



## OLDER PEOPLE PROVIDERS NETWORK (OPPN)

Meeting on 8 December 2025

Topic: Working with Global Majority communities followed by a discussion

### 1. Presentations:

The Advocacy Project - Maureen Brewster

Open Age - Jane Chanakira

### 2. Case Study - Mercyline Ndeti (see below)

### 3. Discussion questions:

- What is being done and what needs are not being met and examples of good practice - what is it that brings people in and encourages participation
- What support do groups need to build capacity
- Collaboration and Partnerships possibilities

### **Presentations by:**

**Maureen Brewster – The Advocacy Project** gave a useful overview of work being done through consultations and running speaking up groups and events with the older residents in Westminster

**Jane Chanakira – Open Age** has received new funding to increase engagement with global majority communities, one recent focus area has been on men accessing services and addressing health inequalities. Two roles lead this work: Jane Chanakira – Community Engagement Coordinator and Michael McCulloch – Men's Development Coordinator

**Mercyline Ndeti – BME Health Forum** on a Case Study for discussion

### **Summary of Discussion points**

#### **1. Engagement of Older People & Representation**

- Open Age is working to increase visibility and accessibility of services for global majority communities. Activities are co-designed to be culturally relevant and respectful and reflective of the communities. This involves consulting with local members and community groups, asking for lived experiences and sharing programmes and asking for inputs about how the programme can be diversified for better engagement. When global majority communities create safe spaces for themselves, it can add to the cycle of exclusion. Approaches include recruiting tutors from global majority groups, running taster events which are culturally relevant and create a strong sense of feeling seen and belonging, offering a variety of activities and trying out different activities that might have never been tried before.

#### **2. Health Inequalities & Complex Health Needs**

- Global majority older adults experience disproportionate health inequalities, including high rates of diabetes, cardiovascular disease, high blood pressure, arthritis, dementia, and longterm unmanaged

conditions starting from around age 50. Programs include education and check ups in local community groups for prevention and awareness. More research and consultation could be done around Sheesha use in the Church Street ward (especially men) and asking users what would help them

### **3. Trust Building, Outreach & Person-centred Support**

- Trust is essential: many organisations emphasised one-to-one engagement, matchmaking people to social groups, understanding of the nuances of different cultural needs and listening to individual priorities, accompanying individuals to activities and confidence building and befriending is helpful. Use of volunteers to manage some of these needs. Seems to be a shortage of volunteers to provide language support
- Examples were given about dedicated outreach teams, men's groups, carers projects, phone-based groups which are effective for people facing multiple barriers.
- Peer support cafés and multilingual hubs help people support each other, increases understanding of the problems and help to navigate services. Peer-led sharing of lived experience (e.g. managing diabetes) is often more impactful than formal public health messaging.
- People are more likely to attend sessions where they feel they can contribute when they participate, not just receive support. Direct engagement helps uncover hidden needs and increases take-up of services.
- Effective support looks at the whole person, including:
  - Health conditions
  - Confidence and level of isolation
  - Language and digital skills
  - Transport and mobility
  - Benefits, housing, and financial need

### **6. Transport & Practical Barriers**

- Transport is a major barrier; older residents struggle with buses, cannot afford taxis, and often need escorting. Organisations are using volunteers and also fund transport specifically
- People are more likely to attend activities when accompanied by a familiar volunteer or peer.

### **7. Collaboration, Referral Pathways & Communication Gaps**

- Need for improved referral pathways between grassroots organisations, larger providers, and advice services - use referral networks rather than trying to meet every need alone
- Organisations may lack knowledge of where to refer clients or maybe have concerns of being updated about or losing their clients when they refer
- Suggestions about having joined up offers so service users do not experience fragmented support. Strong collaboration would be useful and groups can share language skills, volunteers, and specialist expertise

### **8. Capacity Challenges in Small Organisations**

- Smaller community groups require funding for staff, admin, accounting, training, digital access, and governance support. Need for smaller groups to be able to access to housing and debt advice services was raised

## 9. Community Specific Needs

- Cultural specificity is essential; for example, Gujarati speaking older people (as in the case study) may not be able to access spaces where no one speaks their language. Partnering with faith groups or culturally specific organisations (e.g. temples) could be a route
- Some residents avoid mainstream services because of judgment, stigma, or lack of cultural relevance. Due to social norm of being a carer, some people may not consider themselves to be called “a carer” so would not connect with services

## 10. Local Mistrust & Historical Issues

- In places like Queen’s Park, repeated short-term pilots have created deep mistrust; residents feel “used” for box ticking. This issue needs some discussion in future
- Communities may distrust services due to repeated short-term projects and consultations with no follow-through. Possibility of push back on short-term or tokenistic funding and saying no to initiatives that do not benefit communities meaningfully

## 11. Ideas for Action & Future Steps

- Proposal for further in person networking meetings and to build collaborative projects and referral pathways to welfare advice and other services. To be arranged by One Westminster and aiming for Spring (March 2026).
- Suggestions for improved communication for residents such as a simple information sheet about services with translated phone contacts
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## **OFFERS FROM THE GROUP CHAT:**

- TURNING POINT have an extensive free community training offer available to professionals in WCC/ RBKC To book a place on our free community training please visit our Eventbrite page here: <https://www.eventbrite.co.uk/o/turning-point-central-london-60749680723>
- CHANGE GROW LIVE - With the CORE plus 20 NHS improvement approach ( and acknowledgement of the health disparities which exist) and an approach to reducing healthcare inequalities, we have the opportunity to utilise this and offer support through partnership working, myself and Michael will be facilitating joint sessions within spaces such as Pepper Pot which have been built on the input from the centre, their members and what the sessions should look like in terms of substances , including alcohol and the health education they would like to see. We are actively looking to extend this support across the bi-boroughs . Contact: [sarah.doherty@cgl.org.uk](mailto:sarah.doherty@cgl.org.uk) and [michael.huck@turning-point.co.uk](mailto:michael.huck@turning-point.co.uk)
- WAND - We run advocacy, foodbank and we are also one of the Open Age breathe and beat session partners & are actively recruiting participants for this - [sophie@wanduk.org](mailto:sophie@wanduk.org)
- IMPERIAL COLLEGE - We are currently undertaking a couple of community-based projects at Imperial, including work on digital readiness for proactive healthcare and a faith-leader-led community awareness initiative on brain health and dementia (South-Asian Communities). Please feel free to contact me if you would be interested in partnering on these projects- [p.nair@imperial.ac.uk](mailto:p.nair@imperial.ac.uk)
- WESTMINSTER ALMSHOUSES - As a Westminster funder it is so helpful to hear what is needed. Applications welcomed - grants awarded at the end of April. Also please remember us for older people needing affordable accommodation. We are actively recruiting for more diverse representation on our committees (Grants Committee included). [anne@westminsteralmshouses.com](mailto:anne@westminsteralmshouses.com)

- MOSAIC COMMUNITY TRUST: Please do come and visit our services - would love to welcome you to share and learn from each other and explore collaborative working. My Email lenac@mosaiccommunitytrust.org.uk

## **CASE STUDY USED FOR DISCUSSION - BY MERCYLINE NDETI, BME HEALTH FORUM**

### **December 2025 OPPN Case Study**

#### **Background**

Mrs Asha Patel is 78 and has lived in Westminster for over 40 years. She is of Indian origin, speaks conversational English but is most comfortable in Gujarati. She is widowed, has mild mobility issues (uses a stick) and lives alone. Her children live outside London, so most day-to-day support comes from neighbours and her temple community. She is keen to stay active and connected, but how she accesses services depends heavily on clear information, trust, cultural comfort and practical support to get to activities.

#### **Social Activity: Local Coffee Morning**

The group has very limited funding and capacity and no formal referral links to other services, but

- Volunteers run a small social group at her temple.
- She feels safe, understood and is culturally comfortable.

#### **Possible New Activity: Exercise Class**

She hears about an exercise class in a larger organisation that could benefit her, but:

- She cannot book online (digitally excluded).
- She is anxious about travelling alone and unsure of the venue.
- She worries she won't fit in or won't understand instructions.

As a result, she decides not to go.

#### **Health & Advice Needs**

- GP advice is to join a walking group and seek help to claim benefits.
- She is unsure who to contact and finds written information confusing.
- She would benefit from advocacy/advice support and clearer signposting.

#### **Ongoing Issues: Transport & Confidence**

- She cannot afford frequent taxis and finds buses difficult at busy times.
- She would be much more likely to attend new activities if a trusted volunteer or peer could accompany her.

#### **Key Needs & Opportunities**

1. Clear, simple information about local activities and support for older people in Westminster.
2. Stronger referral pathways between grassroots groups, larger providers and advice/advocacy services.
3. Culturally welcoming, low-barrier activities (language, food, familiar faces, gentle pace).
4. Practical support such as buddying/escorted visits and local/accessible venues.
5. Capacity building for small community and faith-based groups (training, admin support, small grants, digital access).

6. Genuine collaboration between larger and smaller organisations so Mrs Patel experiences a joined-up offer rather than isolated services