



# **Barriers for the Stateless Bedoun Community in Central Manchester**

## **Equalities Board “Ageing Equally?” Research Project**

**by Ethnic Health Forum**

**Summary report**

This is an easier to read summary of the “Ageing Equally?” research report by Ethnic Health Forum.

It contains some background to the research, the main findings, conclusions, and recommendations.

We have written it to help people understand the research more easily, and to make it easier to use the findings to make places better for older people.



## Glossary

**Ambition for Ageing (AfA)** = a Greater Manchester programme that aims to make communities more age-friendly and improve older people's quality of life

**Communities of identity or experience** = a group of people who share a common identity or experience (e.g. Bangladeshi people, LGBT people, or people living with dementia)

**Data** = information

**Equalities Board (EB)** = the group responsible for making AfA inclusive and accessible for everyone

**Facilitator** = the person who runs a meeting, and makes sure that the space is safe enough and respectful for all, and everyone is able to contribute

**GMCVO** = Greater Manchester Centre for Voluntary Organisations, the organisation that is responsible for managing the Ambition for Ageing programme

**Identity** = your sense of your self

**Inclusion** = working in such a way that marginalised and minority groups are involved and able to participate in or benefit from a programme.

**Intergenerational** = mixing age groups, e.g. mixing old and young people

**Integration** = when people from different cultures understand each other and mix more easily

**Interviewee** = someone who is interviewed for a research project

**Mainstream** = catering for the majority, not specialised

**Marginalised** = the result of being pushed to the margins of society: excluded or ignored

**Minority** = a group of people who are different in some way from the majority of the population

**Mosque** = the spiritual centre for Muslims

**Norms** = unwritten social rules, or the usual ways of doing things in a culture

**Participant** = someone who takes part in a project

**Stateless** = without a nationality, not being a citizen of any country

## **1. Introduction and background**

### **Ethnic Health Forum**

Ethnic Health Forum (EHF) is a charity based in Manchester that works with various BAME communities. It provides welfare advice, employment support, a women's project and other projects. For the Ageing Equally? research programme, Ethnic Health Forum investigated the needs of the Arabic Bedoun community in Central Manchester.

### **Bedoun People in Manchester**

'Bedoun' is an Arabic word meaning 'without nationality', or stateless. It refers to a community of Arabic people mostly from Kuwait who were not given Kuwaiti citizenship when the country became independent. This means they often do not have papers such as birth certificates, or passports. Being stateless can cause problems with getting education and work. Many people from the Bedoun community in Manchester have settled in Moss Side, Rusholme and Fallowfield.

Many Bedoun speak Arabic but not much English.

### **Aims of the research**

The research project set out to explore social and cultural issues affecting members of the Bedoun community of Central Manchester aged over 50. EHF also wanted to find out what barriers they experience when trying to access services.

### **Summary of findings**

The findings of the research related to people's experiences of services, difficulties with speaking and understanding English, difficulties integrating into the local community, and problems socialising and meeting each other. The researchers found all of these issues were connected, and that language barriers lay at the bottom of all of them. These issues combine to increase social isolation for older members of the Bedoun community in Central Manchester, and make integration into the local community more difficult.

## **2. Method: How Ethnic Health Forum did their research**

EHF held focus group discussions, two for men and two for women. A total of 19 people took part in the discussions - between four and six people in each focus group. The discussions were held mostly in Arabic at EHF's offices and Fallowfield library. EHF trained bilingual researchers to facilitate the focus groups, so they could translate the audio recordings of the group discussions.

## **3. Findings: What Ethnic Health Forum found out**

The researchers found that a combination of language difficulties, a lack of understanding of their cultural norms, and lack of places to meet can increase social isolation for older Bedoun community members.

### **a) Language difficulties**

The researchers found that difficulties speaking and understanding English were a big barrier for Bedoun community members, increasing social isolation and making integration in the local community more difficult. The language barrier prevented people from hearing about social and health services, accessing services, and using community spaces such as libraries. This can lead to other problems, such as not getting support for disabled family members, or not being able to talk to a doctor.

People in focus group discussions felt that integration in the local community was very important, however, the language barrier made this more difficult. Some focus group participants said that local English classes were too advanced and were not useful in learning English.

### **b) Need for better understanding of cultural norms and individual needs**

Focus group participants identified ways their cultural norms are not understood or recognised, that can create barriers to participation in social activities. For example, it was difficult to use some local community services, such as leisure centres, because men and women are not separated, and because older and younger people are not separated. They were concerned that they would lose respect from the younger people if they were seen in swimming costumes. This was also a barrier in accessing English language learning. Focus group participants also talked about the lack of understanding

of individuals' needs by community service providers. They felt that health and social services gave information that was too generalised and not specific to their circumstances.

c) Need for somewhere to meet

The researchers found that many people wanted a community centre where they could meet with each other, and talk about issues that are important to them with people who understand their language and culture. The focus group participants made it clear that they do not think of mosques as community centres, but as places of worship to be used for spiritual purposes only.

## Discussion

The researchers found that while members of the Bedoun community feel they are aware of local services and opportunities to socialise, they don't use them because of language barriers. However, during the discussions it also became clear that because of language difficulties they often aren't aware of all available local community services. Language barriers are related to many of the other social isolation issues that older Bedoun community members experience, and combine with cultural issues to do with ageing or gender, and with a need for Arabic community space.

## Ethnic Health Forum's recommendations

- Language learning should be age-appropriate in content and offered in the community in age-friendly places.
- More support is needed for gradual integration into local communities, such as by pairing local families with newly arrived families, and increasing volunteering opportunities.
- Support is needed for a Central Manchester Arabic-speaking community centre.
- Local councillors should have more power to resolve local issues.
- Leisure centres should offer gender-segregated provision and more incentives for women to participate.
- Libraries and other community services should offer access to bilingual volunteers and a multilingual helpline.
- Old and young people should be supported to improve intergenerational integration.

## 4. What can we learn from this research about what makes a good place to grow older for people in minority communities?

- Language learning provision needs to be age-friendly in both content, and how it is provided, to make it accessible, useful, and respectful.
- Older people from migrant communities want and need support to integrate into their local communities, but also need their own mother-tongue community centres.
- Language barriers can have hidden effects that increase social isolation; for example, even when people feel they are fully aware of local services, language difficulties may mean that there are things they do not know.
- Services need to consider the cultural norms regarding how elders and youth relate to each other in marginalised communities, when they are planning services.

### More information

The full report contains a lot more information about the background of the research, and details of Ethnic Health Forum's findings. You can read and download this summary, the full report, and all the Ageing Equally? shorter project reports and summaries from the Equalities Board website here:

<https://lgbt.foundation/ambition-for-ageing/publications>

### About the “Ageing Equally?” Research Programme

Depending on their backgrounds, culture and life circumstances, different people need different things to feel socially connected and supported in their daily lives. Ambition for Ageing funded the ‘Ageing Equally?’ research programme to find out more about this by asking: “What makes a good place to grow older for people who belong to minority communities?” You can find out more about the Ageing Equally? research programme here:

<https://www.ambitionforageing.org.uk/ageing-equally>

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