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Bonds, Bridges and Links: Exploring the role of how a community centre can strengthen the social capital of Iraqi and British elders for improved health and psychosocial wellbeing

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ABSTRACT

Britain is becoming increasingly ethnically diverse whilst also experiencing an ageing population. There is an increased need to understand ways in which we can improve the lives of our elderly. This study aimed to compare the way in which social capital operated to enhance the health and wellbeing of Iraqi and British elders. Using thematic analyses of 12 semi-structured interviews and 4 focus group discussions, with a total sample of 28, this study explored the impact that Castlehaven Community Centre had on British and Iraqi individuals aged between 65 and 85 in London. The findings suggest that different forms of social capital, that of bonding, bridging and linking social capital operate in different ways to enhance health and wellbeing. Moreover social capital operated in different ways for the Iraqi and British elders even in the same community centre, re-iterating the need for policymakers to understand the cultural dimensions of social capital in its role as a tool for enhancing health.

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Acronyms and Terms

PTSD –Post Traumatic Stress Disorder
WHO-World Health Organization
FGD- Focus Group Discussion
BME- Black and Minority Ethnic Groups
HELPS-(Help Elderly Local People Scheme)
PCT- Primary Care Trust

Abstract

Britain is becoming increasingly ethnically diverse whilst also experiencing an ageing population. There is an increased need to understand ways in which we can improve the lives of our elderly. This study aimed to compare the way in which social capital operated to enhance the health and well being of Iraqi and British elders. Using thematic analyses of 12 semi-structured interviews and 4 focus group discussions, with a total sample of 28, this study explored the impact that Castlehaven Community Centre had on British and Iraqi individuals aged between 65 and 85 in London. The findings suggest that different forms of social capital, that of bonding, bridging and linking social capital operate in different ways to enhance health and well being. Moreover social capital operated in different ways for the Iraqi and British elders even in the same community centre, re-iterating the need for policymakers to understand the cultural dimensions of social capital in its role as a tool for enhancing health.

Keywords: community centre, social capital, ageing, British, elderly, Iraqi, health, well being

Introduction

Britain is undoubtedly facing an ageing population. According to the Office of National Statistics, in the last 25 years the number of people aged over 65 increased by 1.7 million. By 2034, 23 per cent of the population is said to be over 65, with those over 85 said to reach 3.5 million. In 2009 the British health secretary envisioned that the ageing population would experience a healthcare 'timebomb', (Guardian.co.uk, 2009). Immigration in Britain is also a pressing issue. An estimated 590,000 people arrived to live in the UK in 2008, the second highest figure on record (Office of National Statistics- http://www.statistics.gov.uk/hub/index.html). There is evidence that minority ethnic groups access mental health and other chronic disease health services more poorly than the rest of the population in Britain, (Aspinall, 2004) and therefore elderly immigrant populations are particularly at risk of poor health, 'Black and minority ethnic (BME) groups generally have worse health than the overall population…the greatest variation by ethnicity is seen among the elderly,' (Parliamentary Office of Science and Technology, http://www.parliament.uk/mps-lords-and-offices/offices/bicameral/post/). Elderly refugees in particular suffer from poor mental health and are even further isolated than the general elderly population, (Wilson, 1988).

Due to this ageing population The World Health Organisation (WHO) have introduced a policy on Active Ageing. 'Active ageing allows people to realize their potential for physical, social, and mental well-being throughout the life course…The word "active" refers to continuing participation in social, economic, cultural, spiritual and civic affairs,' (http://www.who.int/ageing/active_ageing/en/index.html,2010).

Participation in social and civic affairs relates to the theory of social capital popularized by Putnam (2000). He believed that communities with strong social integration and engagement, characterized by higher levels of trust, reciprocity and a sense of community, would do better. Communities with higher levels of social capital are said to be health enhancing (Campbell, 1999). In light of an ageing population in Britain, as well as an increasingly ethnically diverse population, it is important to explore the ways in which community centres can serve to enhance social capital and contribute to improved health and psychosocial well being for the elderly.

Study Outline

This study begins with an overview of previous research on how social capital has been studied in relation to health, ageing, immigration and refugee populations. There follows an outline of the conceptual framework of social capital that is used in this study. Then the method by which this study was carried out is presented, followed by the main findings, which are then related to the literature in a separate discussion. Finally a conclusion is drawn on what the implications of this study are and how this can aid policymakers and what this implies for future study.

Chapter 1: Background

1.1 Literature review

There are a number of studies where social capital has been found to enhance health and well being: increased participation in social activities has been found to: lower mortality, (Kawachi, Kennedy, Glass, 1999; Glass, Mendes de Leon, Marottoli, Berkman, 1999); increase positive self-rated quality of life (Gabriel & Bowling, 2004; Sirven, Debrand, 2008); increase resistance to the common cold (Cohen et al. 1997); and enhance general physical well being (Gillies 1998; Wilkinson 1996) and mental health (Wang, Karp, Winbald & Fratiglioni, 2002).

The proposed reasons for this correlation stem from the psychosocial: having control over one's life being correlated with having control over one's health, (Bandura, 1997); social support decreasing stress (Marmot and Wilkinson, 2003) and acting as a mechanism for coping with stress (Thoits, 1982); social activity giving purpose to life, (Adelmann, 1994:277); as well as other factors such as diffusion of health information through social networks (Kawachi, Kennedy, Glass, 1999) or immunological reasons (Berkman, Leo-Summers, &Horowitz, 1992; Uchino, Cacioppo, & Kiecolt-Glaser, 1996). Social capital has also been shown to operate at the community level, facilitating cooperation amongst people and producing a healthier society (Cohen, Doyle, Skoner, Rabin, & Gwaltney, 1997). However, some studies have reported no correlation between participation in social activities and self-rated health (Greiner, Li, Kawachi, Hunt, & Ahluwalia, 2004). Whilst others have found that increased social capital can even lead to poorer health (Baum, 1999; Portes and Landolt, 1996). Other criticisms of the social capital health link are that it is an excuse for governments to put the onus on the individual to improve his or her health, using it as a justification for cutting welfare spending (Mutaner and Lynch, 1999). Therefore it seems that social capital is a very broad concept that operates in different ways in its relation to health and well being (Ziersch & Baum, 2004) and a notion of social capital as health enhancing must not be assumed without problematizing such a relationship.

In the contemporary context of an ageing population, the concept of social capital is important in terms of enhancing the health and psychosocial well being of the elderly who constitute the majority of people with health problems in developed societies (Grundy, 2003). Social capital can help people to age successfully (Kawachi, 2003; Agren and Berensson, 2006) and maintain cognitive function (Almedom, 2005). Physical function declines with age and a modifiable risk factor for disability is social support, (Hays, Steffens, Flint, Bosworth, George: 2001). Moreover, social networking has been found to combat isolation in older women (Boneham and Sixsmith 2005). It has been shown that people who have fewer social networks are more susceptible to poor health and that membership in community centres is a good way of tackling this, (Arber and Daly, 2003). Therefore community centres that aim to keep the elderly socially integrated may

prove vital in preventing the disease burden of an ageing population. Social capital is in line with current WHO policies on 'active ageing,' a policy said to be at the forefront of international policy interest, (Bowling, 2009). However, obstacles have been found to enhancing social capital in the elderly population, mainly amongst elderly males. This is perhaps because men perceive social spaces as feminised (Arber and Daly, 2003) and men have attitudes of stoicism and independence that prevent them seeking support, (Sixsmith and Boneham, 2002). Researchers propose that this lack of participation in the community may explain why elderly men are more likely to enter residential care, despite having lower average levels of disability, (Davidson, Daly and Arber, 2003). Therefore not only is it important to problematize the notion of social capital as health enhancing but it is also important to understand its importance for elderly populations, whilst keeping in mind that social capital may be a gendered concept and not utilized by all social actors in the same way.

Ethnic minority populations comprise a large part of the population in Britain and studies have shown how social capital operates differently for different ethnic groups. It was found that ethnic minority groups were more socially excluded than the rest of the population in urban areas in England (Scharf, Philipson, Smith, 2005). Additionally, it was found that social capital was less health enhancing for some ethnic minorities (Kim, Subramanian, Kawachi, 2006). Therefore, many authors have recognized the importance of exploring social capital with specific regard to the context of the group it operates within (Gamarnikow and Green, 1999; Campbell & McClean, 2003) as differences in ethnicity may mean that these groups have different forms of social capital available to them.

With regards to immigration it has been found that strong inward looking bonding social capital can be negative as it prevents integration into the wider community and so forming ties with different ethnicities is found to be more useful for these groups (Cheong, Edwards, Goulbourne, Solomos, 2007). If people only interact amongst people like themselves they may form prejudices against others and this can lead to unsocial capital (Levi, 1996). People from immigrant populations are said to have particularized trust amongst each other, as opposed to generalized trust in the population at large, (Herreros, 2008). They have strong ties amongst themselves and don't have the weak ties proposed by Granovetter (1973) as being imperative for gaining information and support from a wider network, which puts them at a disadvantage. Without this, these groups may be segregated even further from society, which serves to exacerbate ethnic inequalities, (Bourdieu, 1986). As Campbell and Mclean found in their study of the African Caribbean community in Britain, ethnicity can lead to social exclusion and act as barrier to social capital. Therefore they recognized the need for more research into how social capital applies specifically to different ethnic groups, stating that there was 'an urgent need to examine the way

in which forms of social exclusion such as poverty and ethnicity shape and constrain the existence of social capital,' (Campbell and McLean, 2002:7). Thus, integration between ethnic minorities and the rest of the community has been identified as an important way of combating such social exclusion, the forming of social ties between groups of different ethnicity is known as bridging social capital. In an attempt to facilitate this, a program in the Netherlands aimed to combat isolation in asylum seekers. By facilitating interaction they created reciprocal trust relations between the host community and the asylum seekers that were not previously present and this served to combat their feelings of alienation, (Smets, Kate, 2008).

Woolcock and Szreter (2004) suggest that a third form of linking capital is distinguishable from that of bridging capital. Linking capital refers to forming ties between groups of different power differentials, vertical relations that aid people in accessing services and resources from formal institutions, 'In contrast to the stress on voluntarism, this form of social capital implies the need for government intervention to activate policies to help people access formal resources for civic engagement,' (Cheong, 2006). A study in Sweden found that those who specifically had low linking capital, in the form of voting, had a higher incidence of coronary heart disease, (Sundquist J, Johansson SE, Yang M, Sundquist K, 2006). Thus it is important to explore how different aspects of social capital enhance health and psychosocial well being. It has been proposed that linking capital is particularly important for marginalized groups as it puts the onus on authorities and those in power to allow them to access resources in the same way as the rest of the population, (Woolcock & Szreter, 2004).

The research regarding social capital and refugees has been limited. A study of Kurdish Iraqi's in Britain found that they were divided by political and religious differences and so found it hard to form ties across such groups, but it was also found that the Iraqi refugees found it hard to refer to themselves separately from others in the community and their family, (Williams, 2006). There have been various studies highlighting psychological symptoms associated with refugee status: it has been found that Iraqi's who still have family in Iraq have higher levels of Post Traumatic Stress Disorder (PTSD) and depression, as well as increased overall mental health disability; (Nickerson et. al, 2010) refugees whose home country remains in a state of conflict experience even poorer mental health; (Porter and Haslam, 2005) these psychological symptoms are made worse in the host country due to ongoing stressors (Steel et al., 1999). A lack of social support and poor access to treatment and health services are said to exacerbate these symptoms even more so than the severity of the trauma itself (Goldenberg, Unsworth, 1998). This highlights the importance of bonding social capital in the form of social support for refugees and in particular Iraqi refugees who have often suffered trauma and whose country remains in a state of conflict

today. It also makes clear the importance of accessing health services for treatment to stop these symptoms from escalating in the host country.

1.2 Gap in the literature

Social capital, as stated earlier, has been split into different forms, however few studies have looked at how different forms of social capital affect health (Kim, Subramanian, Kawachi 2006). Furthermore it has been proposed that efforts to strengthen social capital in order to aid health can be hindered by social exclusion. Thus policymakers must address such issues, 'While calls for the increased participation by socially excluded groups make political and theoretical sense, we argue that such calls need to be backed up with realistic understandings of the obstacles that stand in the way of their implementation,' (Campbell & McLean, 2002:27).

1.3 Research Question

It is in response to this that this study was carried out. To the author's knowledge no previous study has looked at how different forms of social capital may operate in different ways to enhance health and psychosocial well being comparing the British population with the Iraqi refugee community.

The aims of this study are to:

1. See what role community centre's can have in strengthening the social capital of elderly people in line with WHO's policy on 'Active Ageing.'

2. See whether different forms of social capital enhance health and psychosocial well being in different ways, in an attempt to aid policymakers in determining which aspects of social capital are most useful for health policy.

3. See how social capital may operate differently in the refugee community in comparison to the host community to aid policymakers to understand the cultural dimensions of social capital and how social exclusion may serve as an obstacle.

1.4 Personal Motivation

My personal motivation for this research study was the fact that, similar to the Iraqi elders, my parents came to the UK as refugees under a dictatorship. Furthermore, I volunteer as a translator with Doctors of the World UK, who aim to promote the health of refugee populations in London. It was thus interesting for me to explore whether the Iraqi refugees could make use of social resources to enhance their psychosocial well being and health in the same way that the host population may be able to.

1.5 Background on Castlehaven Community Centre and their HELPS project (Help Elderly Local People Scheme).

The aim of HELPS is to 'tackle loneliness, improve mental and physical dexterity, and address poverty and isolation experienced by local people aged over 50 years,' (HELPS manifesto). HELPS is part of Castlehaven Community Association in the London Borough of Camden. 'Some people are widowed, some find themselves less mobile than before and for others, friends and family may have moved or passed away. All too often, these circumstances start of a downward spiral into depression, illness and in many cases poverty,' (HELPS manual). The opportunities available include exercise classes, activity clubs, walks and trips. These include Tai Chi, Yoga, Line dancing, Bridge, Knit make and sew, Bingo, Local history club, walking trips, as well as day and theatre trips. The Iraqi group has separate clubs; a chair based exercise class as well as a social every Monday for 2 hours. Members pay an annual fee of £5 and can then attend classes for the year, trips are organized separately and the exercise classes are paid for through weekly vouchers.

1.6 Conceptual Framework

Social Capital

Putnam is the most accredited contributor to the popularization of the concept of social capital, defined as the connections between individuals that give rise to social networks that are characterized by norms of reciprocity and trustworthiness (Putnam, 2000). Bourdieu (1986) however, made clear that strong interpersonal ties within a group could lead to exclusion and exacerbate social inequalities, which is important when exploring social capital in marginalized groups. A sole emphasis on interpersonal relationships is limited (DeFilippis, 2001) and therefore Putnam went on to distinguish between two types of social capital, namely bonding and bridging social capital.

Bonding social capital refers to strong ties between people of the same neighbourhood, ethnicity or social class in the form of interpersonal trust and reciprocity, 'trusting and cooperative relations between members of a network who see themselves as being similar in terms of their shared social identity' (Szreter & Woolcock, 2004: 654).

Bridging social capital, however, refers to ties between people who are not alike sociodemographically, (Putnam, 2000). This relates to more distant ties between people in different ethnic groups, acquaintances and people outside the normal social group or neighbourhood, (Szreter & Woolcock, 2004). Granovetter (1973) referred to such relationships as

'weak ties,' which he proposed were even more important, as they enabled access to a larger social network and thus a greater number of resources. However bridging social capital has also been criticized by Szreter and Woolcock (2004) as being too broad in trying to encompass too many relationships. Therefore they proposed a third form of social capital called linking social capital.

Linking social capital is defined as networks of trust and respect between people across power and authority gradients (Szreter and Woolcock, 2004). This gives social capital an increasingly official role in society and is important for poor or marginalized groups who, without links to formal institutions, cannot change their situation no matter how many horizontal ties in the form of bonding and bridging social capital, they have. 'This latter distinction, called 'linking' social capital, draws empirical support from a range of studies showing that, especially in poor communities, it is the nature and extent (or lack thereof) of respectful and trusting ties to representatives of formal institutions—e.g. bankers, law enforcement officers, social workers, health care providers—that has a major bearing on their welfare.' (Szreter & Woolcock, 2004:656).

Chapter Two. Methodology

2.1 Qualitative method of study

There has been a call for more qualitative research with regards to social capital (Campbell & McLean 2002; Grix 2001; Lomas 1998). Qualitative research is particularly useful in determining the 'life worlds' of participants (Flick, 2002). In aiming to explore the perceived psychosocial well being of participants it was much more valuable to speak to people about their life experiences and how they felt, something a quantitative study could not have achieved in the same way.

2.2 Changes to research approach

When I first approached the community centre I had only envisioned speaking to the program participants in general, however when I arrived I saw that the Iraqi elders belonging to the community centre had their own exercise class and social gathering. This led me to change my research approach and compare how social capital operated differently for both groups.

2.3 Sample

Due to the limited number of members who were willing to participate, a convenience sample was used, which is a potential limitation. After attending classes and meetings I built up a rapport with regular members who were then willing to stay behind and be interviewed or participate in focus group discussions.

My study was conducted in a comparative fashion whereby a group of British elders were compared to a group of Iraqi elders and all participants were between the ages of 60 and 85. My sample consisted of members of the Castlehaven Community Association who were involved in HELPS (Help Elderly Local People Scheme). Esterberg (2000) states that interviewees should be able to provide the most valuable insight into the point of study. The participants of the classes were the most informative in this sense, as well as a PCT health officer, who I was told could provide an interesting insight into the problems faced by the Iraqi elders. My total sample of participants was 28. For the British group I interviewed two men and four women and carried out two focus group discussions, one comprised of four women and one of four men. Amongst the Iraqi group I interviewed three men including the health officer and three women. I then carried out two focus group discussions one with four men and one with four women.

2.4 Data Collection

Written consent was obtained from all participants, who were told that the information was to be treated in confidence and that they could withdraw from the process when they wished, in accordance with ethical approval granted by the Institute of Social Psychology at the London School of Economics. A copy of the consent form can be found in appendix I. The Iraqi elders who couldn't speak English had the consent form read aloud to them by a translator before they signed the form.

Two pilot interviews were carried out and the topic guide was subsequently modified by adding a few questions for the Iraqi group with regards to the context of Iraq, a copy of both topic guides can be found in appendices II and III. The focus group discussions were not piloted as the questions were only designed to give rise to debate and themes emerged from the discussions themselves, a copy of the topic guide can be found in appendix IV. All interviews were 40-50 minutes long with the focus groups discussions lasting 40 minutes to an hour. I believe that in terms of participant's views my results reached saturation, as the same responses and themes came up multiple times, (Guest, Bunce & Johnson, 2006). All interviews and focus group discussions were recorded fully.

I carried out 12 semi-structured interviews, 6 with British elders and 5 with the Iraqi elders, as well as 1 with the PCT health officer. Interviews are an ideal method when discussing sensitive issues as they allow participants to speak freely and openly (Becker and Greer, 2004). This was particularly important for my interviews, which addressed issues of isolation, loneliness and in the context of the Iraqi group, topics such as being tortured or the death of family members. The semi-structured style allowed a flexible approach to data collection. A given set of questions was covered, with room for probing whereby participants were told to expand on their answers and add their perspectives, (Flick, 2002). As each individual's life experience was very different and important in understanding their social engagement, the semi-structured interviews allowed the topic guide to be used for guidance, but allowed each interview to be adaptable to each person's perspective (Esterberg, 2002) in this way the field influenced how data was interpreted (Bauer & Gaskell, 2000).

As well as conducting semi-structured interviews, focus group discussions were also held. Whilst the topics at hand were less sensitive they were designed to give rise to debate and were advantageous as they allowed 'group interaction to generate data,' (Barbour and Kitzinger, 1999:4) and produced realities and narratives that would have otherwise not been generated (Morgan, 1988). Many participants had stories to share and were comfortable relaying these stories to people who were familiar and understood what they meant. My role was minimal and by merely

provoking debate through simple questions I obtained rich information that may have not arisen in a one-on-one interview. With the Iraqi group, the focus group discussions were particularly good for putting the Arabic-speaking participants at ease as they were shy due to the language barrier. In group discussions, however, they were able to debate and talk amongst themselves whilst the interpreter told me what was said. As the interpreter was not formally hired she could have missed out some parts of what was said and this is a possible limitation to the study, however as she was part of the group they felt comfortable and at ease speaking to her which is itself an asset.

According to (Mauthner and Doucet, 2003) a good researcher must have reflexivity and be able to position him or herself with respect to the subject of research. Part of my work with Doctors of the World involves outreach with refugee populations, my experience interacting with these groups allowed me to interact with the Iraqi refugees more easily and bridged the gap between me as researcher and them as participants. With the British group, as a young research student I was aware of my potential outsider lens in understanding their situation but I spent time at the community centre prior to data collection to familiarize myself with the group.

2.5 Analysis

Thematic analyses of transcriptions were carried out through an iterative process, using the lens of social capital as a theoretical framework, 'Qualitative analyses…may be done…deductively- that is, with a theoretical framework as background.' (Pope, Royen, Baker, 2002:149). A rigorous and systematic searching of the text was then used to code data using the software package NVivo. Themes were identified and labeled and if similar themes came up again they were coded under the same label in order to compress findings into a set of themes. A thematic framework was identified through interpretation using the lens of social capital, whilst also allowing original ideas to arise from the date itself 'interpretation is influenced by the original research objectives as well as by the themes that have emerged from the data themselves,' (Pope, Ziebland, Mays, 2000: 116). For instance my topic guide had only endeavored to explore the concept of bonding social capital with regards to health and well being, however the themes of bridging and linking capital arose from the data itself.

Chapter 3: Findings and Discussion

3.1 Findings

Contextual factors were important in understanding the differences between the Iraqi and British groups. The British group spoke of living alone, living away from their family and being retired. The Iraqi's mentioned missing home, their families and the political problems they had experienced in their home country. Although these biographical accounts were coded and appear under the primary theme of context in the framework, contextual factors underpinned many other themes and therefore the theme 'context' is not presented here as a separate finding. A full coding framework can be found in appendix VI.

3.1.1 First primary theme: Bonding social capital

Secondary theme: Reasons why the Iraqi elders felt they needed bonding social capital.

Bonding social capital was a strategy to avoid solitude. Forming relationships with other Iraqi's was seen as important as they could understand each other, it was perceived that the community centre provided a space for them to socialize and combat these feelings of isolation.

> Interview-Woman, 60s
> We come as Iraqi's here, we understand each other and we try to improve our situation and to be in contact with our people at home, if we stay all day at home and if we are y'know, isolated, we will be stuck and won't want to get in touch with others, we will be more isolated.

Many of the Iraqi elders felt that they missed aspects of Iraqi culture. They felt coming to the centre provided them with an opportunity to socialize with others who had this in common with them.

> Interview-Woman, 60s
> I miss my community, my culture, in Iraq family and community is very important, there you have relatives, family, friends, we visit each other all the time we are in the same area, not like now, we are separated.

> Interview-Man, 70s
> Actually because people are here living away from their home, their country, so they feel more like they try to come and socialize with each other, because they want to make friends and have things in common, a lot in common actually.

Secondary theme: Ways in which the community centre was used to enhance bonding social capital amongst the Iraqi elders.

The community centre provided a space in which they could meet, talk, reminisce and exchange news and stories. The community centre was seen as an area in which they could keep up to date with Iraq, something they felt was important.

> Interview-PCT health officer, 50s
> They are more about their meeting each other, talking about different stories, politics, they talk about the situation in Iraq.

> FGD-Woman, 60s
> Usually when we meet here we exchange news about Iraq, someone has heard something about this or that and we exchange information.

In every social they ate together and spoke in Arabic. It was clear that the group felt at ease with one another, they laughed, joked and seemed very comfortable as though they had formed a cohesive community away from home. They shared problems and concerns with one another and saw socializing as an important part of Iraqi culture, a way of maintaining community whilst missing home.

> Interview-Man, 60s
> Iraqi people are very, how do you put it? They like to be social, they like to socialize, they like to learn a lot of things from other people but they like their country as well, they love their country.

> FGD-Woman, 60s
> When I'm away for a while I miss it here, when I come back I want to see everyone, it's kind of entertainment, it's a place to see each other, speak our language, share you know, concerns, problems, happiness, everything.

On special days they had parties, where they sang, played instruments and exchanged gifts. The community often gathered in a big group and interacted amongst each other in a communal manner. At times one person would stand up and speak to the rest of the group, recite a poem or tell a story and there was a strong sense of group interaction.

There were a great number of men and women who attended the club every week. The Iraqi elder's used the community centre as a space for making strong ties; they built ties of friendship and trust and relied on each other.

> Interview-Man, 70s
> I have made friends yes, that man I was speaking to earlier, he is a friend, I talk with him, I visit him, he came once to my flat because I am living a little bit far from here, I can rely on them, I trust them, they trust me, they did good things to me, I try to do something good to them, that is why you need friends

Secondary theme: Ways in which bonding social capital was perceived to improve health and well being amongst the Iraqi elders.

The members expressed that this form of bonding, making friends and socializing, was important, they felt that socializing helped them to maintain physical and mental well being. Moreover, something I had not anticipated finding was that the group seemed aware that socializing had been proven to prevent illness.

> FGD-Man, 60s
> Today we talked about an article about if you feel good and you are happy and among other people it reduces the cancer effect, he talked about the experiment done on the rats you know… and the percentage of the rats who were saved from cancer if they give them more things to play with, and so he was encouraging people to laugh.

A number of the Iraqi's expressed that the mentality of Iraqi people has collapsed due to the current and past political problems they have experienced.

> Interview-Man, 70s
> Sadaam he destroyed the mentality of the Iraqi people.

> FGD-Woman, 60s
> America they have avenged Iraqi people and when they put bombs, you may hear all the time there is a bomb here and a bomb there, they destroy the infrastructure and the mentality of people has collapsed.

When I spoke to the health officer he told me that a lot of the Iraqi elders were suffering from psychological problems, due to what they had suffered in Iraq and from losing members of their family.

> Interview- PCT health officer, 50s
> They are suffering from a lot of problems, age related problems, emotional and psychological problems, they are from Iraq they went through a lot. There is not one family who hasn't lost one or two people from the member of his family, each family has been affected.

The Iraqi's felt that coming to the centre acted as a coping mechanism for the psychological trauma caused by this traumatic past and that speaking with others acted as a buffer to depression and other psychological problems they incurred.

> Interview-Man, 70s
> I am now 76 years old and I'm a doctor, I was tortured when I was about 15 and my wife was killed, yeah there are a lot of things and sometimes I cannot sleep, so the way to solve my problems is through this, to come here, these old ladies remind me of my wife,
>
> Interview- Woman, 70s
> Sadaam [Hussein] killed my husband, that is why I am here, it is important for us to meet, get together, it relieves our depression. We feel depressed thinking of our family back at home, my sister she tells me they have no electricity, they are boiling in their homes and everything is being destroyed, so here at least we can talk to each other and share our problems

Secondary Theme: Reasons why the British elders felt they needed bonding social capital

Similar to the Iraqi's the British elders' reasons for wanting to build ties and friendships were due to combating feelings of isolation and loneliness, but their main reasons were living alone and being single, rather than missing family and friends back home.

> Interview- Woman, 80s
> I live alone, but I don't want to spend all my time alone you know? You have to get out and be with others
>
> Interview-Woman, 70s
> My husband died 3 years ago, that's when I started coming here

Secondary theme: Ways in which the community centre was used to enhance bonding social capital amongst the British elders.

Many of the British people expressed that coming to the centre had helped them make friends, socializing was seen as important and they felt content because of it.

> Interview- Man, 60s
> I come for the socializing, for the fun of it y'know
>
> FGD-Woman, 80s
> This class has helped me a lot, because it's friendly and we all get on together, I feel oh I can't do it today, but when I get in I'm happy to be here

In comparison to the Iraqi group there was a lesser sense of community. Although a number of the members expressed that they had made friends and enjoyed socializing with others in the group, there was not an overall sense of community amongst the classes or clubs and they rarely interacted in big groups. Some members expressed that they had met people but that friendships were perceived to take a long time to develop and that they couldn't really rely on people.

> Interview-Woman, 60s
> I think if you meet in class that's not making friends is it? That sort of thing develops over time I reckon
>
> FGD,
> Interviewer- can you rely on people you've met here?
> Woman, 60s- uh not so much
> Woman, 70s-no, not really

<u>Secondary Theme: Ways in which bonding social capital was perceived to improve health and well being amongst British elders.</u>

The British elders felt that socializing was related to mental health, however in contrast to the Iraqi group, people felt socializing and interacting with each other was a form of preventing psychological problems rather than a method of coping with such problems.

> FGD- Woman, 60s
> If you don't go out you become very isolated, you become housebound, you meet nobody, and you talk to the four walls and you go ga ga!
>
> FGD-Woman, 70s
> Without this people would be very isolated, that leads to depression! There is a lot of people who rely on this for activities, to get out, unless the government want mental health hospital to accommodate us, then we will go in there!
>
> Interview,
> Interviewer- Do you think friends and socializing are important?
> Woman, 60s - Yes it keeps you from going bonkers!

A finding that I hadn't anticipated was that many in the British group expressed that they thought that centre's such as these would cut NHS spending. Although a lot of research has shown that actively ageing keeps people healthy, I hadn't anticipated that the participants would specifically refer to this. This highlights how important these centre's actually are, as people's perceived health status was clearly affected by attending.

FGD-Woman, 60s
That's why I say, it helps coming here, to keep people active…mentally, physically, it cuts down on NHS costs

Interview-Woman, 80s
It cuts NHS budgets to keep doing these things, it's absolutely vital but people in governments and local authorities don't seem to recognize that as much as they should

Keeping busy and active were both seen as very important for maintaining health and well-being; coming to the centre, socializing, keeping active and having a routine were all perceived as imperative to combating ill health.

Woman-Interview, 80s

It is an essential thing for old people to keep moving, because in the end, they're all on about the national health but in the end we become a burden on the national health because I've got this, I've got that, I can't move, we are saving money by coming here, keeping active, keeping busy and being around each other

FGD- Woman, 70s
The government are going to have a lot of problems if they do away with these classes, because its going to be an expense, all these old people going to the doctor, I think we're saving the government a hell of a lot of money

<u>Secondary theme: Obstacles to building bonding social capital amongst the British elders</u>

It was found amongst the British elders that very few men attended the community centre. Women seemed to think that this was because men were intimidated by big groups of women and that men perhaps perceived community centre's as female spaces.

Woman-Interview, 60s
No there are hardly any males, men don't go for line dancing, walking club… I don't know, I think the reason behind it is that maybe they are intimidated by women.

FGD-Woman, 70s
There are hardly any men coming here, perhaps because the walking club and a lot of the classes are very female dominated.

However when I specifically asked men whether this was the reason and whether they would prefer classes that were just for men, they refuted this saying they would be less likely to attend classes just for males and that simply, men were idle and lazy.

FGD,
Interviewer-Why are there fewer men coming to the centre do you think?

Man, 70s-Well it's very simple really, men are too idle, it's very simple
Man, 60s- Yeah, men are pretty lazy, laid back, don't want to get involved

FGD
Interviewer-If there was a men's only exercise class or other clubs, would that encourage you to attend?

Man, 60s-It wouldn't for me, I don't enjoy men's company as much as ladies...they're boring!
Man, 50s- No I don't think that would work, I opened up an exercise class for men and it was a waste of time, it was impossible to get men to loosen up

This suggest that it is not simply that men don't want to attend community centre's because they are full of women, but that the nature of the clubs and classes themselves don't appeal to the disposition of men. Interestingly a few men actually said they wanted to meet women and saw this as a reason for attending the community centre, some said they wished there were more socials and felt as though just because they were old they shouldn't be denied the opportunity to meet people of the opposite sex.

Interview-Man, 60s
So it might be useful to have something in that regard, social groups to meet people, meet women, help people who are getting into their twilight years but they can still enjoy things!

FGD- Man, 60s
I've had a relationship here, met her here, it didn't last but I'd like the chance to meet someone else

3.1.2 Primary Theme: Bridging social capital

Secondary theme: Examples of bridging social capital amongst the Iraqi elders

The strengthening of bridging social capital made available by the centre also operated differently for both groups. The Iraqi community, said themselves that they come from a fragmented and segregated culture in Iraq. Members expressed that in Iraq, Sunni and Shiite or Kurdish and Arabic groups were fighting with each other but that here in the centre these different groups had made friends with each other. Perhaps highlighting that it was easier to bridge across known gaps of animosity than to branch out into the wider unknown British community.

> Interview-Man, 70s
> There are Kurdish people here, there are Arab, there are Sunni, there are Shiite, those people are fighting each other in Iraq, while here they kiss each other when they come in

> Interview-Woman, 60s
> We are coming to see Iraqi people from our old country here from different backgrounds, even Arabic, Kurdish, Turkish, Muslim, Christian

However there was an exception to this, one lady told me that she had not been able to make friends or form ties of trust with other people in the community, this was perhaps because she was Christian and felt different to the rest of the group, highlighting the importance of religious differences as an obstacle to forming ties of friendship.

> Interview-Woman, 60s
> I don't have friends from my country, or Christians, all of them are Muslim, all of them, and I am Christian, I came here because Sadaam[Hussein] killed my husband, but I never say this here, I never tell them

This highlighted her feeling of alienation from the rest of the group due to religious differences and her lack of trust in the group as she was unable to tell them why she had fled the country.

Secondary theme: Obstacles to bridging social capital amongst the Iraqi elders

The Iraqi's repeatedly expressed an inability to form ties with the British, due to the language barrier and differences in culture. They expressed feelings of isolation from the wider community and an inability to branch out into other groups. This had a negative impact on their well being as they were unable to feel like part of the wider community, which was perceived as negative.

Inability to speak English was a principle reason for feeling alienated from the wider community.

> FGD-Man, 80s
> I am in London and not in London really, because until now my English is very poor, I cannot see the television, or the cinema, or the theatre, the language makes it difficult to find a friend, well what is London then?

A woman told me about a friend of hers who couldn't speak English and was worried about his future.

> Interview-Woman, 60s
> He only speaks Arabic, he's a little pessimistic, he says he feels isolated because he can't speak English, he is worried about his future, what is he going to do if he can't learn, so the main reason for unintegration is language barriers yes.

People also repeatedly expressed a difference in culture from the British community, which they felt hindered their ability to form ties with them. They felt that in Iraq people interacted with each other much more, in the street or in public places, but here this did not occur and the culture was very different to their own.

> Interview- Woman, 70s
> Society is different, culture is different, that's why we cannot actually integrate into society.

> Interview- Man, 70s
> It's difficult, especially here, to meet people by the system of friendship, boyfriend, girlfriend, whatever, it's not easy. There in your country, you can speak with anyone in the road, the coffee, the café, you meet neighbours, from everywhere, they know you, you know them, here not easy.

The alienation of the Iraqi group from the wider community was manifest in the fact that even their knowledge of the rest of the community centre was limited.

> Interview,
>
> Woman, 60s- I would like to join a yoga class, but I don't know where one is
> Interviewer- There is one here at the centre.
> Woman, 60s- Here? Really? Oh I didn't know.

This shows that even within the small community centre space the Iraqi group had limited access to information on what was available to them.

Secondary theme: Examples of bridging capital amongst the British elders

The British group, however, were able to make use of bridging forms of social capital effectively. Some were able to make friends with the others' group of friends and in this way extend their social network. Members often told each other about clubs and groups in other parts of town and helped each other join classes or sports centres that they were part of.

> Woman-Interview, 70s
> I mean we've known these people for a couple of years and we've met friends of their friends over time, it sort of widens your network

> Man, Interview, 70s
> Well I've met different people, from different walks of life, like that old man in the class, I didn't know he was a photographer,he runs a photography club and takes people on tours y'know, so I'm going to go down and check it out

This allowed people to join other clubs and have more things to do, helping people keep more active or busy, which were perceived as important for wellbeing. People repeatedly expressed that keeping busy and having a routine was important.

> FGD- Woman, 60s
> We aren't going to sit back at home and watch television, we are going to come out, computering, learning different languages, outings, meeting people, dancing, all sorts of things, encourage them all to come out and mix, and its happier, people live a happier, healthier life, and longer.

> FGD-Man, 80s
> Yes its having a routine, its quite important especially when you first retire, I run a demonstration at the camera club every month, I'm on the committee, I organize stuff, I like keeping myself occupied, it's the centre of my life.

Secondary Theme: Obstacles to bridging social capital amongst the British elders

Some members, however, still felt isolated from other groups or clubs due to age, showing how age is an obstacle to bridging forms of social capital. They expressed that they felt embarrassed to join certain across generational gaps.

> Man-Interview, 60s
> I've been to some of these classes around but they all seem to be for much younger people, I feel embarrassed being there are at my age.

> Woman- FGD, 60s
> Dancing classes are full of very young people and I'm the oldie, nobody wants to dance with me.

3.1.3 Primary theme: Linking social capital

Secondary theme: Examples of linking social capital for the Iraqi elders.

There were a few people in the community who were able to aid the Iraqi elders to gain access to services and resources. A doctor who spoke English provided them with health information and said he tried to accompany them to hospital appointments. A PCT health officer expressed that he often had to fill out people's housing and benefit forms for them, but re-iterated that this was not a sustainable solution.

> Interview-PCT Health Officer, 50s
> Health is not only about health, there are many problems resulting in bad health actually, housing conditions is one of them, his benefits being stopped or whatever, and he's elderly, so he cannot go to reclaim or fill the form, he has no ongoing support really… I will help them because it doesn't cost me nothing really, 5 minutes you do the claim that's it, but its about teaching him how to get involved by himself, that is what support is about, not about completing the form for him

> Interview- Man, 70s
> We have this service, usually, where one of the Iraqi doctors go with them, usually me or there are two or three other doctors, we accompany them, go with them and talk to them, simplify what the doctors say.

Secondary theme: Obstacles to linking social capital for the Iraqi elders.

Due to the fact that many of the Iraqi elders do not speak English they felt it was very difficult for them to access services especially healthcare. They repeatedly expressed their worries about their health and how they couldn't understand what doctors were saying to them. They were unable to make ties with people in positions of power or institutions because they were already isolated from the wider community.

> FGD-Man, 60s
> Ofcourse we go to doctors, yes, but sometimes we need interpreters to go with us and sometimes they cant find an interpreter and you know when we come back actually most of the information we get is wrong.

> FGD-Man, 80s
> In old age without knowing the language I cannot even treat myself, even if I go to the doctor I don't understand what the doctor says, I was in Wembley and the doctor there was Arabic but now my doctor doesn't speak Arabic and he just tells me to go home.

Secondary theme: Examples of linking Capital for the British elders

The British group, however, said that they felt very supported by the staff at the community centre and felt they could put them in touch with the authorities or Camden council. They provided a link between the elders and people in positions of authority and power, namely the health services in the form of clinics and the local council.

> Interview-Man, 60s
> I think they're very supportive, I've never needed to ask them anything but they helped me when I had my CRB check, y'know and they actually paid for it

> FGD-Woman, 60s
> Just looking at the number of leaflets they have in the reception, I'm sure they have lots and lots of contacts, the council, voluntary organizations, clinics, to point you in the right direction, whatever you need...when I had trouble they put me in touch with Camden council, they're very good, I wouldn't hesitate to call them up again and ask for help

Secondary theme: Obstacles to linking social capital for the British elders

However, like with bridging forms of capital, some expressed that old age hindered this form of linking capital. That due to an element of ageism in society they were unable to access the same kind of services.

> Interview- Man, 70s
> I think there is an element of ageism in the health services, after a certain age, you don't get some of the same facilities available to you, for prostate cancer, breast cancer, and this to me whether you are male or female, is ageism

3.2 Discussion

The following discussion explores how social capital operated differently for the Iraqi elders in comparison to the British. The differences were three-fold.

Firstly, the way in which social capital was manifested in both groups was different. The Iraqi group bonded and interacted as a large group and socialized as a community within a community, this supports Williams (2006) who found that Iraqi's in Britain found it hard to refer to themselves as separate from their community. The Iraqi's viewed the community centre as a social space in which they could build on ties of trust as a cohesive group, as community was seen as very important in Iraq. This supports other studies that have shown that immigrant populations have strong inward looking bonding (Cheong, Edwards, Goulbourne, Solomos, 2007). They had strong particularized trust amongst each other but not generalized trust in the population, which supports Herrero's (2008) thesis on immigrant populations. In contrast, the British elders spoke of social capital in an individualistic manner. They often talked about the individual benefits of the community centre such as the physical exercise and the friends they had personally made, saying that forming ties of trust took time, again reflecting a more individualistic mind-set. Another interesting contrast between both groups was the interplay between men. In the British group there were distinctively fewer men in all classes and clubs. Women explained this by saying that the community centre was perhaps a female space, which would support previous studies (Arber and Daly, 2003). Interestingly, however, it was found that some of the few men who did attend actually said that they wanted to meet women and saw this as more of a reason to socialize, stating specifically that they had little interest in joining men's only groups. This adds a new dimension to the perspective of elderly men in the UK. It was also found that the main reason given by men for not attending classes was due to attitudes of laziness and being idle, which adds to the study by Sixsmith and Boneham (2002) that men have attitudes of stoicism and independence that prevent them from attending such places. The Iraqi group, on the other hand, was filled with men who laughed, joked and enjoyed each other's company. This was perhaps due to their inability to branch out into the wider community, which meant that this social space was more important to them. Or perhaps this simply highlights the contrast between an individualistic British culture with middle-eastern society where community is perceived as important.

Bonding social capital was found to increase the psychosocial well being and perceived health status of both groups and this supports previous studies that have shown that an increased participation in social activities is positively correlated with positive self-rated quality of life (Gabriel & Bowling, 2004; Sirven, Debrand, 2008). However the mechanisms by which this occurred was different for both groups. For the British group, social capital was seen as preventative for mental health problems. Social capital, in the form of socializing and making

friends, was seen as a preventative measure for depression, isolation and other psychological problems. It was interesting that many participants referred specifically to madness as a consequence of not socializing and being a part of these groups. Although previous studies have shown that community centre's combat isolation, (Sixsmith and Boneham, 2005) the specific notion that it kept people from 'going mad' is noteworthy and important. Participants felt that socializing, keeping active and keeping busy were all, important contributors to keeping healthy and happy, this is in line with studies that social capital was an important aspect of ageing successfully, (Kawachi, 2003; Agren and Berensson, 2006). The Iraqi group, on the other hand, referred to social capital as a coping mechanism for the psychological problems they were already experiencing, as a way to buffer the stress of the political and personal problems they were suffering from with regards to Iraq. This supports previous studies that showed how a lack of social support was correlated with worse psychological symptoms amongst refugees, (Goldenberg, Unsworth, 1998; Steel et al., 1999). However these studies were quantitative analyses and so this study adds to the body of literature, as it shows that not only was this relationship present but that the Iraqi elders were aware of their psychological problems and understood that socializing with like-minded others was an important coping mechanism. This is important with regards to theory on social capital and stress; it has been shown that social integration without emotional support aids physical and mental health but that emotional support is necessary when coping with stress, (Thoits, 1982).

Lastly, the barriers faced by both groups in forming ties with other groups or accessing services, namely the barriers to bridging and linking capital, were also different. For the British group the main obstacle was old age but for the Iraqi group it was language barriers and cultural differences. The Iraqi group was unable to branch out into the wider community due to these barriers but they were able to bridge across groups of different ethnicities and religions from Iraq, which they felt would not have occurred in their home country. This adds to William's study (2006) as she found that Kurdish Iraqi's were divided by their political past, which hindered their ability to form strong ties. However this study showed that whilst this group was aware of these differences, ties were formed between them anyway. This could be due to the fact that the elderly population find it even harder to branch out into the community and therefore are more willing to overcome preconceptions and prejudices against different others from their own country. This supports previous studies that show that immigrant populations have particularized trust amongst themselves instead of generalized trust in the population at large, (Herreros, 2008) as they often spoke of trusting each other and making friends amongst the group but of an inability to form such ties with the outside community. This did segregate them further from society, and as Bourdieu (1986) had envisioned exacerbated ethnic inequalities. As the group were elderly it was even more difficult for them to integrate into society as some had said they were previously able

to do so in other countries, but in old age this was no longer possible. This highlights the enhanced vulnerability of elderly immigrant populations to social exclusion. Younger generations may experience segregation but have increased opportunities for integration in schools and through employment. The elderly population does not have these gateways, therefore it is even more important to explore how they may be included. The scheme to integrate asylum seekers with the host population in the Netherlands served to combat isolation amongst these marginalized groups and is an important example for other countries to learn from, (Smets, Kate, 2008). Bridging social capital for the British groups, however, did serve as a gateway to other groups, activities and classes and increased the well being of participants by providing them with an increased social network. This supports Granovetter's thesis on the importance of weak ties (1973) that an increased social network leads to an increased set of resources. For this group it was found to be particularly important in gaining access to other activities, clubs and classes that was particularly important, as keeping busy and active were seen as important for well being. Some of them were unable to join certain classes or groups due to embarrassment about their old age, and thus ageism hindered bridging social capital.

The Iraqi group's capability for linking capital was limited; again due to a language barrier and an inability to branch out into the wider community which made it impossible for them to form relationships with people in power. However doctors within the Iraqi community provided health information and support in accessing health services and the PCT officer helped with access to services such as benefits and housing, highlighting the ability of certain actors within refugee communities to provide links to outside institutions. But in general, language barriers and isolation from the outside community hampered access to services, especially healthcare. This is particularly worrying for refugee groups who have been found to suffer from psychological trauma, (Nickerson et. al, 2010; Goldenberg, Unsworth, 1998; Steel et al., 1999) and is particularly important with regards to studies that have shown that psychological symptoms amongst refugees are made worse in the host country due to poor access to treatment and health services, (Goldenberg, Unsworth, 1998) which enhances what Woolcock and Szreter (2003) proposed about the importance of Linking social capital for marginalized groups. For the British group linking capital was enhanced by the community centre who felt supported by the staff. They were able to use these relationships with staff to access services such as health clinics and the local council, but again an element of ageism was experienced in the NHS, highlighting the presence of ageism within the community and formal institutions.

3.3 Study Limitations

The present study is very context specific, exploring the contrast in social capital of elderly Iraqi refugees with the British population in London. The particularly difficult past of the Iraqi refugees means that this study is not necessarily applicable to other refugees but could be useful for Iraqi refugees elsewhere, for instance in the US. The sample size was small which makes it difficult to generalize to the population at large, however the qualitative nature of the study allowed for more in depth analysis than a larger study could have. A further limiting factor is that the British group was aware that research studies could lead to funding opportunities if positive conclusions were drawn. Therefore there is a chance that they would have been inclined to exaggerate the positive impacts of the community centre, in the hope that funding would be increased, as the centre relies heavily on donors. Furthermore, this study asked elderly people how they felt this community centre aided their health and well-being, but they had already chosen to partake in classes and clubs. This in itself displays agency on their part and means that the population who do not display such agency and who are even more vulnerable to isolation and poor health, may not access such centres because they do not have the confidence or ability to do so. A final limitation is with regards to the translation of Arabic focus group discussions, which were carried out with an informal translator who was not formally trained.

3.4 Potential for Future Research

Future studies could speak to British elderly men who do not attend community centres in areas where they are available, although this study provided an insight into why fewer men attend these clubs this was from the perspective of men who did actually attend at least one class. A more interesting insight may be that of men who do not come at all, this is important as men have an increased chance of entering retirement homes despite lower disease burden and community centre's could help integrate these men if they knew what was hindering their participation.

Further, future studies could look at how social capital could enhance the health of other refugee populations, studies into how it may be possible to enhance bridging social capital between host communities and immigrant populations could serve as a starting point for facilitating their integration into society.

Chapter 4. Conclusion

The aims of this research study were to see whether community centres can play a part in enhancing social capital and how this relates to the psychosocial well being and health of the elderly. In addition, it explored whether different forms of social capital were more health enhancing than others and if they operated differently for elderly refugees when compared with the domestic population in the same setting. It was found that the community centre contributed to the perceived psychosocial well being and health status of both elderly groups. Belonging to the centre was instrumental in keeping the elderly socially engaged, as well as physically and mentally active. Therefore policymakers should use community centres as preventative tools, safeguarding against poor health in Britain's ageing population. Moreover, community centres could form an integral part of the active ageing policy framework prioritized by WHO.

Yet, this study has also revealed that social capital cannot be universally applied to different groups in the same context, nor can it be assumed health enhancing without consideration taken into its various forms. Bonding social capital was very important for the Iraqi elders, as they needed emotional support in dealing with the psychological stress of being away from home and coming from a country in a state of conflict. Policymakers should consider creating social spaces in which these vulnerable groups can interact. As emphasised in this study, such spaces are vital in helping the elderly cope with psychological trauma. This study supports previous studies that highlight the importance of bridging capital for the integration of immigrant populations into larger society. Yet this study expands researchers' awareness by capturing the importance of linking capital amongst elderly refugees. Although the Iraqi elders spoke of an inability to form ties with the British population, their main concerns were an inability to access services such as healthcare. To mitigate this healthcare barrier, policymakers should consider implementing interpreting services and support for such groups. This reiterates what Mutaner and Lynch (1999) stressed, that social capital should not be an excuse for government's or authorities to cut welfare spending, instead it shows that social capital must be enhanced by powerful social actors. The British group viewed social engagement as important for preventing psychological problems and increasing their social network which implies the wide-spread availability of community centres would serve as worthwhile investments for the British government, however more attention should be given to encouraging men's involvement in social spaces like community centres. Policymakers should explore the creation of social opportunities that would uniquely appeal to men. Lastly, ageism hindered some elderly people from joining groups and accessing health services and Intergenerational bonding initiatives could serve as a tool to combat ageist attitudes within communities.

Social Capital has often been deemed a vague concept but with more targeted studies such as this one the specific nuances within the concept can be brought to light, which would allow for more effective programs and policies to be created. The elderly deserve particular attention with regards to social engagement as they are more isolated than the general population. Elderly refugees are at an even greater risk of isolation and poor health. With the help of local community centres that target the specific needs of these groups, they will have the opportunity to improve upon their existing situations and age successfully. As Campbell and McLean (2002) highlighted, community participation as a means of tackling health inequalities cannot be advocated by policymakers without understanding the obstacles that marginalized groups face in participating in the first place. In this vein this study shows that even if marginalized groups are able participate in community networks they may not be able to make use of social capital in the same way, so policymakers must address social exclusion that hinders participation but also how marginalization can serve as an obstacle to harnessing the benefits of such participation.

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Appendices

Appendix I- Consent Form

Hello. My name is XXXX. I am here to study the impact that HELPS has had on your health and well being. I will be conducting interviews and groups discussions and these will be recorded. If you decide you want to participate in this study you can expect the following:

- When a report is written discussing the findings of the project, I will make sure to protect your identify and all the information collected will be stored in a private place.
- Your participation in this project is voluntary, which means you do not have to partake if you do not want to and can withdraw from the process once you begin: You can stop at any time without penalty or judgment. If you do not want to answer a question you do not have to. If you would like something to be erased from a recording in hindsight then you can ask me to do so.
- During each of our meetings, you will be provided with tea and biscuits.

If you require a more comprehensive outline of the project please let me know and a copy will be provided to you.

'I have read or have had read to me the information provided above and I want to participate in this project.'

_____

Name of Participant Date

_____

Name of Researcher Date

Appendix 2-

Topic Guide for Interview, Camden HELPS

Part one: gaining a sense of who the person is
Questions:

How long have you lived in Camden?
Did you used to work and if so what did you used to work as?
What are your goals?
Tell me about yourself, what are your hobbies/likes/dislikes?
Tell me about your life, where have you lived, what have you done, biggest sense of achievement, any regrets?
Do you live alone, with a partner, children?
Can you rely on others?
Are you in contact with your family, friends, do you have a partner?

Part two: gaining a sense of what the programme means to them
Questions:

How long have you been attending classes at HELPS?
How did you hear about it?
What classes do you attend, how regularly?
What are your favourites, why?
Have you made friends...do you perhaps enjoy the company more than the actual activity?
Does HELPS provide a support network or a safehaven that you didn't have before?
Do you meet friends you have made outside of classes?
What aspects of HELPS are the best, classes, trips, holidays?
Do you think that you are more active/mobile/flexible etc after doing classes such as walking, yoga, tai chi etc?
Do you feel more confident about meeting and engaging with new people after having the opportunity to socialize?
What would you change about HELPS if you could? Would you introduce any new classes or other types of excursions?
Have you been made to feel welcome?
Are there any problems or concerns you have? (confidential)
(Are the exercises too difficult for example)

Part three: self assessed health

Do you have any underlying health problems?
How would you describe your health, very good, good, average, bad, very bad?
Have you seen any improvements in your health since attending HELPS? Are you more mobile for example?
Have the classes affected your health in a negative way at all? Over exertion? Do you feel frustrated if you can't do something?
Do you feel as though classes have affected you mentally? Can you think more clearly etc?

Appendix 3- Modified Topic Guide for Interview with Iraqi group

Part one: gaining a sense of who the person is
Questions:
When did you move here from Iraq?
Do you miss home?
Have you been back?
Tell me about why you left? Political problems? Personal problems?
How long have you lived in Camden?
Did you used to work and if so what did you used to work as?
What are your goals?
Tell me about yourself, what are your hobbies/likes/dislikes?
Tell me about your life, where have you lived, what have you done, biggest sense of achievement, any regrets?
Do you live alone, with a partner, children?
Can you rely on others?
Are you in contact with your family, friends, do you have a partner?

Part two: gaining a sense of what the programme means to them
Questions:
How long have you been attending classes at HELPS?
How did you hear about it?
What classes do you attend, how regularly?
What are your favourites, why?
Have you made friends…do you perhaps enjoy the company more than the actual activity?
Does HELPS provide a support network or a safehaven that you didn't have before?
Do you meet friends you have made outside of classes?
What aspects of HELPS are the best, classes, trips, holidays?
Do you think that you are more active/mobile/flexible etc after doing classes such as walking, yoga, tai chi etc?
Do you feel more confident about meeting and engaging with new people after having the opportunity to socialize?
What would you change about HELPS if you could? Would you introduce any new classes or other types of excursions?
Have you been made to feel welcome?
Are there any problems or concerns you have? (confidential)
(Are the exercises too difficult for example)

Part three: self assessed health
Do you have any underlying health problems?
How would you describe your health, very good, good, average, bad, very bad?
Have you seen any improvements in your health since attending HELPS? Are you more mobile for example?
Have the classes affected your health in a negative way at all? Over exertion? Do you feel frustrated if you can't do something?
Do you feel as though classes have affected you mentally? Can you think more clearly etc?

Appendix 4- Topic Guide for Focus Group Discussion:

Facilititating Discussion:

Gaining a sense of what the programme means to them
Questions:

How long have you been attending classes at HELPS?
How did you hear about it?
What classes do you attend, how regularly?
What are your favourites, why?
Have you made friends...do you perhaps enjoy the company more than the actual activity?
Does HELPS provide a support network or a safehaven that you didn't have before?
Do you meet friends you have made outside of classes?
What aspects of HELPS are the best, classes, trips, holidays?
Do you think that you are more active/mobile/flexible etc after doing classes such as walking, yoga, tai chi etc?
Do you feel more confident about meeting and engaging with new people after having the opportunity to socialize?
What would you change about HELPS if you could? Would you introduce any new classes or other types of excursions?
Have you been made to feel welcome?
Are there any problems or concerns you have? (confidential)
(Are the exercises too difficult for example)

Questions about the class or club the participants have just been in
Do you enjoy the class?
Do you meet up outside the class?
Have you joined other clubs or centres through each other?
Does the class make you happy? Feel healthy?