

“Ageing Equally?” Programme Shorter Research Project

**Social and cultural barriers to accessing services within
Bedoun (Stateless) Arabic speaking communities for people aged over 50
years living in and around Central Manchester**

FOCUS GROUP DISCUSSION (FGD) REPORT

November 2019

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1 INTRODUCTION

Ageing Equally? is an Ambition for Ageing research programme focusing on what makes a good place in which to grow old for people who belong to minority communities. This programme aims to generate a deeper understanding of what supports well-being and what makes places age-friendly for a cross-section of communities of identity or experience within the population of Greater Manchester, in order to prevent social isolation.

Ethnic Health Forum, a registered charity based in Rusholme, has been collaborating and working in various research projects in the past 15 years, partnering with academic institutes like Universities, NHS Foundation Trusts and other funding bodies to carry out community-based focus group discussions and one to one interviews on various health and social care issues.

Ethnic Health Forum has been commissioned to explore the issues among people over the age of 50 years from the “Bedoun” community who are settled in the wards of central Manchester. The term Bedoun is used to describe someone with “Stateless” situation and is mainly used for people arriving from Kuwait who are having no citizenship of their birth country and are thus denied an identity card and/or passport. Most of these people have migrated from Kuwait and speak Arabic with a minimal ability to understand the English language. The Central Manchester wards of Moss Side, Rusholme and Fallowfield have seen a large number of this community arriving and settling in the area¹.

2 AIMS AND OBJECTIVES

1. This research project aims to explore and investigate the social and cultural factors that act as a barrier to accessing community services for the Bedoun (Arabic) speaking community over 50 years of age living in the wards of Central Manchester.
2. The project aims to print and publish a booklet in the language required, in order to raise awareness about the services available for people over the age of 50 years.

¹ Members of 78 Bedoun families used Ethnic Health Forum services in 18 months between 2018 and 2019

3 METHODOLOGY

Ethnic Health Forum (EHF) coordinated and organised four focus group discussions (FGDs) among the Bedoun community residing in Central Manchester. These FGDs were carried out with each group having between 4-6 participants from different socio-economic backgrounds to ensure maximum phenomena variation. Two focus group discussions took place separately for both men and woman keeping in view their cultural and religious values, thereby encouraging the maximum contribution of the participants in each group.

These focus group discussions were audio-recorded and analysed using the framework approach. An Arabic translated consent form (Appendix D) was circulated and support was provided to fill in by all the participants of these focus group discussions.

Developing the team of facilitators

Keeping in view the language restriction, it was necessary to arrange Bilingual facilitators who could speak English and Arabic languages.

Ethnic Health Forum circulated the leaflet (Appendix A) for the recruitment of facilitators from third sector organisations using its e-mail contacts and utilising other e-Networks in Greater Manchester.

Training: A team of research experts from Ethnic Health Forum and Commonwealth Scholars, experienced in Public Health research, provided training to seven potential facilitators who were then interviewed at the end of the training and two facilitators (1 for men and 1 for women) were selected for the focus group discussions in their respective groups.

FGD Participant Recruitment

Participants of the focus group discussions were recruited through Ethnic Health Forum clientele, publicity and directly by facilitators recruiting Fallowfield library visitors through circulating and discussing a focus group discussion participant Recruitment Information sheet (Appendix. B).

Focus Groups

Four focus groups were conducted at the Ethnic Health Forum (men) and Fallowfield Library (women). Table one shows the details of the focus group discussions in which a total of 19 individuals participated.

Table 1: Details of all four FGDs

S.No.	Date	Gender	Number	Location
1	18/07/2019	Men	5	Ethnic Health Forum
2	06/10/2019	Men	6	Ethnic Health Forum, Rusholme
3	18/10/2019	Women	4	Fallowfield Library
4	25/10/2019	Women	4	Fallowfield Library
Total=			19	

Arabic was the main language in all the focus group discussions; however, facilitators were bilingual. As expected the majority of the participants felt more comfortable in contributing in their native languages, therefore the presence of bilingual facilitators encouraged the participants to express their views.

Total of 19 individuals participated in all the four focus group discussions, out of which 57.9% (11) were men and 42.1% (8) were women.

4 KEY FINDINGS

1. Participants were aware of some services for older people in the area but they were not sure how and where to find such services and facilities.
2. Generally, there was a sense of awareness about the benefits of becoming socialised but they do not have specific places for their community to go to.
3. Integration with other communities was considered quite important in improving relations with local residents.
4. Places of worship were not considered to be an ideal place of integration and socialisation.
5. Inability to understand the English language is a precursor for the most other problems.
6. There is a high demand for services to consider specific problems as they arise, but less interest in accessing services for broader or longer term support.
7. There should be a central multilingual Helpline, especially for older people.

5 FOCUS GROUP DISCUSSION RESULTS

The focus group discussion was carried out according to the topic guide (Appendix D) and during the analysis of the discussions of all focus groups, three main themes emerged and we will be discussing them one by one.

A. Positive Perceptions

Communication

Participants have shown a fair amount of awareness about services available for older people and their routine activities, and about the provisions of local libraries and leisure centres. However, they prefer to go for a walk or go shopping and are hesitant in accessing communal gatherings or places of communal gatherings like community centres, library and local leisure centres primarily because there was no bilingual support available at such places.

Socialise

The Bedouin community feels proud of their traditional way of socialization and this concept is not new for them, but they feel handicapped in terms of the availability of places like community spaces of their own, where they could get together and interact with their own community members and engage themselves in positive discussions and activities.

Integration

Participants are fully aware of the understanding and importance of integration within the local communities, but again there are certain barriers, which they do not have the ability to overcome, or they have surrendered to those factors that include the English language barrier, access to those facilities, shyness and hesitation to interact with other communities. Moreover, they do not have enough money to pay for their travel expense particularly if they have to go to the library. As for the local leisure centres they would like to get the benefit of accessing Fitness Centre and local gym but those places do not correspond to their traditional and cultural values and they are very expensive to them.

Services

Participants are of the agreement that many local Social Services are available from the local council and health services and that include a library, local Fitness Centre and leisure centres, community centres, GP surgeries and places of worship. However, participants were of the view that these places of worship like mosques should only be used for worship and spiritual needs and should not be confused and mixed up with the concept of community centres.

B. Negative Perceptions

Communication

There was a consensus among the participants that local services including social, community and health services are not able to communicate well with Bedoun clients directly. They usually communicate using generic messages without considering individual needs. Some people would like to see the issue of travel “Bus pass” or some kind of travel money or incentive to help in their travel from a distance to visit local libraries and leisure centres. The language barrier is the most significant factor discouraging them to participate as a group or as an individual in activities organised by the local services. Almost all participants are aware of the harmful effect of isolation but they have narrated multiple reasons for not able to participate as a group or even as an individual. For example, they considered themselves the elders of their community so it would be embarrassing to participate in swimming or Fitness Centres while their youth is also visiting at the same time since, they feel that they will lose respect from their youth if they are seen in their swimming costumes. Thus, they would like to see some specific times where they can participate in those activities in privacy.

In their neighbourhoods, there is no provision of a community centre for their community. If they visit other centres where other communities also participate, they do not feel comfortable because of their cultural, traditional, religious and language barriers.

Services

Some of the participants in relation to English language classes, mentioned that there are colleges but they found no benefit of attending these classes. Some participants said classes were “very bad” – meaning that they attended the classes but it was not relevant and it the level of English was too high, “I wished I should have not attended”. They found no benefit of attending the ESOL classes in the local College. One of the other factors was most of the classes took place in the mornings and hence there was no flexibility for some of the men who wanted to attend classes another time. Furthermore, as with swimming, participants felt embarrassed to attend college courses with younger people.

Most participants are of the agreement that local services from city council and health services do not address their individualized issues and they deal with everyone the same. This is how they developed mistrust on those services. They would like to see some kind of customisation within their services so that they can address the needs of the individual. They should consider that everyone is different.

They are aware of some of the issues which affect the health, for example, dampness in the homes, cold weather and rain, and if they get sick there is a long waiting list when they want an appointment to see the local GP. This was the reason stated for the lack of confidence in the current health services.

One participant mentioned problems with a child being bullied at school, and psychological problems, they have no idea what to do and where to go, that puts them into more stress, which affects not only them but also the whole family.

Some specific Issues from women FGDs:

The women participants from Bedoun community were more concerned about their family problems than their own as compared to men counterparts, which is reflective of the fact that women occupy a central figure when it comes to children. They highlighted the plethora of issues surrounding their children's well-being, health and educational needs and problems their children are facing. They have shown their limitations in doing simple tasks like making GP surgery appointments. The primary factor remains their inability in making conversations in the English language and non-availability of bilingual staff at the receptions of such places. A mother of a child having a disability was not fully aware of the support available to her in her neighbourhood.

6 Recommendations

During the focus group discussions, some useful and doable recommendations came out and few of them are unique in terms of their application and delivery. Following are the recommendations that came out of our focus group discussions:

1. Provision of learning the English language within the community setups rather than colleges, to avoid the embarrassment of attending college at 50 years of age.
2. Integration with other communities in the neighbourhood should be carried out in steps over a period of time.
3. There should be a provision of a community centre for Arabic speaking communities.
4. Local councillors should be given more powers to resolve local issues.
5. There should be a separate service provision for men and women at the local council and health services.
6. There should be a provision of support from bilingual volunteers at places like libraries and fitness centres.
7. To organise one window operation, there should be a central helpline contact with the bilingual facilities just like 999.
8. To improve integration, there could be a system of volunteer local family pairing with the newly arrived families to enhance integration and local understanding.
9. Development of "Old - Young integration clubs" where both the old and the youth can learn from each other experiences and it could be on a community basis or multi-community approach.
10. More opportunities for local volunteering where they could improve their language, understanding and integration.
11. Provision of support for "gardening" for single mothers.
12. Free incentive sessions at local leisure centres to encourage women's participation, including women-only sessions.



OPPORTUNITY *for*

ARABIC BILINGUAL FOCUS GROUP FACILITATORS

If you are:

- Bilingual (speaks Arabic in addition to English)
- Male or Female

Then, we are keen to hear from you.

Don't worry if you have no experience, as we will provide you with FREE training on "How to conduct a focus group" workshop. This is a good opportunity especially for research students, community workers, and volunteers to learn a new skill.

JOIN our workshop "FOCUS GROUP FACILITATOR TRAINING" on

30th July 2019, Tuesday

10.30am – 12.30pm

**Workshop Room, Ethnic Health Forum Office at
195A Wilmslow Road, Rusholme, Manchester M14 5AQ
(Refreshments will be served)**

At the end of this training a "Certificate of Attendance" will be awarded to ALL participants.

SHORT INTERVIEWS will be conducted soon after the workshop to select two facilitators who will work with us as paid FOCUS GROUP FACILITATORS on the following project.

Project Background:

To explore various social and cultural barriers in accessing services within Bedouin community from Kuwait for people who are 50 years and older living in the city of Manchester.

To book your place in the workshop, contact Ethnic Health Forum:

Mobile. 07957317707 / 0797264 6665 Email. info@ethnichealth.org.uk

Bedoun Community !

Male or Female !

Around age 50 years !

Why not take part in research?

Ambition for Ageing (AfA) is a programme for Greater Manchester, funded by Big Lottery, which tries to make neighbourhoods better for people over 50 years.

Depending on the backgrounds, culture and life circumstances, different people need different things to feel socially connected and supported in their daily lives. Ambition for Ageing is working to create neighbourhoods which are welcoming and accessible to all older people who live there, but greater attention needs to be paid to the needs and hopes of residents whose experiences differ from those of the majority.

This research will seek to learn more about the social practices, preferences, desires and concerns of older people within Bedoun community, whilst also discovering what resources and assets they currently find useful and enjoy or find absent or inadequate where they live.

This research will also highlight the information gap that exists among this Bedoun community as they are recently settled in the city of Manchester and not aware of current services and facilities offered for people who are over 50 years of age.

[If you are a man or woman from Bedoun community and around 50 years of age, We would like to hear your views and experiences which will help in setting up any future strategy in Manchester.](#)

£10 cash incentive will be given to each participant for your 2 hours.

Please contact us or talk to us for further information:

Derar Muhammad / Akhter Azabany / Khawla Ismail

Phone: 07367578640

Email: info@ethnichealth.org.uk

You can use whatsApp  on the same number and leave text or audio message in English or Arabic and we will contact you.



هل أنت من جالية البدون الكويتية ■ ■ ■

سواء ذكر أو أنثى....

ان كنت نبيما يقارب سن الخمسين ...

تعال وشاركنا في هذا البحث...

ظموح كبار السن) أي أف أي (هو برنامج يُخلق بمديونة مانشستر الكبرى تموله هيئة بك لوتري ويهدف

لخلق مجتمع أفضل للناس الذين تجاوزوا الخمسين من العمر..

يحتاج الناس وقتا لخللاناتهم وثقافتهم وظروف حياتهم أشياء مختلفة ليشرحوا بالدعم والتواصل الاجتماعي في حياتهم اليومية.

لذلك يعمل برنامج كبار السن لخلق مجتمعات مرحبة وقابلة لكل المسنين الذين يعيشون فيها لكن يجب ان نغير الاهتمام الأكبر الحاجات ورغبات السكان الذين نختلف تجربتهم عن أولئك ذوي الأكتريفة.

سيسعى هذا البحث لمعرفة أكبر حول العادات الاجتماعية وألويات ورغبات وهموم المسنين في مجتمع البدون الكويتي. وني الوقت ذاته نازة يستكشف المصادر والمساعادات التي يجدونها حاليا مفيدة

ويستدعون بها أو قد يجدونها غائبة أو غير كافية في الأماكن التي يعيشونها.

ايضا سنقوم هذا المشروع بتسليط الضوء على نص المعلومات الذي يعاناه مجتمع البدون حيث انهم قد استقروا مؤخرا في مديونة مانشستر وال يدركون الخدمات أو التسييلات المقدمة للناس الذين تجاوزوا سن الخمسين.

ان كنت اكن في رجال أو أمراه من مجتمع البدون الكويتي وحوالي الخمسون من العمر فإننا

نود ان نسمع آرائك وخبرائك ما قد تساعدنا في بناء استراتيجفة مستقبلية في مانشستر.

(سنقدم 10 باوند كحافز لكل متشارك مقابل الساعات التي سوف يمضيها معنا)

لمعلومات أكثر الرجاء التواصل معنا على الأرقام التالية :

07482611506

ضرار المحمد

أخطار الزباني

خولة إسمايل

أو اترك لنا رسالة أو تسجيل صوتي باللغة العربية أو الإنكليزية



وبإمكانك التواصل عبر الواتس آب

وسوف نتصل بك.

أو التواصل مع المركز مباشرة 07367578640 برؤد الكؤرونل: info@ethnichealth.org.uk



FOCUS GROUP TOPIC GUIDE

Background

The aim of this focus group is to find out your knowledge about the activities taking place in your local area for people over the age of 50 years and your understanding about the type of help/support available for you - it may be for welfare advice, health or any other matter. It will also help us to know what you think of existing support and expected future social infrastructure developments.

Materials and supplies for focus groups

1. Sign-in sheet
2. Consent forms (one copy for participants, one copy for the team)
3. Evaluation sheets, one for each participant
4. Name tents
5. Pads & Pencils for participants
6. Focus Group Discussion Guide for Facilitator
7. recording device
8. Batteries for a recording device
9. Extra tapes for recording device if not digital
10. Permanent marker for marking tapes with FGD name, facility, and date
11. Notebook for note-taking
12. Refreshments

Procedure

1. Welcome
2. Facilitator introduction
3. Reiterate/reassure time duration of FGD
4. Audio recording: its purpose, confidentiality and its disposal.
5. Explaining notes taking anonymity
6. Getting informed consent
7. Participant introduction
8. Setting ground rules (participation, information shared during FGD must be kept confidential, stay with the group and please no side conversations, turn off cell phones or put on silent mode, have fun)
9. Fire drills, guidance for refreshments and toilets
10. Rapport building like encouraging everyone irrespective of their experience, education, etc.

PART A Awareness of social infrastructure in general

1. What does social infrastructure mean to you?
Definition of social infrastructure for facilitator
2. What are different kinds of social Infrastructure known to you?
school, college, places of worship –Masjid or more than that
3. What are the effects of social infrastructure?
Positive:
Negative:
4. What is your understanding of the neighbourhood?
5. What is included in the neighbourhood? Name all possible places
6. What do you mean by Social Isolation?
7. How does it affect your health in real life?
Is it a job, business, family more important?
8. When and how tacking social isolation becomes your first priority?
9. Who do you think should be more concerned about health? young or old, sick or healthy, men or women

PART B Knowledge about the existing social infrastructure places

1. What do you know about the availability of support services?
general thoughts about support services like the word “social services”
perceptions about what happens to a person when he/she contacts any of such services
narrate any examples- both good or bad
2. How frequently do you visit/use known places of social support (infrastructure)? if they don't visit, then explore the reasons
3. What prevents you from attending such places?
4. Do you think support services are capable of addressing your needs?
5. If not, what do you think how can they be improved according to your needs?
6. Do you know any place of social infrastructure in your neighbourhood?

PART C Attitudes towards the importance of social ties

1. What do you understand about the term social ties?
2. What is the importance of strengthening your social ties?
Consider cultural, societal, neighbourhood and health factors
3. What are the impacts of weak social ties?
Experience of; thoughts about; any perceptions about future

PART D Inter-generational and Intercultural places of Social Interactions

1. Intergenerational:
2. Intercultural:
3. Advantages of developing places of social support/infrastructure?
Explore both.....
Direct effects: resilience,
Indirect effects: community cohesion,

PART F General Questions about Information produced?

1. Preference about the language of information material – English or translated or both
2. Ways to improve content and understanding about local places of social Infrastructure
3. Do you get more awareness after reading the leaflet?
If yes, explore how it has changed your life?
4. Can you suggest any ways in which the content of the information material could be improved?
5. Any potential methods through which information material could be made available?
Medium – leaflet, letter, website, audio, video any other
Mode of distribution - GP, community centers, mosques, any other

Closure of FGD

- Summary by the facilitator and then asking last time about any other relevant information from the participants
- Distribution of Vouchers and getting their signature on Receipt Sheet.
- Dispersion

PARTICIPANT CONSENT FORM

Title of Project: Social & Cultural barriers in accessing services within the Bedoun community for over 50 years of age living in the wards of Central Manchester

Name of project researcher: A Rauf / Faleh Al-Enizy

Please put initials in box

1. I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, and without my legal rights being affected.

3. I understand that the focus group will be audio recorded. It has been explained to me that tapes/audio files will be stored securely and that I will not be identified by anyone outside the research team.

4. I confirm that all details of the information sheet and consent form have been read and interpreted in Arabic to me and I have understood them all.

5. I agree to take part in the above study.

Name of interviewee

Date

Signature

Age

Researcher

Date

Signature

I would like to be informed of the outcomes of the research when they become available:

Yes **No**

Name: _____ Signed _____

Address: _____



استمارة موافقة المشارك

عنوان المشروع: العوايق القانونية والاجتماعية للوصول الى الخدمات ضمن جالية البدون الكويتية
للأشخاص الذين يُعانون من الخمس من العمر في مدينة مانشستر وضواحيها.

باحث المشروع: أروف \ نالح العنزي

من نضلك ضع اوائل احرف اسمك ني الصديق:

1. أؤكد أني زرات وفهمت ورقة المعلومات حول الدراسة المذكورة في الأعلى

وبإمكاني ان اطرح الأسئلة.

2. انهم ان مشاركتي هي طوعية وانا حر بالنسحاب في أي وقت من دون ان

أؤدم أي مبرر ومن دون ان يؤثر ذلك على حقوقي القانونية.

3. ادرك أن مجموعة التركيز سوف تسجل صوتي وأد شرح لي أن الشرطة او التسجيلات

الصوتية ستحفظ بشكل آمن ولن يعرني أي شخص من خارج فريق البحث.

4. أؤكد ان كل تفاصيل ورقة المعلومات واسمارة الموافقة قد تم زراءتها

وترجمتها لي الى اللغة العربية وأد فهمتها كلها.

سة المذكورة أعلاه.

5. أوافق على المشاركة في الدرا

المشارك: _____ التاريخ: _____ التوقيع: _____ السن: _____
اسم

الباحث: _____ التاريخ: _____ التوقيع: _____

أريد أن اعرف نتيجة البحث عندما تكونر :
 نعم ال

• التوقيع: _____
الاسم:

العنوان:

