



Ageing in Exile; Francophone Elders in Manchester

**'What are the factors which affect how elders in the Francophone African exile community age
well in Manchester?**



Funded by:



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Executive Summary

This research project is part of a programme of Ageing Equally? research commissioned by Ambition for Ageing to explore what makes Manchester a good place in which to grow older for people who belong to specific minority communities. The project worked with forty elders to identify the key issues, physical, social and psychological which impact the ageing process for elders (over 50 years of age) within the French speaking African exile community in Manchester and identify with the elders how they can age better in Manchester. The project gathered data and information from an Opportunity Sample of forty elders, twenty male and twenty female (self-identified). Additionally, 10 participants (5 male, 5 female) randomly selected from the initial sample and asked to assist in 10 anonymised case studies over the six-month project. Participants were required to complete an initial baseline survey to capture self-assessed health and well-being and existing interactions with their neighbourhood and the wider city, to attend monthly Elders' Councils meetings and participate in discussions and complete two further monthly questionnaires one at the half-way point of the project (3 months) and a final questionnaire at the end of the project, to assist the project in reviewing data and recommendations for the final report. 10 randomly selected participants will be asked to complete an additional "structured diary" over the six months to assist in the collection of individual case studies. Each case study participant received a monthly home visit following the Elders' Council to support the development and collection of data for the case study. It was found that safety, access to health and other services, transport, sense of belonging are among the determinants contributing to ageing well in place. The overall average age was 59.17 years. Average age of the Males was 59.64 years. The average age for the females was 58.75 years. Twenty-eight participants came from the city of Manchester, two from surrounding boroughs and the results did not vary by their location. Reasons given by the participants for migration to the United Kingdom were given as: asylum (14), family reunion (6), visit (1) or employment (8). Length of stay in the UK was shared by the participants: From less than a year to 23 years. All the participants were generally in good health although some were on medication and others had regular visit to their GPs. There was a general consistency of satisfaction and happiness amongst participants, those that scores six or over 6/10 (20) tended to maintain this across their responses as did those who scored under six. 7 participants indicated no contact with friends in Manchester. The remaining reported at least one every week. Contacts with friends was more frequent through telephone. Seven (7) reported that they did not know their neighbours, one person did not answer. Of the remaining women one (1) reported that although she knew her neighbours they were unfriendly, 21 reported friendly relationships with their neighbours although they don't talk. 19 men reported their local area as "Friendly"; only one (1) woman reported her area as "unfriendly", and 10 as "OK". One (1) female participant failed to supply any responses. All participants used the local shops but sports, leisure, restaurants or parks were not frequently used. Eighteen (18) people stated that they "felt part of the local community", 11 indicated that they didn't. One (1) participant failed to give any response. All the participants travel around Manchester one to three times a week either by bus or car. Ancoats was the most mentioned area. This is their church location. Access to public transport was easier although some need to see the number of buses increased.

Introduction and overview

Research Organisation

MaCO is a volunteer-led charitable company Limited by Guarantee (Charity No. 1142798, Company No. 07564748).

MaCO engages Congolese people in Manchester to reconnect and rebuild their lives so they can develop, achieve their full potential and contribute to the local community. MaCO provides a range of services to the Congolese and wider communities in Manchester. MaCO has experience evaluation projects outcomes since 2010 (Talk about Refugee action basis project, Afruca (2015) and NHS (2016))

This research project is part of a programme of Ageing Equally research commissioned by Ambition for Ageing to explore what makes a good place in which to grow older for people who belong to specific minority communities

Age Concern research has identified several drivers and measures which affect how well people age in the United Kingdom¹ identified by Age Concern are²:

- Health and disability
- Being widowed
- Living alone
- Age

These factors are further compounded by gender, sexuality, income, housing, ethnicity, and language³.

¹ “Host Community” is a term used to broadly refer to the pre-existing population of a country of exile

² Age UK Loneliness Evidence Review Susan Davidson and Phil Rossall (Updated July 2015)

³ Ibid

These factors are a useful broad-brush outline social determinants of health and well-being for older citizens in the UK. The World Health Organisation defines these social determinants as

“the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.”⁴,

Not simply “African Migrants”

The Francophone African community in Manchester is a community of different nationalities, ethnicities and cultures, predominantly, though not exclusively, a community of exile, that is a community of forced migration subject to difficult immigration and asylum rules. Our community has seen widespread, extensive and often traumatic family separation and loss with some family reunification once immigration and asylum statuses have been resolved. The population size of African francophone ethnic is estimated to 2.5 thousands in Manchester city (Manchester Council 2011) The community in Manchester includes those who have asylum in the UK, those who have spent time in other parts of the UK, Europe, those who have joined relatives in the UK as refugees, and those who join their family from Africa following family reunification. The elders in the community are therefore people who are ageing following a host of differing experiences, some who are ageing here, some who arrive as elders with experiences of ageing elsewhere.

Not simply “place”

If we are to consider how place, and being in a place, impacts the health and well-being of elders in our (forced) community of migration in Manchester, there is a need to understand the specific social determinants affecting our community as a community of exile and subject to immigration rules, whilst also acknowledging the community is subject to wider social processes of racialisation⁵ of the community and its ethnicity.

Place plays an important role in the life of every exile, the United Nations definition of a refugee relates to the forced migration from one place to another⁶ and defines a refugee as:

⁴ https://www.who.int/social_determinants/sdh_definition/en/ accessed April 2019

⁵ Miles (1982) racialisation is the process through which groups become “othered” and assumed characteristics are reified and concretised through social relations.

⁶ <https://www.unhcr.org/uk/3b66c2aa10>

"A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it."

Exile can lead to a complex relationship with place. Previous studies, for example Waite and Cooke (2009)⁷, highlight the multiple place attachments which can be held by members of African diaspora communities in the UK. They can belong to both "here" and "there" and there can be strong connections to both, with travel, communications and links to "there" reinforcing this duality. However, for refugees this duality can be both positive and negative as often "here" can be a place in which they have been located on a no-choice basis⁸ and "there" is a place forcibly left and mourned for.

Achotegui⁹, describes the "**Ulysses syndrome**", a hinterland between mental health and mental illness, and lists seven 'griefs' of exile (social determinants) which impact health and well-being for forced or involuntary migrants:

1. Grieving for the loss of family and loved ones;
2. Linguistic isolation, the inability to make yourself understood effortlessly;
3. Changes in the culture surrounding you and difficulty negotiating new cultural norms in the place of exile, racism and discrimination;
4. New and unfamiliar physical environment and climate;
5. Changing social status, usually a loss of what you had and were before exile;
6. The loss of contact with your peer group and people who know and understand you;
7. The physical impact of your exile, injury, illness, malnutrition, from "home", during the journey and in the country of exile.

⁷ Waite L. & Cook J. "Belonging among diasporic African communities in the UK: Plurilocal homes" *Journal of Emotion, Space and Society* (2011) p238-248

and simultaneity of place attachments

⁸ <https://www.gov.uk/asylum-support>

⁹ Joseba., Achotegui Loizate (2002). *La depresión en los inmigrantes una perspectiva transcultural*. Barcelona: Mayo.

Understanding how those griefs relating to place impact our community's elders, and how "here" can assist in our elders ageing well will be an important element of the research.

Eisenbruch¹⁰ has described a form of **"cultural bereavement"** experienced by exiles that is a complex and difficult mixture of loss, guilt, physical and emotional pain experienced by a person ***"that mar the ability to get on with daily life"***.

Further and numerous studies (Gorst-Unsworth and Goldenberg 1998, Ager et al 2002, Carswell et al 2011) have demonstrated that the massive social loss and consequential experiences and isolation experienced by exiles in their places of asylum can be more damaging to mental health and well-being, and more likely to lead to mental health issues and illness than the experiences which drove them into exile in the first instance. The loss of sleep due to insomnia amongst refugees is widely recognised¹¹ and is a further debilitating factor affecting a person's ability to function in daily life, particularly where there is underlying (and undiagnosed or untreated) Post Traumatic Stress Disorder. Understanding the extent and limits of cultural bereavement, the ability to get on with daily life, amongst our elders will be a significant factor in understanding how they interact with "place", i.e. where they live, their neighbourhood and the wider city, and how place can then help them age well.

Objectives:

The project worked with forty elders to identify the key issues, physical, social and psychological which impact the ageing process for elders (over 50 years of age) within the French speaking African exile community in Manchester and identify with the elders how they can age better in Manchester.

Approach

The project was a six-month study of French speaking African migrants over 50 in Manchester and how:

- interaction with their neighbourhood, community and wider city place affects their feelings of health and well-being and their ability to age well in Manchester;
- If interaction with place is impacted by issues of well-being associated with forced migration..

The framework for the project was based on a monthly meeting of traditional African "elders' councils; for the purposes of specific inquiry which may be gender and therefore culturally

¹⁰ Eisenbruch M. From post-traumatic stress disorder to cultural bereavement: diagnosis of Southeast Asian refugees. Soc Sci Med. 1991

¹¹ Al-Smadi, Tawalbeh, Gammoh, Ashour, Tayfur, Attarian "The prevalence and the predictors of insomnia among refugees" Journal of Health Psychology (2017)

sensitive, the council meetings were split into two genders as required (anyone self-identifying as transgender or in gender transition was supported to self-select if they determine this to be appropriate).

The elders' council also functioned as a feedback and stakeholder group, reviewing the findings of the project, amending and assisting in the creation of the final report.

The report and findings will be used by MaCO to:

1. More fully understand the factors impacting our elders in Manchester and the interventions, projects and services which can assist them;
2. Promote the needs and strengths and participation of our elders in wider services, activities and the Ambition for Ageing Project in the city;
3. Share information with partners and agencies across the city to assist them to develop their understanding of our elders and assist them in ensuring inclusive service delivery.

In addition, we would also, subject to elders' approval and participation, seek to extend the council to a regular monthly activity and advisory body for the charity.

Research questions

The project sought to understand what our elders understand by ageing well and how, in the context and conditions of forced migration, place can influence this. It gathered data and information on the specific place based social determinants of health amongst the participant group over a six-month period. The project sought to identify:

- a. What "ageing well" means to elders in our community and is there a shared vision of "ageing well"?
- b. How does Manchester assist or hinder African elders in exile to "age well"?
- c. What would assist our elders to "age well in Manchester"?

Initial baseline data allowed the project to establish the current impacts on health and well-being brought to the research by the participants and understand their current interactions with "place". We sought to track how, if at all, underlying well-being impacts on a community members' interaction with place. Over the six-month period their interactions with place were tracked against their perceptions of their own health and well-being and analysed to allow a better understanding of this variable and how change can be implemented to promote ageing well. How our elders interact with "place" was not simply about the features and functions of that "place" but also a feature of existing feelings of psychological well-being.¹²

¹² Eisenbruch (OpCit)

Methods

Sample Group: The project gathered data and information from an Opportunity Sample of forty elders, twenty male and twenty female (self-identified). Additionally, 10 participants (5 male, 5 female) randomly selected from the initial sample and asked to assist in 10 anonymised case studies over the six-month project.

Sample Group Involvement: Participants were required to

1. Complete an initial baseline survey to capture self-assessed health and well-being and existing interactions with their neighbourhood and the wider city;
2. Attend monthly Elders' Councils meetings and participate in discussions and complete two further monthly questionnaires one at the half-way point of the project (3 months) and a final questionnaire at the end of the project.
3. Assist the project in reviewing data and recommendations for the final report;
4. 10 randomly selected participants will be asked to complete an additional "structured diary" over the six months to assist in the collection of individual case studies;
5. Each case study participant received a monthly home visit following the Elders' Council to support the development and collection of data for the case study.

Elders' Council

The council met monthly, at the new MaCO centre in Gorton¹³, and where required participation will be supported with costs for travel/expenses.

Each council will meet monthly and feature a semi-structured discussion group(s) and/or participatory tools for enquiry. Elders will be asked to help frame each topic for discussion, the project's suggested topics were:

- i. What does ageing well mean to the Elders?
- ii. Access for physical health – positives/barriers and how to improve?
- iii. Views and use of their local community (geographic)
- iv. Happy or sad – what makes you well?

¹³ The community centre is a newly acquired venue; it is single story with access for wheelchairs and with disabled facilities. The venue choice is important as the centre will serve as a hub for all MaCO's future and ongoing community services and projects. The venue is also accessible by public transport.

- v. Migration – impacts on your health?
- vi. What would help you “Age Well” in Manchester – initial feedback and discussion on the project's recommendations.

In addition, each participant was asked and assisted to complete two further surveys to allow the project to understand how, if at all, background issues associated with forced migration impact interactions with place and neighbourhood. These surveys were completed at:

- Month 3
- Month 6

A small body of 4 volunteers (not research involved) was used to support the monthly elders' meetings. These volunteers were drawn from existing MaCO volunteers with DBS checks.

Questionnaires

A baseline questionnaire captured the data necessary to develop a more complete understanding of the elders in our community participating in the project. This sought to gather general demographic and broader health questions before capturing their interactions with their geographic neighbourhood and the wider city.

This second element, the primary focus of the research, sought data on place capturing:

- Where they go
- How frequently they use activities and facilities within the neighbourhood and wider city
- The contact they have with people outside of the Francophone community – frequency and quality of this contact
- The barriers they face in their neighbourhood and the wider city
- The things which assist them in the neighbourhood and the wider city

Baseline questionnaire data was gathered via a questionnaire completed with the assistance of a project worker.

The follow-on survey removed demographic data (while asking for changes in personal circumstances) and sought follow-up information to the key questions asked in the baseline survey..

Case Study

10 participants were asked to take part in developing a six-month case study examining their health and well-being and interact with place and neighbourhood over the six-month project in more detail. They were asked to complete a structured daily diary one week out of two and meet project worker every two weeks to discuss the diary and their own perceptions and reflections on their day to day life.

The diary included prompt questions on mood and health before focusing on:

- Places visited, travel to those places and the experience of those visits
- Interactions – family, community, wider community, services
- A list of everyday activities, work, leisure

Consent

Consent was sought from all participants

Sample Group Anonymity

Each participant was assigned a unique number which will be used on questionnaires and other written materials, no names were recorded on the written data collected.

A central record of each participant's number was kept for the six-month project to ensure accuracy and consistency of data and allowed tracking over the six-month period, this will be destroyed at the end of the project.

Data Analysis

The data collected were predominantly qualitative and collected by either of the two project workers and the coordinator. They were questionnaire based, diary based and information recorded from semi-structured group meetings.

Data were analysed using narrative and discourse analysis using a coding methodology to uncover themes, relationships and patterns, while seeking to identify unique, novel or interesting data and stories.

All analysis were undertaken by the multi-lingual project coordinator who is an experienced researcher currently undertaking a research based PhD.

Risks

The project was overseen by the board of trustees at MaCO; these are the elected and accountable leaders in the charity drawn from the community and representing a good cross section of users and members.

The trustees appointed a single lead trustee for this work, with a written delegation of duty outlining the expectations of the project lead in respect of reporting, finances and information sharing duties held by that trustee.

The board met monthly to ensure that the project was a standing agenda item for the duration of the research.

2. Data collection and analysis

Although only 3 people were involved in data collection there was a risk of information translation, interpretation and recording varying leading to inaccuracy.

To mitigate these risks:

- a. The team received training on data recording and research methods from the coordinator;
- b. Information that required translation was only be translated by the coordinator, information were recorded "as spoken" by participants;
- c. The coordinator reviewed the information collection by sessional staff, offer monitoring and supervision and be proactive in supporting the staff;
- d. Participants received information at inception on the purpose of the research to support their participation – they were encouraged to complete the questionnaire in a language they were comfortable with, and where required, offered alternates such as voice recording.

Findings

1. BASELINE INFORMATION

1A. WHO WE WORKED WITH: DEMOGRAPHIC AND BACKGROUND INFORMATION.

MaCO recruited 40 participants but worked with **30 over fifty Francophone African elders originally from Congo, Ivory coast and Cameroon from across Manchester**, fourteen self-identified as “male”, sixteen as “female”, of Christian religion and black African culture, heterosexual, middle class with basic level of education. 10 participants were left aside because of inadequate or incomplete information

Each participant was assigned a PN or Participant Number, their age ranges were as follows:

The overall average age was 59.17 years

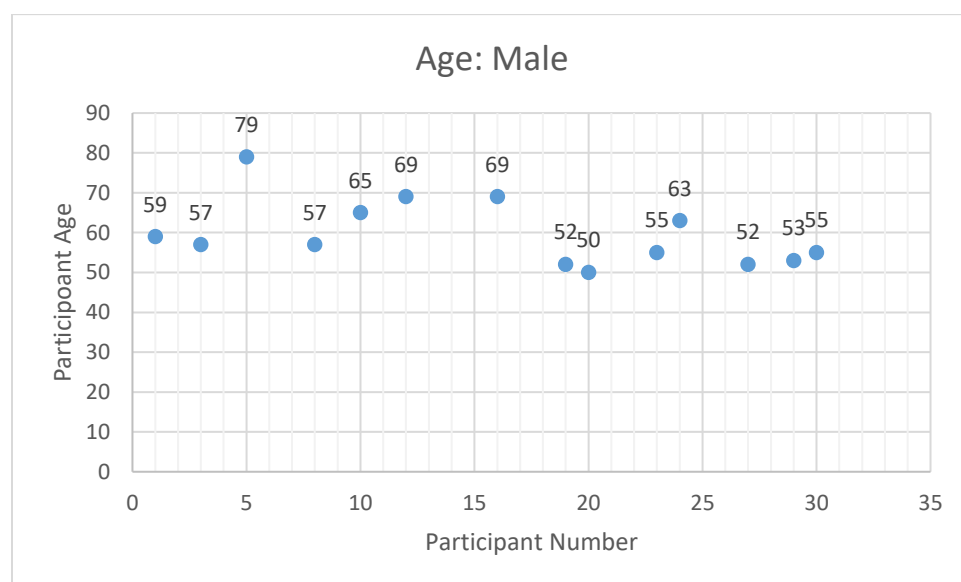


Table 1. The average age of the Males

The Average age of the Males was 59.64 years,

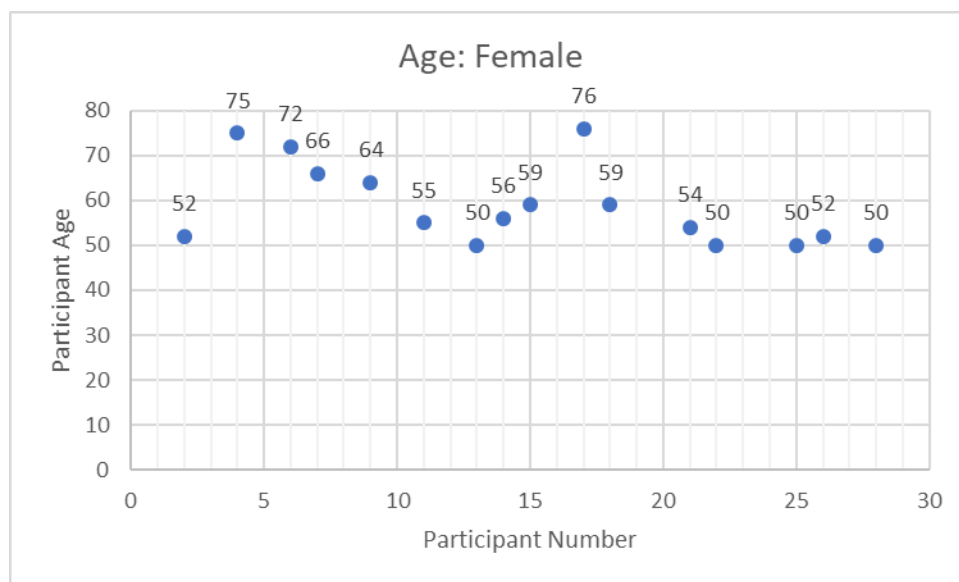


Table 2. The average age for the females

The average age for the females was 58.75 years

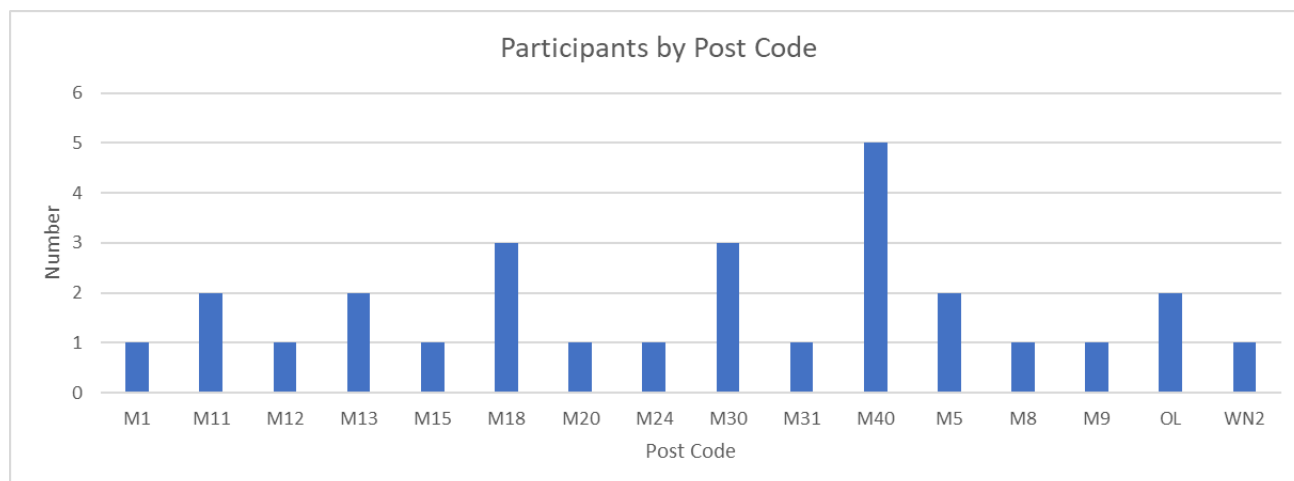
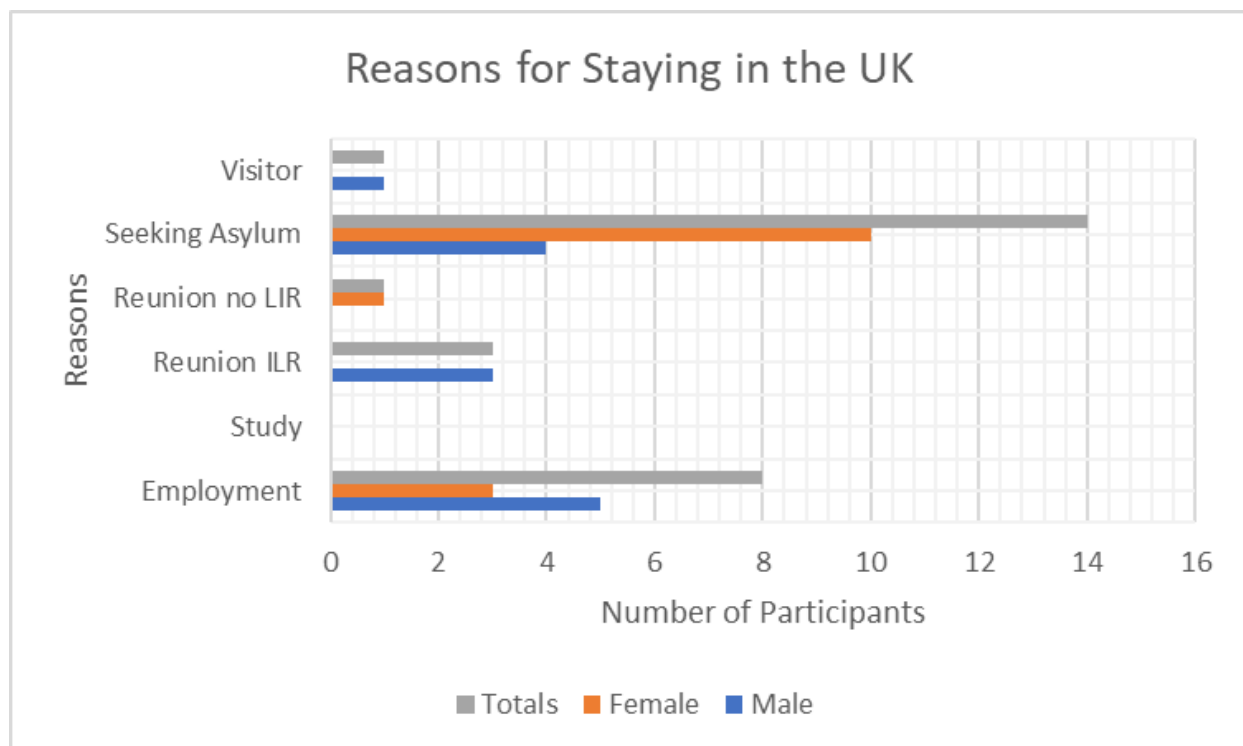


Table 3: Participants by Post Code

Twenty-eight participants came from the city of Manchester, two from surrounding boroughs and the results did not vary by their location



Graph Key (Reasons for Staying in the UK):

- No LIR: No leave (Indefinite or permanent right) to remain
- ILR: Indefinite Leave (permanent) to remain

Table 4: Reasons given by the participants for migration to the United Kingdom

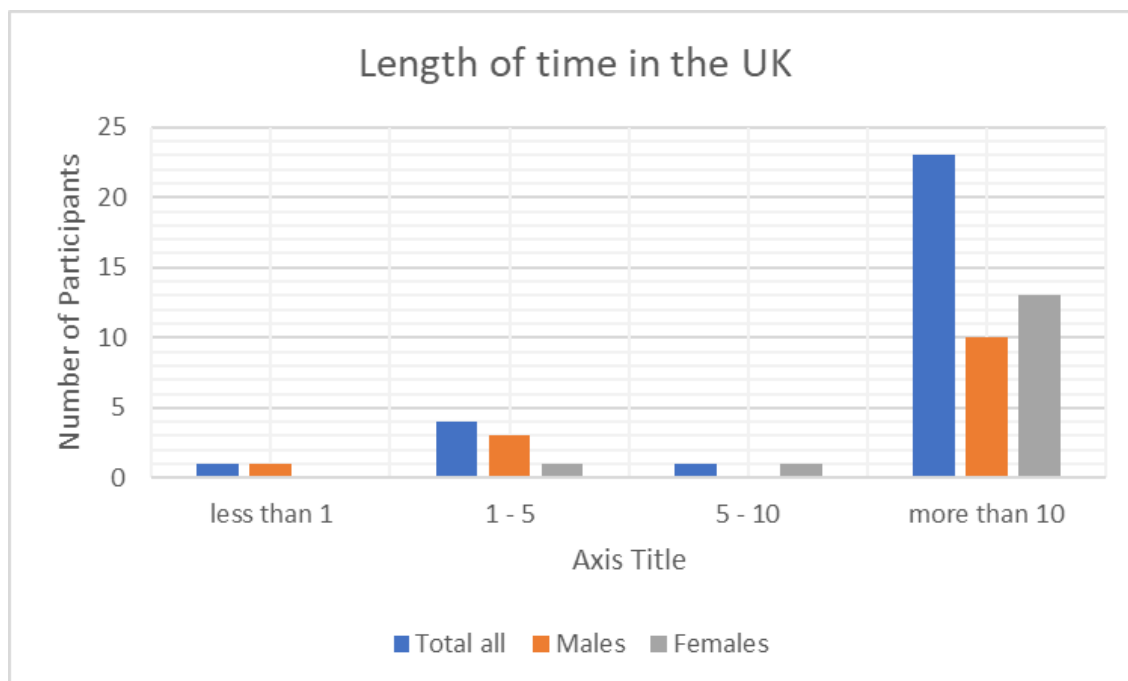


Table 5: Length of stay in the UK

The length of stay in the UK was shared by the participants: From less than a year to 23 years

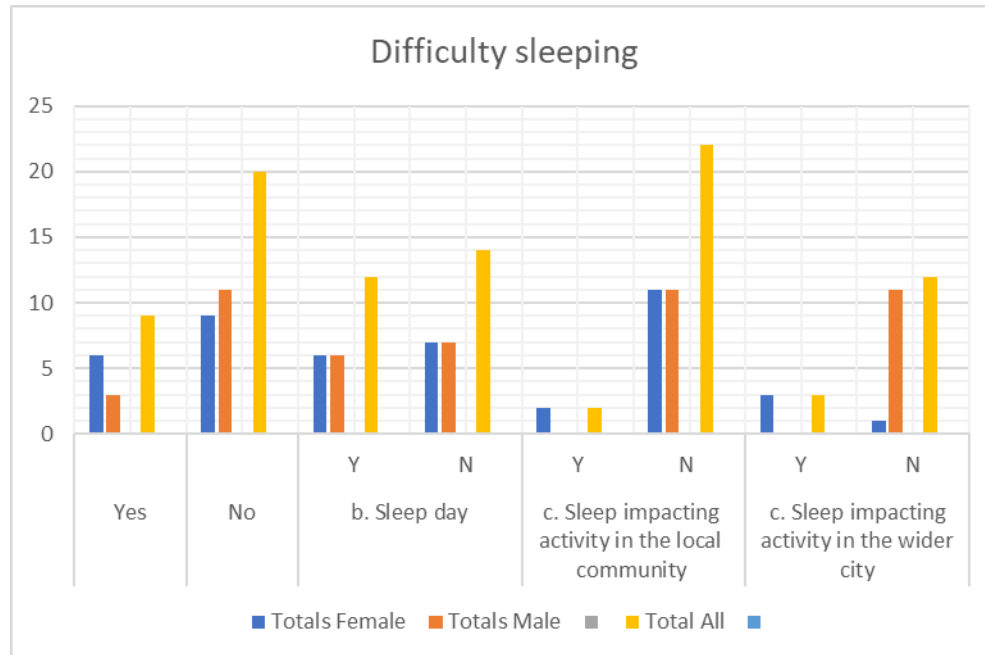
B. BASELINE FINDINGS

I. HEALTH AND WELL-BEING FACTORS AFFECTING THE PARTICIPANT'S INTERACTION WITH THE NEIGHBOURHOOD AND WIDER CITY.

Of the thirty participants:

- **only one(1) female participant reported that they had an illness which limited their ability to get around and about**, of the remaining participants **eight(8) reported that they were currently seeing a local General Practitioner for treatments or monitoring**
- **three (3) females reported that anxiety limited their ability to get around their neighbourhood**, none of the three were the same person reporting a limiting illness. **Two (2)women** added additional comments
 - **"On medication"**
 - **"Having visits will help"**
- **insomnia and lack of sleep affected nine(9) of our thirty participants, six(6) women, three(3) men,**
 - **of the men none said it caused problems** going out about in the neighbourhood or city
 - **three(3) of the women reported that lack of sleep interfered with their ability to get out and about** in the neighbourhood and wider city, (one of these also reported anxiety)

Table 6a: Reported Sleeping Issues



Satisfaction, Happiness and Anxiety

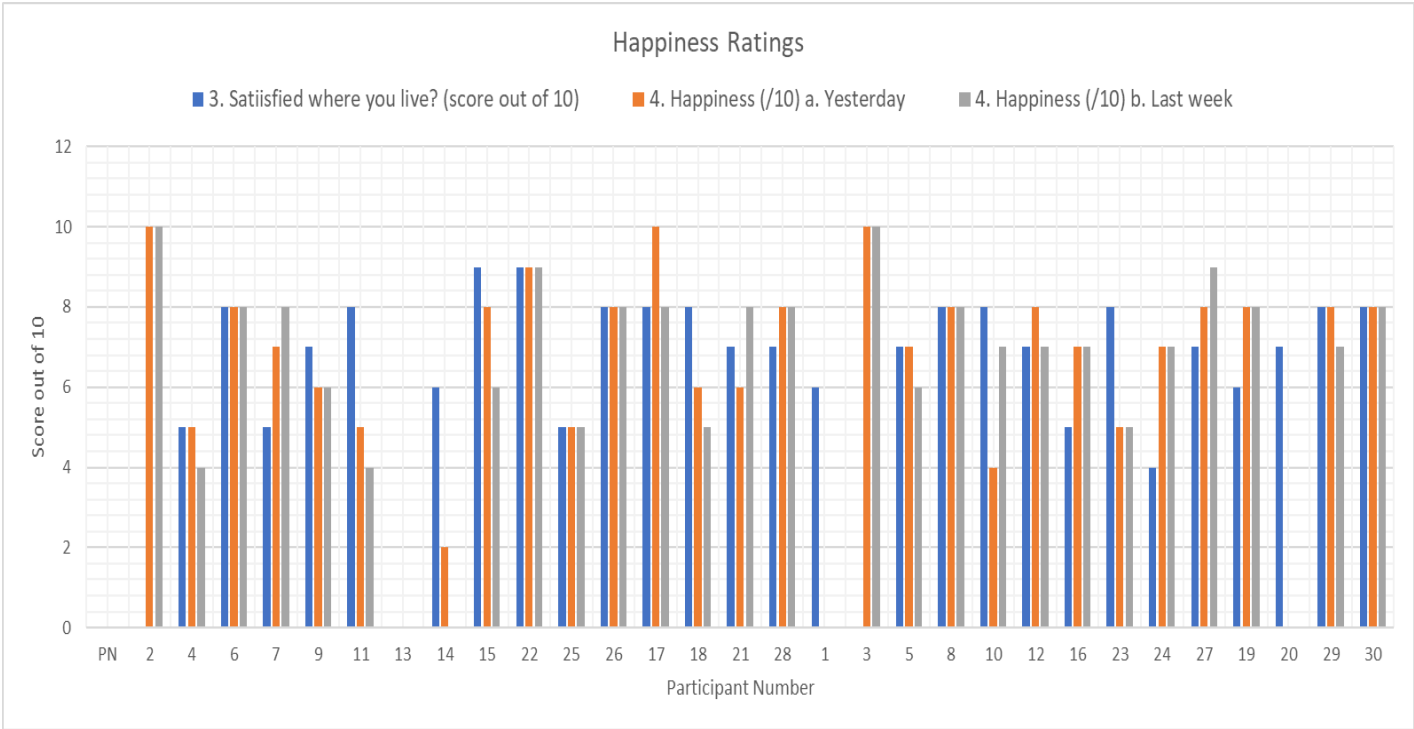
The average (mean) rate across the thirty participants:

- **Satisfaction** with the area participants were living is **6.52/10**
- **Happiness Yesterday** **6.86/10**
- **Happiness Last Week** **7.15/10**
- **Reported Anxiety Yesterday** **1.68/10**

Few participants gave **comments** about their satisfaction with where they lived, the **six responses were**:

- **no contact neighbours**
- **quiet, big garden, place to park**
- **calm, safe, friendly, shops, easy transport**
- **not so bad**
- **it is a peaceful and secured place, I'm in good terms with my neighbours. It is close to town and shop around**
- **I like the place, it is quiet, there is a park in front of my house, my kids play there all the time, we have shops, fast food, easy transport**

Table 6b: comparative graph of Table 6b



The graph illustrates a **general consistency of satisfaction and happiness** amongst participants, **those that scores six or over 6/10 (twenty participants) tended to maintain this** across their responses as did those who scored under six.

Contact with friends in Manchester

- **Three(3) Female** and **one(1) Male** participant indicated **no contact with friends in Manchester**
- **Nine(9) participants** reported only **weekly contact with friends**, the numbers reporting **contact occurring twice a week was five(5) people**, and, **four(4) people** reported **contact three times a week**
- More frequent contact was reported by **two(2) people** stating they **contacted friends four times a week**, additionally **one(1) person** stated **“very frequently”** and **one(1) everyday**

Of the remaining participants:

- **One(1)** contacted friends **once a year**, **one(1)** **monthly** and **one (1)** stated **“once”**

Participants kept in touch by **telephone** and **internet** both had **27 indications**; only **fourteen(14) people** indicated they **visited friends**. Additionally, **one(1) participant** indicated **“other”** in addition to the three options, however, **no additional detail was shared**.

Contact with friends outside of Manchester

There was **one no response**.

Fourteen (14) participants indicated that they had **No contact with friends outside of Manchester**.

Where participants indicated they had contact with friends outside of the city:

- **Telephone and internet** contact was used by **fourteen people(14)**, though contact in all these cases was infrequent
 - **Four(4) people** indicated **“not often”**
 - **Four(4)** were recorded as **“low frequency”**
 - **One(1)** participant indicating **once a year**
 - **Two(2) participants** stated **once a month**, and,
 - **Two(2) people** **once every three months**
- **Four(4) people** indicated they had contacted friends via a **Visit**, of these for **one participant** it was the only means of contact and was a very infrequent occurrence

what makes participants sad or happy?

Frequency of word or topic mentions:

“What makes you Sad”:

- Family related: 9 responses
- Health related: 9 responses
- Loneliness related: 8 responses
- Financial issues: 5 responses
- Immigration issues: 2 responses
- Other issues raised:
 - 1 “situation in my country”
 - 1 “racism”
 - 1 “my neighbour, I don’t feel at home”
 - 5 issues relating to other people.

“What makes you Happy”:

- Church: 16 indicators
- Family issues: 14 indications
- Friend topics: 10 responses
- Work: 4 responses
- Parties/other happiness: 4 responses
- “how I am treated in the UK”: 1 response
- “when I am understood”: 1 response

B. FINDINGS ABOUT WHERE PARTICIPANTS LIVE

Neighbour relationships

Seven(7) people, 3 women and four(4) men reported that they did not know their neighbours, one person did not answer

Of the remaining women one (1) reported that although she knew her neighbours they were unfriendly, 11 women and ten(10) men reported friendly relationships with their neighbours

Friendliness

Nine(9) women and 10 men reported their local area as “Friendly”; only one(1) woman reported her area as “unfriendly”, five(5) women and five(5) men as “OK”

One(1) female participant failed to supply any responses

Places used in the local community

All participants used the local shops and post office, one(1) also entered “don’t know”, there were three(3) no responses to frequency of use:

- Nine(9) participants, five female, used the shops weekly
- Four(4) participants, two male used the shops twice per week
- Five(5) people, three male(3), shopped three times per week,
- Two(2) women shopped daily
- the remaining two, one(1) male one(1) female used these facilities four times a week
- For all of them, the shops they used met their expectation. Easy access to transport made it easier in case they need something from other areas, African shops not close to them

Five participants visited a school or nursery in the local community, while eight(8) people used sports or leisure facilities.

Seven(7) people used a local restaurant or fast food outlet, while 6 used the local park.

Do you feel part of the local community?

Eighteen(18) people stated that they **“felt part of the local community”**, **11** indicated **that they didn’t**. **One(1) participant** failed to give any response.

Only 13 reasons for not feeling a part of the community were given, where given these included:

- **I don’t much about the community/events, no contact, we don’t speak much** was mentioned by **6 people**
- **“no many attraction”** and **“I am not involved on the activities”** generated **1 mention each**

Positive indicators included **“people are helpful”** and **“people are good”** these occurred **one each**, **volunteering in the local community** was also given as a reason for feeling part of the local community.

Areas used and improvements to the local area and Manchester

All bar two(**2**) respondents indicated that they used other areas of Manchester, **one respondent** gave **no responses** to any of the questions, **one(1) respondent** indicated **that they did not travel to other parts of the city**, **one** that they visited **Piccadilly “not very often”**.

Two(2) respondents stated they went **“everywhere”**, while one(**1**) stated that they only attended **church twice a week in Ancoats**.

Ancoats was mentioned **ten times** in response to the question **“where do you travel to?”**, it is possible that for some participants this trip is to a church as two responses stated, **“church in Ancoats”**. **Church** itself was mentioned by **nine participants**.

Six(6) participants listed over **three different places** they visit **each week**; **nine(6) respondents** only visited **one place in Manchester**, of these nine **one(1) person** travelled **once per month**.

Travel each day of the week was reported by **four(4) participants**, the **three (3)men** all travelled by car, the only **female travelling daily** used a **bus**.

Six female participants travelled **twice a week in Manchester**, **three(3)** used a car exclusively, the remaining three women used a combination of bus, tram and car.

Slightly more **men (nine)** used a car than **women (seven)**, though more **men (eight)** used a car exclusively than **women (six)**, one women commented that travel would be easier with **“my own car”**

All participants indicated travel was easy in Manchester, there were few responses to the question “what would make it easier”; of the three response all were from women participants, one asked for free bus travel, the other for more frequent buses, one as stated above sought her own car.

C. Case Studies

Out of the 30 amount of people MaCO monitored in the project, the cases of ten individuals who completed diaries were focused on for the purpose of the report. All names are fictitious to preserve confidentiality.

Mubo case

Mubo is a 58 old woman who has been in the UK through family reunion for seven years and who at the time of the project, had been waiting to hear back from the Home Office concerning her immigration status. Due to the stress of her visa renewal being rejected, she had developed insomnia to the extent she could not sleep at all and had to be prescribed sleeping pills by her local doctor. An unfortunate side effect of the sleeping pills she depended on for 9 to 10 hours of sleep was increased weight gain, which negatively impacted her confidence and affected how much she got out and about in her local community in Swinton. This was in addition to the fact that she could not do much in the city, such as work, due to her immigration status, which made her greatly unhappy. Concerning her residence, it appeared to have been neglected, with damp everywhere on the ground floor, making it a barely passable place to live, which Mubo was unhappy about. With the limited contact she's had with her neighbours at the entrance and the corridors of the building in which she lived, most have them had been friendly greetings. In her local community, she'd made use of the shops, the post office, the park and in Manchester, had travelled to allotments and charities (such as WAST, Revive and MaCO) by bus to learn English and volunteer often. Despite no problems with the local area (save for the loud fireworks around Halloween and bon fire night), Mubo doesn't feel safe in her local community due to her vulnerability resulting from her immigration status, and this status had caused her to have temporary accommodation, impeding her feeling part of the community. She felt what would make her local area (and Manchester general) better was a community hall for over 50s, and rehousing people of her age in age-appropriate adapted accommodation.

Sieba case

Sieba a man, of 72 year old, who has lived in Manchester for more than 10 years, He came to the UK with a work permit and seemed quite contented with the local area he lived in, as he finds the Gorton community friendly in the little interactions he has had with his neighbours, such as waving at them. Sieba was generally happy with where he lived, except that his house was too cold. Efforts to warm his house led to threat letters from and debt collection issues with British Gas and the bank, which created stress and negatively affected his emotional wellbeing. Sieba consistently went out in his local community on short trips to his doctor, to the convenience stores and occasionally fast food restaurants. He also went out on walks during Summer and to do sports between 1-4 times a week. Sieba always felt safe in what he described 'quiet and peaceful' community that he liked despite not feeling a part of it due to feeling he would not mix well with

his neighbours, but he felt part of the Congolese community through his African Church. Other than church, he also travelled to other areas of Manchester by bus, such as Moss Side and Piccadilly. A constant factor in his happiness was being with his family, whether by visiting them in Paris or having them travel to visit him and consequently suggested that direct transport such as buses and trains from Manchester to Europe would make Manchester a better place for him to live. Another improvement for Manchester that Sieba suggested were more police to reduce crime.

Ada case

Ada, a 58-year-old woman who at the start of the project was also waiting to receive news from the Home office concerning her immigration status. She has been an asylum seeker for 15 years in Manchester. While she had not interacted with her neighbours at the hostel she was housed in Longsight, she felt part of other communities that held events and parties that she could partake in and join in activities such as socialising and singing, which boosted her mental wellbeing. She found her area around her hostel a quiet place with many facilities (such as shops, parks, leisure centres and fast food restaurants which she needed as she didn't have her own kitchen) and easy bus transport into town and other areas she travelled to, such as Cheetham Hill and Gorton. She also found her area a generally safe place, except the park when it got dark as there weren't enough lights. After six months, Ada got refugee status from the Home Office after 12 years of waiting and was rehoused into temporary accommodation, the process of which she found stressful. Her new abode was very damp, had a lot of mould and overgrown bushes outside blocked out natural sunlight, and though these issues were reported, the landlord as of yet had not done anything about it, causing Ada to become anxious and feel rejected. She had been treated 4 times by her local doctor in the last three months for check-ups and prescriptions, particularly for sleeping medication. She has seen and greeted 2 new neighbours in new place and thought they were friendly. Ada mainly used the shops and post office about twice a week and does sports at the leisure centre once a week. She no longer uses fast food restaurants as often as she now has her own kitchen and prepares and cooks her own meals, a positive point to her new accommodation. However, she didn't feel safe in her new area as she was unfamiliar with it and was cautious around young children playing ball games. As she hadn't yet met with the people in the area, she didn't feel part of the community. She felt that her conditions would be improved if the necessary repairs and garden maintenance were done or if she could be rehoused to a place with better conditions. She also felt that her local area could be improved if the local park could be cleaned, as she found it too dirty and littered to enjoy taking a walk in. She continued to visit charities in Manchester (such as WAST, MaCO, RAPAR and Growing Together) and partakes in events such as handcrafts. She does so by bus, which she found was made easier by charities providing travel reimbursements. She also suggested that complications to free bus travel for

people of her age should be removed as she's not yet the state pension age for a concessionary bus pass and found it difficult to renew her bus pass. Further recommendations for improving Manchester were more frequent buses, more services to clean streets and public areas and more measures to limit antisocial behaviour such as spitting and littering. Overall, Ada was happy that Manchester was a multicultural place and that it was easy to meet people.

Lula Case

Lula, a 78 year old man who spent 11 years in the UK. He joined her daughter in Manchester through family reunion. He had been struggling with his health as his GP had been sending him to different health services but he did not receive the help he felt he needed. He has also been treated every month by a local doctor. Lula had regular monthly meetings with neighbours to talk, but he struggled with English language, which made communication difficult. However, he found his neighbourhood of Salford friendly and liked living there, and due to the meetings, always felt safe in her neighbourhood. He enjoyed walking, both as a leisure activity and to get to his GP, nearby shops and fast food restaurants. He also appreciated the fact that there was easy transport to areas he frequently travelled to, such as Piccadilly, Gorton and Wigan. He also felt that frequent buses would make Manchester a better place, as well as houses with more space and a Congolese Consulate. Overall, Lula was happy with where he lived.

Male case

This case concerns a 65-year-old woman called Male, who was unhappy about not being able to speak English and therefore could not communicate with her neighbours in Clayton and did not feel part of the community despite always feeling safe in the local area. She was able to fulfil her social needs by communicating with people in her church in the same language in which she spoke, and her family, particularly when she celebrated her daughter's wedding. Male found her place passable but not the best place to live as she found the houses too small, shopping difficult and the GP quite a long distance away. She appreciated that the nearby playground was kept clean and was a good place for her grandson to play. She often went out in her neighbourhood on short trips such as shopping, going to restaurants, doing sports and walking in the summer. She also visited other areas in Manchester such as Blackley, Salford and Piccadilly by bus. She also expressed that she would like to see Manchester improved by reducing waiting times in A&E and by the establishing of an African culture centre to help with integrating into the UK. So far, Male was happy to be healthy and have her family around her.

Astra case

This case study is of a 68-year-old woman we called Astra. During the project, what made her sad was feeling lonely, in part because of a difficult relationship with her son and daughter-in-law and finding her neighbourhood unfriendly. While she felt safe in local community of Blackley, she did not feel part of it, as she did not speak to her neighbours due to not speaking English and felt too old to learn. Church members and extended family that would check up on her were surrounding what made her happy. She found her area a good place to live in because of the many facilities such as GP, dentist, transport and shop. Her doctor often treated her 1-2 times a month for

reviews and check-ups, especially as she had been diagnosed with bradycardia. She would also go out into the neighbourhood to do her weekly shopping, to her church in Ancoats and other areas of Manchester such as Clayton and Openshaw by bus or being given a lift by car. However, she felt that seeing young people in the street doing nothing but drinking & smoking made the areas unsafe. Astra proposed that what would make her local area better would be keeping it cleaner, removing young people from the streets and building youth centres, and promoting social events for people to socialise. She also felt what would make Manchester better in general would be if it were also cleaner, and if there were more facilities for older people, with services going to them instead of expecting the elderly to go find the services, as the English language difficulties could create barriers to getting assistance. She also found difficulties in obtaining concessionary bus passes, which would have made her travel in Manchester easier.

As of the time of this report, Astra unfortunately passed away. She suffered cardiac arrest in a restaurant, and despite being in central Manchester (Piccadilly) where a higher concentration of emergency service personnel would be expected, and despite the rescue efforts of relatives and the public, the ambulance, regrettably, only managed to arrive 50 minutes after they were called, which was unfortunately too late for Astra.

Fidelia case

This case study is of Fidelia, a 72-year-old woman who lives in Salford for more than 10 years after joining her daughter from Congo. During the project, she reported not seeing any major change to her life. However, she had had issues with her health, which made her sad, and consequently visited her doctor every month, a task that she stated she would find easier if there was direct transportation for older people to get to GPs, hospitals and other places they needed. Fidelia had always felt safe within her community despite not feeling part of it due to no contact with her neighbours at all, a situation of isolation she said she was used to. As well as shopping in her local area about twice a week, she also travelled around other areas in Manchester such as Ancoats, Chetham Hill and Clayton to do shopping, visiting friends and regularly attending church where she would socialise and meet people. Fidelia felt that increased frequency of trams and buses would make travelling around Manchester easier, and more support for older people and more buildings with recreational activities would improve Manchester in general. Overall, Fidelia has been happy with where she lived as long as it was peaceful and had easy access to most facilities.

Austin case

Austin, a 57-year-old man, who has lived in Hulme for 10 years. Austin joined his wife from DRC who claimed asylum in the UK since 2003. He reported no health problems, no hospital visits and no difficulties, despite feeling quite dejected due to deaths in the Congolese community. As for the community in which he lived, he had not met with his neighbours at all recently, but nonetheless, liked the area because he found it quiet and peaceful and his abode a comfortable place to live. On his errands, such as frequent short trips to the shops and the post office and going to fast food restaurants (about once a month), he had always felt safe in the community, and due to getting along with the people he would meet, he felt part of the community. Austin

found travelling by car to be the easiest method of transportation for himself and used his own car to travel to around Prestwich, Bolton & Wythenshawe. He suggested that what would improve his local area would be renovation of the many old houses present there and what would improve Manchester in general would be more youth centres in Manchester to keep youths away from bad activities.

Balo case

Balo is a 53-year-old Congolese man living in Moss side with his family and came to the UK 15 years ago through the immigration asylum process. His English language proficiency is good (Speaking and reading: 8 out of 10). Balo is generally healthy and happy and never been seen by his GP for the past six months although getting access to the surgery or Hospital seems to be easy. His sleeping pattern is normal (6-7 hours a night). What makes him happy is seeing his family around him and meeting his church members during church service gatherings and social events organised by refugee community organisations. Bad news like deaths from relatives back home or in his Congolese community in the UK makes him sad. Balo knows some of his neighbours just by waving and greetings. Occasionally they speak but not socialise although they are friendly. Shopping is one of his habitual task on a weekly basis. Healthy eating is one of his healthy living priorities and is not interested in fast food and restaurants or relaxing in a park. Going to the gym or playground is not part of his life. Balo has connection with several refugee community organisations in Manchester. This has been his best way to keep in touch with communities with different backgrounds. It is only through events and workshops organised by a refugee network that he learns from different cultures, discuss about common issues, challenges, make his voice heard, and visit different boroughs of Manchester. His contribution has been a way to feel a part of the local community. Besides, it could be better to encourage people through invitation or home visit to attend neighbouring watch meetings. He lives in a safe and peaceful environment and is happy himself and satisfied about the area although he likes Manchester to improve in safety measures by increasing the number of police staff in town in order to prevent crime particularly in commercially active areas like Manchester City Centre and stadiums.

Uma case

Uma is a 52-year-old man from the Democratic Republic of Congo living in Clayton alone and has a family in Stockport. He has been in the UK for almost 20 years through the immigration asylum system. Loneliness forces him to travel to Stockport almost 3 to 4 times a week to visit his five children. He has a degree from the UK and work part time. Uma's health status and sleeping pattern are generally good but has been to his GP once over the past six months. The surgery is just a walking distance from his house as well as ASDA Super store and Ashton new road where he can easily catch any bus to the city centre every ten minutes for shopping 2 to 3 times a week. He does not use parks, gym, playground, fast food nor restaurants. His work and frequent travelling to Stockport makes him not to know his neighbours well. From the right or left side of his house, the relationship with his neighbours is just limited to a wave or greetings. They have no time to chat or socialise. This has been going that way for years. Uma likes the area he is living in as long as he can get easily what he needs. His major concern is loneliness, which he overcomes by visiting frequently a family from Congo living just around the corner or his children in Stockport.

Being in the UK for years and working as an interpreter before, Uma has been visiting friends in almost all the boroughs of Manchester. His wish is to have a labour party Club in the area and live with his family and does not want to move from where he is living

Case studies Findings:

10 participants (5 male, 5 female) randomly selected from the initial sample and asked to assist in 10 anonymised case studies over the six-month project.

Their age ranged from 52 to 78 years . The average of the Males was 62.4 years, the average age for the females was 64.2years, the overall average age was 63,3 years. All of the participants came from the city of Manchester, living alone: 4/10 and employed : 3

3.Reasons for staying in the UK: Asylum seeking : 4.Family reunion : 5, Employment:1

4.Length of stay in the UK was shared by the participants and varied from 7 to 23 years

Generally healthy 6/10, 4 (One male and 3 females) on medication and see the GP at one to 2 times a month. Their happiness depended on their health status, contact with relatives and people surrounding them either friends or their community through gatherings or church services and living in place of safety.All of them(10/10) stated being in touch with friends through through their communities or relatives in Manchester or outside.Four(4) : 3 females and one male stated to be lonely and this affected their happiness. Happiness depended as well on Safety has been perceived as where there is security,no racism, no any form of targeted attack, no antisocial behaviour or vandalism and kindness and where medical assistance can be easily accessed. 8 participants out of 10 stated that they were living in a place of safety.

Satisfaction, Happiness and Anxiety

The average (mean) rate across the 10 participants:

- **Satisfaction** with the area participants were living is **7/10**
- **Happiness Yesterday** **7/10**
- **Happiness Last Week** **7/10**
- **Reported Anxiety Yesterday** **1/10**

Comments about their satisfaction:

- **no contact neighbours**
- **quiet,calm, safe, friendly, shops, easy transport**

- it is a peaceful and secured place, I'm in good terms with my neighbours. It is close to town and shop around
- I like the place, it is quiet, we have shops, fast food, easy transport

Contact with friends in Manchester

All the participants reported they were in touch with friends or relatives either physically or out of Manchester via phone or social media at least twice a week

what makes participants sad or happy?

Frequency of word or topic mentions:

10/10 mentioned that family and health related issues loneliness, financial and immigration issues, bad news from relatives or countries of origin, debts(1/10) make them sad. Church, families, friends, work(3/10), parties, to be understood make them happy

Neighbour relationships

Six(6) people, 3 women and three(3) men reported that they did not know their neighbours

Four(4) reported that although they knew their neighbours they were unfriendly

Friendliness

7/10 participants(4 men and 3 women) reported their local area as "Friendly"; only one(1) men and two(2) women reported their areas as "unfriendly"

Places used in the local community

All participants used the local shops and post office 2 to 3 times a week For all of them, the shops they used met their expectation. Easy access to transport made it easier in case they need something from other areas, African shops not close to them

One(1) participant (Male) visited a school or nursery in the local community

Ten(10) people used a local restaurant or fast food outlet at least once a month, while 2 men used the local park for children play during summer

Do you feel part of the local community?

8/10(5 women and 3 men) don't feel part of the community

1. D. ELDERS' COUNCIL MEETINGS

(Translated from the French Transcription by the coordinator/session facilitator)

SUBJECTS DISCUSSED DURING SESSIONS

1. Overview of the project and its objectives
2. Happiness and local environment
3. Do you feel part of the community? What can the community do for you to feel part of the community?
4. Neighbourhood and Neighbourhood watch meetings
5. Health support for over fifties
6. What can make Manchester a better place to live?

1.Ageing well overview and project objectives

Giving an in-depth explanation to the guests was the purpose of making those who wanted to take part in the project understand the merits of this work which concerns people aged 50 and over, man and woman included living in Manchester to know if they are happy where they live and also have an idea about their respective environments if these are suitable places to spend the time of their old age with any assistance they may have. In addition, particular attention was given to the relationship with their neighbours, the services made available to them, in particular the health service 'and the possibility' to move easily and freely to have what they want. Satisfaction with the presentation of the project resulted in the registration of several people to be able to freely take part in the project with a permission and the participants were free to stop their participation if they wished. Their perception about ageing well in place was the fact to find themselves in a place where they are happy, safe, secured, surrounded with helpful people, having easy access to health facilities and basic need and grow old

2. Happiness and local environment

The participants sought to first define what constitutes Happiness in relation to the environment in which they live. In this specific case, it is a question of people aged from 50 years and more. There has been debate that some work and others do not work. Some have families and others do not. Among the factors that make up happiness, participants mentioned "the desire to be around" their families or friends, in other words, the desire to feel at home as they were when they were in their country of origin and the opportunity to flourish. Above all, keeping the atmosphere and the joy of their country of origin and adapt it to the new environment. The permanent communication with their family members was a very important factor for those who find themselves alone in the United Kingdom. In addition, more particularly assisting relatives in some way, and to be able to help them morally or financially when they are in need. They are

happy to receive visitors or visit friends. The means of getting around easily contributes to their happiness. Elderly people also need to be entertained and in good health '

3. Do you feel part of the community? What can the community do for you to feel part of the community?

The discussion was nuanced by the fact that there is a difference between those who work and those who do not work. Those who work have already learned some habits and culture of the host country and are trying to adapt and feel a little integrated through contact and learning the English language at work. The language barrier is an integral part of the integration limitation. Being part of the local community also implies knowledge of the language and participation in local activities as well as contributing to the well-being of the community through people's opinion. Another element mentioned "is the fact that when people are not considered" by the local community, they feel rejected "and become isolated". One has the impression that one has not welcome into the community 'but who should take the first step? This is why they tend to return to their African community through organisations or churches in order to overcome isolation. Today the African churches have become places of meeting or entertainment and at the same time a place for socializing. Being part of the community also involves promoting diversity and equality, as well as sharing cultural values with the host country. It is obvious through a meeting that most of the participants do not feel part of the community and suggests that there is in each community a team to support the elderly through learning the English language, organising activities and entertainment for the elderly, home visits, encourage them to attend community centres events

4. Neighbourhood

Discussions around the good neighbourly relationship. First, it was a question of defining who my neighbours are. Neighbours who live in front of me, on the left or on the right or neighbours of the street. Neighbours in the building or the hostel? Will you have to force a neighbourly relationship? In addition, what can you do to build a relationship with your neighbours? What are the benefits of a good neighbourly relationship?

A few years ago when the government, through its immigration system for asylum or resettlement, placed the newcomers in an environment, the neighbours were already informed of those who came to live with them. Neighbours were requested to support the newcomers and to integrate them. Currently things are a little different. Again, the language problem arises. The difficulty of speaking the English language constitutes an important barrier although one has the will to have friends or to be acquainted.

Very few have managed to make their neighbours friends and are used to helping each other and supporting themselves in one way or another, for example taking out the bins and bringing them in, looking after the children, bringing them to the school or take them back, have dinner together or have fun. However, the vast majority of participants are limited to greetings. Some participants were victims of racial discrimination, for example throwing eggs at their windows or doors. This creates an attitude of repulsion. The vast majority of our participants do not know their

neighbours and have difficulty engaging in conversation to promote a good neighbourly relationship. Besides, they never heard of Neighbourhood watch meetings in their communities

5. Health Support

Health is a major concern, especially when people are older, their physical and mental ability gradually deteriorate. The anxiety is caused' by the fear of being sick or of dying one day .This is accentuated when they start to go regularly to see their GP or consult the services of accident and Emergency. The language problem still arises. One always feels better when one is able to express oneself. The fact that one is not yet able to speak English constitutes a major difficulty. Which means they always depend on someone else for interpretation. As people get older, it is believed that it is late to learn to speak English. This limitation results in frustration and is at the root of the deterioration of the mental state. Everyone has easy access to his or her GP either on foot or by public transport. The ordinary consultation, the check-up or review is at the door of all the participants but they deplore certain annoyances among others unnecessary referral to the hospital or to the specialists

6. What can make Manchester a better place for me?

Everyone agreed that a better place to live does not mean beautiful buildings or constructions; however, a place where one can be happy until the end of one's life. Security and safety are their concerns, expressed by the desire to see the number of police officers added to the city in order to prevent crimes and to keep young people busy through several youth activities through youth clubs and community centres to reduce anti-social behaviour. They suggest adding parks and playing grounds and recreation centres and increasing the number of buses to facilitate public transport and build undergrounds to decongest the main roads. International rail lines from Manchester to Europe would be very advantageous in order to facilitate visits to family members instead of passing still through London. To create means of entertainment for the elderly would help as well.

COORDINATOR'S FINDINGS FROM THE COUNCIL MEETINGS

- Safety: The majority of the areas they are living in are safe, quite, calm and secure but some complained of youth in the streets, parks or playing grounds making the areas a little bit insecure.
- The majority have easy access to public transport: they use buses; trams or personal means of transport (cars) but low income is still a limiting factor
- The majority of them are healthy and have no problem sleeping. Those sleeping less than five hrs a night, their sleeping pattern affected how much they get out and about in their local community or into the wider city of Manchester
- They have easy access to Hospitals, local GPs or Dentist.
- Shopping is their weekly duty from one to four times a week.
- English language remains one of the major issues; this has created frustration, dependence and difficult interaction with their neighbours and their local community
- Even those who are speaking English still have problem getting In touch with their neighbours
- Most of them do not feel a part of their local community but some feel a part of the African communities where they are coming from through African Churches or Organisations
- Almost all of them still prefer to stay In the areas they are living and are happy when next to their families, relatives, friends or church members
- What makes them sad Is bad news, deaths from relatives or from their communities. loneliness, illnesses, difficulty paying their bills, debts or immigration status
- They want their houses and compounds to have large spaces, their areas to have more parks and playgrounds and Manchester to be clean with more police to circumvent crime and direct travel lines to Europe
- To feel part of their community they suggest to have more over 50s activities in the local community centres. Home visits and invitations to local events. Providing a means of transport (a van) to take them to events. Ask their opinion or contribution to what is happening in the community. Encouraging neighbourhood

CONCLUSIONS AND RECOMMENDATIONS

- This project explores what makes a good place in which to grow older for people who belong to specific minority community
- The recruitment of participants was easy. They were recruited from areas around Manchester and where we could easily reach them for home visit or invite them for council meetings and having their telephone details made it easy to keep in touch regularly.
- Information was easily collected via council meetings, home visit or telephone in case the participant does not turn up
- Participants revealed that it was their first time to take part to this kind of research trying to find out about their wellbeing and regular follow up council meetings and home visit every two weeks were perceived as efficient measures for reducing isolation and loneliness.
- The follow up interviews made some participants exhausted due to the fact that they had to answer to the same questions all the time although they were well informed in advance.
- Our method generated a lot of information and made it a bit difficult to analyse all the data still information from follow up questionnaires did not significantly changed from the base line information
- Participants thought that this project was a new service brought to them by the government through their local community organisations. They thought information was collected in order to solve their problems. They were somehow disappointed when we kept reminding them this is for the research purpose only.
- The project worked with forty elders to identify the key issues, physical, social and psychological which impact the ageing process for elders (over 50 years of age) within the French speaking African exile community in Manchester and identify with the elders how they can age better in Manchester.
- The project gathered data and information from an Opportunity Sample of forty elders, twenty male and twenty female (self-identified). Additionally, 10 participants (5 male, 5 female) randomly selected from the initial sample and asked to assist in 10 anonymised case studies over the six-month project

- The project sought to understand what our elders understood by ageing well and how, in the context and conditions of forced migration, place can influence this.
- It gathered data and information on the specific place based social determinants of health amongst the participant group over a six-month period.
- The project sought to identify what “ageing well” means to elders in our community and is there a shared vision of “ageing well”? How does Manchester assist or hinder African elders in exile to “age well”? and what would assist our elders to age well in Manchester
- Overall, during this study, there was no major difference recorded in responses from the subjects in the baseline response and follow-up questionnaires
- **Safety** in the areas that our elders were living in was one of the most important determinants to aging well. The majority of the areas they lived in were safe, quiet, calm and secure but some complained about loitering youth in the streets, parks and playgrounds as a cause for concern. Those feeling a bit unsafe expressed the desire of improving safety measures either by increasing the number of police in the streets to prevent crime or to increase the number of youth centres to prevent antisocial behaviour.
- **Access to transport** also constituted a key element for elders, either public or personal transport, that allowed them to move wherever they want to get whatever they need, such as to hospitals, GPs, restaurants, shopping and leisure centres. They also suggested increased bus and tram frequencies to reduce waiting times, especially in the cold, and traffic. Low income for some and not meeting the requirements for the concessionary bus pass were limiting factors in the access to transport.
- **Health:** Most of our elders were healthy and had easy access to hospitals and local GPs, as mentioned above; however, those who struggled with sleeping more than four hours a night found they were affected in terms of how much they got out and about in their local community or into the wider city of Manchester. However, access to specific services they needed had certain limitations, such as difficulties in the English language, to communicate concerns and the care they required.
- **Lack of English language** proficiency still remained one of the major issues among our elderly, which has created frustration, dependence on translators and interpreters, and difficult interactions with their neighbours and local community. Recommendations for this area were possible government initiatives such as English courses for the elderly in nearby community centres, to create a learning environment where they don’t feel excluded or behind due to age. Those of elderly who could speak English found it difficult to relate with their neighbours due to cultural differences, which also led to them not feeling a part of their local community. Some expressed the desire for raised awareness in the community about refugees and other cultures so that there would be an improved perception of themselves as they attempted to reach out to members of the public and decreased risk of receiving discriminatory behaviour.
- **Sens of belonging:** Despite the majority not feeling a part of their local communities, most found their sense of belonging in refugee community organisations, African communities and churches to avoid isolation. Living with, visiting and keeping in touch with family and relatives, both in the UK and abroad, also greatly increased their levels of happiness and decreased feelings of isolation. Suggestions put forward to help them feel

part of their local communities were more over 50s activities in local community centres where there could be opportunities to bond and integrate with others over age and similar life experiences. Direct transport, such as hired minibuses, to over 50s events from their homes was also suggested as a way of facilitating access to the services.

APPENDIX

Baseline Questionnaire

1. ABOUT YOU

1. Gender:	2. Age:	3. Postcode:	4. Nationality
<p>5. What were your reasons for coming to the UK?</p> <p>1 For employment, 2 For study, 4 As a spouse/partner/child under 18 of a UK citizen or person with indefinite leave to remain in the UK, 5 As a spouse/partner/child under 18 of someone coming to the UK or already living here, who does not have indefinite leave to remain, 6 Seeking asylum, 7 As a visitor, 8 Other reasons</p>			
<p>6. How Long Have you been in the UK?</p> <p>1. Less than a year 2. More than a year but less than 5 years 3. 5 – 10 years 4. Over 10 years</p>			
<p>7. Are you</p> <p>1. Single, that is never married 2. Married and living with your husband/wife 3. A civil partner in a legally-recognised Civil Partnership</p>			

4. Married and separated from your husband/wife
5. Divorced
6. Widowed
7. In a legally-recognised Civil Partnership and separated from his/her civil partner
8. Formerly a civil partner, the Civil Partnership now legally dissolved
9. A surviving civil partner: his/her partner having since died
10. Living with your partner

5. Your household:

Do you live with other people? YES/NO

If yes then can you tell me about the relationship with the people you live with:

- 1 Spouse
- 2 Cohabiting partner
- 3 Son/daughter (incl. adopted)
- 4 Step-son/daughter
- 5 Foster child
- 6 Son-in-law/daughter-in-law
- 7 Parent/guardian
- 8 Step-parent
- 10 Foster parent
- 11 Parent-in-law
- 12 Brother/sister (incl. adopted)
- 13 Step-brother/sister
- 14 Foster brother/sister
- 15 Brother/sister-in-law
- 16 Grand-child
- 17 Grand-parent
- 18 Other relative
- 19 Other non-relative
- 20 Civil Partner

7. Languages spoken:

8. Please rate your ability (out of 10 where 10 is high and 1 is low)	To speak English:
	To read English:

2. ABOUT YOUR HEALTH AND WELL-BEING

<p>1. Are you receiving treatment for an illness which limits your ability to get out of the house and out about in in your neighbourhood and the city? YES/NO (If NO please go to Q2) If YES, go to 1a</p>
<p>1a. Are you being treated by a hospital or your local doctors' surgery (GP)?</p> <p>1. Hospital 2. Local Doctor</p> <p>How often do you visit for treatment or review?</p> <p>How do you get there?</p> <p>Do you find it easy to get to where you need to go? YES/NO</p> <p>Please tell me what could make this place easier for you to visit?</p>

3. Do you have difficulty sleeping at night? YES/NO/NOT SURE, can you please tell me if there is a reason for your answer?

a. How many hours do you sleep (on average) per night?

b. Do you sleep during the day? YES/NO

If YES, please tell me about your daily pattern of sleep

c. Does your sleep affect how much you get out and about in your local community – please share the reasons for your answer?

D. Does your sleep affect how much you get out into the wider city of Manchester – please share the reasons for your answer?

4. Overall, how satisfied are you with where you live today? (nought is 'not at all satisfied' and 10 is 'completely satisfied')

Can you please share the reasons for this score?

6. Overall, how happy did you feel yesterday? (nought is 'not at all happy' and 10 is 'completely happy')

7. On a scale where nought is 'not at all anxious' and 10 is 'completely anxious'; overall, how anxious did you feel yesterday?

7a. Does anxiety affect how much you get out and about in your neighbourhood? YES/NO

If YES then 7b Is there anything that would help this?

4. Do you have close friends:

In Manchester? YES/NO

If YES,

How often do you see them?

How do you stay in touch?

1. Telephone
2. Internet (whatsapp, facebook, etc)
3. I visit
4. Other (please state)

	<p>Outside of Manchester? YES/NO</p> <p>If YES</p> <p>How often do you see them?</p> <p>How do you stay in touch?</p> <ol style="list-style-type: none"> 1. Telephone 2. Internet (whatsapp, facebook, etc) 3. I visit 4. Other (please state)
<p>8a. What makes you Sad?</p>	
<p>8b. What makes you Happy?</p>	

ABOUT WHERE YOU LIVE

1. Do you know your neighbour?	YES/NO If YES are they friendly to you? YES/NO please add any comments:
2. How would you describe the place where you live?	1. Friendly and I like living there 2. Unfriendly, I do not like living there 3. OK, but not the best place to live 4. Not sure
3. What places do you use in your local community? 1. Shops and post office 2. Local school or nursery 3. Sports and Leisure facilities 4. Local restaurants or fast food places/takeaways 5. Parks and playgrounds 6. Other places (please state what they are)	3a. How often do you use each?
4.a. How often do you visit other areas of Manchester? 4.b. Where do you go when you visit? 4. c. Do you find it easy to get there – how do you travel? 4. d. What would make it easier for you to get there?	

5. Do you feel a part of the local community?	YES/NO is there a reason for your answer?
6. What is good about your local community?	6a. What is bad about your local community?
7. What would improve your local area and make it a better place for you?	
8. What would you like to see in Manchester to make it a better place for you?	

FOLLOW UP QUESTIONNAIRE

1. Changes

Over the last month has there been any significant changes in your life? YES/NO

(For example, retirement, new job/loss of job, births, deaths, marriages, moving home)

If YES, please can you describe these changes?

Have these changes made you Happier ☐ Sadder ☐ Anxious ☐ Excited ☐

2. Your health and Well-being

1a. What has made you sad over the last month?

1b. What has made you Happy in the last month?

2. Have you been treated for illness by a hospital or local doctor in the last month? YES/NO

a. Hospital

b. Local Doctor

How often have you visited for treatment or review?

How do you get there?

Did you find it easy to get to where you need to go? YES/NO

Please tell me what could make this place easier for you to visit?

3. Have you had difficulty sleeping at night? YES/NO/NOT SURE can you please tell me if there is a reason for your answer?

a. How many hours, on average, have you slept per night over the last month?

b. Has your sleep affected how much you get out and about in your local community – please share the reasons for your answer?

d. Has your sleep affected how much you get out into the wider city of Manchester – please share the reasons for your answer?

About Where You Live

1. Have you had any contact with your neighbours in the last month?	YES/NO If YES were they friendly to you? YES/NO please add any comments:
2. Thinking about the last month how would you describe the place where you live?	1. Friendly and I like living there 2. Unfriendly, I do not like living there 3. OK, but not the best place to live 4. Not sure
3. What places have you used in your local community over the last month? 1. Shops and post office 2. Local school or nursery 3. Sports and Leisure facilities 4. Local restaurants or fast food places/takeaways 5. Parks and playgrounds 6. Other places (please state what they are)	3a. How often have you used each of these?
4. Thinking about the last month would you say you have felt safe in your local community?	1. Always 2. Never 3. During the day but not at night 4. Sometimes (please describe)
5. Do you feel a part of the local community?	YES/NO is there a reason for your answer?

6. What has been good about your local area over the last month?	6a. What has been bad about your local area over the last month?
7. What would improve your local area and make it a better place for you?	
<p>8.a. In the last month have you visited other areas of Manchester?</p> <p>8.b. Where do you go when you visit?</p> <p>8.c. Do you find it easy to get there – how do you travel?</p> <p>8.d. What would make it easier for you to get there?</p>	
9. What would you like to see in Manchester to make it a better place for you?	
10. Over the last month have you been happy with where you live (please share the reasons for the answer)	

DAIRY

1. Did you go anywhere yesterday – if so where and how was it?

2. Who did you have contact with yesterday

- In the house
- Outside of the house

3. How was your health yesterday?

Very Good ☐ Good ☐ OK ☐ Bad ☐ Vert Bad ☐

4. Did you have plans yesterday – did you achieve these plans

5. How would you rate your day yesterday

(1 is low a bad day, 10 is high a good day)

6. Sleeping

- How well did you sleep last night?

Very Well ☐ OK ☐ Badly ☐ Very Badly ☐

- How many hours sleep did you get?
- Will your sleep affect you going out:
 - a) To work (if you work)?
 - b) In the neighbourhood?
 - c) Into Manchester

Please use this diary to tell us more

7. Daily Mood

- How did you feel when you woke up this morning (tick all that apply)?

Happy ☐ Sad ☐ Excited ☐ Anxious ☐ Just OK ☐ Worried ☐ Tired ☐ Refreshed ☐

Other (please state)

Can you share why this was?

8. What plans do you have for today, are you planning any visits, trips or to do anything outside of the house?

9. How happy are you with where you live today and the local neighbourhood?

Very happy ☐ Happy ☐ Neither happy nor sad ☐ Sad ☐ Very sad ☐

10. Your space to tell us about your days and thoughts about where you live

Budget

Item	Notes	Cost
Staff and Volunteer Training	1 day (room hire, materials)	£100
Elders' Council Meetings	6 x ½ day room hire (£40) + refreshments (£50 per meeting)	£540
	Expenses 20 people x £5 x 6 occasions	£600
Printing	30 participants x 7 Questionnaires,	£400
	10 participants x 12 Diary Booklets x £3	£360
Staffing	Coordinator (sessional work fee, including data analysis)	£2500

	2 x Sessional project worker (sessional fees)	£2000
Travel	Home Visits Elders: 180 occasions (30 people x 1 per month) x £5	£900
	Home Visits Diary Keepers 10 home visits x per month x 6 occasions x £5	£300
Total		£7700
(approx.) 5% contingency funds		£300

INTRODUCTION

- The researcher working with you will be:
- The project you have been invited to take part in is:

Please read and complete this form carefully, if required we can provide you with a form in French. If you do not understand anything, would like more information, or have the form in larger print please ask. If you agree to participate in this study, please tick the appropriate box and sign and date the declaration at the end.

CONSENT

1. The researcher has explained the purpose of the project to me, I understand the reasons for the research and what I need to do to take part. YES ☐ NO ☐

2. I understand that the research will involve:

- a. Monthly meetings of the Elders of the Community
- b. Completing a monthly questionnaire
- c. Meeting the researcher once per month

I agree to taking part in these activities YES ☐ NO ☐

3. I understand that I may withdraw from this study at any time without having to give an explanation or a period of notification and that this will not affect my future relationship with MaCO. YES ☐ NO ☐

4. I understand that all information about me will be treated in strict confidence and that I will not be named in any written work arising from this study. YES ☐ NO ☐

5. I understand that any audiotape or video material of me will be used solely for research purposes and may be retained for future research and project work.

YES ☐ NO ☐

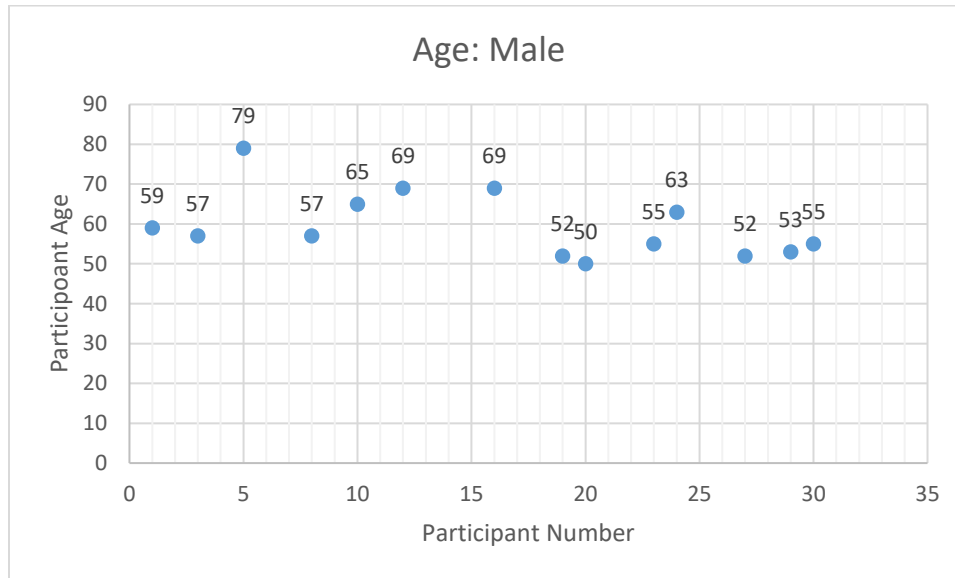
6. I understand that this research will be shared with Ambition for Ageing in Greater Manchester and its partners at the University of Manchester and Manchester Metropolitan University, but that I will not be named or identified in any information shared. I consent to the sharing of this information. YES ☐ NO ☐

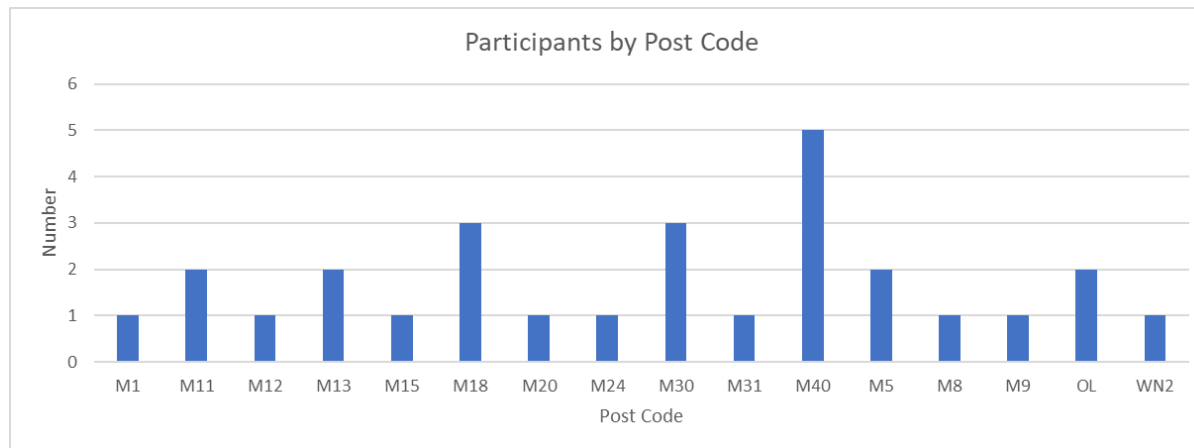
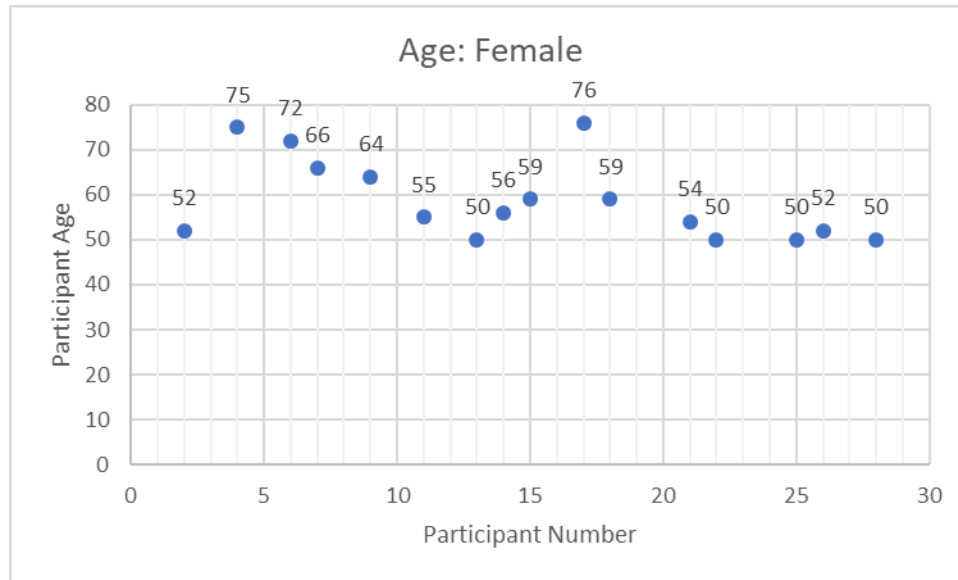
I freely give my consent to participate in this research study and have been given a copy of this form for my own information.

Name:

Signature:

Date:





Participant Number	3. Satisfied where you live?		4. Happiness (/10)		5. Anxiety			
			a. Yesterday	b. Last week	5. Yesterday (score out of 10)	5a. Does anxiety affect getting around your neighbourhood?		
	Rating (/10)	Comments				Yes	No	Comments
2	0.00		10.00	10.00	0.00		1.00	
4	5.00		5.00	4.00	4.00	1.00		Don't know
6	8.00		8.00	8.00	0.00		1.00	
7	5.00		7.00	8.00				
9	7.00	no contact neighbours	6.00	6.00	6.00	1.00		Having visits will help
11	8.00		5.00	4.00	0.00			
13								
14	6.00		2.00		5.00			
15	9.00	quiet, big garden, place to park	8.00	6.00	0.00		1.00	
22	9.00		9.00	9.00	0.00			
25	5.00		5.00	5.00	5.00	1.00		No help
26	8.00	calm, safe, friendly, shops, easy transport	8.00	8.00	0.00			
17	8.00		10.00	8.00	0.00		1.00	
18	8.00		6.00	5.00	5.00		1.00	
21	7.00		6.00	8.00	0.00		1.00	
28	7.00		8.00	8.00	0.00		1.00	
1	6.00		0.00		0.00		1.00	
3	0.00		10.00	10.00	0.00		1.00	
5	7.00		7.00	6.00	0.00		1.00	
8	8.00		8.00	8.00	0.00			
10	8.00		4.00	7.00	5.00		1.00	
12	7.00	not so bad	8.00	7.00	0.00			
16	5.00		7.00	7.00				
23	8.00		5.00	5.00	4.00		1.00	On medication
24	4.00		7.00	7.00	8.00		1.00	
27	7.00		8.00	9.00				
19	6.00		8.00	8.00	0.00			
20	7.00		8.00					
29	8.00	it is a peaceful and secured place, I'm in good terms with my neighbours. It is close to town and shop around	8.00	7.00	0.00			
30	8.00	I like the place, it is quiet, there is a park in front of my house, my kids play there all the time, we have shops, fast food, easy transport	8.00	8.00	0.00			

	6. Close FriendsManc					
		Y (if yes - how do you stay in touch?				N
PN	Contact Frequency	1. Telephone	2. Internet	3. Visit	4. Other	
2	1/7	1	1			
4	2/7	1	1	1		
6	2/7	1	1			
7	2/7	1	1			
9	1/7	1	1			
11	1/365	1	1			
13						
14	1/12	1	1			
15	2/7	1	1			
22	3/7	1	1	1		
25	1/7	1	1	1		
26	1/7	1	1	1		
17	4/7	1	1	1		
18	3/7	1	1			
21						1
28						1
1	V F	1	1	1	1	
3	1/7	1	1			
5	3/7	1	1	1		
8	1/12	1	1	1		
10	2/7	1	1			
12	4/7	1	1	1		
16		1				1
23	1/7	1		1		
24	once	1	1			
27	3/7	1	1	1		
19	1/7	1	1	1		
20	7/7	1	1			
29	1/7	1	1	1		
30	1/7	1	1	1		

	6. Close friends not in Manchester					
	Yes (if yes how do you stay in touch?)					No
Participant Number	Contact Frequency	1. Telephone	2. Internet	3. Visit	4. Other	
2	not often	1	1			
4	not often	1	1	1		
6						1
7						1
9						1
11						1
13						
14	1/365	1	1			
15	1/12	1	1	1		
22	not often	1	1			
25	not	1	1			
26	not really	1	1			
17						1
18						1
21						1
28	1/12	1	1			
1	Lf	1	1			
3	Lf	1	1			
5						1
8	Lf 1/12	1	1	1		
10						1
12	Not	1	1			
16						1
23	lf			1		
24						1
27						1
19						1
20						1
29	3/13	1	1			
30	3/12	1	1			

	7a. Makes you sad?	7b. Makes you happy?
Participant Number		
2	loneliness	Frie/Fam/work
4	when I am sick and GP does not give meds	church, friends
6	loneliness	meeting friends
7	sickness, loneliness	family church
9	loneliness, my neighbour, I don't feel at home	being christian going out
11	lost my husband, application for naturalisation in 2013 but no answr	family, work, church
13		
14	being far from my children	being alive, my family
15	bills	meeting friends
22	nothing	church
25	as single mother sad to bring up my kids on my own	when I am in church
26	when my family is not doing well, people around are sad, racism	when others are happy, good news
17	son's health, daughter not married, and another one lost her husband	having jesus in my life, my friends, my family
18	less money, my health	having jesus, my family, how I am treated in uk
21	when people around me are sad, bad news	when people around me are happy
28	when I hear a child has been killed	being with family and being in church
1		
3	being alone, not seeing family	with family & friends
5	when sick	football, church, visiting friends
8	not millionaire!	family work church tv
10	not speaking eng, wife's health. Situation in my country, late job	friends church, family
12	health - taking meds for a long time	family, meeting friends, church
16	lack of services, lack of documents	church
23	my health	my family
24	other's suffering	when people around me are happy
27	when my family is away from me, when people are not truthful	to be with my family, being with my church family
19	not having my own house, being away from family	in church with my brother and sister
20	when people don't understand you	when I am fully understood, when I do what I need to do
29	bad news from the country or relatives, loss. If children don't perform well at school, when I have difficulty paying my bills	my family around me, friends, parties, leisure
30	bad news, when I am not healthy	my family, my church members around me, good news, parties

	1. Do you know your neighbours			
	Y	Friendly Y (1)/N(0)	N	
Participant Number				Comments
2	1.00	1.00		
4	1.00	1.00	1.00	
6				
7			1.00	
9	1.00	0.00		
11	1.00	1.00		
13				
14	1.00	1.00		
15	1.00	1.00		
22	1.00	1.00		
25	1.00	1.00		
26	1.00	1.00		when I am not at home she can look after my house
17	1.00	1.00		
18			1.00	
21	1.00	1.00		we have good relationships
28	1.00	1.00		
1			1.00	
3	1.00	1.00		
5	1.00	1.00		
8	1.00	1.00		
10			1.00	
12			1.00	
16			1.00	
23	1.00	1.00		
24	1.00	1.00		
27	1.00	1.00		
19		1.00		
20	1.00	1.00		
29	1.00	1.00		we talk wave, greet, help each other with bins taking out/in, we chat
30	1.00	1.00		we don't talk much, wave greet, sometimes chat

	2. Describe where you live			
	1. Friendly	2. Unfriendly	3. OK	4. Not Sure
Participant Number				
2			1.00	
4	1.00		1.00	
6				
7			1.00	
9		1.00		
11	1.00			
13				
14	1.00			
15	1.00			
22	1.00			
25			1.00	
26	1.00			
17	1.00			
18	1.00			
21			1.00	
28	1.00			
1	1.00			
3			1.00	
5			1.00	
8	1.00			
10	1.00			
12			1.00	
16	1.00			
23	1.00			
24			1.00	
27	1.00			
19			1.00	
20	1.00			
29	1.00			
30	1			

Participant Number	3.Places Used in the local community											
	1. Shops and/or Post Office		2. Local school or nursery		3. Sport or Leisure		4. Restaurant, Fast Food		5. Parks & Playgrounds		6. Other	
	Y/N	Frq	Y/N	Frq	Y/N	Frq	Y/N	Frq	Y/N	Frq	Detail	Frq
2	1.00	1/7			1.00	1/7	1	1/7				
4	1.00											
6	1.00	2/7										
7									1.00	2/7		
9	1.00	1/7										
11	1.00	1/7										
13												
14	1.00	1/7										
15	1.00	3/7					1.00	3/7				
22	1.00	7/7					1.00					
25	1.00	7/7			1.00	1/7						
26	1.00	4/7			1.00	2/7						
17	1.00	1/7										
18	1.00	3/7	1	3/7								
21	1.00	Don't Know	1									
28	1.00	2/7					1.00	2/7	1.00	2/7		
1	1	1/7	1.00	1/7	0.00	0	0.00	0	0.00	0	0	0
3	1.00	1/7	0.00		1.00	1/7	1.00	1/7	0.00	0	0	0
5	1.00											
8	1.00	4/7			1.00		1.00		1.00			
10	1.00	3/7	1.00	3/7								
12	1.00	3/7			1.00	3/7			1.00	3/7		
16	1.00	1/7										
23	0.00		0.00		0.00		0.00		0.00	0		
24	1.00	1/7										
27					1.00	2/7	1.00	2/7	1.00	2/7		
19	1.00	2/7										
20	1.00	2/7			1.00	7/7						
29	1.00	3/7			1.00	1/12	1.00	1/12				

	5. Do you feel part of the local community?			6. Local Community	
	Yes	No	Comment	What's Good about it?	What's Bad about it?
Participant Number					
2		1.00	don't know anyone	shopping centre	car noise & speed
4	1.00			peace	none
6	1.00			calm	none
7	1.00			calm	Don't Know
9		1.00	no contact with neighbors	shops, buses doctors	boys hanging out smoking
11	1.00			calm friendly	modify the house
13					
14	1.00			secure, people friendly, calm	my children told me some people are racist

	5. Do you feel part of the local community?			6. Local Community	
	Yes	No	Comment	What's Good about it?	What's Bad about it?
Participant Number					
15	1.00			calm, secure, transport	
22	1.00		I know some people in the area, they are friendly	calm, secure, transport	none
25	1.00			calm	not many shops, we have to go very far to do shopping
26	1.00			many shops	the kids staying in the streets
17	1.00			calm	none
18	1.00			calm, clean, not far from city centre, secure	no park near my house
21		1.00		Don't Know	Don't Know
28	1.00		people helpful and always willing to help	people are friendly, we're together	none
1		1.00		0	not clean
3		1.00	don't know anyone	shopping centre	car noise & speed

	5. Do you feel part of the local community?			6. Local Community	
	Yes	No	Comment	What's Good about it?	What's Bad about it?
Participant Number					
5	1.00			shops	None
8		1.00	no many attraction	peaceful friendly	none
10	1.00			calm, clean, secure, transport facilities	none
12	1.00		calm and secure	park, shops	no
16		1.00		near town near church	small house
23		1.00		clean calm	
24		1.00	we don't speak much	we are secured	during the night some youth - people discus
27	1.00		people are good, we live like family	people are good we live like family	
19	1.00		don't know much about the community	people are friendly	
20		1.00	because I am not involved on the activities held	friendly	no idea

	5. Do you feel part of the local community?			6. Local Community	
	Yes	No	Comment	What's Good about it?	What's Bad about it?
Participant Number					
29	1.00		I am involved in many events in the community as I volunteer for organisations and I feel well interacting	at least they are helpful, a lot of facilities, Gps, shops around. Not far from town, easy transport	some racist attitudes, a little bit difficult to integrate - you feel you are forcing relationships
30		1	apart from my work I don't know much about the community or events taking place	I don't know much, apart from a new building and park in the church area	none
Total	18	11			

Participant Number	4. Areas of Manchester					7. What would improve local area?	8. What would you like to see to improve Manchester?
	a. Frequency	b. Area visited	c. Ease & mode of travel		d. What will make it easier?		
			Easy Yes/ No	How			
2	2/7	Church	1	car			no idea
4	2/7	city centre/shopping centre/Brunswick	1	bus		more frequent buses	housing for old people
6	2/7	church/family	1	bus/tram	none	Don't Know	don't know
7	2/7	church	1.00	car	Don't Know	Don't Know	
9	1/7	ancoats	0.00	bus	free bus ticket	security, cleaning	fix road
11	2/7	ancoats	1.00	car	none	none	
13							
14	5/7	work	1.00	car	none	park	no idea
15	1/7	market	1.00	bus			busline from Manchester to Wigan
22	7/7	work church	1.00	bus	we don't have a lot of buses	cleaning, lights in park	cleaning
25		ancoats	1.00	car	none	more buses, more shops	Don't Know
26		picc	1.00	bus	none	stop gangsta in my area	we need subway/metro tube, more jobs
17	1/12	picc	1.00	tram	none	African church	if every body were praying
18	2/7	church, ancoats, gorton	1.00	tram, car, bus	my own car	we need a park	clean the public transport and area

Participant Number	4. Areas of Manchester					7. What would improve local area?	8. What would you like to see to improve Manchester?
	a. Frequency	b. Area visited	c. Ease & mode of travel		d. What will make it easier?		
			Easy Yes/ No	How			
21	not often	picc	1.00	tram	none	Don't Know	every dy they do work to make it beautiful, I have nothing to propose
28	3 /7	church, ancoats, gorton	1.00	car		we need a park near the house	club for teenagers. More after school clubs yes community
1	4/7	City centre, Ancoats	1.00	car		cleaning & more police	London underground
3	1/7	City centre, Church	1.00	car		new house with lots of space	more jobs, less racism
5	2/7	City Centre, Brunswick, Shops	1.00	bus		More buses	House with more spaces
8	7/7	work everywhere	1.00	car		create atmosphere where people can get together and socialise	people getting together, sharing life experience
10	2/7	church in ancoats	1.00	car, tram, bus		need a park	clean the city
12	5/7	picc - ancoats	1.00	bus tram		maintain roads	cctv, police
16	1/7	picc	1.00	bus		bigger houses	Don't Know
23	0					need supermarket	need underground, more jobs

Participant Number	4. Areas of Manchester					7. What would improve local area?	8. What would you like to see to improve Manchester?
	a. Frequency	b. Area visited	c. Ease & mode of travel		d. What will make it easier?		
			Easy Yes/ No	How			
24	1	clayton, picc	1.00	car	none	park for kids	Don't Know
27	3/7	church in ancoats	1.00	car		parks	more placement
19	7/7	clayton, ancoats	1.00	car or bus			electronic bus timetables
20	7/7	everywhere	1.00	car		more police to control the place	more police on the road, better health service
29	every week	town, clayton, ancoats, gorton, mossisde, picc, salford,	1.00	car		keep the youth or teenagers busy with meaningful tasks promoting good behavior	more police in town for safety reasons
30	every week	town, clayton, openshaw, beswick gorton, salford	1.00	car		having surgeons and dentists in this area	more police for safety

