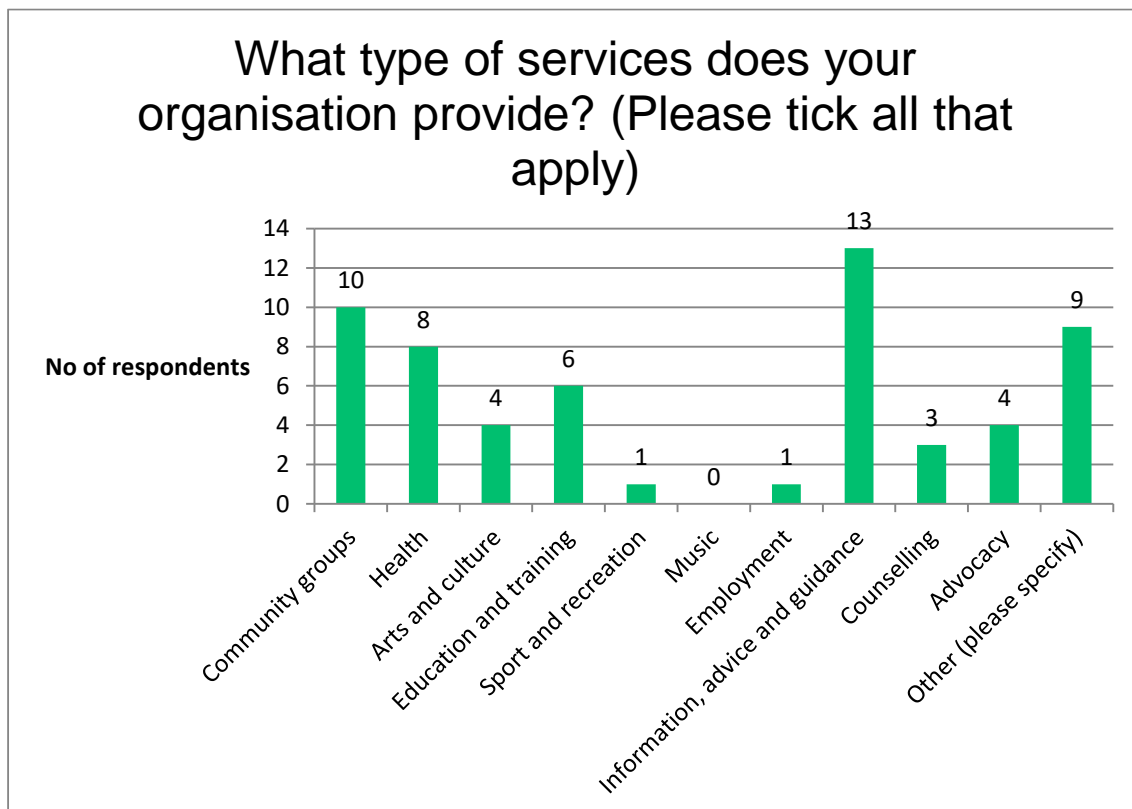

Fig 2

Figure 3 below illustrates the main target groups of the respondents' organisations and it can be seen that almost all are working with older people but that many are also working with other target groups such as disabled people, carers and BAME communities underlining the broad approach of the organisations. This is summed up by one respondent:

> "As an organisation we are for everyone - but my strand of work is for and with older people."

Fig 3

The survey design used a combination of question types including some open-ended questions and was managed and analysed using an online survey tool.   Surveying professionals meant it was possible to gain their perspective of working with older VI people in each community and to harness this evidence to focus the following stages of the research.

- Overt observation – 2 field trips were carried out at community spaces visiting groups and services in each area to investigate attendance and find out how people use them.

- 3 x focus groups were carried out, 2 within each area separately and 1 with people from both areas together. The first group was carried out on 12th September in Wythenshawe and was attended by 11 people. The second group was held on 24th September in Harpurhey and was attended by 4 people. The third group was held in Stretford on 26th November and was attended by 9 people from Wythenshawe and Harpurhey. The total number of focus group participants was 24. The topic guides for the focus groups were developed based on the themes emerging from the secondary research, the survey and observation data. Each group discussion was recorded and audio-transcribed and a themed analysis was carried out to provide actionable and evidence-based findings.

- 3 x diary accounts were collected; 2 from South Manchester residents and 1 from a North Manchester resident. 2 were carried out as audio interviews over a period of 4 weeks- no script or prompts were used, participants talked about their experiences and framed their own discussions. This worked in practice by simply asking participants to describe their week at the outset and from then they would recount their daily activities over the course of the previous week with no questions or prompting. 1 participant completed the diary by email and sent excerpts fortnightly for the 4-week period. It proved more difficult than anticipated at the outset of the project to recruit diary participants and this will be further discussed in the results section of the report, as the reasons given by potential recruits actually provides evidence of their lack of confidence and isolation in some cases.

- 1 x depth interview was carried out with a manager at Henshaws who was responsible for the delivery of the Pathway to Wellbeing project. This was to further explore their viewpoint as to the differences between the two communities having delivered services on the ground.

- A total of 48 people have participated in this research project from across Manchester and it is their stories and perspectives which have generated the evidence for the findings presented.

- The methodology was adapted to some degree as the project progressed although the planned structure was adhered to overall. Some of the numbers in terms of the survey and diary participants are lower than originally planned in the research proposal, however as a broadly qualitative project we are satisfied with the numbers reached.

Literature Review

Circumstances of older people

Older people in the UK currently face a range of factors which can impact on their quality of life, independence and health and well-being. Firstly, we know that the older population is increasing - between 2005/06 and 2015/16 the total number of people aged 65 or over in England increased by close to 21%, representing nearly 1.7 million extra people. The numbers of people aged 85+ in England increased by almost a third over the last decade and will more than double over the next two decades (Age UK 2017). There has at the same time been a £160 million cut in total spending in real terms on older people's social care in the five years to 2015/16 (Age UK 2017). The social care system in its current form is struggling to meet the needs of older people. Six consecutive years of cuts to local authority budgets have seen 26% fewer people get help (Humphries et al 2016). We also know that the numbers of older people attending accident and emergency (A&E) departments have increased significantly in the last five years (Age UK 2017). As well as being more likely to need emergency services, older people generally have health as well as care needs. By the age of 65, most people will have at least one long-term condition and by the age of 75 most will have at least two (Oliver et al 2014).

There is also recognition at a Greater Manchester level that new ways of thinking need to be applied to tackle the issues raised by an ageing population. Twenty years from now in Greater Manchester:

• 1.1m people will be aged over 50, accounting for 37% of the population.

• 650,000 people will be aged over 65, with the fastest population growth among older cohorts. (New Economy and GMCA 2017).

Recent research carried out by Age UK shows that loneliness is a real problem for older people in the UK. They found that over 1 million older people say they are always or often feel lonely and that there are significant risks to health and wellbeing which are affected by loneliness; for example people with a high degree of loneliness are twice as likely to develop Alzheimer's as people with a low degree of loneliness (Age UK 2014). Research has linked social isolation and loneliness to higher risks for a variety of physical and mental conditions: high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline and even death (National Institute on

Evidence gathered by Henshaws has highlighted that older people with VI in Manchester are experiencing a high degree of social isolation. In a survey carried out in 2015 with 656 VI adults from Manchester aged 50 and over we found the following key headlines:

- 47% did not get out and about as much as they would like to.
- 55% did not feel able to access a range of support groups in their area.
- 44% felt their days were very long and boring and they didn't know how to change that.

Older people are clearly facing a multiplicity of issues; however, there is also evidence to show that working with communities to develop solutions and groups can have enormous benefits to the lives of older people. Peer support is a well-tested part of social care, mental health, physical health and, at an everyday level, it forms the basic structures of our families, friendships and communities, which practitioners and providers have long understood to be important to health and wellbeing (Nesta 2013). Less formal or specialist peer support is highly effective with older people. This group is often living with complex comorbidities of more than one condition. In neighbourhood networks, shared medical histories are less important than simple proximity and a shared social history, which enables frequent connection and mutual support. In other parts of our life we might call relationships like these friendships, and successful peer support results in friendships

which are not necessarily defined by their health origins (Nesta 2013). Enabling older people to feel more connected, more embedded in their communities with access to social support through their peer networks can help to mitigate against all of the factors which can adversely affect their quality of life. A recent study has also highlighted that when older people feel connected to their neighbourhood they are less likely to feel lonely:

> "..*safety and high-quality amenities and services in the neighborhood are essential in supporting the aging population and decreasing feelings of loneliness. In addition, social participation and the social network in the neighborhood are important for increasing neighborhood attachment and satisfaction with the social network of older adults.*" (Kamperman et al 2019)

There are also significant societal benefits if social isolation among older people is improved. When people are socially isolated there has been shown to be an increased use of health and social care services, a higher number of emergency admissions and GP consultations and slower discharge from hospitals with the ensuing pressure on financial resources and health services (Minocha et al 2016). Being isolated deprives communities from older peoples' knowledge and experience, and the roles that they could play in communities and neighbourhoods. It is also clear that 'healthy' older people are more likely to be volunteers and to provide informal care which increases social connectedness and alleviates pressure on statutory services (Minocha et al 2016).

Projects such as Ambition for Ageing recognise that there are solutions which can be implemented to improve older peoples' lives. At a Greater Manchester level, the challenges of the ageing demographic led to the establishment in spring 2016 of the GM Ageing Hub. This was a landmark moment for ageing in GM, creating a mechanism via which action could be taken on a city-region basis to generate resource, insight and impact. The Hub's ambition is to establish the city region as an International Centre of Excellence for Ageing, built around a vision – for older residents to contribute to and benefit from prosperity and enjoy a good quality of life (New Economy and GMCA 2017).

The circumstances of older people with sight loss

Many of the issues facing older people are compounded when people are also visually impaired and sight loss is closely linked to ageing:

- More than 10 per cent of over 65-year olds have some form of sight loss.
- One in five people aged 75 and over are living with sight loss.
- One in two people aged 90 and over are living with sight loss.

(RNIB Sigh5t Loss Data Tool v4 2019)

Recent research suggests that the circumstances of people with sight loss or visual impairment have significantly worsened in recent years and that statutory support is increasingly under pressure due to government cuts (Lord and McManus 2012; Byron et al 2013).

There has been a decline in the number of people receiving local authority provided social care and this has affected people with visual impairment more than some other groups. In 2005 and 2012 there was a 35% decline in the number of VI people receiving local authority social care compared with a decline of 16% for service users as a whole (Byron et al 2013). Not only was the recession more likely to have had a disproportionate impact on VI adults but they are seven times more likely to feel unhappy or be depressed than those with no VI; half of people with VI experience problems outside the home and are three times more likely to have difficulty accessing health care services (Lord and McManus 2012).

For older people with VI the double whammy effect really impacts on their quality of life - they experience higher levels of depression and anxiety and there is a clear link between visual impairment and reduced psychological wellbeing for older people (Hodge, Barr and Knox 2010).

Older people with sight loss are at greater risk of social isolation than the general population. In a recent survey carried out by RNIB almost 50% of older VI people lived alone; almost 40 per cent never, rarely or only sometimes got as much social contact as

they would like and a similar proportion could not make all the journeys they want or need to (Flynn and Lord 2015).

As discussed earlier in the report many older people have more than one health issue to contend with and visual impairment *"propels the disabling effect of other conditions – the double jeopardy of sight loss"* (Dr David Geddes, NHS England, presentation to National Optical Conference, 2015). Over 83% of older VI people also have additional health problems (RNIB 2015).

Again though, as for older people generally, with the right support and networks in place older people with sight loss can lead fulfilling and independent lives. A recent RNIB report recommended the following:

> *"We must work together to ensure that those in later life are empowered to make their voice heard. Policy makers and those designing services should engage with older people with sight loss at all stages of the process."* (RNIB 2015).

Prevalence of Sight loss across Greater Manchester

Table 1 below highlights some of the main issues around VI for each Local Authority area in Greater Manchester and the region as a whole:

	No of people registered (2017)	% people registered with an additional disability (2017)	Estimated No of people with sight loss in 2018	Estimated No of people with sight loss by 2030	Total annual healthcare expenditure (£) on problems of vision (2013/14)	Estimated indirect costs of sight loss (2015) (£million)
Bolton	2,035	22%	8,210	10,100	£8,299,404	£21,880
Bury	1,035	68%	5,780	7,210	£4,545,519	£15,440
Manchester	2,770	55%	9,990	11,800	£14,381,583	£26,800
Oldham	1,335	28%	6,450	7,900	£5,337,326	£17,210
Rochdale	985	22%	6,210	7,580	£6,229,092	£16,540
Salford	1,800	59%	6,520	7,840	£7,450,966	£17,270
Stockport	1,130	67%	10,000	12,300	£10,619,104	£26,660
Tameside	1,070	11%	6,660	8,260	£7,202,456	£17,680
Trafford	1,385	28%	7,490	9,150	£8,540,103	£20,000
Wigan	1,605	25%	9,820	12,700	£11,487,465	£25,980
Greater Manchester	**15,150**	**38.5%**	**77,100**	**94,800**	**£84,093,018**	**£205,370**

Table 1

(Data source: RNIB Sight Loss Data Tool (2019) v4)

Prevalence of Sight Loss in Manchester

Alongside all the developments and the shifting landscape of health and social care and the circumstances of older people and those with sight loss, there is also evidence to show that there are more people with sight loss than ever before and the prevalence is expected to increase into the near future, with Manchester no exception to this trend.

More than 2 million people are estimated to be living with visual impairment in the UK today. This sight loss is severe enough to have a significant impact on their daily lives and includes people who are registered blind or partially sighted and those whose vision is poor but who may not be diagnosed or qualify for registration or choose not to be registered. In Manchester 2770 people are actually registered blind or partially sighted but it is estimated that 2% of the population are actually living with visual impairment - that equates to 9900 people in 2018 and is set to rise to 11800 people by 2030 (RNIB Sight Loss Data Tool v4 2019).

The older population are most at risk of visual impairment with 1 in 5 people over 75 affected. In Manchester 22% of the population are aged 50 or over and there are a number of other intersections/demographic factors which affect the risk and prevalence of visual impairment across the region (Source: RNIB Sight Loss Data Tool v4, 2019):

- People from non-white ethnic groups are at a higher risk of certain sight conditions. 33 % of the total population of Manchester are from a non-white ethnic group, compared to 14.6% in England as a whole.
- People living in deprived areas are at a greater risk of sight loss – Manchester is the most deprived Local Authority Area in England.
- Particular lifestyle factors can also increase the chances of visual impairment such as smoking prevalence and obesity; Manchester has higher than average presentation of each with a smoking prevalence rate of 22% and 61% of adults classified as either overweight or obese.
- Visual impairment is linked to poor health and other health conditions and 18% of the population of Manchester have a long-term illness or disability

The total indirect cost of sight loss in Manchester is estimated to be £26.8 million. The indirect cost of sight loss per person equates to £55 in the general population (RNIB Sight Loss Data Tool v4, 2019). The costs and impact of visual impairment across communities are clearly hugely significant and a happier, healthier, less isolated older visually impaired community could impact positively on local economies.

This project has been carried out in the context of all these drivers with the understanding that further research and a deeper understanding of what people with VI are experiencing can help organisations to tailor and develop services more effectively in the future.
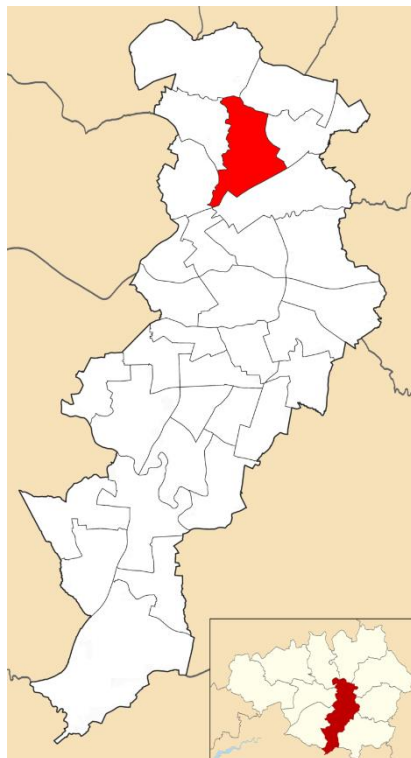
Findings and Discussion

North Manchester - Harpurhey

Harpurhey is an inner-city area of Manchester in North West England, three miles north east of the city centre. It has a population of just over 17,500 people and that population is diverse with a higher than average proportion of people whose ethnicity is not 'White UK' and who cannot speak English well or at all.

Compared with England as a whole, the locality has a significantly worse rating across a number of areas as seen below:

• Proportion of people with 'bad' or 'very bad' general health (2011 Census)

• Proportion of people with a limiting long -term illness or disability (2011 Census)

• Proportion of people providing 50 or more hours of unpaid care per week (2011 Census)

• Proportion of people living in overcrowded households (2011 Census)

• Proportion of pensioners living alone (2011 Census)

• Proportion of binge drinking adults

• Rate of emergency hospital admissions for all causes; coronary heart disease; stroke, MI; COPD

• Rate of hospital stays for self-harm and for alcohol related harm

• Rate of emergency admissions for hip fracture aged 65+

(Manchester Health & Care Commissioning 2016)

Over two-thirds of households across the neighbourhood contain people whose social circumstances suggest that they may need high or very high levels of support to help them manage their own health and prevent them becoming high users of acute healthcare services in the future. In Harpurhey alone, 9 out of 10 households contain people who may need high or very high levels of support (Mosaic Profile 2019).

The area is served by a number of bus services on the main Rochdale Road (A664) corridor, as well as non-radial services to and from Salford Shopping Precinct and Oldham. Manchester Metrolink light rail tram system has two stations close to Harpurhey, at Monsall and Central Park (North Manchester Business Park), which also borders Newton Heath.

The link below provides information on the activities and groups available in the area:

https://buzzmanchester.co.uk/assets/uploads/docs/Harpurhey-Charlestown-Blackley.pdf

Observation visits noted the following about the area:

My impressions were that the venue for the group was just off a main road and seemed to be part of a retail complex – there are a number of big supermarkets and restaurant chains close by.

The website for the venue states - *North City Family and Fitness Centre is at the heart of the community in Harpurhey containing a fully equipped gym, fitness class studio, swimming pool with swimming lessons, sauna, steam room and spa pool. We have recently invested £450,000 into the centre on an extended and refurbished gym with brand new equipment, a new virtual studio and a refreshed health suite. This centre is part of a unique collection of community and elite facilities governed by MCRactive, a not for profit organisation established and overseen by Manchester City Council*

There seemed to be a number of buses going past on the busy main road. The fitness centre also has a Sure Start centre in the building and there was a café in the reception area. The room the group met in was the Studio which was off the main gym and used mostly for fitness classes. It was not ideal for VI people to get to as they needed to walk through the gym and there was some equipment in the way.

Our services have for the past three years been delivered at North City Family and Fitness Centre. This in theory should work well as a community hub; there are a number of other organisations based in and around the venue, it is on a main route so should be accessible for people to get to and with a strong health and well-being focus. However during the visits it didn't 'feel' like a community hub. The organisations working in there seemed to operate quite separately, the feeling was that it was essentially a leisure centre and the surrounding environment felt more like an out of town shopping centre than a central

community location. There didn't seem to be an obvious 'central meeting place'; rather just a high street of disparate shops. This was borne out in the interview with Henshaws Community Services Manager who stated:

> *"In Harpurhey the shopping area is very functional, there isn't really a centre to speak of and you haven't got that kind of old-fashioned kind of central community. I mean you could say at on that site for example you've got McDonalds, you've got a big Asda, you've got Harpurhey neighbourhood office, you've got the leisure centre and the Surestart centre, you've got the library, but it doesn't function as one, it doesn't function as a whole, it doesn't function as a community hub."*

Analysis by a key organisation working with older people has recognised the need for input into the area and an Age UK charity shop and advice hub at Harpurhey Shopping Centre opened in December 2018. As well as the shop they also provide regular information and advice surgeries for older people in the area on issues such as benefit entitlements, accessing social services, identifying housing options and more.

They are keen to hear from local people about other services and activities they would like them to provide in the community, such as craft clubs, exercise sessions and lunch clubs and they want to hear what services people think are missing for older people in the area. Their aim is to create a vibrant community hub that has a range of activities and services that reflect the wishes, needs and interests of local older people and this is a resource which certainly at Henshaws we will be focusing on for our future delivery into the area and which hopefully will be a real asset to the community and older people in the area.

Desk research also uncovered that there are now neighbourhood officers working across North Manchester and a recent report by them highlighted the following priorities for Harpurhey residents based on a series of events held in the area which can be seen in Figure 4 below:

Fig 4

Once the issues were identified the teams then went on to ask residents what their solutions would be. Although these responses are from people of all ages many of their suggestions are also applicable and transferable to older people and are useful to consider in the context of this report.

Higher Blackley, Harpurhey & Charlestown Suggestions

- Develop one-stop shops, a place for services, community groups etc to come together in one place and offer their services. Accessible to the public.
- Health champions in community centres with signposting information in their community
- Involve the community, general coffee mornings, meetings. Focus on developing a one-stop shop
- Raise awareness of the community assets to all services
- **Transport**
    - o Feedback – lobbying elected members

- o   More education around transport options (TFGM website)
- **Benefits**
  - o   Community support for benefits claims, help with completing forms
  - o   Train services to understand the benefits system so can incorporate into normal role
- **Isolation**
  - o   Campaigns to recruit volunteers – link into community assets
  - o   Funding of accessible transport
- Better engagement across services, community, health and social care
- One-stop shop
- Community hub, signposting in all directions
- Directory of services, communication better ways of sharing information
- Better opportunities to develop knowledge/training. Raise awareness of health practitioner
- Better ways of sharing information
- Extranet to advertise community assets/groups
- Invite community groups to team meetings
- Services to visit community groups as part of their work
- Promote community resources
- Coffee mornings, community marketplaces
- Blackley Interest Me website (promote)
- Funding to be made easier to access for community groups
- Support volunteers
- Build new partnership boards
- Understand our communities, children, families, individuals
- Develop new connections and maintain
- Promote activities such as North Manchester Leisure Centre
- More community-based counselling and coaching, mental health, self-help
- Workshops by Manchester carers, they offer paid transport, volunteering opportunities
- Bringing services together, stalls in supermarkets, community signboards
- The Clough Park fun days
- Promote social prescribing services, signposting opportunities

- More social community events
- Knowledge of community
- Provide multiple activities at one centre, travelling to a centre becomes really difficult if only going for 1 hour
- Smoking cessation. Provision in schools for younger people without having to see a doctor
- Introduce community stop smoking groups accessible to all
- Remove age barriers to accessing services
- Re-commission smoking cessation
- Current pathway via a GP acts as a barrier to stopping smoking
- Link in with pharmacies and vaping shops
- Hunger, funding food banks, linking in and understanding what they offer
- Promote community grocers
- Networking opportunities
- Signposting
- Networking
- More events
- Fly tipping amnesty
- Hear good news stories
- Continuity, less short-term funding.

(North Manchester Health Development Co-ordinators Report 2018)

South Manchester - Wythenshawe
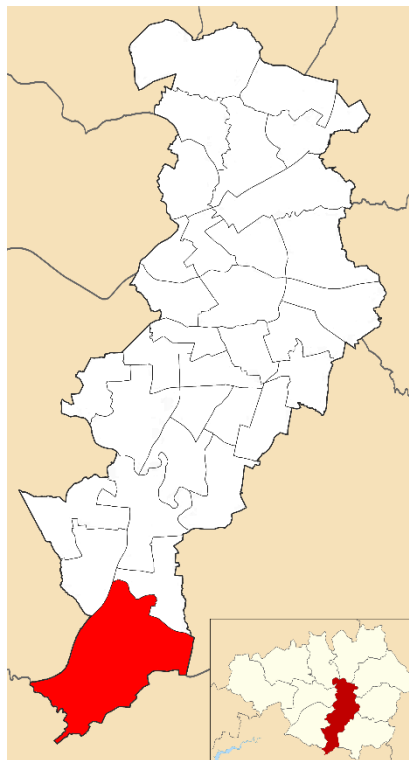
Wythenshawe is a suburban district in the South of Manchester with a population of 110,000. It is Manchester's largest district and a lot larger in terms of population and geography than Harpurhey. It comprises a large housing estate which was started in the 1920s and intended as a "garden city" where people could be rehoused away from industrial Manchester. Wythenshawe has a lower than average proportion of people whose ethnicity is not 'White UK' and who cannot speak English well or at all.

Compared with England as a whole, the locality also has a significantly worse rating in many areas:

- Proportion of people with 'bad' or 'very bad' general health (2011 Census)

- Proportion of people with a limiting long-term illness or disability (2011 Census)

- Proportion of people providing 50 hours or more unpaid care per week (2011 Census)

- Proportion of pensioners living alone (2011 Census)

- Proportion of binge drinking adults

- Rate of emergency hospital admissions for all causes; coronary heart disease; stroke; MI; COPD

- Rate of hospital stays for self-harm and for alcohol related harm

- Rate of emergency admissions for hip fracture aged 65+

(Manchester Health & Care Commissioning 2016)

Wythenshawe is a distinctive district, separated from the rest of Manchester by motorways and green spaces. The sense of separateness, or distinctiveness, is most often a source of pride for residents, although sometimes they can feel overlooked in terms of service delivery and access to services in general. The area is remarkably green in comparison with the rest of Manchester, including 27 woods and 13 parks. The largest park is Wythenshawe Park, which is the second largest in Manchester (JSNA SM, MCC 2010).

The Airport Line branch of the Manchester Metrolink tram service includes twelve stops throughout Wythenshawe. The line opened on 3 November 2014, a year ahead of schedule. In addition to the building of the new Metrolink lines and stations, a new public transport hub was built in Wythenshawe Town Centre which opened in June 2015 and includes a new bus station and tram stop

The profile of Wythenshawe is in many ways very similar to Harpurhey with high levels of ill health, hospital admissions, people with caring responsibilities and so on. The health profiles underline the fact that Wythenshawe and Harpurhey share a number of similar

social and health issues; the only area of difference is that Harpurhey has a significantly worse proportion of people living in over-crowded houses and Wythenshawe does not.

Some areas of Wythensawe are among the most deprived in the country. Wythenshawe wards have higher than city-wide average proportions of residents that claim income support, incapacity benefits and severe disablement allowance and generally higher proportions of social housing (MCC 2010). The social housing dominance in the area will be discussed below in the primary research as it emerged as important for community cohesion and information dissemination.

The population however is significantly different in terms of stability and ethnicity: Wards in Wythenshawe have far lower proportions of non-white ethnic groups, ranging from 5–8% whereas in Harpurhey the figure is 29% (Census 2011).

The link below provides information on the activities and groups available in the area:

https://buzzmanchester.co.uk/assets/uploads/docs/Woodhouse-Park-Baguley-Sharston.pdf

Observation visits noted the following about the area:

> I attended the group which meets at Wythenshawe Forum. First impressions were that the venue was a real community hub – I noticed a health centre, a leisure centre, a job club, a café, shops and a pharmacy. The building was open and accessible, I noticed a sign for guide dogs. It was central and clearly on good transport links with a number of buses outside and it is close to the tram line. It had a community feeling about it, it was busy with people of all ages and had a 'buzz'.

Interview evidence with Henshaws Community Services Manager also noticed this:

"..Wythenshawe I just think has got a long history of, I mean it's very deprived, but actually it's very activated as an area, it's very well co-ordinated and

connected. You've got a big interchange there, you've got some hub services, and as an area people are generally from there and stay there. I think there is something around communities and cohesion, a longstanding history where there is a different mentality."

Primary Research Findings

The findings from the primary research will be presented thematically. There were 4 overall themes which emerged as significant regarding what makes somewhere a good place to live for people with visual impairment. This may be because people described a lack of it in the place they live or conversely if they mentioned it as something which made their lives better. Within these overarching themes there are also a number of sub-themes and the results from the qualitative research will be presented in line with these with clear indications throughout as to which area participants were referring to.

A sense of community

One of the main themes which emerged through the research was around the idea of community, a feeling of community or belonging and the social support which arises from that and, if present, makes somewhere a good place to grow older.

South Manchester participants tended to talk more about this in the context of something they felt was present where they lived:

"I love Wythenshawe, I have been brought up in Wythenshawe and lived there all my life. Well, I used to live in Heald Green but it was too posh for me so I went back! Oh it was horrible because they didn't speak to you, you see. It weren't a place where you could knock on a door and say 'can I borrow a cup of sugar til tomorrow?'.. it weren't that sort of place. Whereas in Benchill where I was

*brought up, that's what we do, if you're short of something you knock on the door and you help somebody.. " (*SM Resident)

Diary Participant #2 - SM

J is aged 75 and from South Manchester. He had measles when he was 2 which left him with no sight in his right eye. He has Retinitis Pigmentosa and Macular Degeneration and started to lose his remaining sight in his 30s. He was registered blind when he was 35.

He has good neighbours and feels this is very important in terms of what makes somewhere a good place to live. His neighbour on one side is 87 and they have been neighbours for 30 years – he calls her every week for a chat and they move the bins for each other. They look out for each other.

North Manchester participants spoke more about how their communities have changed and how they felt there had been a sense of community in the past which had now been lost:

> *"It's not the same there now, not anymore, no, it's all changed up there. I've been there all my life, 55 years, it's dog eat dog up there now. If you get some modification to your house or something people get jealous. You know like when my dad was alive, he had dementia and so I tried to get a parking space outside the house so when Ring & Ride came or when a taxi came they wouldn't be in the middle of the road. But the neighbours were like - you shouldn't have got that, you know we're still parking there - and I was like okay well I'm not going bother with you then, it's like dog eat dog."* (NM resident)

Henshaws Community Services Manager also felt there had been changes in North Manchester in recent years:

> *"In North Manchester I think you've got other dynamics at play so for example broadly you've got a changing population. I think your population has changed, I*

think there is less of a sense of community. I think in some of those areas in the past there has been a real sense of community and people knowing their neighbours and they don't so much these days."

This sense of community was experienced by some North Manchester participants, however it seemed to depend much more in this area on exactly where people lived and there was also something about their own commitment to getting or being involved. That is in Wythenshawe it was more 'there' and present without people necessarily having to seek it out; in Harpurhey people who talked about it had more actively made it happen.

"I've also got neighbours who will take me anywhere if I need it. I help them too, the chap next door I get his shopping for him and I get a lot of things from them too. So, I am very blessed, I can't complain about anything. I have lived in the same house since 1963 and I am very involved in the church locally and so I have a huge community I can tap into." (NM resident)

This idea of a different mentality was also mentioned in the professional's interview:

"It just feels to me like there is a harder mentality in North Manchester that's harder to get hold of and try to entice people in. You know I think you have got some absolute stalwarts of people up there, people who really do want something, who do want to come out, who do want to have to something to look forward to but I think we lost our way with them feeling valued and that they have got a place and that they have a group to hold on to." (Henshaws Manager)

The importance of a sense of community was underlined by the professionals' responses in the survey. The word cloud below in Figure 5 highlights the main themes which emerged from an open-ended question which asked respondents to name three positive things about the communities they work in. Within the word cloud the larger the word appears the more often is has been mentioned so in this case the three main words are:

- People
- Can
- Community

Fig 5

Specific quotes from respondents which typify the responses to this question are:

> *"Lots of community assets (groups/activities/organisations), Community spirit, green space."* (SM respondent)

"Good community spirit, a can-do culture and attitude, people are very grateful for any help and advice that can get. (SM respondent)

"Inclusion, learning, laughing." (NM Respondent)

Community does not have to be the place you live

The sense of community which came through as so important in terms of what makes somewhere a good place to live did not necessarily have to be fostered in the actual place itself. Experiencing a sense of community somewhere else or within another group/setting can satisfy peoples' needs for this feeling and then help them to feel happier in the place they live.

Diary evidence highlighted this with the excerpt below showing how a North Manchester resident had forged his own community:

Diary participant #1 - NM

M is 52 and totally blind and works full time as a social worker. He lives in North Manchester.

It is sporting events that I go to and I have a group of people that do that with me which obviously makes things a lot easier obviously and I have been abroad with these people and to football matches and so on so that's what I do and you know it doesn't have to be that, it could be something else, but I think when people have a common interest I think that's the thing. Whether you have a hobby or join a group you know you share that with those people whoever they are and that is probably the best way for people then to have those support networks and people do become those support networks because they have that common interest to start with whatever it happens it to be.

For it to happen naturally I think that's the best way, you know if you have an interest that you can share with other people and you can then do that activity together with

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other people you know whatever it might be and then you build up friendships because you have that common interest to start with.

I go to watch Glasgow and the only thing different that we get to anyone else is that we get a commentary on the match, we go to a specific area of the football ground and most football grounds now will have a dedicated area for VI people and they offer commentary of some kind to people, that's the only thing that's different, the rest is we travel all together and we come back together and that's it, it's a mainstream activity. I support Glasgow Celtic so I go all the way to Glasgow when there is some of the best football in the world in Manchester and I go all the way to Glasgow and back but that's the choices we make some of us. But as I say it doesn't have to be that, its whatever people are into, to share an activity that's the point.

The people I have met are the people that are travelling there from Manchester or Preston and you get to know these people over the years and many of them become your friends then really and I think if you can have that shared interest that is often the best way for people to get out and meet people in the community and do stuff with them you know.

If you can find and follow your interests and your passion then other things will follow from that and don't feel that the doors are closed to you because of your sight loss. I think that works better, I mean there are volunteers and there are organisations like Age Concern, I mean what they do is great but at the end of the day it is a little bit like, unfortunately for want of a better term, like rent a friend, it's not quite the same. And if that's what people depend on and it helps them then that's fine but the best thing really would be for people to form friendships naturally and that is definitely the best way forward.

And some people will say to you I imagine well I'm not interested in much you know when you ask them what they are interested in but then you know you could say well what did you used to be interested in, why would you not maintain that interest? .

I do know my neighbours, my immediate neighbours but there's no great sense of community where I live as such. It's a nice quiet road where I live, there's not a problem there but I don't think there's any great sense of community as such, I think we all live

our own separate lives pretty much. You get your sense of community from wherever, you know you get that from the groups you belong to if you belong to any groups, that's where it does come from. So if you have people who are stuck at home they don't have friendships and those things going on and they are not taking part really in life at all in the community, they are just there, they're existing really rather than living. A sense of community is that for most people, what they belong to whatever it happens to be for them.

This was also borne out from the focus group evidence:

> *"I think it is about finding interests, like painting with watercolours for example, you can still do these things. You don't go to be a big artist, you go to enjoy mucking around with paint and doing something different. You go along because you're interested in people and learning about others and talking to people."* (NM resident)

Participants in both areas also spoke about not always wanting to tap into groups or activities that were purely for VI people. Many felt there was a place for this but also that they wanted to socialise with sighted people and access mainstream activities where possible:

> *"There is a Wednesday group at the Forum in Wythenshawe but that's not catering for blind people – could Henshaws go in and work with them to make it accessible?. At that group they should cater for people who are disabled and not just blind and they could put us in that room where we could make friends and associate with people we don't know and they could associate with us and it would be a bigger group. There is a need for organisations like Henshaws to work with other groups to make more opportunities so we get to meet more people and we get accepted in our communities that we have got problems with our sight but*

that other people have got different problems, we should be in one place and all associate with each other." (SM resident)

"I think there is a need for groups for people who are blind only and mixed groups, it's alright being with your own people and people who are suffering the same things as you are but you need another outlet, you need another look at what is going on. I mean like everybody here can't read, can't sew, can't knit, but you get another outlet you see, people who can do all these things and this particular club goes on holiday which I couldn't do by myself but the point is that they can talk to me about it and you get another insight into things about what's going on. That is good when you get a mixed group. You can share tips and advice when you meet people in the same situation as you but it's not just that, you need other people as well." (NM resident)

For people to seek out their own communities possibly via shared interest or creating informal networks does mean that people have to feel a certain level of confidence and ability to get out and about and find out about what might be on offer and this theme is explored more fully below.

People knowing you – acceptance

Having a strong sense of community and being known and familiar to people within their local neighbourhoods was viewed as something which made a huge difference to people. Having sight loss and not being able to recognise people meant this was of increased significance because there was a reliance on other people to speak to them and make themselves known which seemed to happen more naturally in Wythenshawe:

"Where I live everyone knows me, if I go down the civic everyone knows me and that I've got a sight problem.. It makes it easier to go out because sometimes I can't see their faces but I know the voices and I know they know me. If I'm at the civic shopping someone will come up if I am on my own or sat on a bench, someone will come and sit with me until my husband comes out of the shop. I don't go on

my own but they all know me. They all know me and I know everybody but I only know their voices you know." (SM resident)

"That happened to me when I was out walking and someone came up to me and he said 'what are you doing?' and I said 'I'm lost' and he said 'let me help you, I'll take you home'.. and I couldn't see who it was but I knew his voice." (SM resident)

The tighter and less transient community in Wythenshawe meant that participants felt they did not have to explain themselves, that people were looking out for them and this made it feel like a good place to live for them.

"Wythenshawe is very good, everybody talks to you, if they don't see you around for a bit they ask where you are." (SM resident)

On the other side of this participants described the sense of further isolation if they were out and about and nobody spoke to them because they were often unable to facilitate the first move.

"A lot of people, if you don't use a cane so they can't tell you can't see, people think you're snobbish, they walk past you and they don't say hello, they think you're being unfriendly when actually it's not that, you'd love for someone to say hello, you just can't see them." (NM resident)

Being accepted and 'known' to have sight loss means it feels much easier it feels for people when other people around them do know and understand the issues their sight loss can cause.

"Raising awareness with other people so they do say hello and introduce themselves would make life better." (SM resident)

This was also mentioned by one of the diary participants:

> Diary participant #1 - NM
>
> Where I live I actually walk down the middle of the road to go to the shops because there are too many obstacles on the pavements. I can only really do this because I'm known in the area, people know I'm blind and so I can manage it like this. Being familiar with the environment makes a big difference and having people familiar with you is really important.

Feeling able to ask for help and assistance within the community was also identified as important for people as noticed during the observation visit to Wthenshawe:

> B talked about how she always asks for help wherever she is and feels she can do this in her local community. She told me her glaucoma is controlled and her sight isn't too bad at the moment, but very hazy. In the card shop recently she couldn't make out the wording and asked the assistant to help her – she has never had any issues asking for help and people have always been supportive.

Information about what is on offer

Information provision was mentioned as an issue throughout the research with people struggling to find out what might be available in their local areas. There was a difference here between the two areas in that the people from South Manchester tended to live in social housing and, although not always perfect, the housing provider networks were used as a conduit for disseminating information about what was available:

> *"We find out stuff from the housing association because I'm from Willow Park, they send a newsletter out every so often so you get to hear about what's going on."* (SM resident)

In North Manchester participants were more likely to be living in privately rented accommodation or they owned their own properties and they seemed to feel this paucity of information provision more keenly as a result.

> *"It is hard to find information if you are blind or disabled, it's not advertised.. It is only ever for able-bodied people like if you're over 60 join this club, it's not advertised. Facebook is good for that, but a lot of people aren't on Facebook. I haven't got a phone because I can't use one so I wouldn't know but there is nothing really advertised for people to say we have got a sight loss group or there is one starting up next week."* (NM resident)

> *"Getting information is difficult, they need to network in much more to the regular appointments people have at GPs, opticians etc."* (NM resident)

Survey respondents also identified a lack of information about what is available as a barrier particularly for people who are not accessing information online

> *"Not knowing what's available, not enough options for accessing services for those not digitally connected."*

It was clear from the research that a sense of community was felt to be a key factor in what makes a good place to grow older. Feeling known, being accepted and having information about what is available within the community as well as opportunities to develop and access informal networks were important. The key learning is that a greater understanding of how the communities are built up and operate and enable this sense of community means that providing services, getting information out about services and enabling people to access provision can be more tailor-made to each particular area and its differences.

Emotional and Physical Resilience

Emotional impact of sight loss - lack of confidence and isolation

One of the unexpected findings from this research was that a number of people approached and asked to participate in keeping diary entries did not want to get involved as they felt they would have nothing to say. On probing further and asking people more about this it was clear that they had a lack of confidence in having anything of use or interest to say about their day to day lives and it was not possible to persuade them otherwise. Many people described how their days were often the same and they didn't go out very often. We know from our ongoing analysis through surveys we administer before people have started accessing Henshaws services, that people with sight loss lose confidence, independence, motivation and are at higher risk of becoming isolated:

- 41% of people with sight loss did not feel confident.
- 37% of people with sight loss did not feel independent.
- 43% of people with sight loss felt lonely or isolated.
-

Dealing with the emotional impact can make it harder for people with sight loss to experience good lives within their communities and this was evident in the research. Emotional resilience and mental wellbeing are crucial in meaning people can make the most of where they live.

Diary Participant #3

S is aged 63 and originally from South Africa and now living in South Manchester.

I just realized then that I have never had the opportunity to cry my heart out to someone that will understand, as everyone thinks I am coping well and is not really understanding or prepared to listen to the impact of the loss of my vision on my personal emotions, my self-esteem, how I feel as a woman or as half a woman, what the loss of my independence means to me. I at times feel stupid, in the way, and a burden, and small things that my partner or children do or even people at work, upset me tremendously as I realize they do not understand. I sit with this overwhelming feeling at times just to throw the towel in. Maybe one day I will be able to talk to someone that will understand what it means to lose a significant part of your vision

NB/ On receiving this diary excerpt the service user was contacted by our enablement team to ask whether she needed any further support and was provided details of our counselling service.

The survey evidence from professionals also picked this up – a lack of self-belief, confidence or motivation among older people can prevent them accessing services or activities

> *"Self-belief - Some older people are prevented by their own diminished self-confidence, which can be the result of many things. I often hear people say it was a big step to even arrive in our building and try something new."*

Reliance on others and social support

The research found a difference between participants who were living with their families or with other people or who had a lot of support around them and those on their own.

The diary excerpt below highlights some of the issues around people living with others and how it can impact on their experiences of their community:

Diary participants #2 - SM

He doesn't want to stop working as he likes to keep busy but he doesn't go out of the house independently very much at all. He said that he only goes out at the weekend shopping or to visit family with his wife. His wife takes him wherever he needs to go. He only goes out at the weekend shopping, very rarely goes anywhere else. When his sight deteriorated he stopped going out at all on his own. Before his sight got worse he did used to walk to Tesco and someone would assist him in the store. He feels he has adjusted completely and is happy to stay in and be accompanied by his wife when he goes out. He would never use a white stick because of the labelling associated with it and the fact it makes you seem vulnerable – it tells everyone you are blind. He links his wife when they walk.

From his perspective as a social worker working with adults affected by brain injury, diary participant #1 was able to offer a slightly different perspective on this:

Diary participant #1 - NM

What we find makes all the difference for the people we work with is that it's all about support really. The people who do the best have support. So for example say someone has a head injury, they get treated at Salford Royal, they would have surgery or whatever they need and then they might have some extra in-patient rehab and then they would be a looking at a plan to get them home and we would be looking at - can they get back to their baseline or as near as they can to what they were doing before? The people that do the best are the ones who have a lot of family support, maybe have a lot of friends, because without that it is really going to be a struggle. If people were living isolated lives before it is going to be really difficult for them to adjust to a brain injury.

There was no real difference here between the two communities; people living with family members understandably relied on them and on the whole got of the house more. However, this could often also mean they were dependent on those people around them and were not doing very much for themselves. The critical learning point needs to be an understanding that the support people have around them, or the lack of support they

experience, is part of the whole picture and needs to be considered when planning services to improve older peoples' lives in their communities.

Intersectionality – impact of other factors on getting the most out of life

The majority of participants had other health conditions or disabilities as well as their visual impairment and this in turn very much affected how they experienced the places they lived. There was no real difference here in relation to the two communities, however the level of social support and a network to tap into was arguably even more important where people were living with a number of different conditions.

Notes recorded during an observation visit at Wythenshawe highlight some of the issues:

> D is from a BAME background, she lives alone and has been totally blind in one eye since birth. She is losing sight in her other eye and is also epileptic and has mobility issues. She has had a number of falls. She told me that it was hard for her to get round now. She struggles to walk in her area, not just because its busy but because she can't see her own feet and that it's not just her sight but the other conditions she has too. However, she is still keen to get out so she uses Ring & Ride to get to the group which she has been attending for 3 years and enjoys chatting and meeting other people. She is also an active member of her local church which again provides opportunities to meet other people and feel part of a community.

These were echoed by the observation visit to Harpurhey:

> M has the eye condition Retinitis Pigmentosa and has been registered blind for a number of years having her mobility training in the 1990s. She also has a number of other health conditions including fibromyalgia and a frozen shoulder, arthritis and migraines. She talked about 'the battles' she has faced getting treatment for her shoulder – she has had cortisone injections but has been sent to various different clinics and this can be hard finding the way to them all. She talked about how it always feels like a battle and that they don't need battles. Her right

shoulder is the one which is affected and if she doesn't get the treatment she needs it affects her independence hugely as she can't use her white cane which means she can't get out and about.

J feels that being older (she is 87) meant that she had found people treated her as if she were stupid and didn't know her own mind – she was really cross that when she had gone into hospital recently for a procedure and the nurse had asked her to remove her dentures and had not believed her when she said she didn't have dentures and had repeatedly asked her if she was sure 'as if I didn't know I still have my own teeth.' The group laughed about the story but it is clear the patronising attitude they faced was something which they had all experienced and which bothered them. 'People talking to you as if you don't know what you are talking about is very frustrating.'

Issues that were raised throughout the research as impacting on what made somewhere a good place to grow older were in effect magnified if people were experiencing a number of other issues or conditions. Experiencing multiple issues and battling for support for all or even some of them for most of the time can mean that priorities change and enjoying life within your community can fall to the bottom of the list. Everything can become more of a challenge as highlighted below:

"When people have to get off and wait for another bus or walk a bit down the road and then get another bus, that can put people off particularly where you've got, like J for example, she's cracking on in her 80s and she has suffered ill health which massively impacts her ability to travel. She was always so chipper and upbeat even in the face of adversity and then at times you know catching 2 buses to get to a support group or a social group on the whole its fine but come winter time and if Joan's health is deteriorating and its affecting her mood then it is more difficult." (Henshaws Manager)

Being emotionally and physically well enough to access life to the full within their communities came through as important for the participants in both areas. Those people living alone also faced particular issues and in some cases were more dependent and less likely to access facilities in their communities independently. These were issues which were raised by participants from both areas with no clear differences between the two areas, apart from where there was a stronger sense of community feeling this could help mitigate against some of the complex problems people were facing. Again an understanding of how these factors contribute to how older people experience living within their communities should help to plan and deliver services more effectively.

Demographics

Transient population

Overall South Manchester participants talked about having been born and raised in the area and still knowing many of the people they knew as children. This was experienced as a real positive which made Wythenshawe a good place to live.

> *"Well I'm 78 and I live in Baguely, I grew up in Wythenshawe. I've lived in some other places briefly, including Partington and Altrincham, but I came back to the area because its 'home'. I know so many people here although some of them are now passing away. I used to drink with 22 men at my local and there are now only 2 of us left now!. I'm still best mates with my friend from school and I like it like that."* (SM resident)

Conversely North Manchester residents had also often lived in the area for many years but described seeing everything around them changing which was not always experienced as a positive for them.

"Well I have lived in my house for 55 years, but on my road now there are so many houses have come up for sale and they just buy them and let them out so every 6 months you have new people coming in so you don't know anyone." (NM resident)

Observations from Henshaws Community Services Manager backed this up:

The other thing I was going to say that plays a part is gentrification, so I think you only have to look at North Manchester and as you start to get closer to the city you can see and you can evidence the gentrification. In Ancoats for example, it's so much more gentrified and that is going out further than Ancoats and as that starts to go out your community also changes. That group in North Manchester has talked about people being dispersed, so where areas have been redeveloped, redesigned, flats have been built, people then have to move out so they go further out into North Manchester so again you have that constant knock on of that transient population, people moving around.. Wythenshawe on the other hand isn't like that and has a really strong sense of identity."

Again, understanding the changing local population in Harpurhey is important in terms of planning future service provision. If it doesn't feel to people living there that there is a sense of community fostered by a stable population then providers can think about different ways to enable that sense of community as Age UK have with their new shop and community hub in the area.

Navigating the local area: safety, roads and crime

The environment around them can make a significant difference to how people experience living in their local area (this is also discussed below in the section on austerity). People from both areas mentioned this as an issue with the following noted from the observation visit to Wythenshawe:

In terms of the local area they all discussed the uneven pavements, a lot of tree stumps and roots causing the pavements to lift, cars parked on the pavements and

wheelie bins blocking the paths. They discussed when you know the area you can plan accordingly but it is difficult and you have to be alert to it.

Diary evidence from South Manchester also backs this up:

Diary participant #2 - SM

Walking in a level area is much easier for people with sight loss. Knowing where the kerbs are is very important and having someone to guide you and talk you through what is coming up re the terrain makes a big difference. I would struggle to manage on my own

Diary participant #3 - SM

We went to Boots and fortunately the streets were not too busy. I walked behind my husband and just followed him. The roads are busy with road works and the pedestrian footpath is temporarily closed. The detour is not very clear and the little green man cannot be seen clearly. It is very scary to follow your way through the roadworks and it's a very busy intersection. There are cones everywhere and I also had to be careful as I had to cross the cycling path and tried to walk on a very uneven pavement that at times is used by cyclists as well. Apart from the roadworks they are also building flats on the same road on either side and there are barricades that takes away parts of the pavement. Fortunately, my husband was with me, but he likes to walk through the traffic when crossing the road and although I am clinging to him I am very scared and uncertain as I cannot see or respond to get out of the way of traffic if needed. On our way to Boots I nearly bumped into a few pedestrians coming from the front in spite of holding my short white stick in front of me. I literally had to stand still so they can walk around me as they do not make way for me or they are so busy looking at their phone they do not even notice me. When I can I move to the side, but it is not always possible and I bumped into one person.

The same or similar issues were mentioned by North Manchester participants as well:

Diary participant #1 - NM

Where I live people park anywhere, all over the pavement etc. They are not trying to make your life difficult by parking like that but in reality they can.

It seems this was an issue experienced as difficult in both areas – a good place to live for older people with sight loss would certainly be one in which the areas they move around in were clear, uncluttered and free of obstacles. One suggestion made by a North Manchester participant was around how this could be potentially be improved in the future:

> *"What I think is we should get the councillors to wear the sim specs and walk round the area and then they will pick up on what the issues are, broken pavements and broken kerbs, parked cars on pavements." (*NM resident)

There was also an emerging theme around North Manchester being less safe in terms of crime levels. It is beyond the remit of this report to compare the actual crime rates in both places, as to answer the research question posed that is not actually the main issue – the perceived level of crime and how that impacts on peoples' experience and feelings about living in that area is what matters in this case:

> *"I've had problems with my neighbours and had to have 16 policemen in my house. One neighbour it was really because of jealousy, and I've had trouble with them so I have had to get police involved. I am waiting to be moved somewhere else now, a new start." (*NM resident)

> *"There is also something around a level of violence in North Manchester – it is higher, I don't know whether statistically it is higher, but violent crime seems to be higher in North Manchester. There was a stabbing at Abraham Moss tram station, there was a shooting at Harpurhey near the council offices, that was a while ago and it was very targeted. In Cheetam Hill they were on lock down last week because there had been a shooting at the end of their road. In the past they have had targeted attacks like in the banks and slowly but surely the banks have closed down." (Henshaws Manager)*

Structural or Policy Issues

Transport

Transport emerged as a major theme throughout the project with many participants talking about where it worked well and what a difference it can make to their lives when it does and also many examples of where it is very difficult and restricts what they would like to do.

This extract from a diary participant who visited Holland during the time she was recording her diary gives an example of how system changes could make a big difference for people with VI:

Diary Participant #3 - SM

What I find so easy in Holland is that you only need one card for the bus, tram and train. I had a card from a previous visit which still had some money on it. It's valid for a year. You only top up as needed. and when you use any of these modes of transport you just scan it in when you enter the train or bus and scan out again when you leave and it then tells you how much money you still have left.

How people experienced transport and being able to access it depended very much on exactly where they lived within Wythenshawe or Harpurhey and also on their general health, mobility and degree of sight loss. Broadly speaking the better their vision the better able they were to navigate the transport network, however this was not the only indicator – confidence to get out and about and use public transport was also a huge issue as was having support around them. So for those older VI people who were living with families or partners they talked very much about not travelling independently and relying on the people around them. For those living on their own transport and getting out and about was much more of an issue. In terms of the 2 areas the tram link into Wythenshawe seems to have made a big difference for people generally in the area and for Harpurhey it really seemed to depend on where people lived within the area.

Henshaws Community Services Manager felt Wythenshawe had better transport links:

> *"Broadly one of the reasons Wythenshawe worked much better is because of good transport links. People will talk in North Manchester about, you know they feel it is an appalling bus service, so even the transport system just seems more fragmented. It probably works, you know Transport Greater Manchester would probably say there is a bus that would take you from that place to that place but people have to get off and wait for another bus or walk a bit down the road and then get another bus. "*

> *"The trams are very important here in Wythenshawe, they are very accessible and have enabled independent travel across the area." (*SM participant)

However North Manchester participants also spoke of how the transport system worked for them and where they lived:

> *"Transport is good where I am, you know the Metrolink covers the area and there's a lot of bus routes and ring & ride is not bad where I am, yes so transport is not bad and a bit of forward planning you can get North, West, East and South of Manchester pretty easy, yeah with a bit of forward planning checking which buses go where and that." (*NM resident)

> *"I live in the best place possible actually, I've got the funeral directors next door (laughs), I've got the recreation ground down the road and I can see that from my bedroom window and I also have the bus stop on the corner so I just have to walk 50 yards to the bus stop and the services from there take me where I need to go. I'm very, very fortunate where I live because it is very well connected."* (NM resident)

Professional respondents to the survey identified transport as one of the key barriers for older people across Manchester. They were asked two separate questions where transport came up – one was around what older people valued most about their areas and, where it worked well, transport was identified as a key issue. However, it was also recognised to be a major barrier for people when it didn't work well and this could change from street to street:

"Transport, transport, transport - All other things to me can be sorted out but transport has\always been the biggest issue." (Survey respondent)

Feeling connected and being able to get out and about and access local services within their communities was felt to be a key issue in terms of what made somewhere a good place to live for all participants.

Effects of Austerity – Expected and unexpected consequences

As discussed earlier in this report many organisations working in the sector are aware of the effects of austerity on the various communities across Manchester and beyond. However, during the course of this research, some of the broader impact of austerity measures which might not be obvious came to the fore and they are having a real impact on the lives of older VI people.

"It's very dangerous round where I am, the bins are left anywhere and the leaves , there are a lot of trees near me and the leaves just mulch up on the side of the road and so if you have your cane with you then you can't feel what it is properly, I even thought it was a body once! When the leaves are left like that they are dangerous because they get slippy. Every Autumn the council used to come twice, early on after the first fall and then again a few weeks later just to finish off, now they just leave them." (NM resident)

In this case, this particular participant had stopped going out alone and, because she had no one to accompany her, she was rarely going out at all because she was so frightened of slipping and falling. Clean and uncluttered streets are vitally important for people with VI in order that they can get out and about safely and have the confidence to do so. The implication of changes such as this can be hugely significant.

Another factor mentioned was the retirement age changing meaning some significant changes for the running and management of voluntary-led groups which are often hugely significant for older people and the places they live in:

"I think one of our problems is like with the group I was involved with, it used to be the first Wednesday of every month and I used to be the social secretary and organise days out with coaches and holidays and quite often we used to have spare space so we used to go into our local church and invite anybody who wanted to take up the place. Over the years since I was doing it in 2002 we got up quite a big group but we had to close down because what really sort of happened, I found, was that a lot of local groups that were started a few years have closed down recently and one of the problems is the retirement age. So when I retired at 60 I had a good 15 years of being able to help and arrange things as people were coming in, but when they raised the pension age people that had worked those extra years came in quite tired and didn't want to take on the responsibility of helping to run a group so we ended up with no treasurer, no secretary etc and so we weren't able to run it. Then another one opened and I thought, well I'll go and join that, and now that has had to close because the people who were running it couldn't do it anymore and nobody wanted to take on the responsibility." (NM resident)

Diary participant #1 - NM

There are little groups, specific groups, that support people here but there's an awful lot of isolation. People are very isolated and there's no obvious thing for them to tap into you know and probably a lot of groups have gone under as well, they've lost funding etc so there is probably less out there anyway.

In North Manchester participants also spoke of services which had previously been located nearby but were no longer available in the local area:

"Another change has been there are no Citizens Advice Bureaus now, there is nowhere you can go now for that general advice. The nearest for me now is Longsight, so if you need welfare rights they have all gone now. It would be really

helpful for me if there was a service where you could do comparisons of different services that is accessible – someone to help/support with that. Sometimes when things are confidential you need a bit of help you know what I mean, just to go somewhere and you can have a bit of a one to one and they can show you how to do it." (NM resident)

Other impacts of austerity measures also came through in the research which were making a difference to the level and types of services that were being delivered. This was highlighted in the interview with Henshaws Community Services Manager speaking about the issues she had faced in North Manchester:

"There is something around room hire too, like in the past we used to have a model of community centres for example, and that over time that has shifted because either they have closed or they are potentially more isolated or they are more difficult to get to and again this is an issue. When we looked at trying to move our services in North Manchester you could move your services but you inevitably had a high charge. Pre-austerity people maybe didn't charge for room hire and now it is much more competitive and if people have got space they want to hire it and charge. In the past there has been more willingness to share spaces, to work collaboratively, whereas when austerity kicked in organisations just naturally shrink to what their funding tells them that they can do and how they can work with other organisations because they go back to their core, 'we only do this because that's what we're funded for', so there is less collaboration."

The effects of cuts and austerity seemed to be felt more keenly in North Manchester, or certainly it was something that was picked up more in this way by North Manchester participants. Where it was mentioned by South Manchester participants it was more around how they had potentially mitigated against some of the effects of cuts and changes to the benefits system with one participant effectively running an informal foodbank from her house:

"..like my daughter, she is on this universal credit and you have to wait 4 weeks then you've got to pay 4 weeks rent and 4 weeks electric, by that time she's got nowt left. So what I do is I tend to help her out, because she's got 4 kiddies so I tend to help her out with food and all that lot because I get DLA because of my sight loss and I think I'm not going to spend all that money on myself so I put a bit away for my kids and then when they're short and they come to me and they say 'mam have you got sugar, have you got tea bags, have you got this, have you got that?', and I go the cupboard and there it is. But that's how I am.. I've got a big cupboard full of stuff and now the neighbours come too and they say 'have you got a bit of sugar?' and I say 'here's a 2lb bag, take it and give it me back when you can' but that's what it's like where I am. You help each other." (SM resident)

Town planning/design - Community hubs – central places

Participants picked up on the structure of a place in that there was a strong feeling that having somewhere central to go/meet/gather was important in terms of what makes somewhere a good place to live.

"The civic is the main centre in Wythenshawe and then you've got all the areas around like Benchill and Sharston. The forum is in the middle, the centre. That's where there are a lot of services, there's 2 doctors in the forum, the gym and the swimming. It's all new inside.. It is better there, it is good to have somewhere to go like that." (SM resident)

"In North Manchester the shopping areas are very functional, there isn't really a centre to speak of and you haven't got that kind of old-fashioned kind of central community." (Henshaws Manager)

A deeper understanding of the areas and how structural and policy changes affect them and how they are experienced by the older people living in them means that services can be developed accordingly. For example for the future town planners should consider that

central community locations with key services in served well by good transport links help to foster a sense of community and this can be seen very clearly with the development of the Forum and Civic Centre in Wythenshawe. Knowing that austerity measures and changes in policy at a macro level affect peoples' lives in multiple ways at the micro level is important and being aware of these impacts should mean more effective and targeted service delivery.

General findings from across both areas

There were some findings which were common across the two areas particularly from the survey data where there was often consensus between organisations based in North and South Manchester around some of the areas asked about.

For example, survey respondents were asked what they felt older people in the community they worked in valued most and there were a series of statements provided where they were able to select as many as applied. Most of the areas suggested were rated by a number or respondents but coming out as the joint top two with 17/19 respondents selecting them were:

- **They can access the services they need**
- **They have the opportunity to meet and talk to people**

Figure 6 Illustrates this below and there were no clear differences between respondents from each area around these statements:

What do you believe older people value most about the community you are working in? [Please tick all that apply]

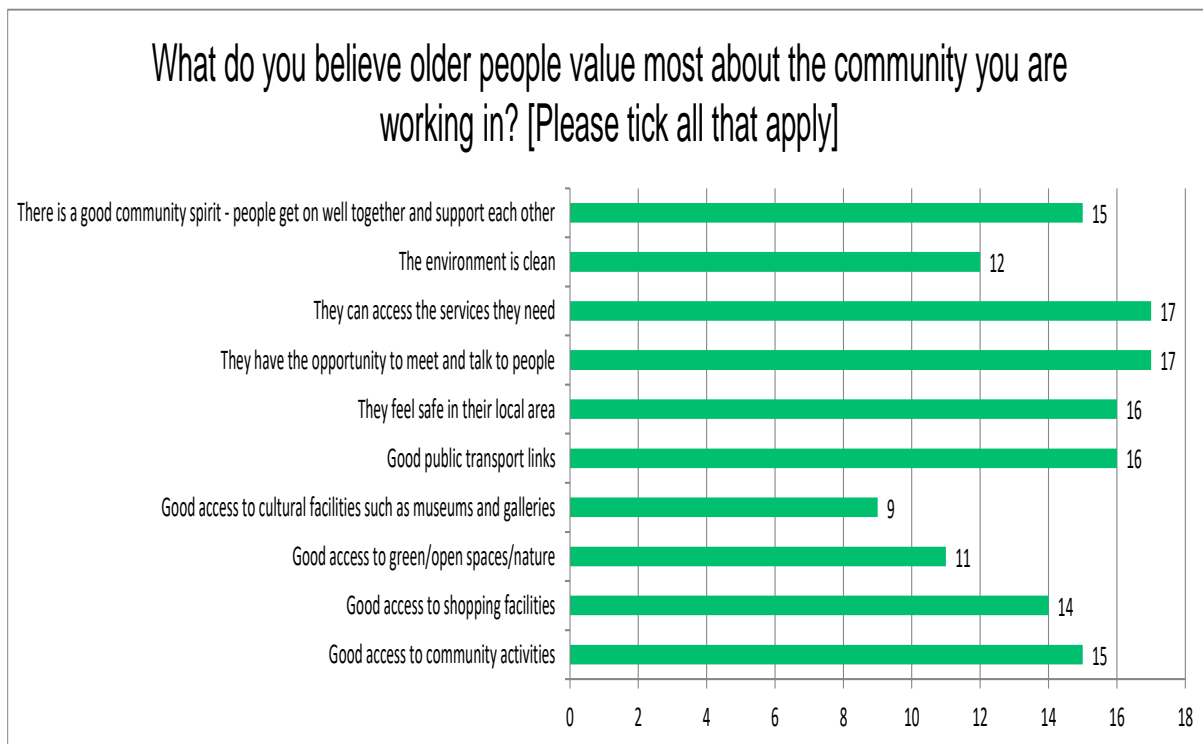| Category	Value
There is a good community spirit - people get on well together and support each other	15
The environment is clean	12
They can access the services they need	17
They have the opportunity to meet and talk to people	17
They feel safe in their local area	16
Good public transport links	16
Good access to cultural facilities such as museums and galleries	9
Good access to green/open spaces/nature	11
Good access to shopping facilities	14
Good access to community activities	15

Fig 6

Respondents were asked to rate the areas they worked in on a scale of 1-10 with 1 being the worst neighbourhood possible and 10 being the best neighbourhood possible - Figure 7 below shows the respective average ratings (mean) from the North and South Manchester respondents.

Average ratings of the area respondent works in
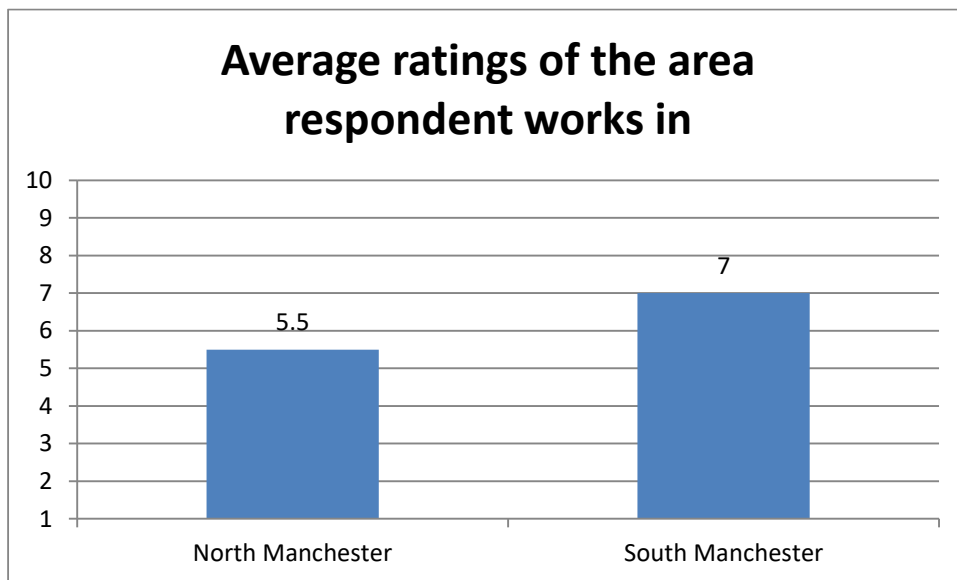
Fig 7

Recommendations

The recommendations outlined below should be considered in line with what the participants of this study have made clear throughout the project. They are all fully aware of the financial constraints which health and social care and the voluntary sector have been increasingly operating in. They fully understand that many of the changes they have seen over recent years are as the result of austerity and that some of the recommendations that have formed as a result of this work would have cost implications. They should therefore be considered within that context.

- Older people with VI want people to be aware of their VI without always having to explain it. VI is a hidden disability, people cannot always tell by looking at someone that they have problems with their sight. Having somewhere accessible and central where people can meet safely within a local community could be a really positive step.

- Central places within the community were viewed as very positive – Resources already available within the individual communities should be harnessed such as the Age UK shop in Harpurhey and the Health Development Co-ordinators working across North Manchester.

- Staff or elected members from local councils/services should be encouraged to 'walk down the road in our shoes' – to fully understand some of the issues and barriers faced by older people with VI, professionals should wear simulation glasses to replicate common eye conditions and view the communities from this perspective.

- VIAT needs to be more widely offered and taken up by local networks and associations so that community spaces are more aware of VI and VI people are therefore more able and willing to access them.

- Community sight loss facilitators should be engaged who have an in-depth knowledge of each neighbourhood, how it works and its demography so that services and people can be provided and targeted accordingly – a one size approach does not fit all. Services and groups need to be proactive particularly in those areas where older people with VI are harder to reach. At Henshaws for example in North Manchester for future delivery we will be adopting a flexible approach where we move delivery locations for groups so we can be where people need us rather than remaining in one place and hoping people will travel to us.

- Increased partnership is needed working across voluntary, statutory and private sectors so that people can access a range of services and activities. For example, if there is a successful social group running in an area there is no need for a specific organisation to come in and set up another one particularly for people with VI –the links and opportunities to work with that group should be explored. People with VI don't always just want to be with other people with a VI.

- Informal networks are the key – finding a passion and following that is easier than forcing friendships. Know your neighbour scheme – harnessing data held by organisations (in line with GDPR) so local people sharing similar situations can be put in touch with one another.

- A Greater Manchester approach is required to planning and accessibility particularly with regard to travelling around the region where accessibility features such as tactile paving and accessible crossings can suddenly disappear when people cross into a new ward or neighbourhood.

- Transport has emerged as a key theme throughout this project with people sharing how transport improvements have changed their lives and others sharing difficulties and problems. One suggestion made by a diary participant was for a volunteer or funded programme to support people on public transport so that on

major tram or bus routes there was someone to help people navigate- a bit like the city red coats who offer help and advice to tourists / visitors to the city.

- Further research into the management of community specific projects for older people with VI: and pilot studies with robust evaluations of how cross-organisation working and improved information provision could improve the lives of older people with VI within their communities.

Conclusion

The research question this project aimed to answer was - what makes a good place in which to grow older for people with visual impairment? In order to do this Henshaws compared 2 communities to understand in more depth what works well and what may not work so well within those areas for older people with sight loss. The research found a number of key factors, some of which were common across both areas. However on the whole the evidence generated through the research has supported our original working hypothesis – that Wythenshawe was experienced as a better place to grow older with a VI. This seemed mainly due to that area having a real sense of community generated both from the more stable population and the design of the area with central community locations which were well used and valued. A feeling of being known and accepted and a willingness to rely on each other for help and support mitigated against some of the impact of policy and structural changes experienced by both communities. Good transport links and better information provision were also important. In Harpurhey there was more variation in partcipants' experiences and it depended much more on exactly where they lived in the area and on their motivation or resilience to actually interact with what was on offer in the area.

In conclusion this study has found that the following factors make somewhere a good place in which to grow older for people with VI:

- A strong sense of community
- The presence of informal networks of support with opportunities to meet other people, particularly for VI people living alone
- Feeling known and knowing others
- Acceptance and knowledge of their sight loss
- Good transport links
- Availability of services and groups both specifically for people with VI and also being able to attend other groups with sighted people
- Having good regular information about what is going on the local neighbourhood
- Clean uncluttered environments to walk and travel around in

- A focal point in the community where people go regularly – either the shopping centre, a community hub or somewhere similar.

This project has revealed a number of important findings - If older peoples' needs are fully understood and services are wholly accessible then they are able to move towards living better lives for longer and moving much more closely to the following statement:

'An age-friendly world enables people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age. It is a place that makes it easy for older people to stay connected to people that are important to them. And it helps people stay healthy and active even at the oldest ages and provides appropriate support to those who can no longer look after themselves.'

World Health Organisation

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