

# Ambition For Ageing Project Report December 2019



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## **Acknowledgements**

Over the last six months the Halal Incorp team have delivered a contract around ageing working with a targeted community. Halal Incorp worked with Muslim men aged 50 and above in central Rochdale, Greater Manchester.

The project was delivered successfully to a high standard. Community research was undertaken and community members were engaged through three different data collection methods. The data obtained was analysed and recommendations were made which feature in this report.

We would like to take this opportunity to acknowledge and thank key entities and individuals who have funded, supported and allowed this project to come to fruition. We would like to thank GMCVO for managing this programme. We would also like to thank the National Lottery Community Fund for providing the resources and funds for this programme.

We are grateful to Ellie Nixon for her support throughout the delivery of this project. We would also like to thank Roger, Sarah and Charlotte who supported us through the development phase. Most of all our gratitude and thanks goes to the research participants particularly for giving their time to answer our questions and speak with us thorough the data collection process.

## **Executive Summary**

Halal Incorp delivered a project which started in mid 2019 during June and ended in December 2019. The project was called Ageing Equally which is a fundamental part of a research programme commissioned by Ambition For Ageing.

The project itself was conceptualised to focus on what makes a good society to grow older in for people who belong to specific minority communities. The project focused on Muslim men aged 50 and above living in central Rochdale in Greater Manchester.

There were a range of data collection methods used in the field research. This community research project used an ethnographic framework and qualitative data collection approaches. Walking interviews were undertaken, focus groups as well as surveys. Research was collected in faith institutions, in people's homes, on the street, outside supermarkets and in places such as laundrettes.

The data collection was undertaken using three core methods. Initially two focus groups were undertaken. This was followed by surveys and walking interviews. Using both qualitative and quantitative methods allowed for a diverse range of data to be collected.

A rich source of data was collected and analysed. The monitoring information we collected showcased a variety of interesting points. 89% of the people surveyed were married, more than 50% of those surveyed were aged between 60 & 79. Pahari was the main first language spoken by participants at 64%.

Over half of those surveyed were from a Kashmiri background and 69% said they didn't have a disability. A number of conclusions and recommendations were drawn from additional analysis featured in this report.

The results obtained from the data gathering stage also allowed us to gain valuable information. One example of this was the low uptake of volunteering amongst Muslim men aged 50 and above. The data collected using surveys showed 87% of respondents were not currently undertaking voluntary work. This type of insight can help create recommendations or support community member's uptake more voluntary work.

## **Introduction**

In contemporary society more people are living longer and growing old within communities. Therefore new policies, procedures, community development and research needs to focus on delivering high quality services for older members of society (Walker, 2018).

This research project is part of Ageing Equally which is 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:

*“Ambition for Ageing is a £10.2 million Greater Manchester (GM) level programme aimed at creating more age-friendly places and empowering people to live fulfilling lives as they age. It is funded by the National Lottery Community Fund’s Ageing Better programme, which aims to reduce social isolation of older people.*

*Much of the work of the programme has been focused on work in 25 neighbourhoods across GM but recently has launched projects delivering work across Greater Manchester tackling thematic issues, such as the development of social eating activities.*

*Led by GMCVO, 46 partner organisations have been working so far to support hundreds of community groups and over 13,000 citizens to actively design and deliver local projects which change the places we live and age in.”*

(Ambition For Ageing 2015-2020)

Ageing equally should be a key policy concern for politicians, institutions and governmental departments. Halal Incorp was successful in submitting a proposal around Muslim men aged 50+ living in central Rochdale. The proposal was submitted towards the end of December 2018.

This community research project focused on Muslim men aged between 50 and above, living in the northern British town of Rochdale.

## **Aim Of The Community Research Project**

To explore Muslim men’s experiences of ageing who are aged 50 and above in central Rochdale.

The aim is underpinned by the following objectives:

### **Objectives**

- To explore the ways in which Muslim men aged 50 and above talk about ageing.
- To examine how older Muslim men feel about their lives through the daily experiences they go through.
- To develop a new understanding of older Muslim men and how their community and surroundings impact their lives.

The main methodology for this community research project proposed three data collection methods. A qualitative framework would be used with ethnographic walking interviews, focus groups alongside quantitative methodology based surveys. The initial proposal submitted was successful, which was then later developed into a more detailed proposition with the support of Do Well Consultancy & GMCVO and the actual project delivery took place in summer 2019 and ended in December 2020.

The project saw two focus groups undertaken, which facilitated an opportunity for older Muslim men to have their voices heard discussing issues which were important to them as they grow older and currently affecting their lives (Casey & Krueger 2009).

Eight walking interviews were undertaken (Holton & Riley, 2014) which were recorded and then later translated and transcribed. This allowed in depth information to be obtained in the form of a transcript.

The third core element of the research was focussed around a quantitative approach. 100 surveys (Nardi, 2016) were undertaken in various places such as mosques, homes, on doorsteps, outside supermarkets and inside laundrettes amongst other places.

This research report structure begins with an introduction to the research project. This is then followed by a section on methodology, findings of the data collection and a discussion. The latter sections focus on conclusions, recommendations and references.

## **Methods**

It is important to consider methodologies (Liamputtong, 2009) which will allow you to research and gather data effectively when undertaking research in a community setting or undertaking research in the field.

Research paradigms are important in helping researchers shape methodologies and research. A research paradigm is an aspect of reference in order to observe the social environment. It consists of aspects, concepts and assumptions (Bailey, 1994). This is also useful in exploring social issues, developing meaning and attempting to explain phenomena (Saunders et al, 2007).

## **Ethnographic Framework**

Ethnography is an important approach when undertaking research because of multiple reasons and is the research framework used in this project. Some of these reasons are, undertaking research in the field whilst observing participants, being able to write detailed notes during the data collection period or after, working with people in their environments and exploring their lives, creating thick descriptions of people, exploring cultures and creating a deeper understanding and meaning of people's lives through direct contact in the field (Campbell, & Lassiter, 2015).

There are a range and number of advantages to using ethnography (Atkinson, 2015) which can justify the use of this approach such as being flexible, the method uses fieldwork as an effective tool for data collection & ethnography delves into social behaviour and meaning in society. In addition to this ethnography is inclusive and holistic, it has ontological and epistemological aspects and ethnography uses both qualitative and quantitative methods (Fetterman, 2010).

Ethnography was useful for this research, as an approach as it allowed retrieval of in-depth information and traversing through the contextual environment of the research locality (Silva et al, 2015).

This is important because it allowed data to be retrieved which had meaning and allowed better understanding of the participants which were involved in the data gathering sessions.

Also having greater awareness and developing cultural understanding is a benefit of ethnography (Padgett, 2012).

## **Walking Interviews**

Undertaking walking interviews with older Muslim men allowed data gathering that was meaningful and allowed culture and life experiences to be explored (Soyini Madison, 2012).

In this research it was important because walking interviews were conducted with Muslim men aged 50 and above. This was imperative in order to see their world view and explore localised context through their eyes. Linking back to ethnography:

*“If ethnography is your fieldwork approach you typically try to interact closely with your research participants, perhaps by living in their environment to gain an insider perspective” (Hennink et al, 2011)*

Eight walking interviews were undertaken with eight different individuals (Edwards & Holland, 2013). The researcher walked around the community where the research was undertaken alongside the research participants.

During the time the walking interviews were being undertaken the researcher asked participants a number of open ended questions. The walking interviews lasted as long as the participants were happy speaking with and came to a natural end. The conversations with participants were recorded via a mobile phone using an app.

This is important as the recorded audio files were then transferred to a computer. The digital audio files were placed into a password protected folder.

Participants were met at pre arranged locations of their choosing where the walking interviews began (Ellingson, 2017). The researcher did not dictate walking routes rather the participants were allowed to choose the relevant route to walk. The walking interviews were scheduled based upon the availability of the participants.

Through the walking interviews undertaken there was a large amount of data collected which had to be translated and then transcribed. The transcription process (Seidman, 2006) was long and tedious and required a large amount of time to sift through the data in order to search for relevant or important points made by participants which were analysed later in the process.



## **Focus Groups**



Focus groups are methods of research which are qualitative in nature. This type of research method was useful for this projects data gathering and to better understand older Muslim (Hussain, 2015) men in this research locality. This socially orientated research method allowed for the capture of real life data in a social context.

Incorporating focus groups allowed flexibility and the ability to undertake data gathering in different environments. Two focus groups were undertaken with 11 participants in each group on two different days and times. This method was beneficial as it allowed for open ended questions to be asked and discussions stimulated amongst participants.

Views and opinions were shared in relation to ageing equally, issues, concerns as well as lived life experiences and stories. The focus groups were facilitated by the researchers to allow for participants to have their voices heard.

## Surveys



In this research project the third data gathering method used was surveys. This is a quantitative methodology which allows for the collection of numerical data and statistics.

Using surveys helped reach a high number of individuals in the locality. Questions were designed to be both open and closed. This type of survey allows for good quality data to be collected.

There were 100 surveys undertaken across a variety of locations. Surveys were undertaken in mosques, homes, on doorsteps, in the street, outside supermarkets, inside businesses amongst other places. A number of different types of questions were asked to participants and monitoring information was also recorded.

## Community Celebration Event



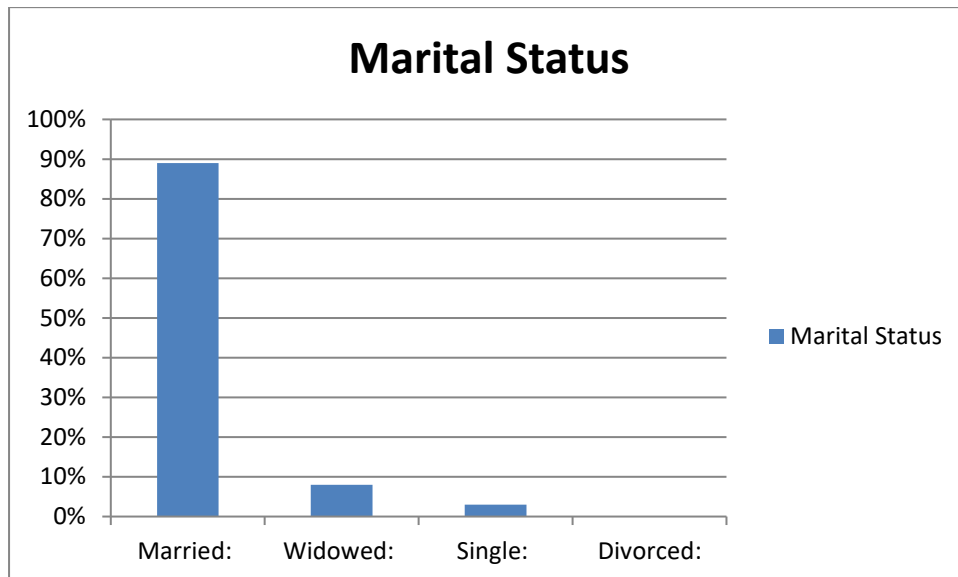
A community celebration event took place to celebrate the work that was undertaken with this Ageing Equally project. Around 65 people attended the event including the local MP, older members of the community and other guests.

The event explained the project to the audience and also included a photography image exhibition and refreshments. Halal Incorp Director, Majid Hussain started proceedings and opened the event. He explained what the project entailed and the background of Ambition For Ageing. Guest speakers talked about the importance of engaging and supporting older members of society.

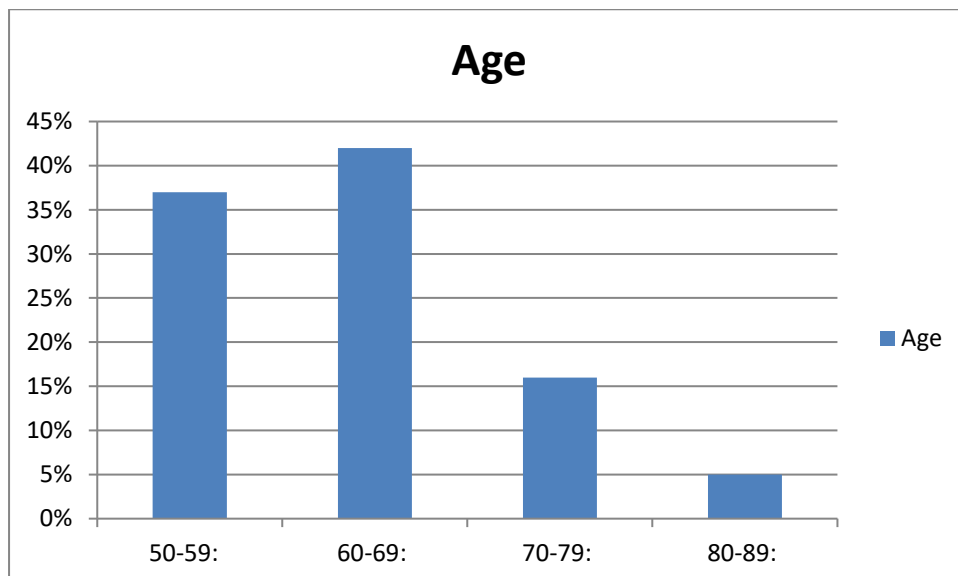
Some of the participants who took part in the project were in attendance and were pleased to hear about the process and more information about the findings.

## **Findings**

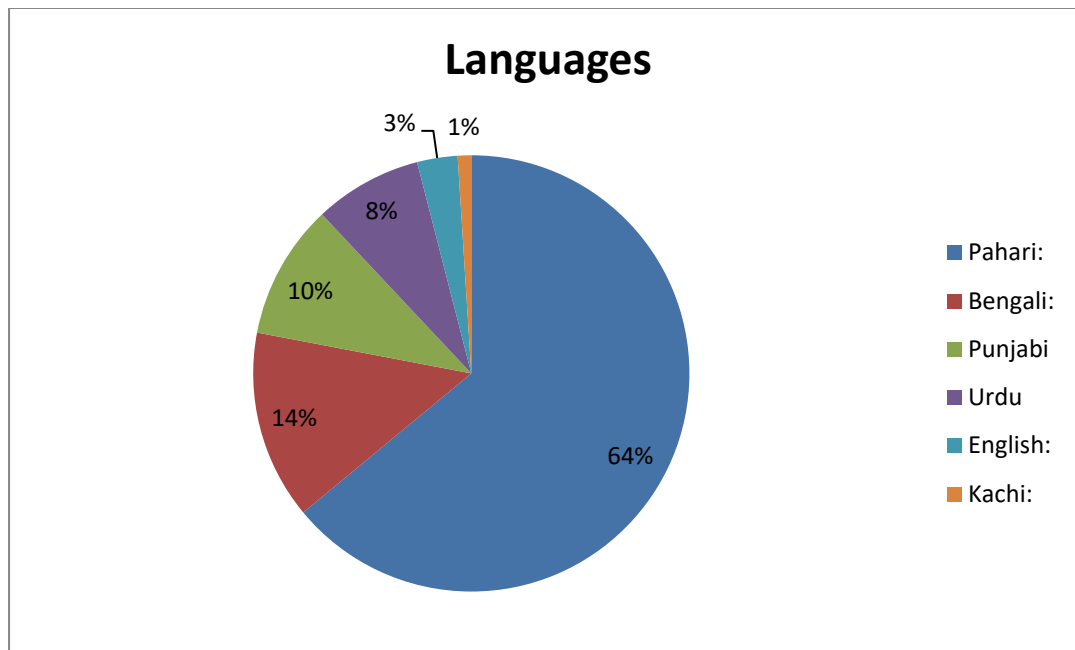
### 1: Marital Status of Participants According To Survey Monitoring Data



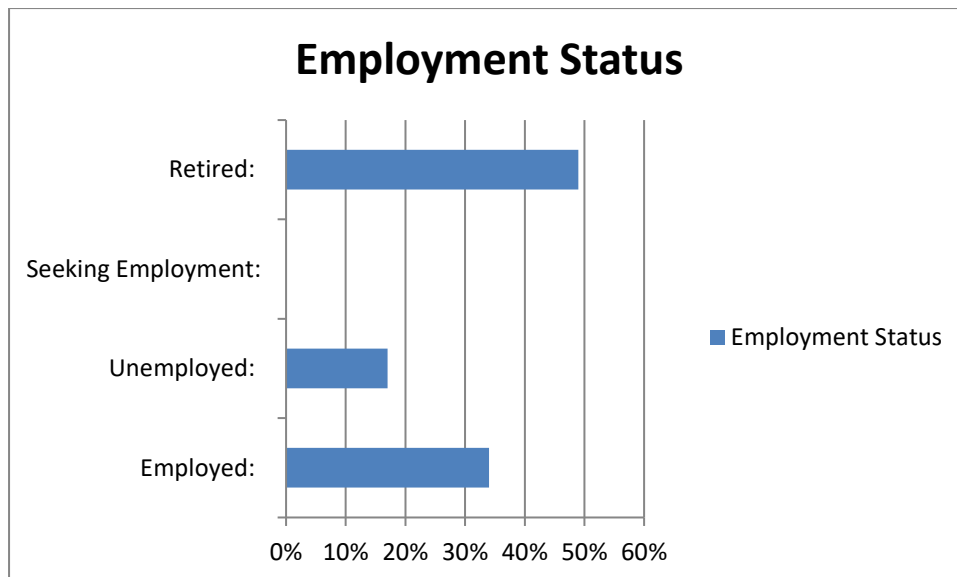
### 2: Age of Participants According To Survey Monitoring Data



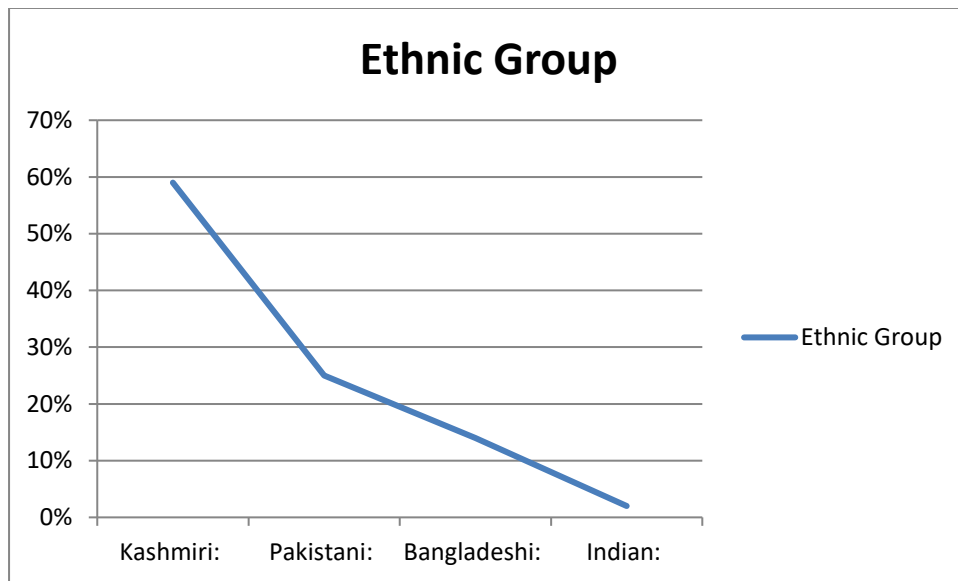
### 3: First Language of Participants According To Survey Monitoring Data



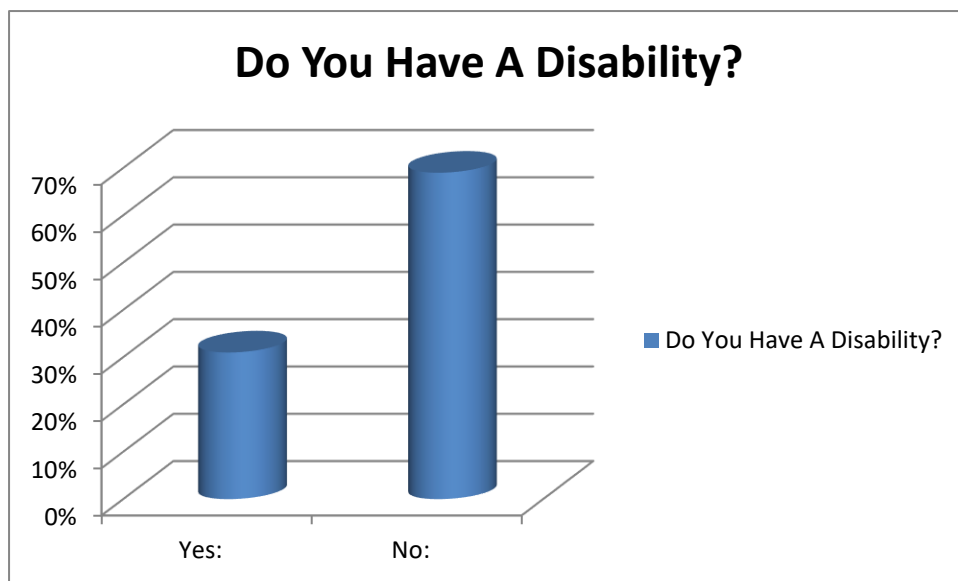
### 4: Employment Status Of Participants According To Survey Monitoring Data



## 5: Ethnic Group Of Participants According To Survey Monitoring Data

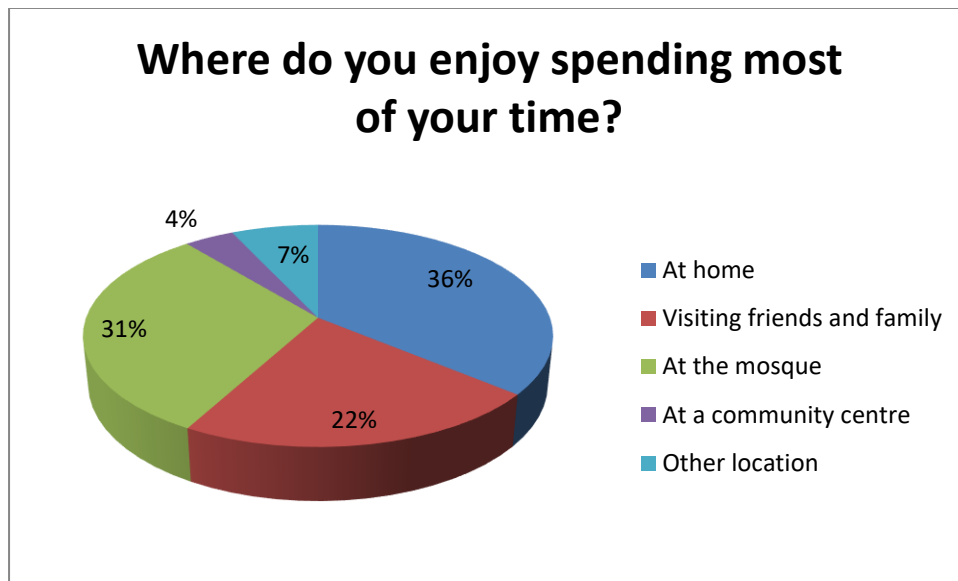


## 6: Do You Have A Disability?

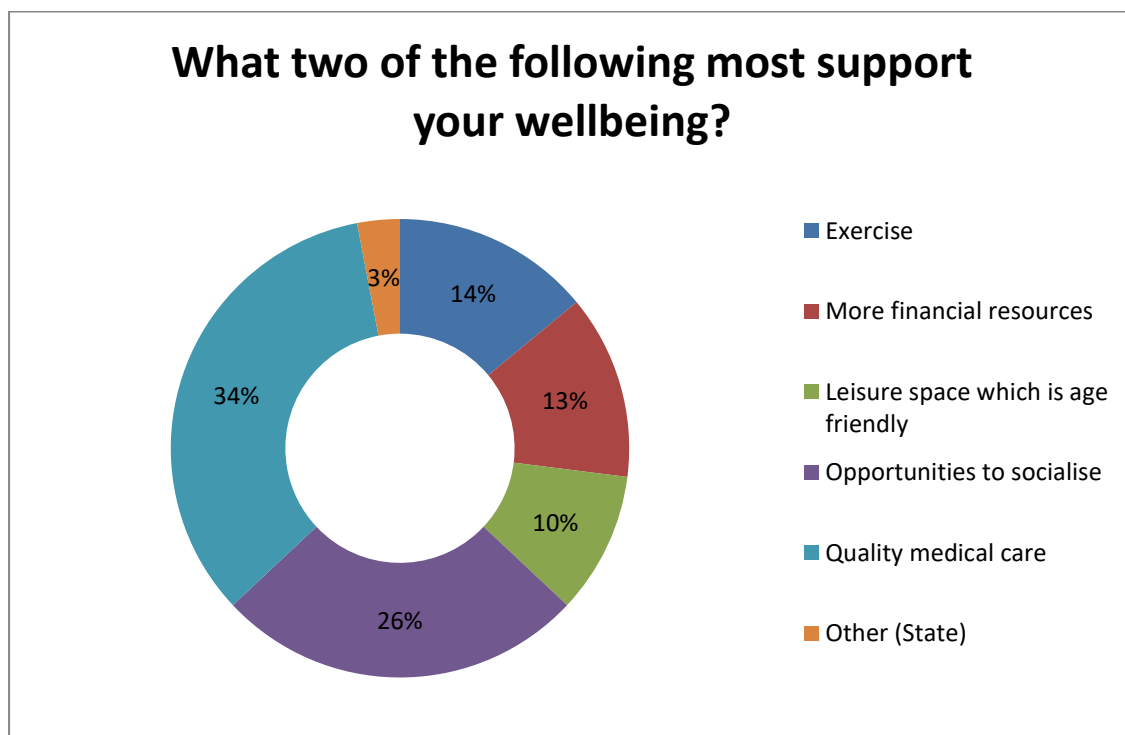


Yes:	31%
No:	69%

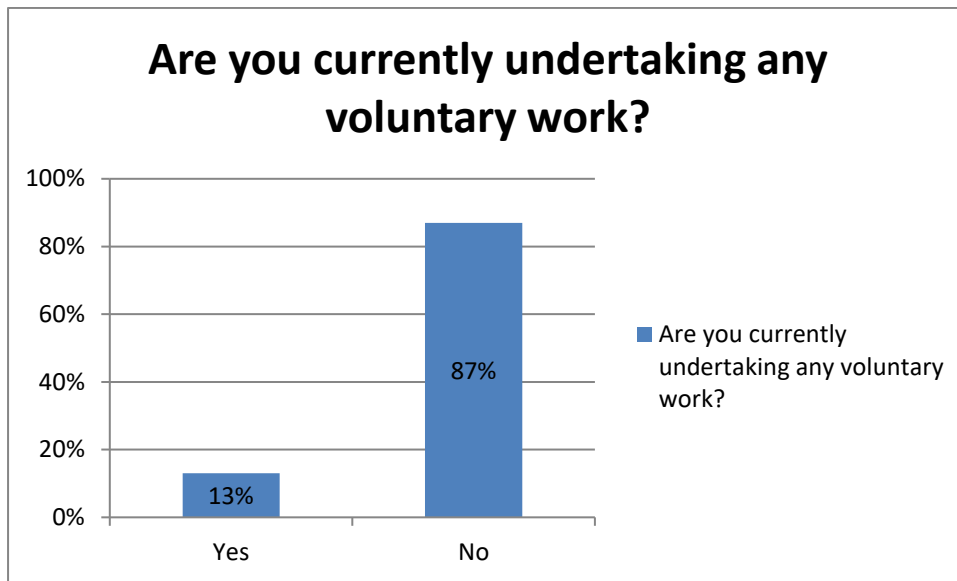
7: Where do you enjoy spending most of your time?



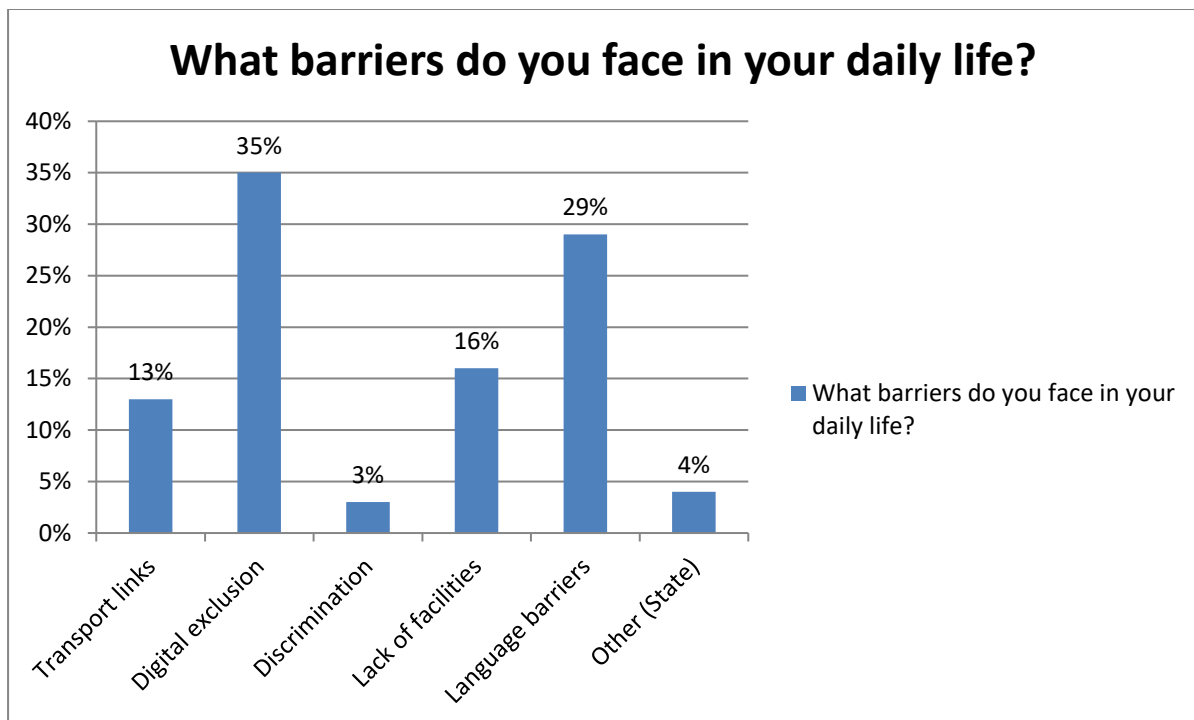
8: What two of the following most support your wellbeing?



9: Are you currently undertaking any voluntary work?

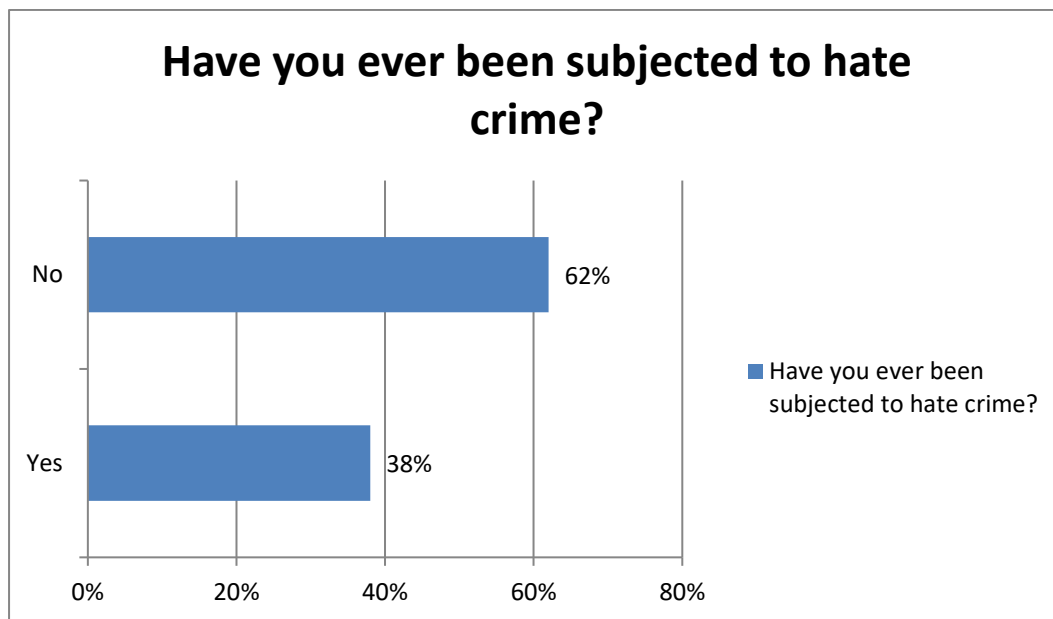


10: What barriers do you face in your daily life?

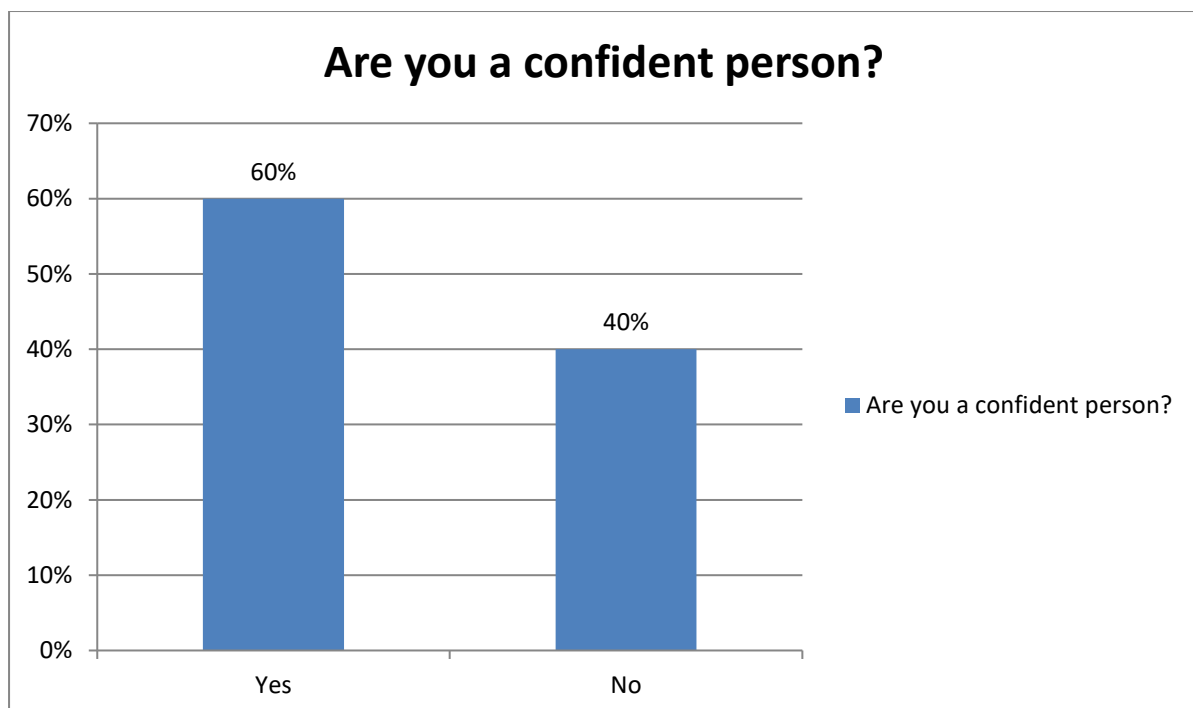




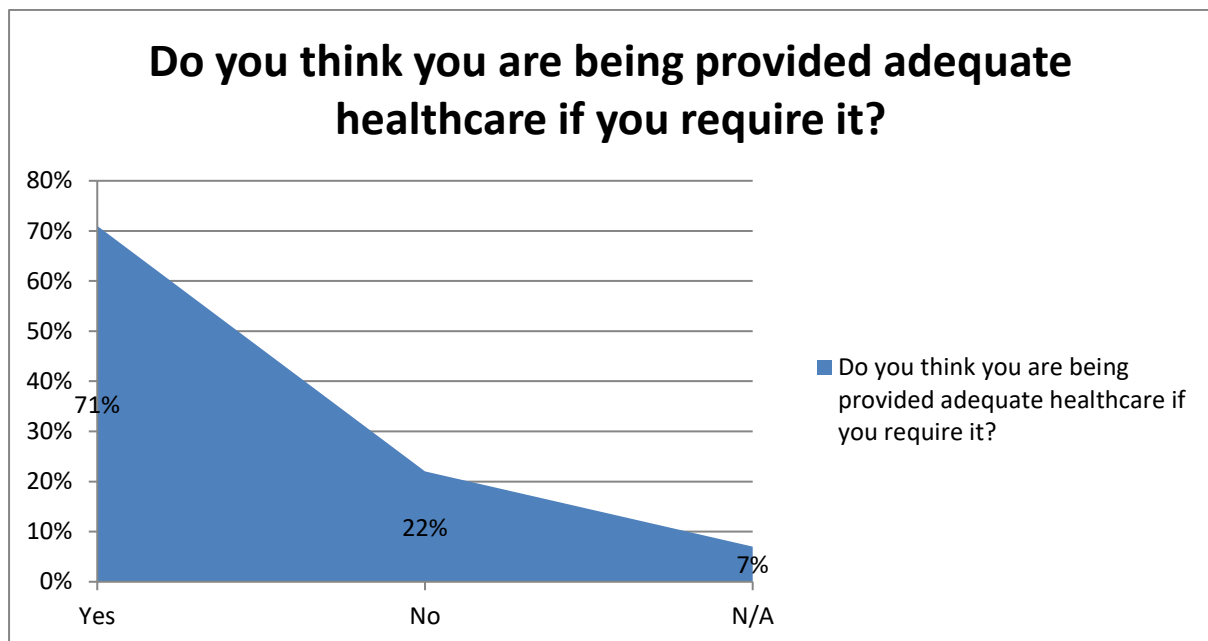
11: Have you ever been subjected to hate crime?



12: Are you a confident person?



13: Do you think you are being provided adequate healthcare if you require it?

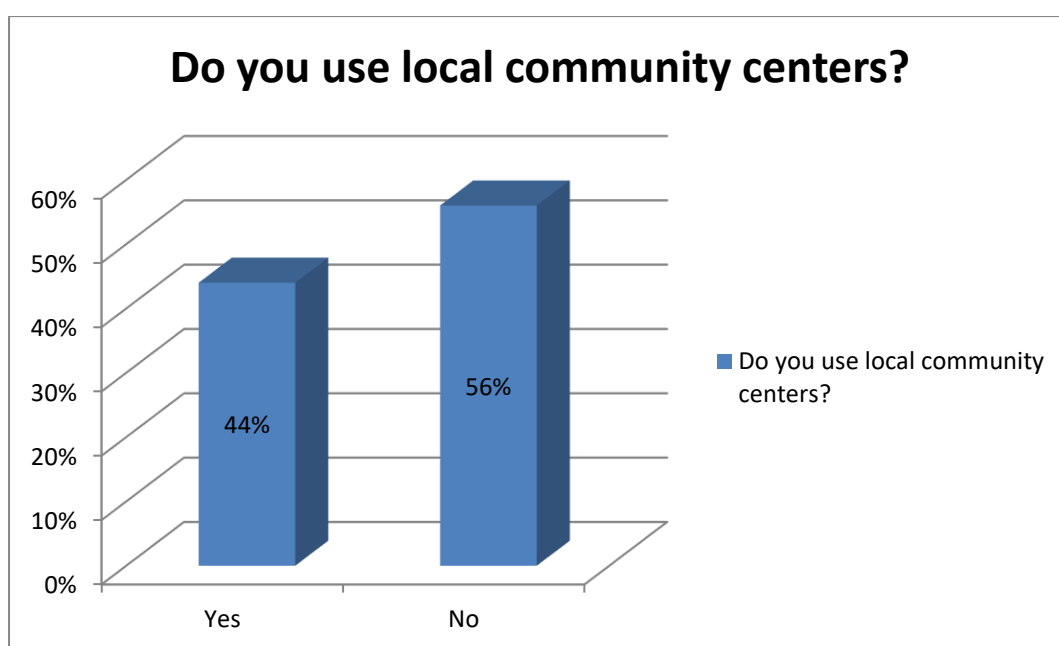


14: Do you feel part of your local area and is it somewhere you belong?

a) Yes: **99%**

b) No: **1%**

15: Do you use local community centers?



## **Discussion**

Over the last six months Halal Incorp has been delivering and executing a community research project focusing on a range of elements. Qualitative and quantitative research methodologies were used to gather data in the field.

Three different methods were utilised which were walking interviews, surveys and focus groups. The data collected provided a variety of rich and important information.

The target group researched was older Muslim men who were aged 50+. The monitoring information collected showcased a variety of interesting points. 89% of the people surveyed were married, more than 50% of those surveyed were aged between 60 & 79. Pahari was the main first language spoken by participants at 64%. Over half of those surveyed were from a Kashmiri background and 69% said they didn't have a disability.

## **Sense Of Belonging**

From the information mentioned above it is clear that there is a large Kashmiri population living in this locality. The 'psychological sense of community' is extremely important as Sarason discussed in the 1970's (Omoto, 2012). In the survey conducted 99% of participants felt they belonged to their local area contrary to Far Right rhetoric. The walking interview transcript also showed participants speaking about the country they live in and their attachment to it:

*"..I pray for all of England regardless of the faith of other people. This is our country, this country deals with us well." (P6: L1567/1569)*

*"Amongst all the countries in the world England is the best" (P8: L1926)*

The Kashmiri community in particular has had a strong sense of community which was imported from the Indian-sub-continent and brought to the UK particularly in the 1950's and 1960's. Large Kashmiri populations settled in cities and towns like Birmingham, Bradford, Dewsbury, Sheffield, Rochdale & Oldham amongst other areas (Akhtar, 2013).

The Kashmiri community has often been categorised as Asians or Pakistani. However people from Kashmiri communities have a different mother tongue compared to Pakistani community members. This means within certain perceived cultures there are greater differences than just what can be seen on a surface level (Dudgeon et al., 2002). Kashmiri people are actually a group of people who originate from northern parts of Pakistan & India and this is a geographical definition of Kashmiri.

Many Kashmiri men have a long history of living in the central part of Rochdale for decades working locally in mills and the textile trade to later in life taxi's, entrepreneurship and food industries for example.

Nearly all the participants had been living in the central part of town for over 11 years and therefore had a long term connection to the locality. Just under 50% of the surveyed participants were pensioners.

During the survey process participants were asked where they like to spend most of their time. The two popular answers were home, 36% and the mosque 31% followed by visiting family and friends at 22%. The home and the mosque play a central role in the lives of our participants as well as communal relations with friends and family. This links back to the sense of belonging which occurs in a community. One participant during a walking interview commented about the mosque and said:

*“Peaceful, prayer helps you relax and comforts you” (P4: L1003)*

## **Migration**

Migration is a recurring theme that the participants expressed through the different data gathering methods. Analysing this data can help us better understand the participants. The vast majority of the older Muslim men aged 50 and over who took part in this research were born outside the UK and migrated throughout the 1950's/1980's. One participant mentioned:

*“I can speak English a little bit but not so good, for English I have to book an interpreter. My English is not proper but I can speak a little. This is because I didn't go school here, I went school for a short while in Pakistan then I came here when I was 15.” (P1: L92/94)*

The above quote tells a story of men who migrated (Saunders, 2012) from mainly the Indian Sub Continent and came to England many of whom didn't go to school or enrol for state education. This has impacted the level of English they have been able to use in daily life and communicate limiting them in some ways as language is crucial to help one prosper and flourish in society. The participant went on to say:

*"I became ill in 1979 in December after that I didn't work maybe only for one week. I then went to Pakistan and stayed there for three years. Then I came back and worked for one week and got ill again. Then after four months I went back to Pakistan". (P1: L106/108)*

There was a regular pattern with many of the men who were involved in the research. Many of them returned to their home countries and still had families there. This is then reflected in their psyche in contemporary times as they still reminisce about their villages and family lives as well as politics in their countries of birth which often shapes their worldview and the media they engage with i.e. watch regular news in Urdu. Another participant said:

*"I was very happy to go to my country, where I grew up to see my family. At that time I stayed in Pakistan for nearly two years actually one year and eleven months." (P6: L1473/1474)*

As the quote showcases many men migrated to the UK and then went back to their countries of birth sometimes for long periods. Post World War II there was a large labour shortage in the UK and many people from the Commonwealth were invited to take up work in factories, mills and steelworks across the country (Nielsen & Otterbeck, 2016). Many of these men who came in the 1950's for example were also people who had fought in the British Indian army in places such as Burma and North Africa.

## **Housing**

Issues around housing have affected many of the participants as mentioned in the focus groups and walking interviews. Housing in the locality was mainly made up of rows of terraced housing.

These houses were quite small with limited space. In the early 1950's/1960's many single men lived in houses together. This was either because they were not married or their families were in their home countries. This changed as people became more settled and started bringing their families to the UK at later stages.

One participant commented:

*“I use to go back in those days there were no baths in anybody’s house. We use to go on a Saturday to the swimming baths and have a shower. Then after that they put bathes on and the system changed.” (P7: L1785/1787)*

Many of the houses were built during Victorian times (Hoque, 2019) or just after and did not have basic amenities such as toilets or baths indoors. Many houses had toilets outside in the gardens. Many individuals went to the local swimming baths once a week to wash themselves. This changed later when baths and showers were introduced into people homes.

Overcrowding was a problem for many households as well. Another participant discussed his housing situation and said:

*“In one room four kids and me and my wife and my nephew and my dad were in the other room it was a difficult time. Then after that I got a house here on this street then things became easier as it was a larger house, four bedrooms.” (P1: L140/142)*

Many Muslim families lived in housing where they had their immediate family and also extended family members living side by side. This made living difficult as the spaces were small and the numbers of people were high.

Overcrowding in homes also affects health and can be problematic causing issues between family members.

Another problem faced by families living in this part of the UK is the damp climate. The North West region is very wet as it rains often and causes damp issues in homes:

*“...not much, when you come new there is damp you get course done then that is fixed.” (P4: L1054)*

Damp can cause asthma and is not conducive to good health. Damp course can help reduce the issue but the climate still impacts and damages houses over time.

### **Faith Institutions & Wellbeing**

Throughout the data gathering process participants mentioned the importance of prayer and the location where this mainly takes place. The mosque was inextricably linked to a place of worship and relaxation:

*“Prayer is a positive thing, if you don’t pray what benefit will you get.” (P2: L437)*

*“The feeling is so euphoric, God bless God fixes things.” (P2: L439)*

*“It makes me feel very good.” (P5: L1278)*

*“I pray at a local mosque” (P4: L1004)*

Many of the participants showcased through the quotes above how praying and being in the mosque makes them feel emotionally, psychologically and also physically better. Pray for these men plays a role in having better health and supports wellbeing.

Wellbeing is orientated towards health, happiness and prosperity. Wellbeing may revolve around positive levels of mental health, higher levels of satisfaction, a sense of meaning and the ability to better deal with issues such as stress.

Five Aspects Of Wellbeing: (Robeyns, 2017)

- Emotional Well-Being: The capability to undertake stress-management approaches, be resilient and set up the emotions that pave the avenue towards positive feelings.
- Physical Well-Being: The capacity to advance the operating of your body through healthy food consumption and favourable exercise techniques.
- Social Well-Being: The competence to communicate, establish important relationships with others and cultivate a strong support network that helps you overcome isolation.
- Workplace Well-Being: The ability to pursue your interests, values and purpose with the lens to gain understanding, happiness and enhance professional practice.
- Societal Well-Being: The medium to actively take part in a prosperous community, culture and environment.

The mosque & its architecture (Saleem, 2018) in itself is a building which plays a central holding role for the community. It acts as a place for prayer to be undertaken. The Islamic faith stipulates that Muslims should pray five times a day. Many of these older Muslim men will walk or drive to the mosque in the early hours of the morning for the first pray of the day and revisit the mosque several times until the last prayer of the day which takes place an hour after sunset.

In addition to this the mosque also plays a greater role in society and the local community. The mosque is used as a place for communal gatherings. Sometimes deaths happen in the community and funerals and wakes are held in the mosque. Community members locally and from out of town come to pay their respects and give their condolences.

Another key function of the mosque is to host wedding ceremonies where Muslim couples say their vows in a ceremony called the 'Nikkah'. Other events, conferences and madrassa classes are held for children to learn Arabic and how to read the Quran at the mosque as well.

One participant said:

*"Yes I go to the mosque, now I have had an operation and can't go for some days then after that I will go again." (P8: L1904/1905)*

From the walking interviews undertaken other participants commented

*"I meet with my friend we go for a walk then I go mosque and meet people there, this makes me happy." (P3: L661/662)*

*"In the mosque you can't really have general chats, when we go outside we greet each other and ask how you are. The mosque is not a place for idle chatter." (P4: L1012/1013)*

These quotes reinforce the mosque as a medium for social prosperity and a hub for meeting others. Although many people out of respect for the place of worship keep general conversations to a minimum they can still see and meet friends. Then after prayers they can speak with friends and families once they have left the mosque catching up on stories and general chat.

## **Health Care**

When asked what makes a good place to grow older and live in the most popular responses were family and access to good health care. Family plays a central role within Asian cultures and Muslim communities. As well as this 31% of respondents said they had some sort of disability or health issue. Therefore good health care services are imperative in helping deal with health problems older members of society may be facing.



Participants during walking interviews discussed some of their health issues and problems they have had with the health care system:

*“I have a lot of problems, great problems, I am in difficulty, one is I have a catheter bag on which is troublesome and second I have mental illness and third my feet, the soles of them hurt a lot, legs hurt a lot.” (P1: L8/10)*

*.. it's been 30, 35 years since I have been going to the hospital, in so much pain, going to hospital I have a lot more pain now, they don't look after you properly they don't give you proper medicine. Whichever department you go to they don't know what to do, the staff are new they don't know. The nurses that come they aren't properly trained and they don't have the equipment, therefore it causes a lot of problems. That nurse didn't have anything with her, nothing.” (P1: L74/79)*

*“I have diabetes, blood pressure that's why the doctor says you should walk because it's good for your health.” (P5: L1260/1261)*

Some participants also talked about services in the area which have been cut and removed such as the main infirmary for example:

*“The hospitals, infirmaries have moved to Bury, Oldham. Before their use to be.... an infirmary. Now from here we have to travel to Bury, Manchester so for us it's become harder.” (P3: L794/796)*

As these people age there is a higher possibility of developing illnesses. Loneliness, dementia (Taylor, 2016) and other health problems are on the rise generally in the UK. The extended family units help combat loneliness as well as faith institutions such as mosques which often host events and daily prayer sessions where older men can go and meet as well as socialise almost in a therapeutical form (Beck, 2016).

This was also reflected in the following question which asked about wellbeing where the most popular response was quality healthcare. Also some of the participants during walking interviews commented on the benefits of walking (Humberstone & Konstantaki, 2016) outdoors in relation to wellbeing:

*“When you walk it's good you can feel the wind its good and for mental health.” (P7: L1781)*

Only 13% of participants in the survey said they are currently undertaking voluntary work. The two most common barriers faced by participants were digital exclusion and language barriers. There were comments throughout the research expressing the desire to learn more about the digital sphere of life, including during walking interviews:

*“I do have a desire to learn about computers. I work we have to scan things that job will become a lot easier if I learn more about computers.” (P4: L984/985)*

Language plays an important role in society one walking interview participant said:

*“I can speak English a little bit but not so good...” (P1: L93)*

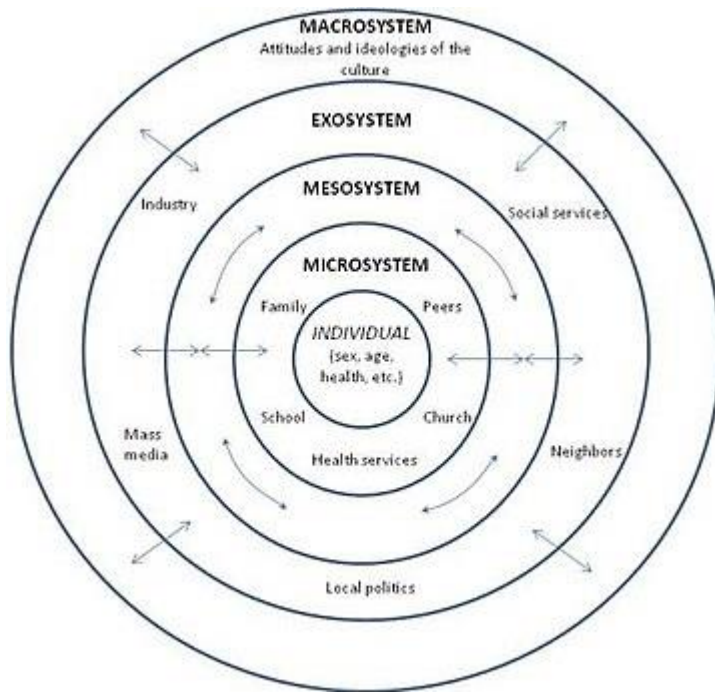
When asked about experiencing hate crime 38% of the population sample said they had faced this at least once, with a participant stating:

*“Sometimes when you’re walking down people swear at you in their cars but I try and ignore them. It is not nice especially as I haven’t done anything to anyone.” (P6: L1601/1602)*

In regards to confidence levels 40% said they had lower confidence and 22% felt they weren’t being provided adequate healthcare. More than half of all survey respondents at 56% said they didn’t use their local community centre.



**Wordcloud: Key Learning & Topics Discussed From Focus Groups**



Bronfenbrenner (1979)

## **Systems Perspective**

Psychologists such as Bronfenbrenner (1979) went on to form models for systems perspectives. This ecological metaphor is important as it can help us understand the issues older Muslim men may be facing. The model he developed starts off with the individual in the centre and Micro-systems.

The types of aspects associated with Micro-systems are family life, religious influence, interaction with peers etc. In the research undertaken in Central Rochdale participants were also affected by various elements in the Micro-system. Family life and faith were cornerstones in the responses of participants.

The mosque was a focal meeting point and location to socialise amongst older Muslim men. Attending the mosque to pray also allowed opportunities for older Muslim men to meet friends and spiritually enhance their lives which is a positive component for wellbeing and wellness.

The Meso-systems may include the workplace, school, health agencies such as the NHS and community groups. Many individuals are part of organisations which may take shape in the

form of corporations, businesses & religious committees etc. Each one of these organisations may well affect the well being of individuals on a colossal scale (Warr, 1987).

In contrast to the previous two systems, the outer layer is described as Macro-systems which may include social class, social norms, government policies, culture, society and economics (Jarett, 2000).

The research process is linked to the main research question and aim in a variety of ways. The main aim was to explore Muslim men's experiences of ageing who are aged 50 and above in central Rochdale. The research methods were able to provide data that was useful in analysing and better understanding what older Muslim men are experiencing as they grow older in contemporary British society.

## **Conclusion**

Concluding this research process a number of elements can be discussed and explored. The main framework used was ethnographic research in the data gathering process. Ethnographic research usually revolves around contemplating the culture of a place and people. As well as this ethnography can be highlighted as descriptive analysis. Ethnographical research has been conducted in a wide variety of areas.

The approach of this community research project utilised an ethnographic framework using qualitative methods such as focus groups and walking interviews. In addition to this another data gathering method that was used was quantitative surveys.

The analysis of the data collected shows a variety of aspects. It is clear that the mosque and health care are important issues for older Muslim men living in this community. A vast majority of the men were married. This helps potentially stabilise home life and reduce loneliness as having a partner can counteract these elements. Most of these individuals were retired but there was also many still working.

The majority of participants were from Pakistani, Kashmiri and Bangladeshi backgrounds. Nearly one third of participants stated they were disabled. Two of the most important issues for older Muslim men were health and their faith. Many participants were keen to express their pleasure in their faith. Through prayer wellbeing levels were being raised. The vast

majority of respondents did not partake in any voluntary work and over one third had faced hate crime. Two of the most prominent barriers were digital exclusion and language barriers.

Revisiting the aims and objectives:

Aim: To explore Muslim men's experiences of ageing who are aged 50 and above in central Rochdale.

The aim is underpinned by the following objectives:

### **Objectives**

- To explore the ways in which Muslim men aged 50 and above talk about ageing.
- To examine how older Muslim men feel about their lives through the daily experiences they go through.
- To develop a new understanding of older Muslim men and how their community and surroundings impact their lives.

The aim of the project was to explore older Muslim men's experiences related to ageing. This project has used effective ethnographic frameworks to collect relevant data which is relevant and useful to decipher experiences of Muslim men as they age. The research process itself has allowed exploration of ageing and an opportunity to explore in depth how older Muslim men feel living in the northern British town of Rochdale.

One of the objectives were related to listening to the ways older Muslim men discuss ageing. This was achieved through listening to peoples voices whilst undertaking focus groups and walking interviews in particular. Another objective was to find out about the daily lives of participants which were explored through walking interviews. Another objective was to develop a new understanding of older Muslim men and how communities and surroundings affect their lives.

This was met because whilst collecting data information was collated about how Muslim men live their lives i.e. what they do during the day, where they spend most of their time, what affects their wellbeing and health etc.

Summarising and in conclusion the main aim of this project was to explore ageing and how it affects older Muslim men aged 50+. The research and findings have created an avenue to

better understand what older Muslim men experience, struggle with and what is beneficial to them and their lives.

## **Recommendations**

This community research project has disclosed a variety of important areas of note. There is low uptake for volunteering amongst older Muslim men. Therefore third sector organisations could create more volunteering opportunities to allow these men to spend their time effectively and develop their skills. In addition to this more research could be undertaken to explore the barriers to why these men are not volunteering as much or what the issues around this might be. Memories played an important element in the responses from participants. One recommendation to bring these memories to the forefront and create a means to capture them for future generations could be around an arts based exhibition for e.g. photos, stories, videos, art & showing artefacts as a way of connecting the wider community into their world.

The data showed barriers such as digital exclusion and language. More workshops and training sessions could be provided to tackle these aspects. In relation to health, language and translation services could be improved and further research could be undertaken to help reduce health inequalities by private/third sector organisations, governmental institutions and charities. As some of the men expressed walking as something they enjoyed, having a walking group, allowing them to 'walk and talk' could be a useful tool to help improve health.

## **Self Reflection**

Throughout this process I was able to learn in more depth about ethnographic methods and improve my practice in the field. When meeting elderly Muslim men I had a chance to get a deeper understanding into their lives and how things had changed for them over the last several decades.

I was better able to grasp the issues that older men faced in this community and the insight gained allowed me to write this report so potential future work can take place to create some solutions for challenges these men face to help give them a better quality of life.

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## **Appendix**

### **Ambition For Ageing Statistics Final Report**

#### **Monitoring Data**

##### **Marital Status:**

Married:	<b>89%</b>
Widowed:	<b>8%</b>
Single:	<b>3%</b>
Divorced:	

##### **Age**

50-59:	<b>37%</b>
60-69:	<b>42%</b>
70-79:	<b>16%</b>
80-89:	<b>5%</b>

##### **First Language**

Pahari:	<b>64%</b>
Punjabi:	<b>10%</b>
Urdu:	<b>8%</b>
Bengali:	<b>14%</b>
English:	<b>3%</b>

Kachi: 1%

### **Employment Status:**

Employed: 34%

Unemployed: 17%

Seeking Employment:

Retired: 49%

### **Ethnic Group**

Kashmiri: 59%

Pakistani: 25%

Bangladeshi: 14%

Indian: 2%

### **Disability**

Yes: 31%

No: 69%

### **Questions**

**Q1: How long have you lived in this area?**

a. Less than a year:

b. 1-10 years: 2%

c. 11 years +: 98%

**2. What is your financial status?**

- |  |            |
|--|------------|
| a. I use my pension for daily expenses:          | <b>49%</b> |
| b. I work to provide for my upkeep:              | <b>34%</b> |
| c. I am on benefits:                             | <b>17%</b> |
| d. I use money from my savings for living costs: |            |
| e. My family/spouse/friend provide for me:       |            |

**3. Are you able to read and write in English?**

- |         |            |
|---------|------------|
| a. Yes: | <b>46%</b> |
| b. No:  | <b>54%</b> |

**4. Where do you enjoy spending most of your time? Choose your two most preferred.**

- |  |            |
|--|------------|
| a. At home:  | <b>36%</b> |
| b. Visiting friends and family:                      | <b>22%</b> |
| c. At the mosque: why is religion important for you: | <b>31%</b> |
| d. At a community centre:                            | <b>4%</b>  |
| e. Other location:                                   | <b>7%</b>  |

**5. What makes a good place to grow older and live in - choose your top 2 from the list:**

- |                                    |            |
|------------------------------------|------------|
| a. Surrounded by family:           | <b>36%</b> |
| b. Access quality health and care: | <b>20%</b> |
| c. Environment:                    | <b>9%</b>  |
| d. Space:                          | <b>3%</b>  |
| e. Sense of community & belonging: | <b>21%</b> |
| f. Have enough money to live well: | <b>10%</b> |
| g. Feel safe and secure at home:   | <b>1%</b>  |
| h. Other (State):                  |            |

**6. What two of the following most support your wellbeing?**

- |              |            |
|--------------|------------|
| a. Exercise: | <b>14%</b> |
|--------------|------------|

b. More financial resources:	<b>13%</b>
c. Leisure space which is age friendly:	<b>10%</b>
d. Opportunities to socialise:	<b>26%</b>
e. Quality medical care:	<b>34%</b>
f. Other (State):	<b>3%</b>

**7. Are you currently undertaking any voluntary work?**

a) Yes:	<b>13%</b>
b) No:	<b>87%</b>

**8. What barriers do you face in your daily life? Choose 2 that most apply**

a. Transport links:	<b>13%</b>
b. Digital exclusion:	<b>35%</b>
c. Discrimination:	<b>3%</b>
d. Lack of facilities:	<b>16%</b>
e. Language barriers:	<b>29%</b>
f. Other (State):	<b>4%</b>

**9. Have you ever been subjected to hate crime?**

a) Yes:	<b>38%</b>
b) No:	<b>62%</b>

**10. Are you a confident person?**

A: Yes:	<b>60%</b>
B: No:	<b>40%</b>

**11. Do you think you are being provided adequate healthcare if you require it?**

a. Yes:	<b>71%</b>
b. No:	<b>22%</b>
c. N/A:	<b>7%</b>

**12. Do you feel part of your local area and is it somewhere you belong?**

c) Yes:	<b>99%</b>
d) No:	<b>1%</b>

**13. Do you use local community centers?**

a) Yes:	<b>44%</b>
b) No:	<b>56%</b>

## **Glossary**

Ethnography: is an account of social and cultural life in a particular social environment.

Epistemological: is related to the theory of knowledge and understanding.

GMCVO: Greater Manchester Centre For Voluntary Organisation

Interpretative: making sense of the environment through subjective experiences of people.

Ontological: the study of the nature of reality and exploration of entities in the universe.

Pahari: a language dialect spoken in Azad Kashmir, Pakistan.

Positivist: approach adheres to knowledge obtained via observations and natural phenomena.

Qualitative: scientific method to gather non numerical data i.e. focus on meaning.

Quantitative: empirical investigation involving statistics, numbers, and numerical data.

## **Participant Quotes From Surveys**

“Jobs for all regardless of age and facilities”

“Need courses to practice English”

“Peace, community, sense of wellbeing”

“We need digital training courses”

“Need roads to be more age friendly so older people can walk and cross easily ie lowered kerbs, lights on the floor when approaching main roads etc”

“More events need to be organised and tailored towards older people so they can socialise & get out and about more”

“More spaces to sit outdoors”

“More green spaces and benches to sit needed”

“Poor council funding for central ward, infrastructure, healthcare issues, some appointments have to be online, this causes problems for older people. Receptionists shouldn’t be doing triage unless they are trained. GP surgeries should release staff to undertake relevant training”

“With the closure of the local infirmary has caused a lot of problems as have to travel out of town for this health service”