

**The influence of cultural capital
and life experiences on social
participation, social bonding and
bridging among South Asian
older people.**

By

Kam Kaur

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The influence of cultural capital and life experiences on social participation, social bonding and bridging among South Asian older people.

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Applicant:

Kamaljit Kaur

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Abstract

The UK government's first loneliness strategy promotes socially connected communities. A social policy approach, whereby social interactions with diverse communities is promoted, aims to tackle loneliness. However, this approach may not suit everyone, as older South Asian people in the UK often do not socially interact with others outside their own faith and/or ethnicity due to cultural barriers. Focus groups were undertaken with older South Asian people from three faith groups – Sikh, Hindu, and Muslim – and across genders to identify the barriers and enablers to social participation. In addition, participatory mapping was undertaken to identify whether life experiences shape intra/inter-social bonding and/or social bridging in social networks and community activities throughout the course of life (middle to older age).

The findings identify that both cultural capital and life experiences impact and shape social participation, the social networks and community activities that older South Asian people access across the life course, and intra/inter-social bonding and social bridging. Similarities and differences are found across faiths and genders. Personal life circumstances, migration, caring, and bereavement have been found to strengthen family networks in pre-retirement but reduce participation in community activities, particularly for women. However, retirement and older age facilitates access to community activities through social bridging across faiths and genders and to volunteering aligned to cultural values. Furthermore, for South Asian women and Muslim men, cultural barriers and faith were also found to strengthen intra-social bonding in community activities but hinder wider community participation through inter-social bonding and/or social bridging. Shared interests related to hobbies facilitated social bridging, particularly for men across the life course, but it did not lead to bridging social capital. Older South Asian people who have experienced social interactions with diverse groups of people at an earlier life stage have been found to be more likely to access a range of social networks and community activities in later life, through social bridging, and to develop bridging social capital.

The findings suggest that adopting socially connected communities as a social policy approach will not be effective in increasing social participation and/or reducing loneliness among all older South Asian people living in the UK.

Keywords: older South Asians living in the UK; social participation; social bonding; social bridging; cultural capital; life experiences.

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Glossary

BAME – people from black, Asian, and minority ethnic backgrounds.

Bonding social capital – social relationships (e.g. friendships) formed from social interactions with others from a similar homogeneous population (e.g. the same faith/interfaith) through social networks/community activities.

Bridging social capital – social relationships (e.g. friendships) formed from social interactions with others in wider society (outside of one's own ethnicity).

Cultural capital – set of ideas, practices, beliefs, traditions, and values that serve to identify and bind together a given group of people.

Economic capital – material assets that are immediately and directly convertible into money.

Financial capital – the impact of financial resources in monetary value on social participation.

Intra-social bonding – social interactions with others from the same faith.

Inter-social bonding – social interactions across different faiths (e.g. Sikh, Hindu, Muslim).

Loneliness – feelings of dissatisfaction and/or emptiness when people have a lack of quality social relationships.

Older people – aged 50 years and over.

Social participation – time spent with others in terms of social support, without necessarily doing a specific activity with them, as well as doing social activities in the community either with others or for others, e.g. volunteering.

Social activities – engagement in activities in the community with others, e.g. social groups, volunteering, religious activities, or hobbies.

Social networks – connections to certain types of people, e.g. family, friends, co-workers, or members of a community group/organisation, that facilitate social participation.

Social bonding – social interactions with people from a similar homogenous population (e.g. an ethnic group).

Social bridging – social interactions with people from diverse ethnic backgrounds.

Social isolation – the lack of contact and/or absence of social relationships with individuals and/or groups of people.

Social capital – social relationships formed with other people.

Chapter 1 – Introduction

There is an increased prevalence of loneliness amongst older people in the UK, alongside an ageing population (Age UK 2019). Research suggests there are multiple risk factors for loneliness in older age, including but not limited to: lack of social connections (Walker & Lowenstein 2009), living alone, lack of transport, low income, bereavement (Victor et al. 2005), poor health (Burholt & Scharf 2014), and life experiences such as caring (Rozanova et al. 2012). The impact of loneliness has been found to lead to poor later-life outcomes, including increased morbidity and mortality (Holt-Lunstad et al. 2010). Loneliness has also been associated with increased pressure on health and social care services (Leigh-Hunt et al. 2017). This has led to policy and practice initiatives to promote healthy and active ageing (WHO 2002, Walker 2002), including the promotion of social activities in the community (Ageing Better Programme 2020) to reduce social isolation and loneliness, particularly amongst older people. In addition, the UK government launched its first loneliness strategy (Gov UK 2018) to tackle loneliness, which promotes socially connected communities.

The recent 'Barriers to Belonging' report published by the British Red Cross (2019) reveals that people from black, Asian, and minority ethnic (BAME) backgrounds living in the UK are vulnerable to loneliness. Loneliness for BAME people has been reported to be compounded by feelings of not belonging (British Red Cross 2019). The Ageing Better programme (2020), launched by the National Lottery Community Fund, focuses on promoting community participation for older (including BAME) people. Through the Leeds Time to Shine Ageing Better programme, community activities specifically designed to meet the cultural needs of BAME older people, and targeted exclusively for their membership, has encouraged engagement among this minority group (Wigfield & Alden 2017). However older people from BAME groups may not socially interact and or connect with others outside of their own ethnicity, known as 'social bridging' (Putnam 2000) in the context of social participation.

South Asian older people living in the UK, as a minority group, have been identified as being particularly susceptible to loneliness (Victor 2012) as well as having poor health (National Institute on Ageing 2019, Peltzer & Pengid 2019). Participation in

community activities has been found to reduce loneliness and improve health (Dahan-Oliel et al. 2008). However, as they age, South Asian older people have been reported to receive social support from within the family home, which is a lower form of social participation (Levasseur 2010) linked to culture (Centre for Better Ageing 2020). In addition, South Asian older people who access social activities in the community have been found to socialise with others from the same community (Kandula et al. 2018), suggesting that cultural capital (Throsby 1999), in the form of cultural practices, beliefs, traditions, and/or values amongst South Asians, may serve to identify and bind them together.

Cultural capital (Throsby 1999) may hinder social participation for South Asian older people through inter-social bonding and social bridging. In a study in Singapore by Aw et al. (2017), differences in social participation linked to culture were found across minority ethnic groupings and across genders. Furthermore, older people in Sweden not living in their birth country have been found to have lower levels of social participation due to a lack of cultural activities they can access (Lindstrom 2005). A better understanding of social participation, intra/inter-social bonding, and 'social bridging' within the South Asian ethnic group in the UK and across genders is needed, as there is a current gap in the literature. Exploration of cultural and ethnic dimensions in the field of social participation in a cross-cultural context is particularly recommended in the literature (Zubair & Norris 2015).

South Asian older people may face greater barriers to social participation through inter-social bonding and/or social bridging (Putnam 2000) due to cultural differences such as language, which has been identified in the literature as a barrier to community participation for older people from minority ethnic backgrounds (British Red Cross 2019, Ige-Elegbede et al. 2019). In addition, the literature alludes to the idea that life events and experiences over the life course, such as migration, may impact on community participation (Campaign to End Loneliness 2015), but there is little detail to contextualise this. The extent to which life experiences may shape and/or impact on social participation, bonding, and bridging in social networks and community activities amongst BAME older people in the UK has not been extensively researched. If South Asian older people limit social participation to intra-social bonding, this could intensify their risk of loneliness, especially if the quality and quantity of their social relationships within kinship and ethnic ties are not

adequate (Victor 2012) and if they are less likely to admit they are lonely (British Red Cross 2019). Cultural barriers may exist that need to be addressed through policy and practice in order to increase social participation and reduce the risk of loneliness for South Asian older people in the UK.

Coventry is a very diverse city in the UK, and South Asians are its largest minority ethnic group (Coventry City Council 2019), making it an ideal geographical location for this study. Furthermore, Coventry is a 'Marmot City' (Coventry City Council 2019), which means it is aiming to reduce health inequalities and improve health outcomes for its ethnically diverse population by working with partner organisations and through the development of policy and practice. In terms of this study, an older person will be defined as a person aged 50 years and over. This is in line with Coventry Age UK's definition of an older person, as well as being endorsed by Coventry Older Voices, a local independent group (Age UK 2017).

The qualitative research comprises two parts. The first part uses focus groups to explore the barriers and enablers to social participation amongst South Asian older people within faith groups (Sikh, Hindu, and Muslim) and across genders. The definition of social participation used for the study aligns with the classifications along the continuum outlined by Levasseur et al. (2010): social support from others (without necessarily doing a specific activity with them); undertaking social activities in the community with others; and involvement in civic participation for the benefit of others, e.g. volunteering. The second part of the study involves participatory mapping (Emmel 2008) combined with semi-structured interviews (with a sample of participants from the different faith groups and across genders) to identify life experiences and how they impact and shape social participation, intra/inter-social bonding, and social bridging through social networks and community activities accessed across the life course. The qualitative research methods chosen for the empirical study are the most appropriate for investigating the subject matter, which seeks to explore, explain, and understand social-cultural contextual information (Braun & Clarke 2013).

Research Aim

The aim of the research is to identify the barriers and enablers to social participation for South Asian older people (across faith groups) living in the UK as well as the life experiences that impact and shape social participation and the social networks and community activities accessed over the life course, leading to intra/inter-social bonding and social bridging.

Research Questions

The research questions to be answered by the study are:

1. What are the barriers and enablers to social participation within the themes of the capital assets approach?
2. To what extent do life experiences impact and shape social participation, social networks, and/or community activities accessed through intra/inter-social bonding and/or bridging across the life course?
3. Are there similarities and/or differences across the faith groups/genders in relation to social participation and types of social networks and community activities accessed through intra/inter-social bonding and/or social bridging over the life course?
4. Does cultural capital (practices, beliefs, traditions, and values) impact on social participation, intra/inter-social bonding, and/or social bridging?
5. What are the policy and practice recommendations from the study?

Thesis Structure

The thesis begins with a review of the literature on older (including BAME) people's experiences of social isolation and/or loneliness and key themes for barriers and enablers to social participation. It outlines Bourdieu's (1984) theories of capital (social, economic, and cultural) and how the capital can impact and influence social participation. An understanding of social bonding and social bridging is then outlined. The findings from the literature review shape the development of the conceptual framework for the study, as discussed in Chapter 3. The research methods for the empirical study are presented and justified in Chapter 4. The empirical findings of the study are detailed in Chapters 5, 6, and 7 and then brought together in the form of a discussion and conclusion in Chapter 8. A visual diagram

showing the thesis structure is shown in figure 1.1. The key definitions used in the thesis are outlined in the glossary.

Structure of the Thesis

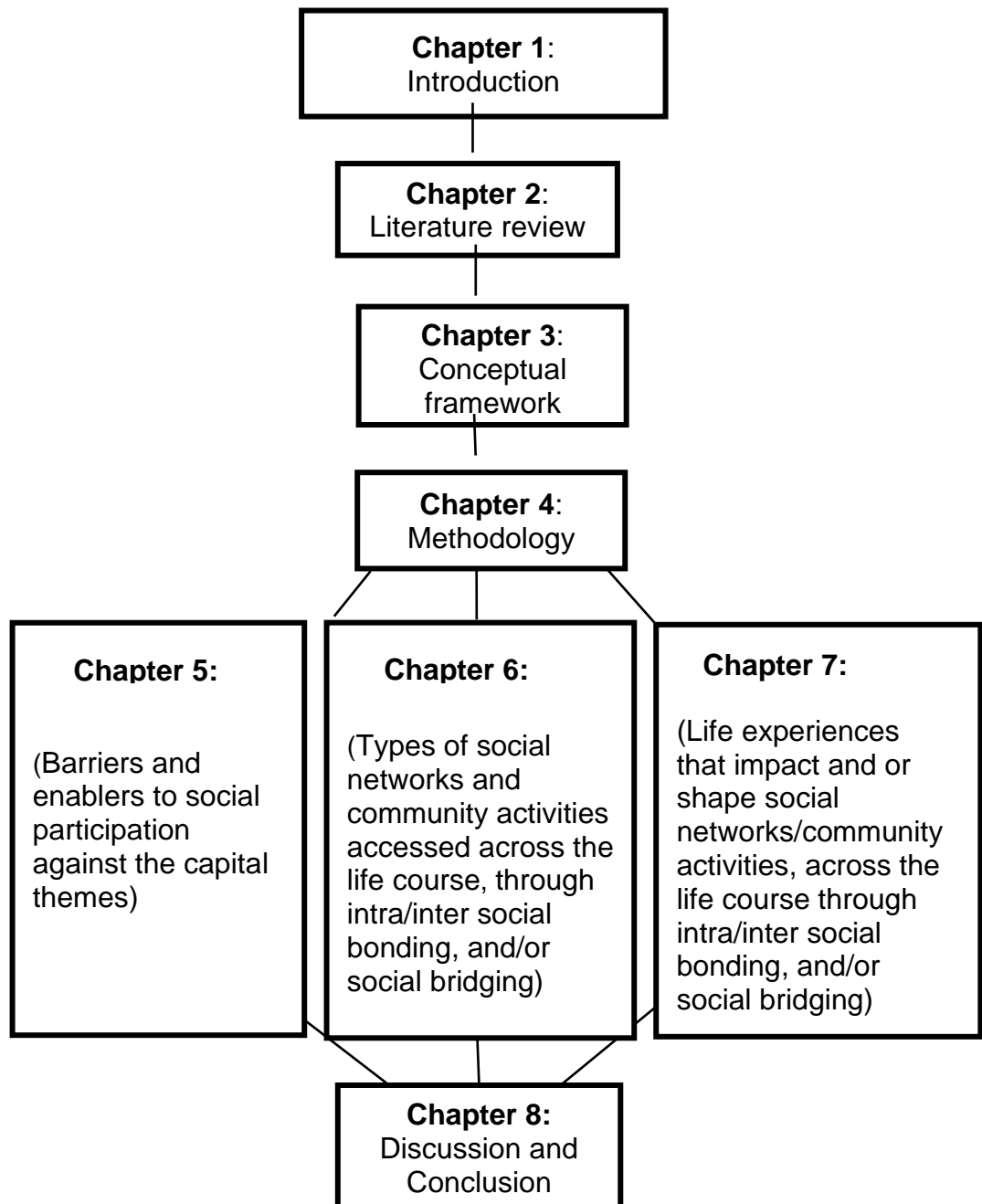


Figure 1.1: Structure of thesis

Chapter 2 – Tackling Loneliness Through Increased Social Participation

Introduction

This chapter commences with a review of older people's experiences of social isolation and loneliness, including those from black, Asian, and minority ethnic (BAME) backgrounds. It then reviews population ageing within the UK as well as the concept of active ageing, i.e. increasing social activity to improve health and wellbeing in older age. Key policy and practice initiatives to increase social participation and to reduce social isolation and loneliness are then summarised. The barriers and enablers to social participation (at both individual and community level) for older (including BAME) people is then discussed. A review of Bourdieu's (1984) theory of capital – economic, cultural, and social – in relation to social participation is then explored. An outline of the concepts of social bonding and social bridging (Putnam 2000) concludes the chapter.

Loneliness

Loneliness is defined as “a subjective state, based on a person's emotional perception of the number and/or quality of social connections they need, compared to what is currently being experienced” (Griffiths 2020, p. 3). Put simply, loneliness is the feeling of dissatisfaction and/or emptiness a person feels when they have a lack of quality social relationships. Loneliness is often associated with social isolation, which is defined as “an objective state determined by the quantity of social relationships and contacts” (Griffiths 2020, p. 3). In other words, it is the lack of contact and/or absence of social relationships that a person has with individuals, groups, and communities in a social environment (Victor et al. 2005). Social isolation and loneliness are concepts that are different but also interrelated (British Red Cross 2016). A person could be isolated without feeling lonely, or on the other hand, a person may feel lonely without being socially isolated (British Red Cross 2016).

The literature identifies four factors that have consistently been associated with loneliness: 1) sociodemographic attributes; 2) material circumstances; 3) health and social conditions; and 4) significant life events (Victor et al. 2005, Dykstra 2009, Pinqart & Sorenson 2003). Sociodemographic attributes consist of older age,

gender, living alone, not having children around, and being widowed/divorced (Victor et al. 2005, Victor & Yang 2012, Pinqart & Sorenson 2003, Savikko et al. 2005). Material circumstances include poverty, limited education, low income, and lack of access to a car/transport (Victor et al. 2005, Victor & Yang 2012, Burholt & Scharf 2014). Health and social conditions incorporate poor health, disability, loss of mobility, declining cognitive function, and size of social network (Victor et al. 2005, Victor & Yang 2012, Courtin & Knapp 2017). Significant life events include bereavement (Victor et al. 2005). Protective factors to guard against loneliness have also been reported in the literature; they include gender, being married, good health, larger household size, educational qualifications, and perceived quality of social relationships (Victor et al. 2005, Victor et al. 2011, Ng et al. 2011).

Loneliness, like many other facets of life, can fluctuate over the life course (Victor et al. 2012). Loneliness can affect people at any age, although it has been found to be more prevalent amongst older people in the UK in comparison with younger age groups (Victor et al. 2011). Older age has consistently been identified as a risk factor for loneliness (Fees et al. 1999, Wenger et al. 1996). The increased risk of loneliness has been found to be differentially distributed by gender within later life (Victor et al. 2002, Victor et al. 2011), with older females being reported to have a higher prevalence of loneliness and starting at an earlier age in comparison to men (Yang & Victor 2011, Victor & Yang 2012). Contrary to this, very old age has actually been found to be a protective factor against loneliness (Victor et al. 2005, Holmen & Furukawa 2002). Thus, there is a complex link between loneliness, age, and gender, which warrants further examination (Victor & Yang 2012).

Loneliness in later life can fall into three categories: a continuation from earlier phases of life, a new experience, or a state that has reduced in intensity from former life stages (Victor et al. 2005). Furthermore, the relationship of loneliness to age may be an adaptive response, whereby those of older age adapt to life events such as bereavement or declining health (Victor et al. 2005). The adaptive response will inevitably mean some people will experience an increase in loneliness and others a decrease. Temperamental loneliness stems from the personality or mindset of the individual; this is in contrast to situational loneliness, which develops in response to changes in external circumstances or the socioenvironmental context of the individual (Victor et al. 2005, Victor et al. 2012). A few studies have adopted a

longitudinal approach or examined the concept of loneliness using a life course approach (Holmen & Furukawa 2002, Wenger & Burholt 2004) by inviting participants to compare loneliness in the context of previous life experiences (Victor et al. 2005).

BAME people in the UK have been found to be particularly vulnerable to loneliness (British Red Cross 2019). This is compounded by experiences of discrimination and feelings of not belonging (British Red Cross 2019). Poor health is also a risk factor for loneliness amongst BAME older people (Lewis & Cotterell 2018). Furthermore, ethnic, social, and economic inequalities make people from BAME backgrounds more vulnerable to loneliness in later life (Lewis & Cotterell 2018) in comparison to white groups and the overall population (Jivraj & Simpson 2015). A study by Wu and Penning (2015) found that older immigrants in Canada had higher levels of loneliness in comparison to older native-born Canadians, supporting the contention that the impact of life experiences on immigrants in relation to loneliness is important to understand. Furthermore, cultural factors such as language barriers have been found to hinder community participation (British Red Cross 2019). A lack of cultural activities in the community may also prevent a sense of belonging amongst older BAME people.

Research suggests that not all BAME older people are at equal risk of social isolation and loneliness, and differences have been found amongst minority ethnic groups living in the UK (Victor et al. 2012, Lewis & Cotterell 2018). South Asian older people of Pakistani and Bangladeshi heritage in the UK have been found to have the highest prevalence of loneliness (Victor et al. 2012), whereas older people of Chinese heritage living in the UK have been found to have better health in comparison to older people from Bangladeshi and Pakistani minority ethnic groups (Bécares 2013), which might account for why they are better protected from loneliness. However, differences amongst minority ethnic groups in relation to loneliness, in a culturally and ethnically diverse population like the UK, warrants further research and understanding (Victor et al. 2012).

Population Ageing

The UK has an ageing population, with over 12 million older people (Age UK 2019). It is estimated that by 2026, there will be over 1.3 million people from BAME backgrounds aged 65 and over living in the UK (Age UK 2019). The South Asian population is projected to be amongst the fastest growing over the next few years (Runnymede 2019). With changing demographics and an ageing population (Gov UK 2020), social isolation and loneliness amongst BAME older people in the UK is a pressing public health concern (Lewis & Cotterell 2018, Campaign to End Loneliness 2015) that merits further exploration.

In addition to an ageing population, older people are living longer; however, for many of those, the extra years are impaired by ill health (Christensen et al. 2009). There is a growing body of literature indicating that lonely older people experience poorer health outcomes and increased morbidity (Bosworth & Schaie 1997) and mortality (Holt-Lunstad et al. 2010). Poor health amongst an ageing population has been reported to increase the likelihood of pressure on health and social care services (WHO 2002). South Asians are recognised as having an increased risk of poor health linked to socioeconomic factors (Lewis & Cotterell 2018). Thus the focus of public health policy, which has shifted to healthy life expectancy (Beltrán-Sánchez et al. 2015) through active ageing initiatives (WHO 2002, Marteau et al. 2019), needs to be more targeted to reach the minority ethnic groups at greatest risk.

Active Ageing

With the increased prevalence of social isolation and loneliness amongst older people, there is a growing interest in the concept of active ageing (WHO 2007). The World Health Organization (WHO 2007) defines active ageing as “the process of optimizing opportunities for health, participation and security in order to enhance the quality of life as people age” (WHO 2002, p. 12). Active ageing has been associated with improved later life outcomes (Bowling 2008) through increased community participation.

Active ageing has recently been defined by activity theorists as a function of maintaining activity levels in middle age through to older age (Walker & Maltby 2012, Bowling 2008). Traditionally, successful ageing (Bowling & Dieppe 2005), like the

notion of active ageing (Walker 2002), has been viewed as being effective if activities in middle age are maintained or supplemented with new ones (Walker & Maltby 2012) in order to maintain life satisfaction and, most importantly, quality of life (Bowling 2008). Thus active ageing and successful ageing can be rooted back to the activity theory (Walker 2002) (see Table 2.1), which emphasises keeping up with social activity patterns from middle through to older age to achieve personal life satisfaction. Psychosocial changes in ageing have been found to influence the extent to which older people engage in active ageing. The continuity theory (Atchley 1989) suggests that older people seek a consistent perception of themselves by continuing their social roles, relationships, and activities as they age. On the other hand, the disengagement theory (Cumming & Henry 1961) (see Table 2.1) suggests that disengagement in later life is a normal process of ageing and involves the mutual withdrawal of an ageing person and society (Boudiny 2013), and the socioemotional selectivity theory (Carstensen, 1992) suggests a reduction and/or selective tapering of social interactions and activities, to focus on those that are most meaningful (see Table 2.1).

Walker (2017) argues that policymakers in the UK need to have a much longer-term view of the notion of active ageing whereby connections are seen in a continuous life course approach, from childhood through to working life and retirement (Walker 2017). As opposed to older age being viewed more narrowly in relation to functional and physical decline, Walker (2017) argues that if ageing is a lifelong process, and it is impacted by social, economic, environmental, and behavioural factors, then separate policy areas should be joined up. This would enable a comprehensive strategic approach to the promotion of active ageing, which in turn, it has been implied, will support later-life outcomes (Walker 2017). Furthermore, by delivering interventions at a much earlier stage of the ageing process, it is argued it will set the conditions to encourage people to age actively (Walker 2017) and maintain social activities in the community from middle age through to older age. This in turn could potentially reduce social isolation and loneliness later in life.

Despite policy (WHO 2007) placing greater interest on the promotion of active ageing in older age (Walker 2017), it is a multidimensional concept (Bowling 2008). Although old age is part of the continuum of life, individual older people age differently, and different life experiences, such as international migration, may

impact on community participation (Campaign to End Loneliness 2015) and/or the types of activities accessed in the community by BAME older people (Lindstrom 2005). Furthermore, ageing is a phenomenon that has different meanings in relation to ethnicity (Lewis & Cotterell 2018) and culture, which has been found to impact on social participation (Aw et al. 2017, Lindstrom 2005). However, there are very few studies in the literature that consider cultural and ethnic dimensions in the field of social participation (Zubair & Norris 2015) among BAME older people in the UK. A better understanding is needed to highlight any implications for current policy and practice.

Differences have been found amongst minority ethnic groups in relation to social participation levels, which have been linked to culture, in studies outside the UK (Aw et al. 2017, Lindstrom 2005). Certain cultures have been found to prohibit or be less accepting of some forms of social activity (Foster & Walker 2013), alongside gender differences (Lindstrom 2005). Furthermore, social ties with family members have been found to take precedence over participation in organised group activities in the community for certain minority ethnic groups in Singapore, which is linked to culture (Aw et al. 2017). However, social participation has not been extensively studied amongst minority ethnic groupings and/or within the context of faith groups and gender in the UK. If BAME older people are at increased risk of social isolation and loneliness later in life due to inequalities (Lewis & Cotterell 2018), this further increases the importance of understanding social participation alongside cross-cultural contextual factors.

Policy and Practice

Attention has been placed on reducing loneliness and social isolation amongst older (including BAME) people through the promotion of social participation within policy and practice. At a global level, the United Nations (2002) Second World Assembly on Ageing adopted an international plan of action on ageing. The plan set out how to promote social environments for an ageing population (United Nations 2002). Furthermore, in support of this global movement, the World Health Organization developed the concept of an 'age-friendly city', which is simply an inclusive and accessible urban environment that promotes active ageing (WHO 2007), to encourage cities across the globe to develop social environments that are

accessible (WHO 2007) and support older people to maintain social participation as they age.

In Britain, the Campaign to End Loneliness (2015) began in 2011 and aims to raise awareness of the risk of loneliness. There followed a framework to help conceptualise different evidence-based approaches (Campaign to End Loneliness 2015) that community organisations could utilise to support older people experiencing loneliness. The framework was tested in practice to understand more about what works (Age UK 2020). One of the most successful approaches to tackling loneliness in the framework was reaching out to vulnerable groups of older people and gaining a good understanding of their individual needs (Age UK 2020). Furthermore, tailoring support to meet their needs, such as designing accessible and engaging activities, enabled them to reconnect and make new connections (Age UK 2020).

The Centre for Ageing Better (2020) was established in 2015 with a £50 million endowment from the National Lottery to develop an evidence base of 'what works' in tackling loneliness and isolation amongst older people through research and practice (Centre for Ageing Better 2020). Some of the most significant projects being trialled in practice through this work across the UK include the promotion of local areas to become 'age friendly' by designing accessible activities and removing barriers to participation for older people. In addition, the British Red Cross (2020) have trialled Community Connector services across the UK, reconnecting people who are experiencing loneliness with their communities. This has included connecting BAME individuals who have experienced loneliness following life experiences such as migration and cultural activities in the community through the Connecting Communities project of the British Red Cross (2020).

In 2015, the Ageing Better Programme (2020) was set up by the Big Lottery Fund with £78 million with the aim of reducing social isolation amongst older people in 14 areas of England over a six-year period (2015–2021). The programme has supported older people to become actively involved in their communities and improve social connections. The Leeds Ageing Better programme, known as Time to Shine, has been effective in reaching out to socially isolated older people from BAME backgrounds by involving them in the design and development of services and supporting their cultural needs (Wigfield & Alden 2017). An evaluation of the

projects in the Time to Shine programme by Wigfield and Alden (2017) identified several key factors that support BAME older people to reduce loneliness through engagement in community activities. These include reducing language barriers, bringing people together with shared experiences and culture, eliminating assumptions about BAME older people receiving social support from family, and reducing stigma attached to loneliness (Wigfield & Alden 2017).

In 2018, a UK cross-government strategy (Gov UK 2018) was published called 'A Connected Society'. The strategy is an endorsement of the recommendations of the Jo Cox Loneliness Commission (2020) to combat loneliness amongst people of all ages in the UK. The strategy sets out an approach to work with a range of sectors to combat loneliness and to work together to build socially integrated communities (Gov UK 2018).

Psychosocial Theories	Component	Pros/Cons
Activity Theory (Maier & Klumb 2005)	Activity theory suggests that informal social activity occurs more frequently and provides specific role support, thus having a stronger association with life satisfaction than formal social activities (Maier & Klumb 2005).	<p>Pros - Activity theory suggests that when older people lose their roles in society, e.g. employment, looking after children, these can be swapped with social activities (Utz et al. 2002).</p> <p>Cons - Activity theory ignores personal factors and inequalities such as caring responsibilities and health, that may prevent older people engaging in such activities (Utz et al. 2002, Rozanova et al. 2012). It has been evidenced by Rozanova et al. (2012) that some older people may simply not choose to engage in social activities.</p>
Disengagement Theory (Cummings & Henry 1961)	Disengagement theory states that over time, older people withdraw or disengage from social engagement, as well as the social roles and relationships that they maintained in their middle age. It is seen as a normal part of ageing (Utz et al. 2002).	<p>Pros - Cummings & Henry (1961) situate ageing within the social system and offer a set of steps that outline how the process of disengagement occurs as one ages, and why this is important and beneficial to the social system.</p> <p>Cons - Quadagno & Street (1996) and Utz et al. (2002) question the simple nature of this theory, and that it supposes that people change as they age, in such a fixed way. Furthermore, Baltes & Carstensen (1996) argue that disengagement theory in this way</p>

		suggest that ageing results in low social goals. It also completely ignores the role of class in shaping the experience of ageing, fails to capture the complex and rich social lives of the older people, and the many forms of engagement that follow retirement. Crossman (2019) criticize disengagement theory for failing to provide evidence that disengagement is willingly done.
Continuity Theory (Atchley 1989)	Continuity theory suggests that older people try to maintain their existing social relationships, roles, and activities as they age (Utz et al. 2002).	<p>Pros – People can seek a consistent perception of themselves by continuing their social patterns, behaviour and experience (Utz et al. 2002).</p> <p>Cons - Continuity theory has been criticized by Matras (1990) who argues that life events can affect continuity of lifestyle and role stability e.g., death of loved one, family moving away. In addition, Madras (1990) notes that continuity theory dismisses that people's age is highly individualized and is not a constant process.</p>
Socioemotional Selectivity Theory (Cartensen 1992)	Socio-emotional selectivity theory suggest that as people age, they become selective of social interactions, to focus on those that are more meaningful, through social relationships and activities (Carstensen 2006).	<p>Pros - Motivational changes, linked to age influence social preferences, and social network composition. These such changes are considered good for well-being and social adjustment (Lockenhoff & Carstensen 2004).</p> <p>Cons - Motivational changes may limit health-related activities and influence attention on pursuits which are less positive for wellbeing. (Lockenhoff & Carstensen 2004).</p>
Intergroup Contact Theory (Allport 1954)	Intergroup contact theory suggests that greater levels of interaction with a diverse range of people are likely to lead to greater understanding of them and, in turn, to a greater degree of security for groups with differing protected characteristics (Pettigrew 2006). Furthermore, that a lack of interaction with a diverse range of people can lead to segregation in communities (Pettigrew 2006). In addition, that negative attitudes stem in part from a lack of personal and	<p>Pros – There is evidence to suggest that there are correlations between intergroup contact and non-prejudiced behaviour, which can be explained by self-selection: less prejudiced people seek out contact (Bertrand & Duflo 2017). There is also evidence of intergroup contact as an effective means for reducing negative attitudes toward individuals with disabilities, mental health issues, racial/ethnic minorities, sexual minorities, and more (Pettigrew & Tropp, 2006).</p> <p>Cons- There are relatively few studies that examine intergroup contact</p>

	positive contact between groups (Pettigrew 2006).	theory. Of those that do, few measure prejudice outcomes for an extensive period, leaving a gap in the literature that investigates the long-term effects of intergroup contact (Hayward et al 2017)
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Table 1.1: Summary of Psychosocial Theories of Aging

(Source: Bengtson & Settersten 2016).

Social Participation

Policy and practice initiatives have positioned social participation as a conduit to the alleviation of isolation and loneliness in later life. A review of the literature by Levasseur et al. (2010) found social participation to be most defined as time spent in social interactions with others, along a continuum of distal to proximal levels of social involvement. For example, Levasseur et al. (2010) distinguishes social support as the lowest level of social involvement an individual has with others without doing a specific activity with them. This is followed by participation in social activities, performed with others in the community (Levasseur et al. 2010), and the highest level of social participation involves civic engagement, whereby the individual seeks to influence and involve themselves in activities for the benefit of others in the community, e.g. volunteering (Levasseur et al. 2010). The definition of social participation along this continuum of Levasseur et al. (2010) will be used within this thesis.

Reduced or lower levels of social participation have been found to be common amongst older people (Bukov et al. 2002, Desrosiers et al. 2004) and are associated with a detrimental impact on the quality of life (Victor et al. 2005), specifically including poor health outcomes as well as social isolation and loneliness (Maier & Klumb 2005, Gleib et al. 2005). Evidence points to an association between later-life loneliness and social detachment, in which older people fail to participate in activities (Goll 2015), which resonates with disengagement theory (see Table 2.1). However, the value of social participation is widely recognised (WHO 2007, Cachadinha et al. 2011, Campaign to End Loneliness 2015) and has been found to

increase quality of life (Bowling 2008). This would suggest that greater efforts to increase social participation amongst older (including BAME) people will reduce the risk of social isolation and loneliness.

Social participation in later life may not be equitable amongst different groups of older people (Bukov et al. 2002). There is evidence to suggest that older people from BAME backgrounds, and those that are not living in their country of birth, have a lower level of social participation (Victor et al. 2012, Lindstrom 2005). Experiences of social isolation and marginalisation in schools and in the workplace amongst African Caribbean people in the UK has been found to impact on community participation (Campbell & McLean 2003). Similar findings from the British Red Cross have identified that discrimination and feelings of 'not belonging' hinder community participation amongst BAME people in the UK. Language barriers have also been found to prevent immigrant older people from engaging in their community in Western countries (Gele & Harsløf 2012, British Red Cross 2019). In addition, differences in social participation levels have been found amongst minority ethnic groups in Singapore and across genders (Aw et al. 2017). Thus it may be likely that differences in social participation levels exist amongst minority groups in the UK. This is potentially associated with different cultural practices, values, and beliefs, in the form of cultural capital (Bourdieu 1984), that set them apart. However, barriers and/or enablers to social participation specifically for BAME older people in the UK have not been widely researched.

There is scant literature specifically on BAME older people in the UK related to the field of social participation. Ageing research which has involved minority ethnic groups has predominantly focused on health-related agendas or health and care issues, and it has been recognised that culture is problematic in these areas (Zubair & Norris 2015). The impact of ageing and culture in relation to social participation is not widely understood for minority ethnic groups in the UK. Increased knowledge in this field will enable policymakers and service providers to consider the current challenges facing BAME older people in relation to social participation and how they can be addressed. Furthermore, it would support the calls for further research on ethnically diverse BAME older people in the UK in relation to loneliness and social isolation (Victor et al. 2012, Lewis & Cotterell 2018).

A starting point for further research is to understand the key themes in the literature concerning the barriers and enablers to social participation for older (including BAME) people. The barriers and facilitators are often multifaceted and cut across individual, neighbourhood, and societal levels (Public Health England 2015). The term ‘barrier’ is used to categorise factors that either directly or indirectly contribute to making it difficult for BAME older people to engage in social participation. The term ‘enabler’ is used to describe any direct or indirect factors that either encourage, support, or enable social participation to occur.

Barriers and Enablers to Social Participation

Barriers and enablers to social participation amongst older (including BAME) people (living in their own homes in the community, not in care homes, sheltered, or supported accommodation) can be broken down into four broad categories following a review of the literature: socioeconomic factors, personal characteristics, social environment, and the built environment, as shown in Table 2.2 below.

Main Category	Associated Themes
1. Socio - Economic Factors	<ul style="list-style-type: none"> ▪ Education/skills ▪ Income ▪ Occupational/social class
2. Personal Characteristics	<ul style="list-style-type: none"> ▪ Health ▪ Age ▪ Marital status ▪ Life events ▪ Ethnicity/faith ▪ Gender
3. Social Environment	<ul style="list-style-type: none"> ▪ Social networks ▪ Social opportunities/ Information ▪ Social identity
4. Built Environment	

	<ul style="list-style-type: none"> ▪ Neighbourhood ▪ Transport ▪ Accessibility of Physical Spaces
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Table 2.2: Themes for barriers and enablers to social participation

(Source: Mahal 2021)

Socioeconomic Factors

Education/Skills

Many studies have found a correlation between lower social participation levels in later life and lower educational achievements (Moen et al. 2013, Agahi & Parker 2005, Cramm & Nieboer 2015). In contrast, greater educational attainment is associated with a higher level of participation (Adler et al. 2007, Bukov et al. 2002, Cramm & Nieboer 2015, Dahan-Oliel et al. 2010). Older people who are first- or second-generation migrants are more likely to have lower educational attainment (Eurostat 2020), and this may disadvantage them with regards to social participation. Tackey et al. (2011) note that people of Pakistani and Bangladeshi heritage have the lowest levels of education. Education is not generally culturally valued within the Muslim community; Muslim women are often not permitted to continue their education because they are expected to get married and help care for members of their extended family at a young age (Wigfield & Turner 2012). Thus they may face additional barriers to social participation as they get older.

Lack of confidence has also been found to be a barrier to social participation amongst older people (Kruse & Schmitt 2015, Goll et al. 2015). A study by Rozanova et al. (2012) found that a lack of social skills impedes the ability to socially connect and maintain relationships, which are necessary for building social networks. Social skills may be a particular barrier for South Asian Muslim women, who have not been encouraged to pursue their education and/or employment (Wigfield & Turner 2012), which in turn could hinder their confidence in relation to social interactions. Language barriers amongst older immigrants have also been

found to be an obstacle to community participation (Gele & Harsløf 2012), potentially hindering confidence in relation to social bridging.

Income

A study by Berg et al. (2015) found that older people who have more income (which has also been linked to higher levels of education) were more likely to socially engage in public places compared to those with a lower income. In contrast, low disposable income is frequently reported in the literature to correlate with lower levels of social participation amongst older people. (Lindstrom 2005, Moen et al. 2013, Adler et al. 2007). Limited financial resources and disposable income prevent older people from engaging in group social activities (Jansen 2005, Martinez et al. 2009, Rozanova et al. 2012). BAME people in the UK are more susceptible to economic disadvantage, largely driven by higher unemployment rates and lower wages (Runnymede 2020). This potentially means that BAME people may have limited financial capital over the life course, which may impact on social participation when they are older. The British Red Cross (2019) reports that minority ethnic groups in the UK are more likely to report affordability as a barrier to social participation. Furthermore, Rozanova et al. (2012) identified differences in levels of income between the genders, which impacted on social participation. If South Asian women are not encouraged to take up employment, this could have financial implications for them and could impact on social participation.

Older people who perceive themselves to have low levels of income and/or perceive costs associated with social activities to be expensive have been found to construct a barrier to social participation with this perception (Wilkie 2007, Andonian & MacRae 2011, Levasseur et al. 2011). Given that BAME people in the UK are disposed to economic disadvantage (Runnymede 2020), they may perceive themselves to have little economic capital, which may hinder access to social activities that have costs attached. A study by Yuan and Ngai (2012) found that older people in a city in China who perceived themselves to have inadequate material resources had a greater social exclusion rate. Thus BAME older people may prefer to access activities that are free of charge.

Occupational/Social Class

Older people's levels of social engagement are found to differ by occupation and social class (Bowling & Stafford 2007). Those who live in more affluent areas and are homeowners are more likely to socially engage than those who are living in rented accommodation in deprived areas (Rozanova et al. 2012, Bowling & Stafford 2007). Ethnic inequalities suggest that people from BAME backgrounds are more likely to live in deprived areas and have low socioeconomic backgrounds (Lewis & Cotterell 2018, Jivraj & Khan 2013). Socioeconomic disadvantage amongst ethnic minorities could limit their opportunities for social engagement in older age. Studies have found that older men who retire from manual employment become less actively engaged in social participation compared to those from professional or managerial roles (Wilkie 2007). BAME older men, particularly migrants from South Asian backgrounds, are reported to predominantly work in manual employment (Eurostat 2020), potentially putting them at a disadvantage in relation to social participation. South Asian Muslim women may be further disadvantaged as they are less likely to be in any form of employment due to cultural restrictions (Wigfield & Turner 2012).

Personal Characteristics

Health

Good health has been found to facilitate social participation amongst older people (Richard et al. 2008, Goll et al. 2015, Bukov et al. 2002). In contrast, poor health is independently associated with low rates of participation in social activities for older people (Wilkie 2007, Agahi & Parker 2005, Jansen 2005, Strobl et al. 2016, Dahan-Oliel et al. 2010). Studies have reported a range of health problems which affect social participation, such as fatigue, long-term health conditions, and physical and mental disability (Goll et al. 2015, Bukov et al. 2002, Wilke 2007, Levasseur et al. 2008, Fristedt et al. 2011, Ishikawa et al. 2006). Poor mobility due to health issues such as arthritis is a determinant of poor health (even in the absence of any disability) and is a significant barrier to social participation for older people (Adler et al. 2007, Desrosiers et al. 2009, Rosso et al. 2013). In their study, Berg

et al. (2015) found significant differences in social participation between older people who were more mobile and those who were not.

A study by Gele and Harsløf (2012) discovered that one of the key barriers to social participation amongst older African immigrants in Norway was poor health. BAME older people in the UK are at increased risk of poor health, expedited by lower socioeconomic status (Lewis & Cotterell 2018, Jivraj & Simpson 2015). Furthermore, the South Asian migrant population is reported to have a greater prevalence of non-communicable diseases, such as type 2 diabetes (Terragni et al. 2017) and cardiovascular disease (Barnett et al. 2006). Thus if South Asian older people have poorer health, this may reduce their social participation levels in later life. However, the factors that impact health have been found to be unequally distributed across minority ethnic groups (Bécares 2013). These health differences when mapped against ethnicity and gender may be reflected in their social participation levels.

Age

There is overwhelming evidence to suggest that social participation decreases with age, as a function of getting older and age-related decline (Desrosiers et al. 2009, Bukov et al. 2002, Levasseur 2011, Bowling & Stafford 2007, Fristedt et al. 2011, Kruse & Schmitt 2015, Richard et al. 2008, Principi 2012). This offers support to the theory of social disengagement (see table 2.1), which suggests older people become increasingly withdrawn from social activities as they get older (Cumming & Henry 1961, Utz et al. 2002, Crossman 2019). Age-related factors that have been found to contribute to the withdrawal of social participation with increasing age include ill health, decreasing mobility, retirement, changes in social networks, and the death of a partner (Walker et al. 2013, Charles et al. 2010). An exception to the extensive literature pointing to a decline in social participation with age has been found in relation to certain types of social activities (Moen et al. 2013, Cornwell et al. 2008). Socialising with neighbours and religious, cultural, and volunteering activities were all found to increase with age (Moen et al. 2013, Agahi & Parker 2005).

Adopting a positive attitude and outlook on ageing, including a willingness to try new things, has been found to reinforce behaviour that increases social participation in later life (Andonian & MacRae 2011, Koutsogeorgou et al. 2014). Linked to a positive attitude, confidence has been found to increase activity levels in older age (Kruse & Schmitt 2015). Retaining a sense of purpose and independence also facilitates active ageing (Bowling 2008) as it encourages older people to seek social opportunities outside their homes, such as pursuing hobbies or volunteering (Centre for Better Ageing 2020). However, South Asian older people tend to have a lifelong preoccupation with family and earning money (Centre for Better Ageing 2020). Having achieved these tasks, further ambitions in later life are not always set (Centre for Better Ageing 2020). In addition, the lack of independence in older age, due to cultural values attached to ageing within the family home (Centre for Better Ageing 2020), may deter South Asian older people from accessing social opportunities in the wider community.

BAME older people may be impacted by cultural life challenges that continue to impact upon them in older age (Centre for Better Ageing 2020), alongside lifelong beliefs and spirituality (Dalby 2006) that affect their identity and involvement in social participation. For example, if BAME older people are living in large multigenerational families this may affect their desire to ask for help (Wigfield & Alden 2017) and/or to engage in community activities outside the family home (Centre for Better Ageing 2020). On the other hand, older people may adopt a new approach to social participation as they age, redressing challenges they had earlier in life (Dalby 2006). Older women, for example, have been found to distance themselves from the category of 'old' and ageist stereotypes, instead preserving their older age as a time for activity, happiness, and meaning by rejecting fears of declining health (Hurd 1999, Quénart & Charpentier 2012, Warburton & McLaughlin 2006).

Marital Status

Being widowed, separated, or divorced, or not having a spouse or partner in later life, is associated with lower levels of social participation compared to those who are married (Richard et al. 2008, Utz et al. 2002, Berg et al. 2015). Furthermore, some studies point to a gender angle, with older single men living alone (because of being widowed or divorced) being more prone to reduced social participation than

those who are not (Davidson et al. 2003, Nicholson et al. 2013). One of the reasons for this might be because older men rely on their female partners for social networks. Another explanation is given by Windsor et al. (2011), who highlight that having a partner is associated with having a larger family network. This suggestion is supported by Utz et al. (2002) who found older people who have their children nearby display higher levels of social participation than an older person who does not. Children leaving home, and how far away children live, can also affect how often an older person sees their children (Utz et al. 2002), which in turn has an impact on social participation. Older people from BAME backgrounds are less likely to be divorced (Das 2013) and are more likely to be living with extended family in line with their culture (Centre for Ageing 2020), thus potentially facilitating social support.

Life Experiences

Life events across the life course (Public Health England 2015) can affect social participation in later life. As discussed earlier, changes in life circumstances, such as health and mobility issues in older age, can hinder social participation (Allender et al. 2008). Widowhood following the death of a spouse or partner has also been found to have a significant impact on social participation amongst older people (Allender et al. 2008, Bukov et al. 2002). This has been found to be more prominent in older men, who are more likely to see a reduction in social participation as they often depend on their female partners to connect them to social networks (Age UK 2020). However, contrary to this, some studies have found that widowhood intensifies social relationships and social networks, which is attributed to others uniting around the widow/widower following a death in later life (Utz et al. 2002, Ferraro 1984).

Unemployment has been found to have a negative impact on social isolation (Public Health England 2015). Those who experience long-term unemployment are at greater risk of becoming socially isolated (Public Health England 2015). Retirement, which is linked to more leisure time, has been found to facilitate participation in a range of community activities, such as volunteering, club memberships (Van den Bogaard 2014), sports, arts, and culture (Public Health England 2015). Transitioning from working life to retired status has been found to increase

engagement in group activities, particularly amongst men (Lee et al. 2020). However, older women during the period preceding retirement, in comparison to older men, to experience more significant impacts from life events, resulting in a reduction in social participation (Szinovacz et al. 2002). Older age has also been found to lead to a drop in income, which leaves lonely older people with less money to engage in community activities and shrinks social networks (Goll 2015).

Other significant life events that have been found to affect social participation amongst older people include moving to a new area, resulting in a loss of social contacts (Public Health England 2015). Loss of contact with extended family members who may have moved also contributes to older people having reduced levels of social participation (Jansen 2008, Martinez 2009). South Asian older people report a loss of social support from their children when they leave the family home (Nijjar 2012). If these changes to cultural practices continue, whereby the younger South Asian generation no longer live within their extended families, this could continue to reduce social support for South Asian older people.

Caring for others has also been found to hinder social engagement due to time constraints (Rožanova et al. 2012, Jansen 2005). Older people, particularly older women with no caring responsibilities, are found to be more likely to take part in social activities outside the home (Fristedt et al. 2011). However, not all older people have a choice in relation to social participation due to constraints within their personal circumstances (Utz et al. 2002, Rožanova et al. 2012). South Asian women, for example, in line with expectations in their culture, usually have caring responsibilities (Wigfield & Turner 2012). These cultural expectations may hinder social participation for South Asian women outside of the family home. Furthermore, this might be a factor that contributes to older people from BAME backgrounds often reporting being less able to participate in community activities and citing not having 'enough free time' as a barrier (British Red Cross 2019).

Normative age-related social network changes are linked to age-related life events such as widowhood (Wrzus et al. 2013). Over the life course, social networks have also been found to change, increasing up until young adulthood and then decreasing steadily (Wrzus et al. 2013). This is particularly true of networks of friends, whereas family networks have been found to remain stable from

adolescence to old age (Wrzus et al. 2013). Older people from South Asian backgrounds are reported to go through life embedded in family networks linked to culture (Nijjar 2012), which may be a protective factor for them in relation to social participation. However, social network changes linked to life experiences and ageing have not been extensively researched.

Older people from migrant backgrounds may be affected by their life experiences. For instance, language difficulties have been found to hinder community and civic participation amongst people from BAME backgrounds (British Red Cross 2019, Campaign to End Loneliness 2015, Gele & Harsløf 2012). Furthermore, the differing levels of social engagement identified amongst migrants of different minority ethnic groups (Lindstrom 2005) may be linked to settlement patterns following migration, and this may help to contextualise the differences in relation to social participation levels. For example, if South Asian men learnt English after arriving in the UK, as it was crucial for them in relation to accessing the labour market (Burholt 2004), and the same pressures were not placed on South Asian women, then language barriers may be more prevalent for women and result in lower social participation levels in the community. It is recognised that there are ethnic and racial variations in the experience of later life, and to contextualise these there is scope for further investigation to explore the social context and lived experience of minority older people (Victor et al. 2012, Burholt 2004) to better understand how they impact on social participation.

Ethnicity/Faith

Ethnicity or, more specifically, an older person's ethnic background has been found to be a risk factor (Lewis & Cotterell 2018) for reduced social participation in community activities (British Red Cross 2019). A study by Lindstrom (2005) identified that migrants from minority groups in Sweden had lower levels of social participation compared to those that lived in their native country, which has been aligned to a lack of culturally relevant activities (Lindstrom 2005). Reduced or lower levels of social participation amongst BAME older people, particularly in relation to accessing community activities, might be because of the prejudice and racism they have experienced (British Red Cross 2019). BAME individuals are likely to experience discrimination and racism over the course of their lives (Burholt et al. 2016), which may contribute to the reduction in social participation with others

outside their own ethnicity. Furthermore, these experiences could contribute to why they report feelings of not belonging (British Red Cross 2019) and restrict their social participation to being with others from their own ethnic communities.

Faith communities in which people worship together has been found to be one of the most important sources of social capital (Putnam 2000). Outside of family, the religious community is one of the largest sources of social support. Attendance at a place of worship has been found to produce strong friendship networks (Lewis et al. 2013, Krause 2002). Furthermore, faith and religious involvement have been found to be strong predictors of and positively related to civic engagement (Lewis et al. 2013). Older people from South Asian faith communities make a significant contribution to society and respond to the needs of their members (Fenton & Draper 2014). Furthermore, health benefits have been found amongst South Asian older people in the United States with dense affiliations to religious and spiritual organisations (Kandula et al. 2018). Contrary to this, Driskell and Embry (2008) found that religious commitments and traditions can reduce civic engagement amongst American Christians. Studies have also found that older white people experiencing terminal cancer are more resilient if they have a strong spirituality or faith (Pentz 2005). Thus BAME older people with a spirituality or faith may find this either facilitates or hinders social participation.

Older people living in ethnically diverse communities may not share cultural similarities, such as language. These cultural differences may mean that activities targeted at the general older population group may not be accessible for all of them. Initiatives to reduce loneliness amongst minority ethnic older people through the Ageing Better programme (2020) suggest that participation in cultural activities, e.g. activities exclusively designed to meet the cultural needs of an ethnic group, may increase social participation. Thus a better understanding of cultural similarities and/or differences within and across minority ethnic groups is needed, to better reach and increase their social engagement. Otherwise, a potential lack of cultural activities could hinder social participation amongst minority ethnic groups.

The combination of ethnicity and gender have been found to be factors that marginalise activities (Campbell & McLean 2003). Lindstrom (2005) found that women migrants in Sweden had the lowest rates of participation, and the

differences could not be explained by factors such as education or economic stress. These findings contradict existing research, which generally identifies women as being more socially active than men (Bowling & Stafford 2007). However, lower social participation amongst older women from migrant and/or minority ethnic communities in the UK might be better explained by cultural practices.

Gender

Gender has been found to significantly impact on social participation. Older men have been found to be more reluctant than women to participate in group social activities in the community (Davidson et al. 2003, Dwyer & Hardill 2011, Goll et al. 2015). A study by Sixsmith and Boneham (2003) found that older men are also reluctant to seek for help for health issues that impact on community participation. Identity has been found to shape older men's patterns of social engagement, and the lack of 'identity' for older men in community spaces is a barrier to social participation (Age UK 2020, Goll et al. 2015). Furthermore, studies have suggested a lack of gender-specific social activities, and many are not masculine enough to attract older men, thus hindering social participation (Radcliffe et al. 2019, Thomas 2011). A study by the University of Bristol (2020) called 'Men on the Margins' found that lonely older men struggled to find groups or activities that fitted their needs or interests. Lonely older men were found to value community activities that facilitate social interaction with other men, from whom they can receive emotional and practical support through shared experiences and interests such as hobbies (University of Bristol 2020). Given that lonely older men are unwilling to join groups that do not support their masculinity (Radcliffe et al. 2019), community organisations should design activities that bestow a sense of identity for them to facilitate social participation. For example, community activities such as 'Men in Sheds' and walking football (Milligan et al. 2016, Beach & Bamford 2015) have successfully engaged older men in the UK (Age UK 2020).

Older women are reported to be more socially engaged in social groups in the community (Davidson et al. 2003, Agahi & Parker 2005), while older men are more likely to be socially engaged in political activities and clubs (Bukov et al. 2002). However, in minority ethnic groups there are differences reported in relation to social engagement across the genders. A study by Ishikawa et al. (2006) in Japan found

that men were engaged in community activities to a significantly higher extent than women. This was linked to culture, since Japanese women are culturally not encouraged to engage in outside activities (Ishikawa et al. 2006). Similarly, a study by Ahmad and Hafeez (2011) found that older females in Pakistan were more socially isolated compared to males due to the cultural restrictions placed on them in relation to socialising. Similar cultural barriers may be present for South Asian women in the UK. South Asian women are expected to stay at home, dress modestly, and prioritise family duties over independence and social freedom (Ige - Elegbede et al. 2019). Thus if they fear that they may be frowned upon in the community, and/or lack encouragement from their families to participate in community activities, this may hinder their social participation.

Social Environment

Social Networks

The term 'social networks' refers to connections between people that provide social interactions (Walker & Lowenstein 2009). Social networks have been found to facilitate social participation through the social relationships that result from them (Aghai & Parker 2005, Adler et al. 2007, Cattan 2005). Living with another person, having children around (Utz et al. 2002), and connections with neighbours (Sixsmith & Boneham 2003) are all associated with social networks (Aghai & Parker 2005, Windsor et al. 2011). Family ties are found to dominate the social networks of older people (Cornwell et al. 2009).

Inadequate social networks amongst older people have been found to result in reduced levels of social participation (Yuan & Ngai 2012). A lack of social networks is most associated with family separation, loss of contact or companionship with friends, and unsupportive communities (Andonian & MacRae 2011, Goll et al. 2015, Jansen 2005, Paillard-Borg et al. 2009). Older men have been reported to have significantly smaller social networks compared to women (McLaughlin et al. 2010). Furthermore, older men are reported to rely on their female partners to aid their social networks (Age UK 2020). However, further research on the link between gender and its association with different social networks is recommended (Litwin et

al. 2010). Berkman et al. (2000) reminds us that access to different social networks as people age depends on the social and cultural context to which people belong. In certain cultures, for example, men have been found to have larger social networks than women (Aw et al. 2017, Ajrouch et al. 2005).

The relationship between social networks and ageing has been identified as an important theme in relation to social support amongst older people (Koutsogeorgou et al. 2014). Types of social networks amongst different population groups are found to differ, alongside frequency of contact (Litwin et al. 2010), which can provide differing beneficial aspects of social support for older people (Stephens et al. 2011). Strong social networks are found not only to provide social support but they also facilitate a greater willingness and motivation for participation in activities in the community (Yuan & Ngai 2012, Koutsogeorgou et al. 2014). The supportive nature of friendships strongly encourages older people to socially engage in the community (Aghai & Parker 2005) through shared interests such as hobbies (Adler et al. 2007, Ishikawa et al. 2006). Furthermore, a study by Toepoel (2013) found that family networks can encourage older people to access social activities in the community. However, not all social networks have been found to have a positive effect on older people's social lives. If the quality of relationships is not adequate, they can provoke conflict and undermine another person's social wellbeing (Bushman & Holt-Lunstad 2009, Rook 2015). Therefore, to increase social participation amongst older (including BAME) people, it is important to understand the social networks that provide social support and also facilitate social engagement in the community.

Studies have found that ageing migrants have dense social ties and networks with others of the same ethnicity (Dalgard & Thapa 2007, Lai et al. 2010). Furthermore, South Asian older people have been found to have dense family networks (Kandula et al. 2018, Nijjar 2012). However, ethnic ties amongst minority ethnic older people does not necessarily mean they are immune to loneliness. Having a large family network, for example, can compound feelings of loneliness if relationships are not maintained, supported, or meaningful. Thus South Asian older people may be at increased risk of loneliness if they are less likely to admit they are lonely (British Red Cross 2019) and do not have meaningful social relationships with family. Although evidence points to increased levels of happiness amongst African and European older Americans who become selective in their choice of emotionally

meaningful relationships (see the socioemotional selectivity theory in table 2.1) over peripheral ones in later life (Fung, Carstensen, & Lang, 2001), if BAME older people have an over-reliance on social support from family members (Nijjar 2012, Campbell & McLean 2003), this may hinder their participation in community activities. Social relationships that derive from family networks may not facilitate social engagement in the community for older BAME people.

Older people from BAME backgrounds have been found to restrict their social networks and ties to others from the same ethnicity as well as limiting their integration into society (Campbell & McLean 2002). Social and cultural change has seen a shift in South Asian family structures, with the younger generation moving away from the family home (Nijjar 2012). If these shifts continue and South Asian older people do not participate socially outside of their family home (Centre for Ageing Better 2020), they could be at risk of loneliness and isolation. Social networks that provide broader social contacts outside of ethnicity have been found to increase social participation levels amongst older Japanese and Korean people (Katagiri 2018). Therefore, if minority ethnic older people in the UK are to interact with others outside their own ethnicity, a better understanding is needed of the factors that facilitate this, as ageing research in a minority ethnic context in this area is neglected in the literature (Zubair & Norris 2015). Furthermore, with the UK government promoting calls for socially integrated communities in the loneliness strategy (Gov UK 2018), this signals a need not only for further investigation but also for practical approaches to increase wider social engagement across and between ethnic groups.

Community Social Activities

A range of accessible (proximal) activities in the community has been found to facilitate social participation (Bowling & Stafford 2007, Strobl et al. 2016). On the other hand, a lack of social activities (associated with limited choice) in the community hinders social participation (Gele & Harsløf 2012, Bowling & Stafford 2007, Goll et al. 2015, Jansen 2005, Dwyer & Hardill 2011). This lack of social activities in the community could be explained by increasing urbanisation and the decline of traditional public facilities, e.g. community centres and libraries, which have traditionally provided access to social opportunities (Andonian

& MacRae 2011). A lack of cultural activities is also a barrier to social participation (Haak et al. 2008, Lindstrom 2005) and may offer an explanation as to why BAME older people in the UK are vulnerable to loneliness (British Red Cross 2019).

The types of community activities that have been found to encourage social participation across the genders was outlined earlier. However, volunteering as a social activity type has been found to be particularly appealing to both older women and men (including men that are lonely) (Cramm & Nieber 2015), whilst interests may be a primary motivating factor for older people to access community activities. The importance of creating a sense of belonging and connectedness (British Red Cross 2019), generated through the activity, has been found to sustain older people's attendance (Dare 2018). This helps to explain why activities designed to support cultural traditions of minority ethnic groups are particularly engaging. For example, activities aimed at older Irish men in an Irish pub provide links to their Irish cultural heritage and engage them (Age UK 2020). Furthermore, targeting activities in the community exclusively for the membership of an ethnic group has been found to support their language needs and to facilitate social participation (Age UK 2020).

Community organisations have been found to provide a connecting role by raising awareness of what is on offer (Lewis & Cotterell 2018) as well as designing activities in the community to meet the cultural needs of BAME older people (Wigfield & Alden 2017). Furthermore, utilising community resources, such as cultural volunteers that are sensitive to cultural attitudes and practices (Volunteering Matters 2020), has been found to reach and engage older BAME people with activities within their ethnic communities (Age UK 2020, Terragni et al. 2017). However, there is limited information in the literature about which community activities minority ethnic groups are interested in and which can be promoted to increase their social participation. Thus a better understanding is needed of the types of community activities that are of interest, including any similarities and/or differences across minority ethnic groups.

Social Identity

The social identity theory developed by Tajfel (1979) refers to a person's sense of who they are based on their group membership. The central premise of social identity theory is that group members of an 'in group' seek to find negative aspects of an 'out group', thus enhancing their self-image (Weiss 2012). Older people are found to be more comfortable in social groups with people they can identify with (Yen et al. 2012). Fears of not being socially welcomed and/or being excluded from groups prevents lonely older men from participating (Goll et al. 2015). Furthermore, ethnic divisions within the community have also been found to be an obstacle to social integration (Gele & Harsløf 2012, Campbell & McLean 2002). Thus BAME older people may not identify with others outside their own ethnic community, especially if they have experienced discrimination and feel as though they do not belong (British Red Cross 2019). Furthermore, differences in physical appearance, such as Muslim women who wear a hijab, may affect their confidence when socially engaging outside their own ethnic community, potentially making social connections in community activities through social bridging more difficult.

Challenging ageist attitudes and stereotypes towards older people, as well as promoting positive social images of older age, has been found to promote social engagement amongst older people (Kruse & Schmitt 2015). Furthermore, belonging to various community groups has been found to be important for one's sense of identity (Klok et al. 2017). In addition, commitment to various roles in the community not only increases social identity but also facilitates social participation (Windsor et al. 2011). Volunteering as a social activity has been found to be particularly important in maintaining cultural role identity for older people from diverse cultural backgrounds in later life (Warburton & Winterton 2010). Thus older people who are more accepting of differences amongst diverse groups of people may potentially be more socially engaged in community activities through social bridging.

Built Environment

Neighbourhood

There is widespread evidence of how the neighbourhood can affect social participation. Those who live in less affluent neighbourhoods are more likely to have lower levels of social participation compared to those in more affluent areas (Bowling & Stafford 2007). This is attributed to several factors including poorer amenities and facilities in less affluent areas (e.g. community centres) (Strobl et al. 2016, Bowling & Stafford 2007). As BAME older people are more likely to live in deprived neighbourhoods due to lower socioeconomic status (Lewis & Cotterell 2018), this may hinder their social participation.

Neighbourhood design has also been found to impact social participation. For example, narrow pathways and insufficient lighting on roads are negatively associated with social participation in the community (Levasseur et al. 2015, Levasseur et al. 2011, Strobl et al. 2016). Neighbourhoods that have been designed to make older people feel safe, such as those with pedestrian zones and cycle paths, have been found to encourage older people to socially participate (Fristedt et al. 2011, Levasseur et al. 2011, Chan 2015, Strobl 2016). Activities in the daylight also encourage older people to socially participate, as they have fewer concerns in relation to their personal safety during the day (Martinez et al. 2009), whereas fears about going out in the dark and being harmed (such as by physical attacks or falling) is a barrier to social participation in the community (Strobl et al. 2016, Levasseur et al. 2015, Fristedt et al. 2011, Jansen 2005, Waters & Neale 2010, Haak et al. 2008).

Older people who perceive their neighbourhood to be 'neighbourly' have been found to have a larger network and increased levels of social participation (Bowling & Stafford 2007, Strobl et al. 2016). People living in a neighbourhood with others of a similar ethnic identity have greater social support, more connections, and a stronger sense of belonging (Bécares et al. 2012, Horn & Schwegge 2017). If BAME people have a lower socioeconomic status (Lewis & Cotterell 2018), they are likely to live in less affluent neighbourhoods with a higher proportion of similar ethnic groups.

This may have a positive impact on them in relation to social participation within their locality.

Geographical dispersion of individuals with different ethnic backgrounds is often encouraged by policymakers to promote social inclusion and inter-ethnic social interactions (Platt 2009). Such policy approaches may encourage older people from BAME backgrounds to develop social connections with diverse groups of older people. On the other hand, it may lead them to be disconnected and socially isolated. However, contrary to this suggestion, a study by Yen et al. (2012) found that older people who were disconnected and had distant relationships with their neighbours expressed satisfaction with their situation and were still socially connected in the community.

Transport

An extensive body of literature identifies a lack of access to transport as a barrier to social participation (Adler et al. 2007, Dwyer & Hardill 2011, Jansen 2005, Martinez et al. 2009, Andonian & MacRae 2011, Utz et al. 2002). Older people who have a driving licence and access to a car have significantly higher levels of social participation (Levasseur et al. 2011, Utz et al. 2002, Richard et al. 2008) in comparison to older people who cannot drive or do not have access to a car (Dahan-Oliel et al. 2010, Strobl et al. 2016, Fristedt et al. 2011, Berg et al. 2015). Older people who cannot drive and rely on others or service providers, particularly those requiring adapted transport for a wheelchair, have been found to participate less (Dwyer & Hardill 2011, Andonian & MacRae 2011). Furthermore, women who do not drive have been found to participate in social activities to a much lesser extent than those that do (Fristedt et al. 2011). Older people who do not regularly use public transport, walk, or cycle are much less likely to participate in activities outside their home compared to those who do (Fristedt et al. 2011, Berg et al. 2015). In addition, older people who have access to reliable public transport have been found to engage in outside activities more frequently than those who do not, e.g. those in rural areas (Ishikawa et al. 2006, Levasseur et al. 2011, Michael et al. 2006, Strobl et al. 2016, Haak et al. 2008). BAME older people may face additional challenges regarding access to public transport if they cannot converse in the English language, potentially creating additional barriers to social participation.

Proximity to Community Spaces

Living near public facilities and other community spaces that offer activities to engage in is associated with higher intentions to socially participate (Ashida & Heaney 2008, Haak et al. 2008, Michael et al. 2006, Richard et al. 2013). Thus community spaces that are of cultural importance, such as mosques and temples, may increase social participation in religious activities amongst BAME older people. However, such opportunities may not be equitable; for example, South Asian Muslim women within their culture are forbidden from using the mosque as a community space (The Guardian 2020). Thus the relationship between people and the built environment is important to understand to ensure that it does not marginalise certain groups of older people. Furthermore, the cultural use of community spaces should be reviewed (The Guardian 2020) to ensure it does not displace communities but rather encourage social participation for all older people.

Capitals

Bourdieu (1984) developed the concept of 'capitals', namely social, cultural, and economic capital. Bourdieu (1984) maintains that people's social position differs depending on their possession of these types of capital. Furthermore, Bourdieu suggests that these three types of capital are a resource that people draw on to maintain or advance social functioning. An important feature of social participation is access to social capital (Bourdieu 1986, Coleman 1988, Putnam 2000), which derives from social networks either through social bonding and/or social bridging (Putnam 2000). Furthermore, cultural and economic capital (Bourdieu 1986) could impact on social participation as well as shaping social bonding and bridging (Putnam 2000) and the types of social networks and community activities that are accessed. Economic capital, social capital, and cultural capital have been found to be intrinsically linked. For example, an individual who has significant economic capital is more likely to have access to valuable social networks and influential friends as social capital. The conceptual theories by key scholars related to these types of capital are discussed in more detail below. However, the potential importance and impact of these types of capital on social participation, social bonding, and social bridging (Putnam 2000) for BAME older people is scarce in the literature and requires further exploration.

Social Capital

Social capital as a theoretical concept is widely deployed in the social sciences and thus does not have a uniform definition since its focus and interpretation vary depending on the field of study (Schuller 2007, Xue 2008). In Bourdieu's (1986) view, social capital is "the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition" (Bourdieu 1986, p. 248). This definition focuses on the resources that individuals accrue as members of social networks. Bourdieu (1986) suggests that the amount of social capital a person has is dependent on who they know: the more people you know, the greater the social capital. Bourdieu (1986) suggests that social capital is tangibly linked to economic capital, and this association enables social capital to be effective, whilst also acknowledging that social capital cannot solely be reduced to an economic form.

Coleman's (1988) interest in social capital lies mostly in the relationship between educational achievement and social inequality and pertains to social capital in the form of parental values helping children achieve higher educational attainment. Putnam (1995), on the other hand, broadens the scope of social capital to include community-level resources. Putnam (1995, p. 67) defines social capital as "features of social organisation such as networks, norms and social trust that facilitate coordination and cooperation for mutual benefit". Social capital in this regard is seen as a distinctive social feature that is constructed in the form of social relationships in voluntary and community associations amongst people, for the benefit of the public good.

The underpinning notion of social capital by the different scholars centres on the structure of people's relationships and their benefits. Thus social capital is defined more simply for this study as 'social relationships', as this is an important feature to increase social participation, reduce loneliness, and improve quality of life (Victor et al. 2000). The absence of social relationships, and or dissatisfaction with the extent or quality of such relationships, contributes to lower levels of social participation (Victor et al. 2005). For those in mid to later life, the quality of social relationships has been found to be a protective factor against loneliness (Victor et al. 2011). Researchers have built on Bourdieu's, Coleman's, and Putnam's definitions,

describing social relationships with family members and friends as informal social capital (Pichler & Wallace 2007, Nesa 2019), while social relationships formed with people through civic engagement and/or involvement in community associations, institutes, and groups is deemed to be formal social capital (Nesa 2019). Both informal and formal social capital can facilitate social participation (Antoci et al. 2007). A better understanding of the types of social capital fostered amongst BAME older people in the UK is needed as there is currently limited knowledge; this should include investigation into how gaps in particular types of social capital can be filled to facilitate social participation.

The relationship between ethnicity and social capital through ethnicity-based networks (Morosanu 2010, Xue 2008) has been a focus in the literature in more recent times. Various empirical studies demonstrate that shared norms and strong family ties within the culture of minority ethnic groups bind such individuals together to form ethnic social capital (Bankston & Zhou 2002, Cherti 2008, Portes 1998). While Bourdieu, Coleman, and Putnam did not focus on the relationships between social capital and ethnicity in their work, they did suggest that mobility, specifically migration, is potentially destructive of social capital and is negatively correlated with social capital (Coleman 1990, Putnam 2007). However, in contrast, there are also suggestions in the literature that ethnicity associated with migration strengthens social capital through family and ethnic ties (Zontini 2004, Campbell & McLean 2002, Gierveld et al. 2015, Kandula et al. 2018) due to the exclusion faced by many minority ethnic groups in the host country (Goulbourne & Solomos 2003). However, social capital formed between ethnic ties has been poorly valued and questioned, so it is unclear whether it can count as social capital and/or translate into forms of advantage (Kindler et al. 2015, Anthias 2007). There is evidence that ethnic ties as a form of social capital for South Asian older people can add value in the form of social support (Kandula et al. 2018, Nijjar 2012). Thus the value of social capital through ethnic ties, otherwise referred to as 'bonding social capital' (Leonard 2004), may be more advantageous for South Asian older people in comparison to bridging social capital – namely, social relationships generated with others outside their own ethnicity through wider social networks, community organisations, and/or civic engagement.

Community participation, i.e. participation in social activities, groups, and associations in the community (Putnam 1995), can aid the building of social capital. Putnam (2000) measures community participation through memberships of community and voluntary organisations. Putnam (2000) suggests that social capital through community participation is declining. Furthermore, Putnam (2000) found that America's immigrant communities were less involved in community participation. Similarly, a study by Lindstrom (2005) found that participation in civic and social activities was much higher amongst people born in their native country in Sweden compared to immigrant men and women who had been born in Arabic-speaking countries and other countries (Iran, Turkey, Vietnam, Chile, and sub-Saharan Africa). These ethnic differences could not be explained by education, economic stress, or unemployment, which were confounding variables explored in the study, and were more pronounced for Arabic women (Lindstrom 2005). Thus older BAME people, particularly women, could be at increased risk of loneliness if immigration hinders their participation in the community and their development of social capital.

If BAME older people limit their social connections with others of the same ethnicity and/or gender and do not socially bridge, it may limit the amount of social capital they have access to. Furthermore, it could increase loneliness amongst BAME older people if social capital is limited to family and community participation is not undertaken. However, contrary to this, Gierveld et al. (2015) found that minority groups in Canada that were less involved in community participation were not as lonely in comparison to those minority groups who were more involved. This suggests that bridging social capital and ties with others in wider society (Leonard 2004) through community participation may not be easily formed and/or may not always be as effective as bonding social capital, i.e. ties amongst a homogenous population such as a minority ethnic group (Leonard 2004), in reducing loneliness.

Cultural Capital

Bourdieu (1986) suggests that cultural capital is a sociological concept linked to social position. It comprises of three cultural competencies that a person needs to acquire to achieve a higher social status in society. Bourdieu (1986) distinguishes these three cultural competencies that formulate cultural capital as institutionalised,

objectified, and embodied. Institutionalised cultural capital refers to the formal recognition of a person's academic or professional qualifications in the labour market (Bourdieu 1986, Claussen & Osborne 2013). Objectified cultural capital concerns the possession of cultural goods, such as works of art, which have cultural significance (Bourdieu 1986, Goulding 2008). Embodied cultural capital refers to people's knowledge, language, tastes, etc. that are developed over time through 'habitus' – deeply ingrained habits, skills, and dispositions manifested from familial environment and the 'field', otherwise known as social positions (Bourdieu 1986, Goulding 2008).

More recently, the concept of cultural capital has been defined by Throsby (1999) as the set of ideas, practices, beliefs, traditions, and values a given group of people identifies with. This definition of cultural capital (which will be used for this study) has also been used to examine cultural participation in networks. Lizardo (2006), for example, found that high levels of cultural capital can lead to strong ties amongst minority ethnic groups. In line with this, cultural capital has been found to bind minority ethnic groups together (Campbell & McLean 2002). Furthermore, cultural capital can shape access to certain types of cultural activities in the community (Lewicka 2005). The general sense is that scholars are increasingly beginning to pay attention to how cultural capital influences the creation of social networks (Pachucki & Breiger 2010) as well as to differences amongst groups of people in relation to participation (Yaish & Katz-Gerro 2010).

Cultural capital has also been found to shape cultural identity in relation to gender amongst minority ethnic groups (Shah 2007, Mand 2006). However, cultural capital may have different meanings as well as purposes across age, gender, and ethnicity at different times and places depending on contextual factors such as life experiences. Thus the idea of homogeneity amongst BAME older people in relation to social participation may not exist. Cultural capital may influence access to different types of social networks and community activities in relation to gender, faith, and age not only due to cultural capital but also alongside life experiences. Furthermore, cultural capital may lead to certain dispositions (Pressley 2015) that shape access to social networks and community participation through either social bonding and/or bridging for BAME older people. Cultural capital, for example, may influence access of BAME older people to social networks such as family, which

may offer social support but hinder community participation. This could have implications for the UK government's loneliness strategy (Gov UK 2018) that advocates for socially connected communities. Cultural capital for BAME older people has not been extensively researched in terms of how it is implicated in relation to influencing and shaping access to social networks and/or community participation. A better understanding is needed to facilitate an increase in their social participation.

Economic Capital

Economic capital refers to material assets that are "immediately and directly convertible into money and may be institutionalized in the form of property rights" (Bourdieu 1986, p. 242). It is a well-known theory that financial resources affect social participation (Moen et al. 2013, Adler et al. 2007). However, the impact of economic capital on social participation and in shaping social bonding and bridging is less understood. BAME people are reported to have lower socioeconomic status in comparison to their white British counterparts (The Centre for Social Justice 2020). If BAME older people have lower economic capital, this may hinder their access to community activities that have costs attached. Furthermore, it may influence access to activities in the community that are free or relatively low cost.

Bourdieu (1984) recognises economic capital as one form of capital that is important in relation to understanding social functioning, but he argues that paying attention to economic capital alone is insufficient because having lower levels of economic capital may not hinder the possession of other forms of capital, such as social and cultural capital, although it may impact cultural and social capital and vice versa. Therefore, attention is required on the different forms of capital to understand how they have an effect independently and also how they interrelate in influencing and impacting social participation, social bonding, and/or social bridging.

Social Bonding and Bridging

Putnam (2000) defines social bonding as the development of bonds between similar people or close-knit ties within a network. Szreter and Woolcock (2004, pp. 654–655) provide the following definition: "Social bonding refers to co-operative relations between members of a network, who see themselves as being similar in terms of

their shared social identity.” Social bonding forms strong ties amongst networks, such as family (Szreter & Woolcock 2004). Social bonding is closely related to social identity theory (Tajfel 1979) and is relevant to the social ties amongst minority ethnic groups (Leonard 2004) based on similarities in relation to ethnicity and cultural values (Anthias 2007). Putnam (2000) believes that although social bonding builds strong ties, it may lead to the separation of a group. On the other hand, social bridging (Putnam 2000) is an outward-looking network, which ties an individual to others outside of their immediate social circle. Social bridging (Putnam 2000) comprises respect and mutuality between people who know they are not alike in a social identity sense (differing by ethnic group, for example). Thus Putnam (2000) describes social connections that link people together despite their differences, e.g., ethnicity, as weak ties. It is suggested that social bridging is a prerequisite to tackling segregation and achieving community cohesion (Thapar & Sanghera 2010).

Ethnic identities have been found to be seen in a manner that makes it more plausible for people to resonate with others that share the same ethnic identity (Campbell & McLean 2002). Putnam does not focus on defining social bonding and bridging in ethnic categories (Anthias 2007) or on defining who belongs or does not belong to a group. The literature suggests the boundary between social bonding and bridging is flexible and changeable, depending on the context in which it is used (Leonard 2004). ‘Inter-ethnic’ social cohesion has been used in the literature to describe social interactions amongst people from ethnically diverse associations (Van der Meer 2016), whilst ‘intra-social’ cohesion has been used to describe social interactions within a homogenous association (Van der Meer 2016). These definitions do not capture social interactions exclusively with others from the same faith and/or interfaith within an ethnic grouping. This makes consideration of other ethnic categories in relation to bonding difficult to measure.

There are several concepts that underpin social bonding and social bridging. The ‘good relations measurement framework’ developed by Wigfield and Turner (2010) suggests that interaction with others is fundamental to good relations in society and leads to a greater degree of security between groups of people with differing characteristics (Wigfield & Turner 2010). Furthermore, intergroup contact theory (Pettigrew 2006, see table 2.1) suggests that greater levels of interaction with a diverse range of people are likely to lead to greater understanding of them. On the

other hand, a lack of interaction with a diverse range of people can lead to segregation in communities (Pettigrew 2006). In addition, a lack of understanding and the perpetuation of stereotypes results in negative attitudes towards others when there are differences (Wigfield & Turner 2010).

Current social policy (Gov UK 2018) promotes socially connected communities, in other words 'social bridging', to reduce loneliness. There could be an assumption implied here that social bridging in communities, as a central feature of social integration (Anthias 2007), is more important than intra/inter-social bonding in tackling loneliness. This approach may have implications for older people from minority ethnic groups. Life experiences and cultural capital could hinder and/or facilitate and shape social bonding and/or bridging amongst minority ethnic older people in relation to social participation.

Differences in culture, e.g. English language barriers, may hinder social bridging for BAME older people (Age UK 2020). Cultural values such as caring expectations may lead South Asian women to primarily socially bond with family (Nijjar 2012). Thus potential internal inequality (Gilchrist & Kyprianou 2011) may also exist in relation to culture, which may affect the extent of social bridging for certain categories of BAME people, such as women, who may not have experienced social contact with others outside their own ethnicity. Furthermore, the literature alludes to how life experiences, such as migration, encourage social bonding and hinder social bridging amongst BAME people (Campaign to End Loneliness 2015). In addition, minority groups who are highly mobile and more educated are found to be more likely to socially bridge (Modood 2004, Thapar & Sanghera 2010, Kindler 2015). Thus patterns of social bonding and bridging may be changing amongst the second-generation ethnic population born in the UK, who may potentially have had more opportunities for social integration over the life course based on their life experiences. However, the link between life experiences and social bonding and bridging is not well understood.

Alongside life experiences, attitudes and/or perceptions could impact on social interactions (Wigfield & Turner 2010) and more broadly shape social bonding and/or bridging amongst BAME older people. Access to higher education may increase social capital and bonding and bridging interactions (Jensen & Jetten 2015).

Wigfield and Turner (2010) suggest positive or negative attitudes and perceptions towards others also shape social interactions. If an individual perceives attitudes towards them as being positive, feels welcome, and has a high level of personal security (feeling of safety in public/private spaces), it will support how they perceive others and in turn is more likely to create the willingness for individuals to interact and participate (Wigfield & Turner 2010). In contrast, negative attitudes and perceptions towards others can impact on their sense of security and thus reduce interactions with a wide range of different people (Wigfield & Turner 2010). If BAME older people have experienced racism and prejudice, this may create negative feelings and fears about not belonging to a diverse community (Goll 2015, British Red Cross 2019), potentially hindering social bridging.

It is potentially naïve to assume that social contact with others translates into social capital and respect for difference, especially where certain prejudices are held (Mayblin et al. 2016, Wigfield & Turner 2010). Social contact between ethnically diverse groups, where there are differences (Wigfield & Turner 2010), may hinder meaningful connections (Mayblin et al. 2016) and attachment with others (Van der Meer 2016). If meaningful connections (Mayblin et al. 2016) are not formed through social bridging, whereby a positive respect develops for others where there are differences, it may not generate social capital and thus will be of no value in reducing loneliness. However, there is some evidence to suggest that meaningful connections can be developed between people from different backgrounds. A study by Mayblin et al. (2016) found that where community leaders had intentionally brought people together from different faith groups in shared activities in shared spaces in the community, they safely explored their differences together. Facilitating positive relations and establishing common interests to develop natural affinities-built bridges between them and created a shared identity (Mayblin et al. 2016).

Whilst studies in the literature suggest that BAME older people socially bond in social networks within their own ethnic communities (Campbell & McLean 2002, Kandula et al. 2018, Nijjar 2012, Nesa 2019), it is not clear from the literature whether intra/inter-social bonding is more common for BAME older people than social bridging. A better understanding is needed of the extent to which BAME older people socially bond and/or bridge in social networks and community activities. If BAME older people socially bond within their own faith in community activities and

there are limited opportunities to support this, it could increase their risk of loneliness further. Furthermore, if differences exist across faith groups and genders that do not pertain to inter-social bonding between minority ethnic communities, this could have implications for community organisations that may have designed activities for them as a homogeneous ethnic population. In addition, if BAME older people do not interact with a diverse range of people through social bridging, this will have implications for current policy (Gov UK 2018). However, if BAME older people do socially bridge in social networks and/or community activities, then the factors that shape and surround such interactions need to be better understood and more widely shared.

Conclusion

The literature review provides a broad insight into loneliness amongst older (including BAME) people and the key policy and practice initiatives currently being used to tackle the issue. It outlines in detail the barriers and enablers to social participation for older (including BAME) people. Whilst the themes for barriers and enablers to social participation show relative independence, they have also been found to be interrelated. The relevance of social, cultural, and economic capital on social participation as well as social bonding and bridging was also outlined. There are few studies exploring social participation, social bonding, and social bridging for older people from BAME backgrounds in the UK, which warrants further exploration. Particularly absent in the literature are cultural dimensions in the field of social participation (Zubair & Norris 2015) across and within minority ethnic groups and across genders. The South Asian population is one of the largest and fastest-growing minority ethnic groups in the UK (Office National Statistics 2020). Therefore, with an ageing population amongst this minority group, it is suggested that further research is needed on South Asian older people to identify the barriers and enablers to social participation within faith groups and/or genders as well as the impact and influence of cultural capital and life experiences on shaping access to different social networks and community activities through intra/inter-social bonding and social bridging. This will not only add knowledge to the literature but will also inform policy and practice.

Chapter 3 – Exploring Social Participation, Intra/Inter-Social Bonding, and Social Bridging Amongst South Asian Older People

Introduction

This chapter begins with an overview of the research issue. This is followed by the description of the two parts of the conceptual framework that has been developed for the study. The first part of the conceptual framework explores social participation; the second part explores social bonding and bridging. A detailed discussion guiding each element of the conceptual framework is presented, which is shaped in line with the findings from the literature. Each part of the conceptual framework aligns to the research questions in the study. The chapter concludes with a discussion on how the two components of the conceptual framework interrelate in order to provide a broader understanding of social participation, social bonding, and social bridging amongst South Asian older people within the context of this study.

Research Problem

There is an increased prevalence of loneliness amongst older people in the UK (Davidson & Rossall 2015). BAME people in the UK have been identified as being particularly vulnerable to loneliness (British Red Cross 2019, Victor et al. 2012), underpinned by their poor health (Bécares 2013) and economic disadvantage (Runnymede 2020). To tackle the issue, initiatives have focused on increasing older people's social participation (Age Better Programme 2020). In addition, the UK government has launched its first loneliness strategy, which promotes socially connected communities (Gov UK 2018).

While there has been extensive academic research surrounding social participation and older people, scant attention has been given to exploring BAME older people and cultural dimensions in the field of social participation (Zubair & Norris 2015). The study aims to redress this by exploring social participation amongst South Asian older people, one of the largest minority ethnic groups in the UK. The barriers and

enablers to social participation that have been identified in the literature may not apply for South Asian older people living in diaspora situations, such as in the UK.

Initiatives such as the Ageing Better programme (2020) have been successful in socially engaging older people from minority groups by designing and tailoring interventions to support their cultural needs, such as overcoming language barriers. This would suggest that cultural capital (Bourdieu 1986) may shape intra/inter-social bonding amongst South Asian older people in the UK within their own ethnic community. Furthermore, the literature suggests that South Asian older people have dense family networks (Kandula et al. 2019) linked to cultural ageing (Centre for Ageing 2020). The risk of loneliness amongst South Asian older people could increase if there is limited access to activities in the community that would enable them to intra/inter-socially bond. There is a further risk if social structures continue to change, e.g. the younger South Asian generation moving away from the family home (Nijjar 2012), and if South Asian older people do not have access to social capital within family networks. If there are cultural barriers to social bridging linked to cultural capital for South Asian older people and these are not understood and addressed, there could be implications for the UK government's policy approach in relation to socially connected communities. However, the extent to which South Asian older people socially bond and/or bridge in social networks and community activities in the UK and the factors surrounding this have not been extensively researched; this study therefore aims to address this gap.

The literature suggests that life experiences such as migration may shape social bonding (Campaign to End Loneliness 2015). Furthermore, different life experiences such as a higher level of education increase the likelihood of social bridging (Jensen & Jetten 2015). However, the influence and impact of life experiences over the life course on shaping social participation, the types of social networks and community activities accessed, and the extent of intra/inter-social bonding and/or social bridging for South Asian older people living in the UK have not been extensively researched. Furthermore, the identification of specific life experiences that support social bridging by South Asians may be helpful to aid and embed the government's policy approach and to develop socially connected communities.

Minority ethnic groups in Sweden have been found to access different types of community activities linked to culture (Lindstrom 2005). However, it is not known if the construct of faith/interfaith and gender – alongside cultural capital shape similarities and/or differences amongst South Asian older people, as a minority ethnic group in the UK, in relation to social participation. Understanding if there are barriers to participation that exist within gender and faith/interfaith linked to culture helps shape interventions to address cultural barriers. This research aims to explore this to help inform interventions to support an increase in social participation for South Asian older people in the UK.

Social Participation

Whilst the barriers and enablers to social participation for older people have been explored by the studies highlighted in the literature review, they have not been explicitly researched for South Asian older people in the UK. Thus Part A of the conceptual framework explores the barriers and enablers to social participation for South Asian older people in the UK against the themes in the literature and aligned with the themes within the capital assets approach. The capital assets approach was developed by the UK Department for International Development in the late 1990s to explore the causes of poverty in developing countries. It identifies five types of capital that need to be tackled to reduce poverty: human, financial, physical, social, and natural (Ellis 2003, Morse et al. 2009). The capital assets approach was founded on the belief that people, alongside community organisations, can build on these capital assets to achieve positive livelihood outcomes (Ashley & Carney 1999, Krantz 2001). It is recognised that the capital themes (Morse et al. 2009) align with the category themes for barriers and enablers to social participation, as identified in the literature. In the same way as the capital assets approach uses the types of capital to explore and tackle poverty (Morse et al. 2009), in this research they are used as capital themes to explore and tackle social participation.

Using the capital assets approach (Morse et al. 2009) offers a structured framework for identifying barriers and enablers to social participation. Furthermore, it enables the categories identified within the types of capital of South Asian older people from the study to be compared with those from the literature on older people more generically. It will also enable a comprehensive understanding of social participation for South Asian older people using the capital themes. While drawing attention to

the capital and/or category themes within it that require attention, through the development of practice and policy, it also allows for new themes to emerge and be recognised, should they arise. A limitation of exploring social participation using the 'capitals' from the capital assets approach (Morse et al. 2009) within a conceptual framework is that the capital themes are very broad, and thus it may not be easy to align any subcategory themes that emerge neatly against capitals that are expansive.

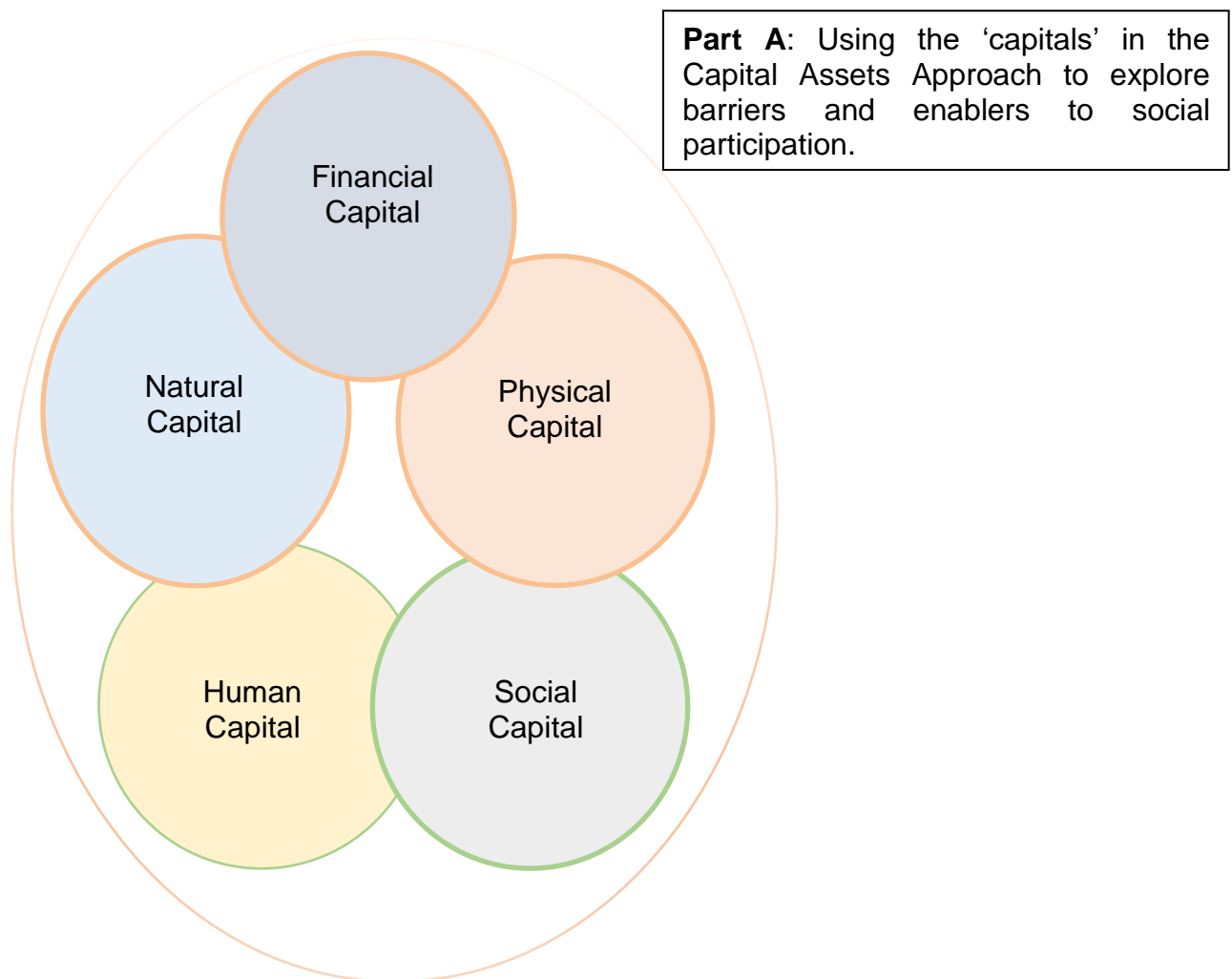


Figure 3.1: Exploring barriers and enablers to social participation using the capitals.

(Source: Mahal 2021, adapted from Morse et al 2009)

The literature review identified that factors impacting social participation are multifaceted. The five capitals within the capital assets approach highlight factors that impact social participation that are specific to a relative capital theme as well

as how they interrelate across an individual, community, and societal level and come to the fore. Therefore, they are more beneficial to adopt in comparison to Bourdieu's (1986) capitals (social, economic, and cultural), which are narrower and primarily focus on factors at an individual level. An additional benefit of using the capitals in the capital assets approach (Morse et al. 2009) to explore social participation, rather than Bourdieu's capitals, is that this approach incorporates the built environment (within the natural/physical capitals), which is a theme that was shown in the literature to affect social participation. However, one of the limitations of using the capitals in the capital assets approach over Bourdieu's capitals is that it does not include the influence of cultural capital on social participation. The literature review identified that cultural capital shape types of social ties (Lizardo 2006) and activities accessed in the community (Lewicka 2005). Furthermore, the literature recommends a better understanding of the influence of cultural capital on social participation (Yaish & Katz-Gerro 2010). Thus, whilst cultural capital is not a specific theme within Part A of the conceptual framework (see figure 3.1), attention is given to the impact of culture across the capitals.

Whilst social capital is encompassed as a theme both within the capital assets approach and Bourdieu's capitals, in the capital assets approach it has a broader classification referring to social networks, social relations, and affiliations with associations (Morse et al. 2009). In contrast, Bourdieu's view of social capital is more narrowly defined as social resources that individuals accrue through their membership with institutions and organisations. Thus within this study a broad classification of social capital that combines both elements is adopted. In addition, financial capital as a theme within the capital assets approach has a similar classification to Bourdieu's economic capital and refers to economic assets in the form of monetary value such as income, savings, etc.

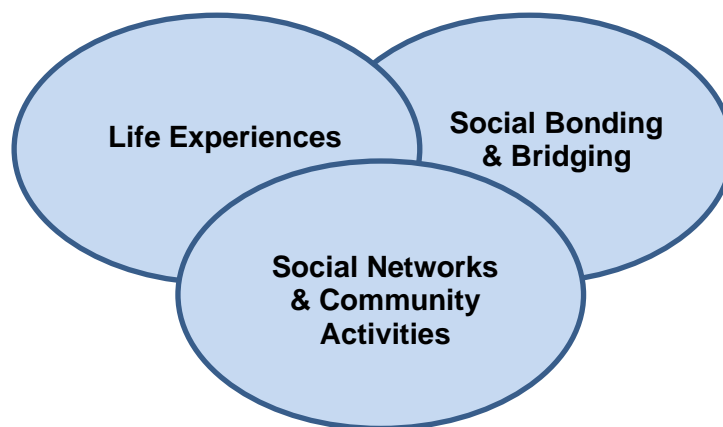
The literature suggests that inequality exists in terms of gender in relation to social participation (Campbell & McLean 2003) within minority ethnic groups (Lindstrom 2005, Aw et al. 2017). However, faith groupings have not been studied within the context of South Asian older people in the UK in relation to social participation. Thus the barriers and enablers to social participation identified against each of the capitals from the capital assets approach and incorporated within the conceptual framework are captured in relation to gender and faith. Exploring social participation

against these contextual factors supports the calls for research in a cross-cultural context (Zubair & Norris 2015) and adds to the minority ethnic ageing research, which remains a neglected area in relation to social participation (Lewis & Cotterell 2018).

Social participation in this study is defined in line with Levasseur et al. (2010), i.e., along a continuum. Social participation includes social support by being with others without doing a specific activity with them; social activities performed with others, e.g. participation in group activities in the community; and undertaking activities for others, e.g. volunteering and civic engagement. The definition of an older person for this study, in line with the local Age UK Coventry's definition, is aged 50 or above. It is acknowledged that this definition is a lot younger in terms of chronological age in comparison to the United Nations definition of an older person, which is 60 (WHO 2002). However, it is argued that chronological age is not a definite marker for the changes that occur with ageing and should be defined in line with the local context.

Social Bonding and/or Bridging

The literature suggests that life events can impact on social participation (Public Health England 2015). The literature also suggests that South Asian older people culturally age within the home (Centre for Better Ageing 2020) and their life experiences, such as migration, may impact on community participation (Campaign to End Loneliness 2015). However, the impact of life experiences on shaping intra/inter-social bonding and/or social bridging through types of social networks and activities accessed over a life course approach has not been explored for South Asian older people in the UK. Thus Part B of the conceptual framework explores this to address the current gap in research.



Part B: Exploring if life experiences shape intra/inter social bonding and/or bridging, through types of social networks and community activities accessed over the life course (mid to later life from 50+), and.

Figure 3.2: Exploring if life experiences shape intra/inter social bonding and/or social bridging, through types of social networks and activities accessed.

(Source Mahal 2021)

Part B of the conceptual framework consists of three parts (see figure 3.2) that are separate but interrelated. The first part aims to identify the types of social networks and community activities South Asian participants access over the life course. The second part aims to establish the extent of intra/inter-social bonding or social bridging by identifying the types of people (in relation to their ethnicity, faith, and gender) within the social networks and activities that are accessed. The third part aims to identify the life experiences (from midlife to older age) and their influence on social participation, types of social networks and activities accessed, and social bonding/bridging types throughout the life course.

Differences linked to culture have been found amongst minority ethnic groups in relation to the social networks and community activities they access (Aw et al. 2017, Lindstrom 2005). The literature suggests that South Asian older people are more likely to socially bond with family and people with whom they have ethnic ties (Kandula et al. 2018) across the life course, which is linked to cultural ageing (Centre for Better Ageing 2020). However, the types of social networks and activities that South Asian older people access across the life course through social bonding and bridging is not distinguished in the literature. Thus mapping types of social networks and community activities accessed by South Asian participants across the life course in Part B of the conceptual framework will identify this. Furthermore, it

will identify whether types of social networks and/or community activities involving social bonding and/or bridging are accessed across the life course or at certain life stages, and whether this is impacted by life experiences.

It is not clear from the literature whether intra/inter-social bonding is more prevalent over the life course and is more linked to life experiences than social bridging for South Asian older people. It is also not clear whether intra/inter-social bonding and social bridging are more prominent in specific types of social networks and/or community activities; whether intra/inter-social bonding and/or social bridging take place at certain life stages; and whether intra/inter-social bonding and/or social bridging take place simultaneously over the life course (through social networks and activities accessed) or if one hinders the other. Part B of the conceptual framework aims to provide more clarity on these issues.

The literature suggests ageing linked to age-related decline (Wrzus et al. 2013) can reduce social participation, although some studies point to increasing social activity levels when transitioning from working life to retirement (Lee et al. 2020). However, the literature does not distinguish if older age for South Asian older people facilitates or reduces social participation through either social bonding and/or bridging. Thus Part B of the conceptual framework aims to identify whether South Asian older people's participation levels in relation to accessing social networks and/or community activities in retirement age increases or not. Furthermore, it aims to identify whether South Asian older people continue to maintain activity levels, supporting the continuation theory (Atchley 1989), or become more selective about their activity types and social ties, thus supporting the socioemotional selectivity theory (Carstensen 1992).

The literature suggests that certain life experiences, such as migration, shape social bonding amongst minority groups of older people (Campaign to End Loneliness 2015). The literature also alludes to experiences of discrimination hindering social bridging in community activities (British Red Cross 2019). Furthermore, higher education may increase social interactions through both social bonding and social bridging (Jensen & Jetten 2015). However, the contextual factors surrounding life experiences and how they shape social participation, social bonding, and/or social bridging is not detailed in the literature; thus these will be identified in Part B of the

framework to enable the impact of life experiences on social participation, and how they may shape types of activities through either bonding and/or bridging, to be better understood.

Ethnicity and gender are factors that have been found in the literature to facilitate and/or hinder social participation, which is linked to cultural capital (Campbell & McLean 2002, Lindstrom 2005). Thus ethnicity and gender may also shape the types of social networks and activities accessed by South Asian people according to faith/interfaith, gender, and age groups, which has not been extensively researched in the literature. Furthermore, faith/interfaith and/or gender may hinder, facilitate, influence, and/or shape the extent of social bonding and/or bridging. Thus mapping life experiences, social networks, and activities accessed over the life course (as well as the extent of intra/inter-social bonding and social bridging) against these categories in Part B of the framework will identify whether there are similarities or differences. Furthermore, it will reveal whether life experiences and cultural capital impact social participation differently depending on faith, gender, and age.

The distinction between social bonding and social bridging is very difficult to distinguish in the literature in relation to ethnicity as they are not completely exclusive (Geys & Murdoch 2010). Van der Meer (2016) defines intra-ethnic social cohesion as a type of interaction between a homogenous population, whereas inter-ethnic social cohesion is defined as a type of interaction across diverse ethnic populations. However, these definitions do not describe interaction exclusively between people of the same faith where different faith groups exist within an minority ethnic group. Thus, for the purpose of this study, 'intra-social bonding' is used to refer to social interactions between people from the same faith while accessing social networks and community activities. 'Inter-social bonding' refers to social interfaith interactions between people from across the faith groups (Hindu, Sikh, and Muslim) while accessing social networks and community activities. It is recognised that within faiths and between faiths social interactions may occur at these levels but specific to gender; this is described where appropriate as 'intra/inter-social bonding – gender specific'. Social bridging, on the other hand, refers to social ties with people from different ethnic groups outside of the South

Asian ethnic group and across genders through social networks and community activities being accessed.

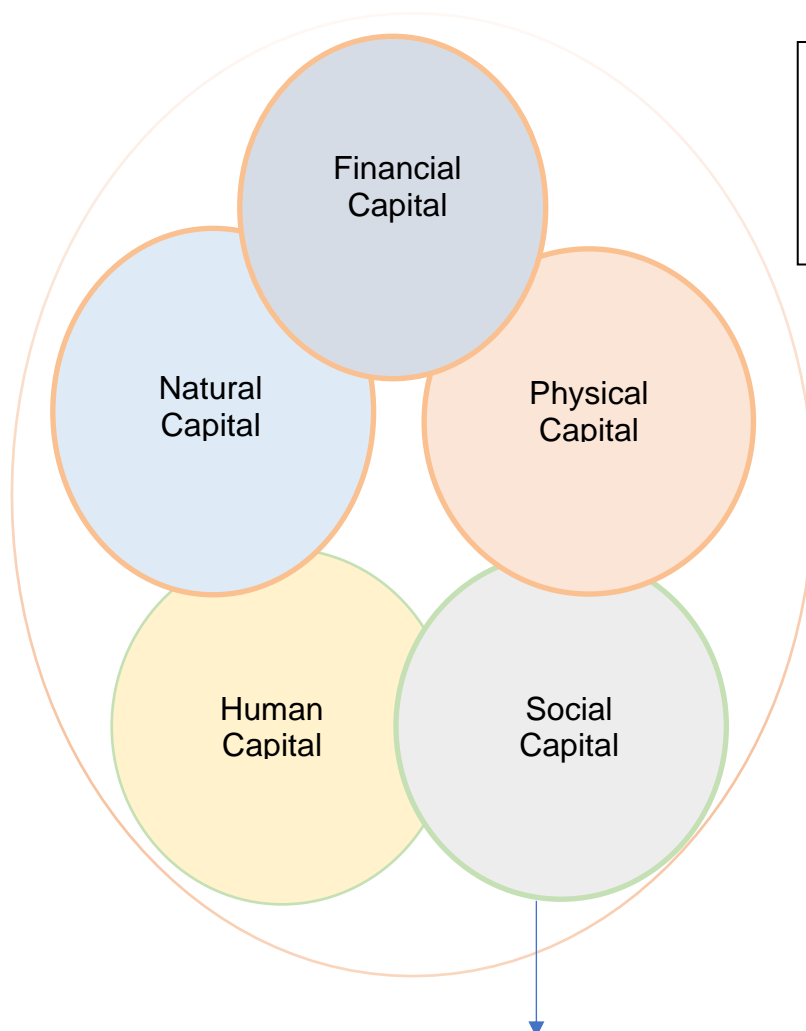
Combined Conceptual Framework

Combining the two conceptual frameworks enables the identification of similar themes that emerge across the two, allowing for convergence and divergence to be considered. For example, identification of any themes for barriers and enablers that impact on social participation in Part A of the framework can be compared to life experiences that facilitate and/or hinder social participation highlighted in Part B of the framework. In addition, combining the frameworks also enables common themes for barriers and enablers to social bonding and bridging to be identified across the two parts. Thus a comprehensive understanding of similar themes that impact on social participation, social bonding, and social bridging across the two conceptual frameworks can be illustrated by bringing them together. If there are differences across the two conceptual frameworks, they can be explored in further detail to establish the reasons.

Merging the two parts of the framework will also enable the identification of common themes that cut across social participation, social bonding, and/or social bridging to be highlighted. For example, Part A of the conceptual framework may identify that low income hinders social participation in the community, and a similar theme may be identified for reduced social bridging in Part B of the conceptual framework. Therefore, merging the two will provide a comprehensive understanding of the interrelationships between the concepts and the factors that simultaneously impact on social participation, intra/inter-social bonding, and/or social bridging. Furthermore, it enables the identification of factors that are more dominant at an individual, community, and/or societal level that impact on social participation, social bonding, and/or social bridging.

Part A of the framework will identify factors that are perceived to hinder social participation, bonding, and/or bridging. However, Part B of the framework establishes how social participation, bonding, and/or bridging are situated within the context of the life course and grounded in life experiences. Thus bringing together Parts A and B of the framework will distinguish whether perceptions in Part A about social participation, bonding, and/or bridging match reality. More specifically, it will

highlight how social participation through social bonding and/or bridging is situated, e.g. in relation to the types of social networks and activities and social ties that encourage participation. Furthermore, it will draw out life experiences that shape social participation, social bonding, and/or social bridging at different life stages across the life course. For example, having a low income may be identified in Part A as a barrier to social participation, and combining it with the findings in Part B of the framework may not only establish that low income hinders participation in community activities through social bridging in public places but more specifically how this is apparent in later life during retirement.



Part A: Using 'capitals' to explore the barriers and enablers to social participation.

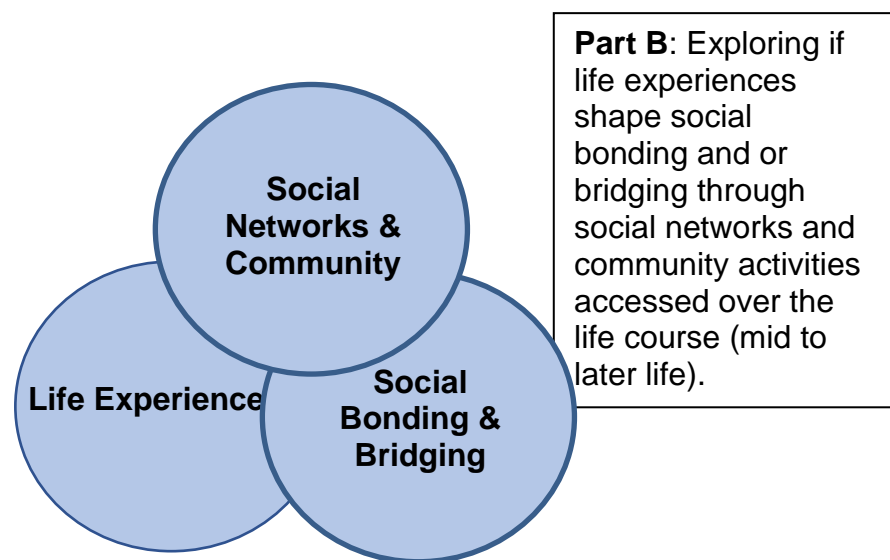


Figure 3.3: Framework to explore social participation amongst South Asian older people.

(Source Mahal 2021)

Part A of the conceptual framework incorporates social capital as a capital theme, but this incorporates simply the social relationships/ties that facilitate social participation. Combining this with Part B of the framework will identify the types of social networks and/or community activities these social relationships/ties drive. Furthermore, combining the two parts of the conceptual framework enables the identification of whether there are times in the life course during which social relationships/ties are stronger and whether they stay consistent and are maintained over the life course or if they change. This will enable consideration of whether interventions should be targeted at a certain life stage during which South Asian older people may be more susceptible to loneliness and/or reduced social participation.

Finally, combining Parts A and B of the conceptual framework draws together key themes for social participation, social bonding, and/or social bridging as well as life experiences against contextual factors such as faith/interfaith, gender, and age. In addition, it will identify whether gender, faith, and/or age may be protective factors that facilitate or hinder social participation, social bonding, and/or social bridging and whether differences exist in relation to social participation, social bonding, and/or social bridging patterns across the life course. Furthermore, it will identify whether inequality exists for social participation, bonding, and/or bridging against

these contextual factors and related to life experiences. This can subsequently inform policy and practice in relation to social participation and/or loneliness where there may be a need to consider contextual factors related to age, gender, and/or faith amongst South Asian older people.

Conclusion

The conceptual framework explores social participation, social bonding, and social bridging amongst South Asian older people (as shown in figure 3.3). Part A explores the barriers and enablers to social participation using the capitals in the capital assets approach (Morse et al. 2009) as a framework. It will identify how similar the barriers and enablers to social participation are to those described in the literature and whether any additional factors and/or themes emerge that are specific to this demographic group.

Part B of the framework explores whether life experiences impact and shape social participation and the types of social networks and community activities accessed across the life course. It also examines whether life experiences impact or influence intra/inter-social bonding and/or bridging. Both parts of the framework will explore contextual factors associated with faith/interfaith, gender, and age as these factors may also shape differences in relation to social participation, the types of social networks and activities accessed, and bonding and bridging over the life course.

Combining Parts A and B of the conceptual framework will allow triangulation of data to identify common themes that impact on social participation, intra/inter-social bonding, and/or social bridging. The findings can inform policy and practice and the development of interventions to increase social participation.

Chapter 4 – Research Methodology

Introduction

This chapter begins with an overview of the research philosophy that links to the conceptual framework and underpins the research study. This is followed by an explanation of the qualitative research methods adopted and the rationale for using focus groups and participatory mapping (Emmel 2008) combined with semi-structured interviews as a mixed methods approach for this research study. The sampling frame, data collection, and data analysis approaches that were adopted for the study are discussed in detail along with the ethical issues and limitations of the research.

Research Philosophy

The foundations of all scientific research are underpinned by certain philosophical assumptions about the world. In social science, these worldviews determine the design, conduct, and outcomes of research (Creswell 2013). In the acquisition of social knowledge, two worldviews have usually dominated: post-positivist and constructivist (Creswell 2013). However, as social research has matured and begun dealing with ever more complex problems, alternative research strategies such as pragmatism have evolved (Creswell 2013).

Pragmatism as a philosophical position lends itself to addressing problems in the real world (Kaushik & Walsh 2014). It surfaced as a method of enquiry for more practically minded researchers (Creswell 2013, Kaushik & Walsh 2014). For pragmatists, an exploration in social research is effective if it achieves its purpose (Hothersall 2019, Kaushik & Walsh 2014). Pragmatists refrain from getting involved in the paradigm wars. Rather than choosing between post-positivist and constructivist approaches as two different ontological and epistemological perspectives (Morgan 2014, Kaushik & Walsh 2014), pragmatism allows the researcher to focus on the most effective approaches in order to answer the research question. This is based on the idea that there are several realities and perspectives of phenomena that are open to empirical enquiry (Creswell 2013) and thus using mixed methods allows investigation from different stances. A crucial

element of pragmatism is that knowledge and reality are based on experiences, beliefs, and habits that are developed and maintained in society (Hothersall 2019, Kaushik & Walsh 2019) and, furthermore, that knowledge is cultivated and socially shared by society and that we are free to believe in what we choose (Morgan 2014).

The research philosophy for this study was positioned against the pragmatic worldview because it aims to understand a social issue (Kaushik & Walsh 2019), i.e. the barriers and enablers to social participation as well as the extent of social bonding and/or bridging amongst South Asian older people in the UK. Thus, the pragmatic approach influenced the research design (Creswell 2013) as the knowledge gained from the study could be used to inform policy and practice, to increase social participation, supported through either bonding and/or bridging, and to reduce loneliness amongst South Asian older people. Thus, in line with the pragmatist position, the research design focused on collecting, analysing, and integrating multiple forms of data (Biesta 2010) to offer the best opportunity to answer the research aim and questions under investigation related to the conceptual framework. Furthermore, based on the view that social research does not operate in isolation from the rest of the world, it values the opinions of people involved in the investigation.

Research Methodology

Qualitative research helps to answer questions about experience, meaning, and perspective from the viewpoint of the participant (Hammarberg et al. 2016). A qualitative approach was deemed most suitable to address the research questions in this study. Qualitative research is especially effective in obtaining culturally specific information about the values, opinions, behaviours, and social contexts of populations (Braun & Clarke 2013). Thus qualitative research was the most appropriate approach for this study, which aims to explore the phenomenon of social participation, social bonding, and social bridging amongst South Asian older people, which has not been extensively researched before. A detailed understanding would not have been possible through a quantitative approach with pre-determined variables (Creswell 2013). Quantitative measures would not have adequately captured the experiences and perspectives of a diverse ethnic group, which are varied, complex, and affected by cultural dynamics (Lee 2006,

Katbamna et al. 2004). As such, a qualitative approach was chosen to assist with understanding why South Asian older people may not have socially participated in community activities, thus offering new insights to increase the socially integration of communities.

The strength of qualitative research is its ability to provide “culturally specific and contextually rich data” (Mack 2005, p. vi) about how people experience a given phenomenon, which is critical to achieving comprehensive solutions to issues such as social wellbeing. It enables the identification of behaviours, beliefs, opinions, and emotions of individuals within cultural settings (Ritchie 2003, Mack 2005), rather than making predictions. A qualitative method is also effective in identifying intangible factors, such as cultural social norms (Mack 2005), and is thus beneficial in researching a minority ethnic cohort in order to gain a rich, culturally sensitive understanding of social participation, bonding, and bridging amongst South Asian older people alongside cultural contextual factors such as gender and faith/interfaith. For example, there may be different barriers and enablers to social participation amongst faith groups and/or genders that are related to culture. Furthermore, there may be different social patterns and behaviours towards social bonding and bridging related to culture amongst South Asian older people that depend on gender and/or faith. These factors require better understanding to enable targeted interventions to increase social participation and/or reduce loneliness amongst this population group.

Research Phases

The qualitative research methods for the study involved two parts. The first involved conducting focus groups to explore the barriers and enablers to social participation, in line with Part A of the conceptual framework. The participants of the six focus groups were segregated into three faith groups (Sikh, Hindu, Muslim) and by gender. The second part of the study involved participatory mapping (Emmel 2008) combined with semi-structured interviews to identify the extent and impact of life experiences on social bonding and bridging through social networks and community activities over the life course, in line with Part B of the conceptual framework. The participatory mapping (Emmel 2008) and semi-structured interviews were undertaken following the focus groups with voluntary participants (two from each focus group). However, there were also two participants for the second part of the

study that were purposefully recruited from outside of the focus groups. This was because there were not enough volunteers from the focus groups to provide a representative cross-section of faith and gender.

Focus Groups

Focus groups are an efficient and effective method for obtaining vast amounts of data from multiple perspectives (Krueger & Casey 2014) in order to explore a broad topic. A focus group is when a group of individuals (typically about six to ten people) who have similar characteristics are brought together by a researcher who acts as a facilitator. The researcher uses the group and the interactions between individuals to gain information about a specific or focused issue, grounded in the participants' experiences, beliefs, and perspectives (Liamputtong 2008). The researcher a permissive and nurturing environment that encourages different perceptions and points of view, without pressuring participants to reach consensus (Krueger 1988). The group discussion is conducted several times with similar types of participants to identify trends in viewpoints and perceptions (Krueger & Casey 2014). Systematic analysis of focus group discussions provides insights into how a specific topic is perceived by the group.

In this study, focus groups enabled discussions with participants about barriers and enablers to social participation within faith and gender groups. Focus groups were used because they can yield rich data from multiple perspectives. The research topic under investigation is a complex cultural social dynamic (Liamputtong 2008) that requires both detailed and broad understanding. Focus groups permitted the researcher to uncover aspects of understanding that may have remained hidden in a more conventional in-depth one-to-one interview (Krueger & Casey 2014). In addition, as the participants were of older age (Hussain 2017), they may not have felt encouraged to talk about the research issue in individual interviews in the same way as in a collective conversation with others from the same faith group and/or gender. The focus groups did stimulate debate (Hennink 2007) and included a range of responses that provided a greater understanding of the attitudes, behaviours, opinions, and perspectives of participants with regards to the research questions.

The focus groups created an environment which encouraged social engagement and rapport amongst participants with similar characteristics (Krueger & Casey 2014), such as faith and gender. The sense of belonging and common identity through shared characteristics in each focus group (Kitzinger 2005) increased the participants' sense of cohesiveness, enabling them to feel safe and to share information. The positive interactions amongst the participants led them to emphasise collective points of interest (Kitzinger 2005) both in terms of similarities and also in relation to differences related to social participation. In this regard, the focus group discussions provided the researcher with the opportunity to hear debates amongst participants on differing issues and beliefs, which may not have emerged from the participants in an interaction with the researcher alone. Furthermore, the positive interactions that occurred amongst the participants created the possibility for lively conversations and discussions. The participants discussed and interpreted shared experiences of social participation, alongside the identification of possible solutions to the challenges, as they tried to make sense of the phenomenon themselves (Kitzinger 2005).

One of the limitations of using focus groups was that participants who took part already knew other participants (from the same faith community) within the group. This created strong group dynamics and viewpoints but required careful management (Krueger & Casey 2014). Where participants were familiar with one another, it encouraged the flow and interactions in the focus groups (Kitzinger 2005); however, it also led to some participants easily going off on a tangent to discuss broader issues that digressed from the subject matter. Furthermore, those participants that did not know others as well were more cautious and reserved and did not discuss personal experiences as willingly. Despite it being made clear at the start of the focus groups that personal experiences were to be kept in confidence, it is likely that some of the participants still feared the potential risk of their personal experiences being shared with other participants from a tight-knit ethnic community. Some of the participants recruited to the focus groups were volunteers at social groups in the community. Their views and discussion points captured the experiences they had observed in members of the social groups they supported alongside their own personal experiences and views. For a more detailed overview of the group dynamics for each focus group, please refer to table 4.1.

Participants who were fluent in spoken English were more confident than those who were not. The discussion points given by those that were less fluent and confident in spoken English were much shorter in comparison to those that were more fluent in English. This led the researcher to prompt the participants (Conradson 2013) who were less fluent and shorter in their discussion points; however, it was still a struggle to get those participants to give more detail. Therefore, future researchers using focus groups where there are differing skill levels in a second language amongst participants should consider the use of an interpreter.

Focus Group	Group dynamics, non-verbal communication & observations as observed by the researcher
Focus Group 1 (Sikh Females)	<p>Most of participants appeared comfortable in the group, as some of them were friends. Participants were made up of volunteers that help to run a social group in the community. As well as some who were members of social groups in the community. There was one dominant voice in the group. There were two participants that were quiet but did contribute to points during the discussion. There were a few discussion points where there were differing views, however everyone respected each other, and politely said they were not criticising their views, and went on to explain why they had a difference of opinion.</p>
Focus Group 2 (Hindu Females)	<p>Some of the participants in this group were familiar with the other participants from large-scale social activities and events in the community. Two participants in the group were friends. There was one participant that was confident in speaking English proficiently, and this made the other participants, who were not as fluent, feel a little intimidated. Resulting in a reluctance for the participants to speak initially. So, to ensure that everyone had a say, the researcher asked each participant individually to give their thoughts. Answers were often short and not expanded upon by the participants, and they were subtly pushed to give more detail by the researcher. There was no overall dominant voice, but it was clear that the female that was fluent in speaking English, was holding back to allow the others to talk. The answers to the questions were very often closed, and the researcher had to keep prompting the participants to expand on their answers or give more of an explanation/example. Even with this further prompting it was a bit of a struggle to get the participants (apart from one), to open in more detail with their answers/discussion points.</p>
Focus Group 3	

(Muslim Females)	There was one dominant voice in this group, who often went off on a tangent in her discussions, which often was not relevant to answering the discussion questions, despite repeated points reminding the participant to stick to the question. This frustrated and annoyed some of the other participants who were present. Three participants left early as one felt tired, and so she and her companion left at the same time. Another participant needed to get to an appointment. However, an element of frustration with the participant that went off track, may have been a contributory factor.
Focus Group 4 (Hindu Males)	The participants knew each other well, as they were all volunteers of a community group. Although their answers were somewhat short, they all contributed to answering the discussion questions. The participants focused their answers to questions mainly in relation to experiences of a community group they were volunteers for. As opposed to their own experiences, and or that of family and friends, outside the community group they all volunteered for.
Focus Group 5 (Sikh Males)	The participants did not know each other and had not met or seen one another before in the community. Despite that no one held back in this group, in terms of challenging other participant's views and comments where they did not agree with them. The participants were keen to discuss the research question with deeper understanding. Thus, their answers and thoughts in the discussion were deep, trying to get to the root cause, and understand local issues e.g., why South Asian men did not engage as well as South Asian women in social groups.
Focus Group 6 (Muslim Males)	The participants knew each other and were very engaging in answering the questions in the focus group. Based on their own experiences, as well as their perceptions and experiences of South Asian older people in their faith community.

Table 4.1: Focus group dynamics.

Participatory Mapping

Participatory mapping (Emmel 2008) is a visual representation of social problems and/or opportunities. Participatory mapping (Emmel 2008) is an interactive approach that encourages participants to create visual maps of data, which are supported through questioning in semi-structured interviews. While creating the map, participants can deliberate over how to best represent the social aspects of a topic, sharing their observations as they go along and telling personal stories and

anecdotes that are embedded in social context. This leads to rich data being gathered for the social research. Thus participatory mapping is the innovative sociological method (Emmel 2008) adopted in this study; it elicited rich data from participants as they generated a visual representation of social networks and groups accessed through social bonding and bridging over the life course.

Participatory mapping is much broader than traditional social network analysis, in which lines are drawn to show social ties or relationships between individuals (Wasserman & Faust 1994). Participatory mapping (Emmel 2008) is a form of sociogram in that it identifies the social networks and relationships a person has with other people (Ryan 2008). However, unlike a standard sociogram, participatory mapping is not fixed in time. Sociograms tend to be static and show social networks and ties fixed in a point of time (Tubaro et al. 2016), without the detailed contextual narrative. However, more recently sociograms have been combined as a visual drawing with an interview, enabling the dynamism to unfold through the narrative (Ryan 2008). For example, Ryan (2008) found that a sociogram combined with in-depth interviews provided narratives that offered insights into how networks were composed and how some relationships had changed over time. This illuminates the contents, meanings, and dynamics of people's relational experiences (Ryan 2011). However, it is argued that sociograms are not such an interactive visual methodological approach (Tubaro et al. 2016) as participatory mapping, which encourages participants to talk through narratives and accounts so the researcher and participant can make sense of the meaning together much more readily throughout the process.

The advantages of using participatory mapping are that it enables an interactive bond between participants and the researcher (Emmel 2008) and it stimulates engagement because it is an interactive process. Thus one of the strengths of participatory mapping as a qualitative research method in this study is that it enabled information to flow through social interaction between the research participants and the researcher. Furthermore, using participatory mapping along with the life course approach helped to identify significant life events and markers as enablers and/or barriers to social participation, bonding, and bridging. This facilitated access to contextual data related to life experiences, social structures, relationships, and the social contexts in which they are embedded. For example, it enabled understanding

of the underlying significance of an event or a life experience for one person, such as the death of a partner, which may be devastating for one person and liberating for another. In addition, participatory mapping is a visual approach, which readily supports participants' memory recall (NCVO et al. 2010) of intrinsic detail such as the composition of people within social networks and activities accessed.

In this study, participatory mapping enabled the visual representation of social aspects, such as social bonding/bridging and social networks and groups accessed, through visual colour keys. This was built upon following the plotting of social networks and community activities that were accessed along a timeline on a large sheet of paper. Examples of participatory maps created through the participatory mapping approach are presented in Chapter 6. Participatory mapping in this regard helped in identifying the diversity of social networks and activities participants accessed and the extent of social bonding and bridging, grounded in the participants' real-life experiences. The visual colour representation was particularly useful when it came to comparing the participants' maps to identify emerging patterns in relation to networking types.

Participatory mapping was combined with semi-structured interviews to complement and add to the conventional verbal interview. This enabled participants to describe social patterns and to contextualise a broader understanding of why these emerged. Thus during the mapping data was collected using questioning; for example, questions were asked such as: Why did you not have any social networks that you accessed during this time of your life? Why do your social networks only include your family? What stopped you accessing and/or increasing your social networks later in life? Thus a benefit of using a participatory mapping approach to identify the social networks and activities accessed over the life course is that it enabled social cultural context to emerge.

Participatory mapping combined with semi-structured interviews also enabled cultural norms, behaviour, and patterns to emerge alongside the mapping of networks and activities accessed across the life course. It also enabled broader elaboration of contextual data to emerge, such as life experiences that present as barriers and/or enablers and impact on social networks and activities as well as bonding and bridging. Thus it provided deeper contextual understanding of social

participation. Furthermore, participatory mapping combined with semi-structured interviews alongside the focus group data offered triangulation; this mixed methods approach (Sim 1998) is discussed in more detail below.

One of the limitations of the participatory mapping approach is that it is time consuming. The intrinsic nature of drawing allowed the participants to notice features of the map (NCVO et al. 2010), which was beneficial in ensuring accuracy and depth. However, it stopped the flow of conversation at points, until visual representation of points had been captured in relation to a particular feature of interest, which meant that it was a slow process. Participatory mapping relies on the authentication of the data and effective memory recall of participants. It was difficult for participants to recall exact features of social networks and activities and their membership when they were established at early stages of the life course, and it was not always clear how they may, or may not, have been impacted by life experiences. This risk was reduced by allowing the participants to return to features of the map at any point during the exercise and by allowing time for reflection when the participatory maps had been completed. The tangibility of the participatory mapping provided the interviewer with an account that could be questioned as it was being drawn and constructed by the participant. Participants were able to gain a sense of understanding of their experiences and participation in relation to social networks and activities through describing, elaborating, and theorising during the period of reflection at the end of the process.

Mixed Methods

The two approaches used – focus groups and participatory mapping combined with semi-structured interviews – complemented each other. Thus these mixed methods were resulted in an innovative methodological approach for understanding social participation, social bonding, and social bridging. It allowed for actual reality-based experiences, beliefs, and opinions to emerge, rather than trying to fit a phenomenon to pre-established variables (Braun & Clarke 2013) that may not be truly reflective of the situation. Furthermore, it enabled the researcher to simultaneously make sense of the reality in a congruent manner (Krueger 2014, Carter 2014). Using participatory mapping combined with semi-structured interviews alongside focus group data enabled triangulation and allowed for convergence and/or divergence,

thus increasing the validity of the findings (Krueger 2014, Carter 2014). In a topic area where richer understanding and interpretation is required, i.e., in a complex lived environment, a mixed methods approach is highly recommended (Saunders 2009, Carter 2014).

One of the limitations of a mixed methods approach in this study was that the same participants were used for both parts of the study. This could have led to participants being less expressive in their discussions in the second part of the study (the participatory mapping exercise) if they believed the relevant points had already been picked up and covered in earlier discussions in the focus groups. Alternatively, participants could have used the general discussion points from the focus groups to discuss barriers and enablers to social networks and activities if they were still in the forefront of their minds during the participatory mapping exercise, as opposed to truly reflecting on their personal accounts. There could have been some benefit in recruiting entirely new participants for the participatory mapping, rather than an inconsistent approach with some recruited following the focus groups and some recruited purposely from outside of this.

Consecutive Order of Focus Groups	Faith/Gender	Number of Participants	Venue	Approximate Duration
1	Sikh Females	Eight	Community Church Hall	2 hours
2	Hindu Females	Five	Public Library	1 hour
3	Muslim Females	Five	Community Centre	1 hour
4	Hindu Males	Five	Community Hall	50 minutes
5	Sikh Males	Five		2 hours

			Private room in a public sector building	
6	Muslim Males	Three	Private room in a private building	50 minutes

Table 4.2: Focus Group Categories and their duration/location.

Location for the Study – Why Coventry?

Coventry is a UK city with an estimated population of 366,800 (mid-2018 estimate). It is located in the West Midlands of the UK and was chosen as the geographical location for this study because it has a notably higher black and minority ethnic population (16.3% of the city population is Asian/Asian British) compared to the national average (Coventry City Council 2019). Also, Coventry is a Marmot City and is thus working to reduce inequalities and improve the health and wellbeing of people (Coventry City Council 2017) living in Coventry. This is against the backdrop of men and women in the most affluent areas of the city living, on average, 9.4 and 8.7 years longer (Coventry City Council 2017), respectively, than those from the most deprived areas. The study offers a prime opportunity to support the city’s policymakers and service providers, who are working towards achieving the Marmot City goals (Coventry City Council 2017). This is particularly important in relation to reducing inequalities in social isolation amongst vulnerable older people from South Asian backgrounds, who are particularly at risk of marginalisation (BRC 2019). By having a better understanding of the barriers and enablers to social participation facing South Asian older people in Coventry, the findings can be used to reduce any disparities that may exist in relation to social participation for this population group, making it an excellent choice of location.

Sample

Thirty-one participants were recruited for the focus groups across the three different faith groups and across both genders. The actual number of participants in each focus group is listed in table 4.2. Twelve participants (two males and

two females each from across the Sikh, Muslim, and Hindu faith groups) were recruited for the participatory mapping combined with semi-structured interviews using the following criteria:

- Age >50 (to tie in with Age UK Coventry's definition of older age)
- Gender M/F
- Ethnicity (Sikh, Hindu, and Muslim faith backgrounds)
- Living in Coventry in the community (not in care homes/sheltered accommodation)
- Basic English spoken

The study focused on a small sample to allow for in-depth conceptualisation of the participants' experiences and perspectives and allowing for generalisation (Lewis & Ritchie 2003). Similar characteristics, such as faith/interfaith and gender, were grouped together (Krueger & Casey 2014) as cultural differences have been found in other minority groups across gender (Aw et al. 2017). Furthermore, segregating participants in this way enabled rich cultural data to be attained (Zubair & Norris 2015) and cultural differences and/or similarities in relation to the research topic were able to come to the fore. Few studies have compared different faiths and genders within the boundaries of the South Asian ethnic group in the UK in relation to social participation, bonding, and bridging for minority groups. This mixed methods approach allowed emerging patterns to be explored (Liamputtong 2008) in a flexible approach during the study.

Recruiting Participants

Several friendship and social groups (see Appendix 1 for a list) identified through Age UK Coventry and Coventry City Council's Community Information Directory were contacted by the researcher. The groups were contacted by phone and email to promote the study (Krueger 2014) and recruit volunteers for the focus groups. Some of the friendship and social groups contacted agreed to forward on details of the study to their members. Others agreed for the researcher to attend one of their sessions to present the study directly to their group members, with a view to recruiting any volunteers. The presentations to social and friendship groups

in the community (see Appendix 2 for a list of social groups presented to) attracted participants to come forward and volunteer. In addition, a snowballing sampling approach followed (Krueger 2014), whereby the research participants encouraged their friends and relatives to take part in the study. Muslim community champions were contacted to help promote the study and aid the recruitment of Muslim male participants, who were particularly difficult to recruit. Volunteers at community faith groups who wanted to get involved in the study were recruited if they met the criteria and sought permission from their own governance structures within the voluntary faith group to avoid any conflict of interest.

Participants for the participatory mapping and semi-structured interviews were recruited following the focus groups. From each of the focus groups, an attempt was made to recruit two participants voluntarily for the semi-structured interviews. However, in the Hindu focus group, only one female volunteered; therefore, another Hindu female volunteer was sought from outside of the focus group. This willing participant was recruited from a Hindu social group following a referral from another participant. Similarly, only one Muslim male participant volunteered from the Muslim focus group, and so another Muslim male participant was recruited from a referral by a Muslim community champion. All the other participants volunteered for the participatory mapping following the focus groups.

Participants' basic English-speaking skills were determined during initial discussions between them and the researcher, following participants' expression of interest and prior to the consent forms being signed. In addition, the participants were informed prior to the focus groups commencing that they would be undertaken in English and that data would also be collected in English. When the participants started talking in their native language during the focus groups, they were promptly and gently reminded to talk in English and explain in English what they had just said.

Data Collection

Phase 1 – Focus Group Data Collection

The focus groups were undertaken to gather data on the barriers and enablers to social participation. The questions asked in the focus groups were open ended rather than closed questions in order to gain access to participants' personal accounts, experiences, and perspectives (Polkinghorne 2005, Krueger 2014). An example of the semi-structured questions used to guide the focus group discussions is shown in Appendix 5. The focus group guide and questions within it (Breen 2006, Krueger 2014) were prepared and reviewed by the supervisory team prior to the focus groups. The questions were broad and open ended (Braun & Clarke 2013). During the focus group, additional questions that emerged were asked as the conversation progressed (Braun & Clarke 2013, Krueger 2014).

The researcher did not intentionally plan to hold the focus groups in the chronological order listed in table 4.2; the order was based on when enough participants were recruited to make up a focus group in relation to a particular faith group and gender as well as the availability of the participants. It was estimated that each focus group would last approximately 1.5 hours. However, the focus groups varied in terms of how long they took (see table 4.2). It was initially planned that the focus groups would be split into two 45-minute sessions with a break; however, this varied in practice, with only three focus groups having breaks (focus groups 1, 2, and 5). To provide a relaxing atmosphere (Krueger 2014), tea, coffee, and biscuits were provided at the start for all the focus groups (and during the break, where this was relevant). A second focus group was proposed if the discussions had not concluded during the first session and the discussions had exceeded the proposed 1.5 hours. However, focus groups 1 and 5, which had gone over the 1.5 hours, declined the offer of a second session and chose to carry on and conclude the focus group in the first session (see table 4.3 for duration of each focus group). The focus groups took place in a variety of community locations (see table 4.2) and during a weekday between the hours of 10am and 3pm in order to increase accessibility. Following the focus groups, the semi-structured interviews to conduct participatory mapping were undertaken in community locations. The participatory mapping and semi-structured interviews lasted, on average, 1.5–2 hours (see table 4.2).

The focus group discussions were conducted in English and audio taped; notes were also taken to capture participants' observations (Braun & Clarke 2013). The researcher's role included observing non-verbal interactions, the impact of group dynamics, and keeping field notes (documenting any contextual or reflective notes), thereby supplementing the data (Kitzinger 2005, Oliver et al. 2005). Non-verbal data provides thicker descriptions and interpretations compared to the sole use of verbal data (Braun & Clarke 2013).

Phase 2 – Participatory Mapping Data Collection

Participatory mapping was conducted to identify the extent of social bonding and bridging through social networks and activities participants accessed during the life course (starting from the age of 50 to their present age). The researcher adopted a flexible 'open-ended approach', using a semi-structured interview guide (Braun & Clarke 2013) with participants during the participatory mapping (see Appendix 6). Participants were asked to describe the social networks and activities they accessed as well as the life events and experiences that had affected and/or shaped their access. The researcher took a large sheet of blank paper and drew a visual diagram to represent social networks and activities against a timeline, including the narrative as described by participants (NCVO et al. 2010, Emmel 2008). Coloured ink pens were used to reflect the make-up and types of social networks and activities on the maps, which enabled the researcher to visually analyse the extent to which participants had socially bonded and bridged.

Participatory mapping was not only a useful tool to describe and define features of social networks and activities, but it also captured detailed narratives – such as cultural practices, attitudes, and norms – associated with social networks and activities. It also enabled patterns to be visually drawn over the life course from the visual presentation of the data on the map. Furthermore, comparisons could be made against other maps, and broader themes were able to emerge where there were similar patterns. Shared life experiences over the life course across participants' maps helped to explain their impact on social participation, bridging, and bonding. Social patterns that shared similarities and shaped participation were also distinguished across the participants' maps through comparisons. This enabled

contextual deeper understanding of barriers and enablers to social participation and convergence based on real-life experiences, alongside the data from the focus group.

Participatory mapping provides an effective way of displaying a large amount of information using a practical technique. In this study, it reduced the risk of generalisation, as details about social participation, bonding, and bridging were grounded in participants' life experiences and reflective of their present situation. Participatory mapping combined with semi-structured interviews was interactive. There were no difficulties encountered in keeping the participants focused on the topic. The main challenge was for the participants to fully recall their prior social networks and activities accessed over the life course, and there is the likelihood that they may have missed some. As it relied on effective human cognition, fatigue associated with memory recall older age could have been encountered. However, participants had no difficulty in recalling life experiences that had impacted and/or shaped their access to or membership of social networks and activities. Although the participatory maps were time consuming, they were rich in detail.

Transcribing

The focus groups were audio taped and transcribed word for word. The transcripts from the focus groups were reviewed back in conjunction with the audio recordings for accuracy (Bailey 2008). In addition, five of the six focus group transcripts were verified by a nominated participant from the group. The participants in the Muslim/male focus group did not nominate a participant to verify the transcript, on the basis that they felt confident and assured that it would accurately reflect the discussions. The semi-structured interviews were audio taped, transcribed, and reviewed to ensure that the detail had been accurately captured on the participatory maps (NCVO et al. 2010, Emmel 2008). In addition, the participatory maps were visually reviewed by each of the participants at the end of the semi-structured interviews for verification (NCVO et al. 2010).

Data Analysis

Phase 1 – Focus Group Data Analysis

Framework analysis as a qualitative method was adopted to support the management of large amounts of data from the focus groups; this was alongside a deductive approach with pre-determined themes (Parkinson et al. 2016), as set out in the conceptual framework. The method also allowed for an inductive approach (Thomas 2003) and for key themes relevant to the research to emerge. Framework analysis guided the findings from the focus groups to determine if they fitted against the capital themes that emerged from the literature review. In addition, it was important to note the discovery of any new themes that emerged (Parkinson et al. 2016), relevant to the South Asian ethnic group being researched, thus “offering a pragmatic, flexible and rigorous approach to data analysis” (Parkinson et al. 2016, p. 109).

Furthermore, framework analysis suited the conceptual framework to support policy development and important categories that the research questions attempted to answer, such as:

- Contextual – establishing the extent of South Asian older people’s social participation (social networks and activities accessed and bonding and bridging over the life course).
- Diagnostic – detailing the factors that impact on social participation, bonding, and bridging (e.g. specific life experiences, gender, faith, cultural practices, norms, and attitudes).
- Evaluative – making sense of life experiences and cultural factors that impact and/or shape social participation, bonding, and bridging.
- Strategic – for example, identifying how policy and practice can be developed to support South Asian older people to socially participate through bonding and/or bridging.

Framework analysis (Parkinson et al. 2016) guided the analysis of the focus group data. The focus group transcript was read a few times, from beginning to end, to enable the researcher to become ‘immersed’ in the data (Ritchie & Spencer 2002). Any contextual or reflective notes that were recorded by the researcher

during the focus groups were also reviewed (Parkinson et al. 2016). Any thoughts or impressions, including analytic points from reviewing the transcripts and notes, were captured in the margins of the transcripts (Parkinson et al. 2016). This included the focus group dynamics that were noted, as shown in table 4.4 (Kitzinger 2005, Forsyth 2018).

After familiarisation with the data, the researcher carefully read each transcript using a combined deductive and inductive approach to guide the data analysis that was relevant to the research question (Gale 2013). The deductive approach involved looking for data that fitted within categories that sat under the 'capital' themes (Fereday & Muir-Cochrane 2006). Where the data was relevant but did not fit within categories under the pre-defined capital themes, a new category that closely represented the emerging theme was added to the framework (Gale 2013). The analysis of the transcripts using this deductive and inductive approach was initially completed by hand (Fereday & Muir-Cochrane 2006). Then the focus group transcripts were analysed using NVivo (Bergin 2011). This enabled the data to be analysed twice. It also enabled categories to merge and be managed more easily against pre-determined and new themes. The data analysis of the focus group transcripts was reviewed by the supervisory team to verify consistency and coding accuracy (Parkinson et al. 2016).

A spreadsheet matrix was developed to chart pre-existing and new themes from each focus group transcript against the categories (Parkinson et al. 2016). The data from each transcript against the categories was reduced and summarised, whilst retaining the original meaning of the words from the focus groups and using illustrative quotations where relevant (Parkinson et al. 2016). Entering the data in this way enabled a better understanding of the data from each of the focus groups, and comparisons could be made across the focus groups (in relation to gender and ethnicity). The final step involved interpreting the data in the matrix against each category within the pre-determined and new themes that emerged. Notes that were taken during the focus groups were reviewed again at this stage to support the interpretation of the data (Bailey 2008). Furthermore, connections between categories to identify causality were made (Parkinson et al. 2016). Thus an explanation of the phenomena – barriers and enablers to social participation – was unearthed.

Phase 2 – Participatory Mapping Data Analysis

Following the semi-structured interviews, the researcher captured the hand-drawn participatory maps into summarised electronic versions in Word. Furthermore, as it was not possible to articulate all the relevant information within the maps, the audio tapes were listened to and transcribed to capture all the relevant detail, such as whether social networks and activities continued across the life course and the detail surrounding life experiences that impacted and/or influenced the types of social networks and activities across the life course. Each transcript was reviewed against its relevant participatory map to enable the researcher to become immersed in the data. Then the participatory maps were reviewed and compared against each other to distinguish commonalities and differences. A typology of social networks and activities was identified, grounded in the description of data on the maps and based on the review and comparison of the maps. Furthermore, the social networks and activities accessed by each participant were charted into a spreadsheet matrix, enabling key patterns to emerge against gender and faith/interfaith.

The participatory maps were analysed to identify the extent of social bonding and bridging, grounded in the description of the make-up and membership of social networks and activities accessed. The data in the participatory maps was used to elaborate on and theorise about social bonding and bridging, using pre-defined definitions. The extent of social bonding and bridging against social networks and activities for each participant was also charted in an Excel spreadsheet. This enabled the identification of commonalities and differences in social bonding and bridging against faith/interfaith and gender as well as age (Braun & Clarke 2006).

The transcripts were analysed to identify life experiences across the life course that impacted and/or shaped access to social networks and activities as well as intra/inter-social bonding and bridging. This was followed by an analysis of any data captured on the participatory maps (Braun & Clarke 2006) in relation to understanding the meanings and explanations that were given about participation and engagement in social networks and activities, either through intra/inter-social bonding and/or social bridging over the life course, as described by participants. This data was summarised into an Excel spreadsheet in the form of a matrix and interpreted, using the data, against gender, faith/interfaith, and age. The

data was analysed from the individual to the group level to show concepts and patterns that emerged against the data relating to the impact of key life experiences on the different types of social networks and activities and against intra/inter-social bonding and social bridging. Finally, the data and key themes that arose from the maps (social networks and activities accessed, extent of intra/inter-social bonding and social bridging, life experiences, and cultural factors that impact and/or shape participation over the life course) were reviewed against the data and themes from the focus groups in order to identify an overall interpretation of the findings using triangulation (Kindon et al. 2007).

Triangulation

Following the focus group and participatory mapping combined with semi-structured interviews, there was a process of triangulating the two sources following analysis (Carter et al. 2014). There were two different methods of data collection, and integration of the two data sources was necessary to enable a comprehensive understanding of social participation, intra/inter-social bonding, and social bridging. Triangulation is associated with ensuring a complete reflexive analysis of the data (Carter et al. 2014). Using triangulation in this study was also a means to identify similarities and/or differences between the sources of data collected from the two different methods adopted and to form an overall understanding of the findings from the data.

Ethical Issues

The researcher gained ethical clearance from Coventry University for the research study. All participants signed an informed consent form (see Appendix 5) prior to the focus groups and interviews. Participants were given an information sheet detailing the study (see Appendix 4). To ensure that older people had the capacity to understand details of the study, make an informed decision, and give valid consent (Grady 2015), the researcher had a pre-meet with participants and asked them to read the details in both the participant information form and consent form. In addition, the researcher also read them out in person, to account for any visual or auditory difficulties and readability issues (Krueger & Casey 2014, Liamputtong 2008). The researcher then asked participants some general questions about the purpose of the research to ensure that they understood the

relevant information, the voluntary nature of participation, and the risks and benefits of being involved (Krueger & Casey 2014, Liamputtong 2008). A pre-meet between the researcher and participants also enabled the researcher to assess any obvious disabilities and/or see if any difficulties could be supported in the focus groups/interviews if necessary (Krueger & Casey 2014).

The researcher was also able to ascertain in the pre-meet if participants could speak a basic level of English before they were recruited. Basic English words were also used in the focus groups and interviews, and participants were asked to stop the researcher if anything was not clear or understood (Krueger & Casey 2014). It was verbally made clear at the start of the focus groups that comments and views expressed by participants should be treated with respect (Krueger & Casey 2014). Furthermore, that they should remain confidential and should not be shared or talked about with others, either inside or outside the focus groups and interviews, thus protecting the identity of participants involved in the study. A statement in the consent form also reiterated each participant's responsibility to keep focus group discussions in confidence. However, there was still the risk that participants would share the focus group discussions with others, even though a formal request was made to keep other participants' contributions private, and this risk was made known to all participants at the start.

The researcher made participants aware of the risk of negative attitudes based on age, age-based stereotypes, and discrimination (McGuire 2009). The researcher reduced the likelihood of making ageist assumptions by reading relevant information prior to conducting the research in order to reduce ageist attitudes, encourage the use of salient words, and think more critically when asking about ageing related to social participation (Ragan & Bowen 2001). This reduced the threat of negative stereotypes and potential harm to the self-efficiency and self-esteem of the participants (Rahhal et al. 2001). There was also the risk that participants may have got emotionally distressed in relation to thinking about their situation or that of friends and relatives (Walker 2007) if they were socially isolated or lonely and suffered from social barriers or a lack of social participation and networks. Thus a feedback form with local support services and social groups was put together for participants in case they requested support and help to access local services and groups.

There was also the risk that the researcher may experience some level of emotional distress if participants got emotional and/or shared harrowing accounts. To minimise the risk of emotional stress or distress to the researcher, regular supervision meetings took place after the focus groups, which ensured that the researcher had support and a safe space by discussing the groups with the director of studies and/or accessing the university's counselling services. There was also the risk that the researcher may have encountered cases of suspected elder abuse (Orb 2001) from accounts that participants gave in the focus groups and interviews. Thus the researcher made herself aware of the local mandatory reporting and the process surrounding the handling and reporting of such incidents to statutory services as well as becoming familiar with the Elder Justice Act (Orb 2001).

The researcher was the main analytical instrument used for data collection in the study and acted as a facilitator for participants during the focus groups and participatory mapping. The researcher is female, in her early forties, and of South Asian descent. The researcher's positionality in this regard can be classed as an insider (Unluer 2012) by way of studying a group to which she belongs in terms of ethnic background and thus in terms of cultural, racial, and social identity. There are advantages to being an insider (Bonner & Tolhurst 2002), namely having a better understanding of the culture being studied, facilitating social interaction naturally, and fostering intimacy, which promotes and encourages honest accounts. Speaking the same insider language, having the same social ethnic identity, and understanding the local cultures (Unluer 2012) can help gain access to participants (Bonner & Tolhurst 2002), which aids the research process.

However, there are also problems associated with being an insider-researcher (Unluer 2012), such as potentially greater familiarity and the researcher's prior knowledge of the participants being studied, which can lead to a loss of objectivity. Furthermore, participants may have assumed that the researcher already understands the needs of the group and thus may not expand on points. To avoid bias and unconsciously making assumptions during the research process (Hewitt-Taylor 2002), several precautions were undertaken to avoid biased interpretations and preconceived notions about South Asian older people and their experiences during the study. The researcher focused on accurately recording accounts from

participants (Noble & Smith 2015) during the discussions. The researcher also kept a journal log, to allow space to sort and bracket out initial thoughts and feelings immediately following the focus groups and interviews, which was then used to inform thinking or questioning during the analysis process. This 'bracketing' process (Creswell 2013) helped to keep the interview and data analysis as valid and accurate as possible, minimising preconceptions or individual beliefs about phenomena. The researcher also asked participants to be clear in their accounts and experiences, and where points were not clear, the researcher asked participants to elaborate and/or give meaning where relevant, thus reducing any pre-assumptions.

Validity (Internal and External)

To increase external validity (Noble & Smith 2015), a detailed description of the research approach has been detailed. The broad and rich data collected within the study was fully used and reported in order to provide a detailed comprehensive understanding of the subject matter under investigation (Lewis & Ritchie 2003). Furthermore, all stages of the research, both in terms of design and how it was carried out, were overseen with scrutiny, which ensured that any intrusion or deviation was limited (Kothari 2004). Furthermore, five of the six transcripts from the focus groups were verified by a nominated person from the group, including the interpretation of the themes and findings after the thematic analysis (Parkinson et al. 2016). Reflexive analysis (Mays & Pope 2000) of the data was undertaken when triangulating the two data sources (Krueger & Casey 2011) from focus groups and participatory mapping.

Reliability

To increase reliability (Lewis & Ritchie 2003), the research was conducted in a systematic way, with interpretations being supported by the data (Shank 2006). Furthermore, clarification was sought when there was any degree of uncertainty to minimise any potential for bias or misinterpretation (Winter 2000). During the focus groups and participatory mapping, any ambiguities were clarified with participants. Furthermore, interpretations of the data were verified with supervisors, thus further reducing any risk of bias (Lewis & Ritchie 2003). A consistent approach was adopted to ensure quality was maintained throughout the research process (Patton

1999), and the findings of the data were reported systematically (Winter 2000) and compared to the published literature.

Limitations

The recruitment process adopted meant that participants were primarily recruited from existing social groups in the community. Thus it is likely that participants were relatively active and engaged and not socially isolated or lonely, which limits the determination of whether the findings are representative for more vulnerable South Asian older people. A more representative sample to include those who were less engaged in existing groups and therefore less likely to be engaged in social participation, i.e., the hardest to reach, would have been beneficial for the study.

Another limitation is that most of the participants were recruited from two social groups. This meant that some of the participants knew each other, which could have affected the group dynamics. For example, participants could have more easily converged with the views of others they were familiar with, regardless of their own opinions (Forsyth 2018). Furthermore, some of the participants were volunteers at the social groups they managed, which could have limited their views and wider perspectives on social participation. The findings of the study also run the risk of bias by including volunteers from social groups. These volunteers may have focused on giving opinions and views that sought to benefit their voluntary organisations, rather than the members they serve. They may have deemed the research as an opportunity to campaign for resources.

The generalisation of the findings is limited by the small sample size and small cohort of South Asian older people. However, although there was a small sample, the methods adopted in the study allowed for the voices of minority groups to be heard. The South Asian minority groups were not representative of all faith groups. The study did not include participants from certain ethnic groups, such as Bengali or Sri Lankan individuals, or more broadly South Asians whose faith was Christianity or Buddhism, for example. There was also some imbalance in relation to the three faith groups and two genders represented in the study. Overall, there were more woman than men, and Muslim men were particularly under-represented. This limits

generalisations from the findings and the study is not representative of the entire South Asian ethnic group.

Most participants that volunteered for the second part of the study, participatory mapping, were recruited following their involvement in the focus groups. Using the same participants for both parts of the study may have led to participants having somewhat less to say in the second part of the study (participatory mapping exercise) if they believed certain points had already been covered in earlier discussions in the focus groups. There could have been some benefit in recruiting entirely new participants (Braun & Clarke 2013). Two participants were recruited for the participatory mapping that were not involved in the focus groups. This meant there was a slightly inconsistent approach as all other participants interviewed volunteered from within and following the focus group discussions, making convergence and divergence more difficult across the two parts of the study (Flick 2004).

It was initially planned that one participant from each of the six focus groups would be trained up to be a facilitator, and lead and guide the focus group discussions (Krueger & Casey 2014) to enable the participants to feel at ease and open up to someone they felt they could relate to and trust (Krueger & Casey 2014). Furthermore, it was thought that this approach would allow the facilitator to convey the guided discussion in a simple and easy-to-understand language and manner and that the researcher could sit in and observe the focus group discussions and take notes. However, there was a reluctance by participants to take on such a role. Although at the end of the focus groups, volunteers from five of the six groups did come forward to review and verify the transcripts on behalf of their group.

It was initially planned that the facilitators from the groups would come together after the focus groups to form a mixed focus group (Krueger & Casey 2014). However, this was made difficult as no volunteers came forward to take the lead facilitator role. This would have been an opportunity for the facilitators to share their own interpretations of the themes that emerged from the focus groups. It would have also been an opportunity to discuss how they thought the focus groups went and any factors that could have affected the findings.

Non-English-speaking South Asian older people were excluded from the study, which has implications for understanding social participation amongst this group. Not including non-English-speaking participants may have biased the findings, and they may not be truly representative of the more vulnerable groups within the South Asian community that may have benefited from being involved in the study; this could have an impact on the recommendations that arise from the research for policy and practice. Furthermore, some of participants had a basic level of English, although questions were asked at a basic level during the focus groups and interviews to aid understanding. In addition, participants were told at the start to stop and ask if they did not understand a question or were unclear at any point during the discussion. However, they may have been too shy to ask and/or interpreted some of the questions differently. Another potential limitation was that it was not known how long the participants had lived in Coventry. Those participants that had lived in the city longer than others may have had an advantage in terms of being more socially integrated.

Conclusion

The research was positioned against a pragmatist philosophical position, as it looked to address current social issues within the context of the study. A qualitative approach was used, which was most appropriate to answer the research questions and to explore participants' experiences in relation to social participation, bonding, and bridging amongst South Asian older people. Focus groups were conducted for Part A of the conceptual framework in order to identify the barriers and enablers to social participation, against the capital assets using framework analysis. This allowed commonalities and/or differences against key themes to be identified, whilst also allowing for new themes to emerge. Participatory mapping and semi-structured interviews were conducted for Part B of the conceptual framework, which identified the extent and impact of life experiences on intra/inter-social bonding and social bridging in social networks and community activities accessed over the life course. For both parts of the research aligned to the conceptual framework, faith/interfaith, gender, and age were considered in order to identify similarities and/or differences against these categories in the findings.

Chapter 5 – Barriers and Enablers to Social Participation

Introduction

This chapter details the barriers and enablers to social participation identified from the focus groups. The chapter presents the findings against the capitals in the capital assets approach. Direct quotations are included under each capital theme/sub theme to illustrate the discussion points from the focus groups. Underneath each capital theme/sub theme, a summary table shows which focus groups (against faith/gender) the discussion points represent. At the end of each theme, an overall discussion of the findings is summarised. A summary table outlining the key points against the different capital themes by faith/gender is detailed in table 5.20. A discussion of the overall findings concludes the chapter.

Financial Capital

The financial capital theme refers to the impact of financial resources on social participation at both an individual and community level. Three sub themes emerged under this theme that represent the points raised from across the focus groups: resources for community activities, affordability, and financial mindset.

Resources for Community Activities

This sub theme refers to the lack of funding for South Asian communities to develop and provide cultural social groups/activities (with specific membership for those from the same faith/gender) aligned to culture. In addition, a lack of funding that is threatening the closure of cultural social activities in the community was reported across the focus groups (see table 5.1)

Capital/ Theme	Sub Themes	Males			Females		
		Sikh	Hindu	Muslim	Sikh	Hindu	Muslim
Financial Capital	Resources for Groups		X	X	X	X	X

Table 5.1: *Financial capital theme/ resources for groups*

All the focus groups, apart from the Sikh males, identified a lack of funding for South Asian communities to develop cultural activities as a barrier to social participation. In addition, a lack of funding was identified as a significant issue to sustaining cultural activities that had already been developed in the community.

Sikh/female focus group – “I am worried about finances. As long as we don’t have any money, we can’t run this group. The NHS is talking about the benefits of people being in these social groups, but do they ever look at it – how these groups are going to be run, how they going to be managed, who’s going to service them?”

Community champions and volunteers from within the faith communities were reported to facilitate fundraising and donations to enable cultural activities to be established and made accessible for older people. However, their commitment also extended to supporting the running cost of cultural activities.

Hindu/female focus group – “A lot of times us volunteers pay more to support the shortfall in the running of the group, to make it work and make ends meet.”

The focus groups suggested financial support from public organisations would be an enabler to developing cultural activities that South Asian older people could identify with and access. In addition, this would help sustain the running costs of cultural social groups that had already been developed in faith communities.

Affordability

The sub theme affordability was identified because references were made across the focus groups (see table 5.2) about not being able to afford the cost of social activities and/or groups in the community due to low incomes. However, free or low-cost social activities and groups in the community were reported to be enablers to social participation.

Capital/ Theme	Sub Themes	Males			Females		
		Sikh	Hindu	Muslim	Sikh	Hindu	Muslim
Financial Capital	Affordability		X		X		X

Table 5.2: Financial capital theme/ Affordability

Participants from the Sikh and Muslim female focus groups reported that South Asian older people could not always afford to access social activities where a small surcharge had been introduced to sustain its functioning.

Sikh/female focus group – “...and finance sometimes plays a factor...for someone to come to a group they cannot always afford it, so finances play a big part.”

Social activities that were accessed in the community through social bridging by male participants were referred to as being particularly expensive, and this was reported to be a barrier to accessing them.

Hindu/male focus group – “My social club charges me £18 a year, and my ball section charges £38, so that’s £56, and every game you play you pay £4 on top during the week. I play three times a week – it costs a lot, and afterwards you socialise, you have a couple of drinks and some sandwiches. You’ve got to pay for all that, nothing comes free, so that puts people off.”

Financial Mindset

The sub theme financial mindset refers to South Asian older people being reluctant to spend money on social activities, regardless of affordability. This sub theme was identified because references were made across the focus groups (see table 5.3) to older people not wanting to spend money on accessing social activities due to

cultural practices and values that encourage them to save money for their children and grandchildren.

Capital/ Theme	Sub Themes	Males			Females		
		Sikh	Hindu	Muslim	Sikh	Hindu	Muslim
Financial Capital	Financial mind- set	X	X		X	X	X

Table 5.3: Financial capital theme/ financial mind set sub theme reported by focus groups.

All the focus groups (apart from the Muslim/male focus group) reported that South Asian older people expect social activities in the community to be free, and if they are not, this is a barrier to social participation, regardless of affordability. Cultural practices surrounding this were explained. Culturally, South Asian older people want to save financial capital that they have built up for their children and grandchildren, and thus they become reluctant to spend money.

Sikh/male focus group – “When we should be spending money on us, they are still thinking of the children. It is our money, and the kids are educated, and they have got good jobs, they do not need our money. We should be spending our money on ourselves, but we cannot spend money, because we’re not used to it, that’s the problem.”

It was felt that South Asian older people had focused so much on building up financial capital following their arrival in the UK as migrants that this experience had now made it difficult for them to spend money on themselves. It was reported that many South Asian older people later in life had a comfortable financial position but were still unable to spend on themselves because they subconsciously think that they cannot afford it.

Sikh/female focus group – “Sometimes they do not know the value of money as they get older. They have quite a lot of money in the bank, but they will not spend a penny on themselves.”

Where social activities and groups were free in the community, this was reported as an enabler to social participation. An example of a social group targeted specifically at the South Asian community and funded by a local charity was reported to have high numbers of older people accessing it when it was free. However, reports were given of the numbers dropping when the group started charging.

Muslim/female focus group – “Before a lot of people were coming to the group because it was free; now they are taking money it stops them coming.”

Discussion for Financial Capital Theme

The findings highlight the contribution of volunteers from within the South Asian communities as a community asset to support older people from their own faiths. The findings share similarities with those of Fenton and Draper (2014), who found similar results for a neighbouring UK city, Birmingham. The findings suggest that community faith champions provide the basis for reaching isolated minority groups of older people where there is a recognised need in local faith communities. Thus the findings suggest that tested approaches, such as the Connecting Communities project (British Red Cross 2019) which connects isolated minority older people to community activities to reduce loneliness, should be scaled up in the South Asian community. Furthermore, public funding such as the Big Lottery should be made available to support the development of accessible community activities that meet cultural needs, like the Leeds Ageing Better programme (Wigfield & Turner 2017). This would enable those older South Asians who are disadvantaged due to a low income to access social activities in the community that cost money.

The findings suggest there may be some value in attempting to shift cultural attitudes amongst South Asian older people so they can see the value of utilising their financial resources on social activities for the benefit of their own wellbeing. One approach to potentially accomplishing this could be through the delivery of educational interventions highlighting the value of active ageing, as outlined by Walker (2017). In particular, for South Asian older people who have poor health, active ageing educational approaches may enable social behavioural changes. Furthermore, the findings suggests that promotion of social activities that do not

have costs attached, e.g. walking with friends, may be more attractive and accessible to older South Asians.

Bourdieu (1986) suggests that social, economic, and cultural capital can impact on one another and that greater economic capital correlates with a higher social position (Bourdieu 1986). However, the findings from this study contradict this; even when South Asians had a comfortable financial position in later life, they do not tend to use the value of their economic capital on social participation. Thus the findings insinuate that Bourdieu's (1986) theory of social position linked to economic capital is far too simplistic and does not consider minority ethnic cultures within a Western context. Furthermore, it is argued that social position concurrent with economic capital needs to be measured in a more distinct way within minority ethnic groups to take account of cultural factors.

Human Capital

The human capital theme refers to the impact of personal attributes on social participation. Five sub themes emerged under this theme: age, confidence and skills, gender, health, and attitude. These sub themes were identified from the thematic analysis, reflecting the points raised across the focus groups about what factors related to human capital hinder and/or facilitate social participation.

It should be noted that there are some sub themes under this theme, such as confidence and skills, which may not necessarily reflect human characteristics or fit neatly within this theme. However, they were positioned under this capital as they most closely resemble this theme compared with the others within the conceptual framework used.

Age

The sub theme age refers to the impact of ageing and older age in relation to social participation. This sub theme was identified following the thematic analysis and reflects the points made across the focus groups (see table 5.4).

Capital/ Theme	Sub Themes	Males			Females		
		Sikh	Hindu	Muslim	Sikh	Hindu	Muslim
Human	Age	X	X	X		X	X

Table 5.4: Human capital theme/ age

All the focus groups (apart from the Sikh/female focus group) reported that older age hinders South Asian older people’s access to social activities in the community outside the family home. The lack of social participation at an older age was linked to a negative mindset, with older South Asians perceived as writing themselves off emotionally and physically. This was described as being linked to cultural values and the belief that a South Asian older person’s place is at home. A more negative perception of ageing was noticeable amongst the male focus groups.

Muslim/male focus group – “Once they’ve reached that age group...it’s ‘I will sit on the settee with a remote in my hand...and this is my place now’. The challenge that I’ve picked up from our culture is, ‘I’m so old there’s no point me going out anymore.’”

However, more positivity about ageing in relation to social participation was noted in the female focus groups. Interestingly, male participants within the male focus groups also perceived females to be more positive about social engagement. Positive perceptions of ageing encouraged a willingness amongst South Asian women across the focus groups to engage (apart from the Sikh/female focus group).

Hindu/female focus group – “We will still try to carry on and access activities and groups...the older we get.”

The impact of ageing on physical health also did not hinder the positive spirit amongst the female focus groups (Muslim/Hindu) in relation to participating in activities in the community.

Muslim/female focus group – “So what I found now as I get older there are even more challenges. Life doesn’t stop because you’re a particularly age.”

Confidence

This sub theme refers to the impact of the personal attribute of confidence in relation to social participation. Confidence was found to both hinder and facilitate social participation. Confidence was found to be underpinned by several other factors, such as language, identity, education, and experiences, across the focus groups (see table 5.5).

Capital/ Theme	Sub Themes	Males			Females		
		Sikh	Hindu	Muslim	Sikh	Hindu	Muslim
Human	Confidence	X		X	X	X	X

Table 5.5: Human capital theme/ confidence & skills

All the focus groups, apart from the Hindu males, reported lack of confidence as impacting on social participation. Furthermore, the female focus groups all mentioned language barriers and not being able to speak English, underpinning the lack of confidence in South Asian women to go out and engage in social activities in the community.

Hindu/female focus group – “Unfortunately, my mother-in-law, she had no confidence due to not speaking English, so she was housebound.”

However, the male focus groups (Muslim and Sikh) perceived South Asian women as being more confident in comparison to South Asian men in relation to social participation. It was felt that South Asian men were more reluctant to engage in social activities due to confidence issues.

Muslim/male focus group – “I don’t know whether it is an element of embarrassment that leads to a lack of confidence...while the women that can’t swim, they just get on with it; while for the men, they’re like, ‘Well, I’ll be on my own, so I won’t go.’”

In addition, the Sikh/male focus group felt that differences in identity, e.g. wearing a turban, impacted on confidence and subsequently hindered social participation through social bridging.

The Muslim/male focus group particularly felt that life experiences, such as not having professional employment, hindered the ability and confidence of South Asian older people to engage in the community, particularly in relation to engaging with diverse groups of people. Equally, they felt that the more educated a South Asian older person was, the more confident they would be to engage with the wider community.

Gender

The sub theme gender refers to the impact of this personal attribute on social participation, both positive and negative, as reported across all the focus groups (see table 5.6).

Capital/ Theme	Sub Themes	Males			Females		
		Sikh	Hindu	Muslim	Sikh	Hindu	Muslim
Human	Gender	X	X	X	X	X	X

Table 5.6: Human capital theme/ gender

All the focus groups perceived gender as having an impact on social participation. There was a consensus felt across the male and female focus groups that South Asian women were more socially engaged in the community in comparison to men.

This perception was attributed to women having access to social groups specifically for their gender, which reduced cultural barriers to engagement.

Muslim/male focus group – “I’ve always found women more engaging and more outward looking. The men would be like, ‘I am okay, just leave me alone.’”

In addition, the Sikh/male focus group felt there was a lack of social groups particularly targeted at Sikh men, which impacted on their social participation in the community and meant they were not likely to leave the house.

Sikh/male focus group – “...but the problem with the Sikh men, not the women...men do not for some odd reason get out of their house. They will go to the gurdwara, but as far as groups are concerned, no, and I can’t figure out why.”

Hindu/female focus group – “The men are more reserved to be on their own; women get out more. For men I think it’s individual interest, isn’t it?”

All the female focus groups reported that caring for a family member hindered social participation. Interestingly, the male focus groups did not raise it as a specific issue or barrier. One of the challenges surrounding caring responsibilities that hindered social participation amongst South Asian women was reported to be cultural practices and beliefs, stemming from South Asian culture perpetuated over many generations.

Sikh/female focus group – “One of the other reasons why elders don’t come out is because they are looking after the grandchildren.”

Strong family cultural values are attached to South Asian women caring for family members, and the Hindu and Muslim focus groups reported that any social engagement is undertaken around these responsibilities. Demonstrating social participation is viewed as secondary to the role of caring.

Hindu/female focus group – “Yeah, I struggle to get a carer to help. I used to go to the Blind Association, Thursday and Friday sometimes, but I can’t make it all the time because I am caring for my husband.”

There was consensus across both the Muslim/male and Muslim/female focus groups who reported that Muslim older men engage in religious activities in the mosque five times a day, which prevented them from socially engaging in other social groups and activities in the community. However, engagement in religious activities in the mosque was equally viewed as social participation, as it provided Muslim men with the opportunity to socially interact with their male friends and relatives.

Muslim/male focus group – “I’ll tell you where I see these people, I see them in the mosques...they come to pray five times a day, and that is the only activity...otherwise, they’re sitting at home and waiting for the next prayer.”

Muslim/female focus group – “Elderly Muslim men over 50 are especially going out to the mosque five times a day, morning, afternoon, then 4pm...all the time...so then they can't go anywhere else.”

Furthermore, the Muslim/male focus group referred to the lack of prayer facilities in public places in the community, which was a barrier to social participation.

Health

The health sub theme refers to the impact of health, both positive and negative, on social participation, which was identified across all the focus groups (see table 5.7).

Capital/ Theme	Sub Themes	Males			Females		
		Sikh	Hindu	Muslim	Sikh	Hindu	Muslim
Human	Health	X	X	X	X	X	X

Table 5.7: *Human capital theme/ health*

All the focus groups were consistent in their view that poor health reduced social participation.

Hindu/female focus group – “I think health is a bit of a problem as well. The poorer your health, the less likely you are to be going out.”

It was also felt that, culturally, South Asian older people are more likely to use the slightest health issue as an excuse not to go out and engage in social activities. There is a cultural belief that rest at home is the best course of action when one is unwell.

Muslim/male focus group – “They don’t engage because they’ve started to suffer. For some people just becoming diabetic is the end of the world... ‘I’m diabetic so I can’t do this, I can’t do that.’”

Depression as a health issue was mentioned consistently by the Muslim and Sikh female focus groups as contributing to withdrawal and disengagement from activities in the community.

Muslim/female focus group – “I think these old ladies in our community, they don’t go anywhere. They feel depression, and sorry for themselves, saying our health is going down. I think this is the main problem for our Asian ladies, it’s a big problem. They don’t go anywhere.”

The Sikh and Hindu female focus groups as well as the Sikh/male focus group all identified befriending as an enabler to social participation. Specific examples were also shared by female participants who had experienced the loss of a family member and received support from family/friends to re-engage in social groups in the community following a family bereavement.

Attitude

The sub theme attitude refers to the influence of having either a positive or negative attitude towards social participation, as reported across all the focus groups (see table 5.8).

Capital/ Theme	Sub Themes	Males			Females		
		Sikh	Hindu	Muslim	Sikh	Hindu	Muslim
Human	Attitude	X	X	X	X	X	X

Table 5.8: Human capital theme/ mental attitude

It was consistently felt by all the focus groups that South Asian older people have a negative attitude and an unwillingness to try new things in older age. The groups cited a lack of interest and motivation to acquire new skills. It was also reported that South Asian older people were very passive in their attitude if encouraged to get involved in social activities and groups, as opposed to thinking more widely about the benefits.

Sikh/male focus group – “...they tend to be, ‘I cannot do it, I don’t want to do it anymore, it’s not for me, I’m too old...I am okay’...again, it comes down to mindset.”

In addition, a negative attitude to social participation in older age was underpinned by cultural norms such as prioritising work, family, and religious activities over social participation.

Sikh/male focus group – “Here we are...the Sikh community, who have only learnt to work, nothing else...they have not mixed all their lives. They have not mixed with other communities or the public in any way. They have not mixed even with their own communities, only with friends and their relatives...the only thing they know is going to the Sikh temple, because that’s what they knew right from the younger days...’Oh, that’s where we

normally go when we have got some spare time.’ And they do not know anything else. So, the result is to teach new tricks to the old people is very difficult.”

In contrast to this, some of the participants in the female focus groups had more positive attitudes, describing how they continued to engage in social activities due to the benefits to their health.

Discussion for Human Capital

South Asian older people are found to age within the family home and have reduced social participation in the community. The Centre for Ageing Better (2020) reports that reduced social participation outside the family home amongst older South Asians is linked to a lack of independence due to their life experiences. However, the findings from this study suggest that it is culturally linked to a lack of family support, a negative mindset, and South Asian older people not wanting to spend money on social activities. The findings suggest these factors set the conditions for ageing within the home. Thus if social participation is not viewed as a continuous part of life, it can increase the risk of poor health, which is already identified in the literature as a risk factor for this population group (Bécares, 2013), as well as impacting on later-life outcomes, as outlined by Walker (2017).

Life experiences such as poor health (Desrosiers et al. 2009, Bukov et al. 2002, Wilkie 2007, Agahi & Parker 2005, Jansen 2005, Strobl et al. 2016, Dahan-Oliel et al. 2010) and bereavement (Allender et al. 2008, Bukov et al. 2002) are reported by scholars in the literature to impact negatively on social participation. While the findings from this study concur with these findings, they also add that poor health in older age is compounded by cultural attitudes to ageing within the family home, which impacts negatively on social participation for South Asian older people. As mentioned earlier, the findings add weight to suggest that cultural shifts in relation to ageing amongst South Asian older people are needed. This could potentially be through more targeted interventions at an earlier stage, such as educational programmes outlining the benefits of active ageing and how it is linked to better later-life outcomes, in line with the approach recommended by Walker (2017).

The findings suggest South Asian women may be more socially engaged in the community than older South Asian males, regardless of them being hindered by cultural barriers, e.g. caring responsibilities. One explanation for this could be that South Asian women's cultural roles within the home may be changing, and they may hold a less gendered role, as suggested by Mand (2006). Another explanation for this could be that they have greater access to cultural activities, e.g. social groups specific to their faith and gender in the community, which reduces cultural barriers to engagement. This might also explain why South Asian women were found to have more confidence in social participation in the community. Although Muslim males were also found to have access to cultural activities, e.g. religious activities in the mosque, the findings suggest they may be more restricted by this form of activity, potentially in relation to developing bridging social capital and in accessing other social activities. Furthermore, another explanation for why older South Asian women may be perceived to be more socially engaged in the community in comparison to men is that they have a more positive attitude about social participation, which may be linked to a better understanding of the health benefits.

The findings of this study show that migration as a life experience has great significance in shaping cultural norms, such as working and building financial capital. This, in turn, impacts on social participation, e.g. access to community activities, due to a lack of time. Thus migration adds contextual detail to the literature and explains why family networks are strengthened as a form of social participation (Levasseur et al. 2010). Thus, contrary to the Campaign to End Loneliness (2005), which reports first-generation migrants struggling to access community activities with diverse groups of people due to language and cultural factors, it is argued that migration as a life experience has a much broader impact on social participation than just language as a cultural factor alone. Public Health England (2015) proclaims that experiences at any stage of life can accumulate and exacerbate social isolation and that personal life circumstances can impact on social participation. Whilst the findings from the study support this notion, it also extends this argument to show that life experiences can shape cultural and social behaviour that directly impact on social participation. Thus it is argued that the impact of personal circumstances linked to culture has not been explicitly recognised.

Natural Capital

Natural capital as a theme refers to the impact of weather conditions impacting on social participation across the focus groups (see table 5.9). This was the only theme to emerge under this capital theme.

Capital/ Theme	Sub Themes	Males			Females		
		Sikh	Hindu	Muslim	Sikh	Hindu	Muslim
Natural	Weather	X	X	X			X

Table 5.9: Natural capital theme/ weather

Weather

Unsurprisingly, good weather conditions were reported to be an enabler to social participation as they encouraged social activities in the community to be accessed. Also, unsurprisingly, poor weather was reported to be a barrier to social participation.

Muslim/female focus group – “I can go by bus if the weather is good...but people go out more in summertime than winter. In snow time I cannot go out for three, four days; it’s very hard.”

The only contradiction to bad weather being a barrier to social participation was from the Muslim/male focus group, which reported that Muslim older men will prioritise attending religious activities regardless of poor weather conditions.

Discussion for Natural Capital

Weather conditions were not specifically identified in the literature as impacting on social participation. However, the findings share similarities with studies by Ige-Elegbede et al. (2019) and Fristedt et al. (2011), who found that outdoor environments impacted on social participation. Weather conditions impacting on

social engagement is not cultural; however, the findings suggest the way South Asian older people respond to it could be as attendance at religious activities was prioritised, regardless of the weather conditions, whereas other activities were not found to be prioritised in the same way. Thus the findings suggest that cultural activities in the community may be more effective in engaging and maintaining social participation levels amongst South Asian older people in poor weather in comparison to non-cultural activities in the community.

Weather conditions may also be linked to financial capital. If South Asian older people have a lower economic status (Lewis & Cotterell 2018), it could increase the likelihood of social disengagement in community activities if the British weather is inclement, especially if they do not have access to a car and/or cannot afford a taxi. This is more pertinent if community activities are not easily accessible and are located at a physical distance from their home. It could inadvertently strengthen cultural beliefs in relation to ageing within the family home (Centre for Better Ageing 2020) as a primary form of social participation, which reduces the level of social participation and activities being accessed (Levasseur et al. 2010).

Physical Capital

Physical capital as a theme refers to the impact of the physical environment on social participation for South Asian older people. Under the theme physical capital, four sub themes emerged: community places, social activities/groups, information sharing, and transport.

Community Places

Community places, as a sub theme of physical capital, refers to the impact of public spaces on social participation. It was established because there were references made across the focus groups (see table 5.10) in relation to community spaces that could be better utilised to facilitate social participation.

Capital/ Theme	Sub Themes	Males			Females		
		Sikh	Hindu	Muslim	Sikh	Hindu	Muslim

Physical	Community places			X	X		x
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Table 5.10: Physical capital theme/ community places.

It was reported by the focus groups (see table 5.10) that community places were not being effectively utilised to facilitate social engagement amongst the South Asian community. It was also felt that religious places of worship, like mosques and gurdwaras, could do a lot more to offer social activities for older people within their faith as well as endorsing a range of activities in the community that were on offer, which may encourage older people from their faith communities to access them. In addition, there is a need to design social activities in cultural places that older people from faith communities can identify with.

Associating with and/or identifying with physical places in the community that people could resonate with was identified as an enabler to engagement in those places in relation to activities.

Muslim/female focus group – “I feel very at home with the sports centre, I went swimming there as a child, but my mum, as an older South Asian, would not feel comfortable at the sports centre...because she never went.”

The physical distance of social activities and groups in the community was also reported to impact on social participation. It was felt that those at a distance hindered people accessing them in comparison to those that were closer in proximity.

Muslim/male focus group – “The further away, that’s going to be a barrier. If someone is living in Foleshill and it’s the other side of the city, they are not going to go. If it is local to Foleshill or Hillfields, I think people are more likely to access it.”

Information Sharing

The sub theme information sharing refers to information about social activities and groups on offer in the community and/or in cultural languages. It was established because references were made across the focus groups (see table 5.11) to its impact on social participation.

Capital/ Theme	Sub Themes	Males			Females		
		Sikh	Hindu	Muslim	Sikh	Hindu	Muslim
Physical	Information Sharing	X	X	X	X	X	

Table 5.11: Physical capital theme/ information sharing.

There were differing views within and across the focus groups (apart from the Muslim/female focus group) about whether or not there was a lack of information promoting available activities in the community. On the one hand, there were accounts of there being too little, and on the other, there being too much. Either way, it was reported to be both a barrier and enabler to social participation.

Sikh/male focus group – “The problem you mention about awareness of what groups are out there, I don’t think it is a big problem, because there is a group virtually every day. If one is willing to find out about groups, and actively look, you can find them.”

It was, however, commonly acknowledged that information in relation to activities and social groups that were culturally specific, e.g. targeted specifically at the membership of a faith/gender group, was not accessible. It was felt that not having access to this information in more mainstream outlets and/or having it advertised in cultural languages hindered accessibility. One female participant reported seeking out information on cultural activities within the city from a mainstream charity shop. However, it was reported to lack such information; finally, after several years, she accidentally came across a cultural group in the city.

Sikh/female focus group – “In 18–19 years, I did not know about this group [referring to the name of a South Asian group], no information from where I can find out about it...in the paper you find about English groups but for Asian people there is no information. I went to...and they gave me a list of English people’s groups...they meet here for dance...for lunch...but that was not my type.”

Muslim/male focus group – “I find that in the languages these people are using there is no information there; nothing has been targeted towards them.”

Participants who did not report an issue with the lack of information hindering social engagement in the community were predominantly those from male focus groups, who reported access to a wide range of activities that included diverse groups of people.

Transport

The sub theme transport refers to the impact of accessible transport provision on social participation. This sub theme was established because there were references made in the focus groups (see table 5.12) about the impact of transport on social participation, both positive and negative.

A local case study of local transport issues from the Age Friendly transport group is presented in table 5.13.

Capital/ Theme	Sub Themes	Males			Females		
		Sikh	Hindu	Muslim	Sikh	Hindu	Muslim
Physical	Transport		X	X	X	X	

Table 5.12: Physical capital theme/ transport.

Limited availability of specialist door-to-door transport options for those that have physical disabilities, poor health, or frailty had a negative impact on social participation. Whereas accessible forms of transport, such as lift sharing and dedicated community minibuses for community groups, were regarded as an enabler to social participation.

The focus group gave examples of volunteer organisers undertaking group bookings with a local transport provider on behalf of group members, which encouraged engagement. Focus group participants referred to a dedicated community minibus for faith communities to reach vulnerable people in their community where transport needs/issues affected their engagement.

Sikh female/focus group – “We could do with a little transporter, your own little community minibus, you know...people that cannot get out...you go and fetch them...that would be great, wouldn't it?”

Case Study: Transport

Bus Service and Door to Door Transport in Coventry

There is an accessible bus service in Coventry, that covers key routes across the city. There are several bus operators in Coventry, providing transport provision across the city. Amongst the largest are National Express West Midlands, Stagecoach, Travel de Courcey, Centro, and the Arriva group. There are also travel assistance cards for those that are hard of hearing, to show the driver, so that they can get support to get off at the relevant stop.

A national free bus pass is given to older people of state pension age, which is 65 years of age, for women and men currently in the UK. The free bus pass starts from 9.30am. This is a contentious issue for older people, as it does not allow them to use the free bus pass for medical appointments, which may be before 9.30am. Although some operators allow flexibility on this, and by showing a hospital appointment letter, the bus operator will accept this, and allow free access before 9.30am.

The other contentious issue in relation to the bus service, is its frequency. There is limited provision to some routes in the city e.g., the local hospital. The bus service operates a service from key locations such as the city centre to the local hospital. However, some local older residents feel the service does not operate frequently enough.

Another contentious issue in relation to transport provision, is the accessibility of door- to-door transport provision. For frailer older people that need access to this service provision to engage in social activities, and or medical appointments. Funding cuts has made it increasingly difficult for older people to access this type of service provision.

Table 5.13: Case Study Transport

(Source: Coventry Age Friendly Transport Group)

Discussion for Physical Capital

Whilst a lack of transport is identified as a barrier to social participation by Dwyer and Hardill (2011) and Jansen (2005), the literature does not specifically highlight the lack of specialist transport for those with physical difficulties, e.g. wheelchair users. Given that South Asians are reported in the literature to have poorer health (Bécares et al. 2013), the findings would suggest that there may be increased demand for this type of transport provision for this population group. Thus the unavailability of targeted specialist transport is likely to hinder access to social activities and increase the vulnerability of older South Asians with significant physical health needs. The findings call for public bodies to reduce health inequalities amongst South Asian older people by subsidising specialist transport provision to enable them to access social activities in the community.

Resonating with community spaces has been identified in the literature as providing a 'sense of belonging' and increasing social participation (British Red Cross 2019). The findings in this research study support these findings but also identify that community spaces are not equally accessible for older South Asians. For example, the mosque, as a place of worship, was found to be accessible for Muslim men but to disadvantage Muslim women. Thus, in line with the literature, it is argued that

faith organisations need to culturally adapt to ensure that older Muslim women are supported to access cultural spaces in the community (The Guardian 2020) in order to facilitate social participation equally amongst its faith community and reduce the risk of loneliness being higher amongst certain segments of its population. Furthermore, the findings call for faith organisations to support cultural shifts in ageing and social participation, from being 'situated' within the family home towards the community. It is especially important for faith organisations and cultural spaces in the community to provide a sense of security and reduce fears of discrimination, which have been found by the British Red Cross (2019) to reduce social participation amongst people from BAME backgrounds.

The findings suggest that not being able to readily access information on cultural activities that are available in the community, in cultural languages and/or in mainstream outlets, can hinder social participation. The findings imply that traditional forms of marketing that may have been relied upon to access cultural activities in South Asian communities, e.g. word of mouth, may no longer be effective. The findings suggest this may be because South Asian older people may no longer be living in densely populated faith communities and may be more spread out within a geographical area. The findings advocate for new marketing approaches to be adopted to publicise cultural activities to reach the older South Asian community and increase their social participation. Thus while the literature distinguishes the impact of verbal language barriers on social participation for BAME older people (Campaign to End Loneliness 2015), the findings suggest that written language barriers faced by South Asian older people in relation to social participation has not been considered.

Case Study: Religious Elements for the three faiths

Muslim – In the Muslim faith, they follow the Islam teachings and men go to pray at the local mosque (BBC Bitesize 2020). Friday prayers take place at 1pm, and it is a congregational prayer whereby a sermon is heard, followed by participation in ritual prayers (BBC Bitesize 2020). Muslims believe in one God and that Muhammed is the messenger of God (BBC Bitesize 2020). Women do not regularly attend mosque (or if they do, they are separated from the men); they

usually undertake their prayers at home (BBC Bitesize 2020). Ramadan is the holy month of fasting for Muslims, which consists of spiritual reflection and devoted worship for a month (BBC Bitesize 2020). During the time of Ramadan, Muslims start fasting from dawn and break their fast at sunset. Eid is a religious festival, and it is the first day that Muslims do not fast, marking the end of the month of Ramadan (BBC Bitesize 2020).

Sikh – Sikhs originate from the Punjab in India. Sikhs believe in one God and are disciples of God, they follow the teachings of the ten gurus (Sikh Dharma 2020). They attend the gurdwara for worship and listen to the ‘Guru Grant Sahib’, a religious holy book which holds the scriptures of the ten Gurus (Sikh Dharma 2020). Sunday is the main day for congregational prayers. Women, men, and children all attend the gurdwara. Sikhism’s biggest religious event is in April called Vaisakhi (Sikh Dharma 2020). It marks the start of the Punjabi new year, and the start of the Sikh religion in April 1699 (Sikh Dharma 2020).

Hindu –Hindus believe there is one supreme God called Brahman, who pervades the whole universe (BBC Bitesize 2020). With the belief it is not an abstract concept, but a real entity that is incorporated in everything (seen and unseen) in the universe (BBC Bitesize 2020). The ‘Vedas’ are the Hindu scriptures, that contain revelations received from ancient saints. Hindu’s place of worship is the Mandir (BBC Bitesize 2020). The Hindu’s biggest religious festival is Diwali, which is a festival of light (it is also celebrated by Sikhs for a different reason – it coincides with when the 6th Sikh guru was released from prison), held around the month of October/November, to celebrate the Hindu new year, new beginnings, and the triumph of good over evil (BBC Bitesize 2020).

Table 5.14: Case Study: Religious Elements for the three faiths.

(Source: BBC Bitesize 2020)

Social Capital

The social capital theme refers to social factors that impact on social participation. Five sub themes emerged under this theme: social activities, relationships, social

networks/relationships, social bonding, and social bridging. These sub themes were identified as they most reflected the points raised in the focus groups that hinder and/or facilitate social participation in relation to social capital.

Some of the cultural activities specifically targeted by faith/gender within the South Asian community are presented in table 5.16.

Social Activities

Social activities as a sub theme was categorised following reference to the impact of types of social activities that South Asian older people have access to. These are seen as impacting either negatively and/or positively on social participation across the focus groups (see table 5.15).

Capital/ Theme	Sub Themes	Males			Females		
		Sikh	Hindu	Muslim	Sikh	Hindu	Muslim
Social Capital	Social Activities	X	X	X	X	X	X

Table 5.15: Social capital theme/ social activities

Across both the female and male focus groups, religious and volunteering activities were consistently reported to encourage social participation. The focus groups reported these as particularly cultural activities that align to cultural values. Volunteering was reported to be linked to religious beliefs, with the belief that the more one contributed to society, the better afterlife one would have, thus facilitating engagement in older age. However, attending groups and activities linked to faith was reported to hinder wider social opportunities in the community being accessed.

Muslim/male focus group – “The only engagement with the outside world for many is the mosque, and that’s all they see. The same people the same group, but the purpose, the objective, is I’m just going to pray and then I’m going back home.”

All the focus groups reported that a lack of social activities in the community targeted specifically at people within a faith/gender group hindered social participation. As cultural needs are not supported, and different faiths/genders within the South Asian culture often do not wish to interact socially across genders and faiths.

Hindu/male focus group – “We need more activities to attract more of our people.”

There were differing views and opinions in the Sikh/female focus group, with some of the older participants wanting access to culturally specific activities (within their own faith/gender) to encourage social participation. In contrast, some of the younger participants felt that social activities and groups currently available in the city that were not specific to gender and/or faith could still be accessed.

Sikh/female focus group – “There is choice; it’s up to us. There are groups available; it is up to us where we want to go. There are groups taking place in Cornerstone and many other places.”

In a similar vein to the Sikh/female focus group, the Sikh/male focus group had a difference of opinion, with some of the participants reporting there to be a gap in the community for male social activities targeted exclusively at their faith and gender. However, a minority of Sikh male participants also reported having a choice and there being a lot of groups and activities available to all ethnic groups that they could access.

Sikh/male focus group – “I think there should be a choice as to which group they want to join...If they’re comfortable with their own faith group, there should be something available; if they want to go to a mixed group, it’s their choice – so there should be a choice.”

It was recognised that the male focus groups were more likely to access activities with others from diverse backgrounds in relation to interests in comparison to women.

Muslim/male focus group – “We picked up hobbies early, such as cricket, and if you have engaged in that sort of activity or interest when you are young, then you are more likely to mix.”

Case Study: Social Groups

There are a range of social groups primarily targeted for Social Asian older people, and listed locally in the Coventry Information Directory:

- Ekty Unity – Women only varied activities (women)
- Knitting group: Ekty Unity (women)
- Seva and Shaktia Lunch Club and Day Centre (men and women)
- Dosti (men and women)
- Sahara (women)
- Aao Miloh (women)
- Hindu Women’s social group (women)
- Shanti Bhavan social group (women)
- Milan carers group (mixed women and men)
- Asian Blind social/support Group (mixed women and men)

Table 5.16: Case Study - Social Groups locally

(Source: Coventry Activity Directory)

Social Relationships

Social relationships as a sub theme refers to the impact of ethnic ties on social participation. Ethnic ties with family/friends were reported to be both an enabler and a barrier to social participation across the focus groups (see table 5.17).

Capital/ Theme	Sub Themes	Males			Females		
		Sikh	Hindu	Muslim	Sikh	Hindu	Muslim
Social Capital	Social Relationships	X			X	X	X

Table.5.17: *Social capital theme/ relationships*

The focus groups reported that South Asian older people have strong family networks, which provide social support and thus hinder access to social participation in the community.

Muslim/female focus group – “Family support is much more important...sometimes good family support...then elderly people do not want to go out...those people not getting support...they want to go out.”

In general, it was particularly well reported by the female focus groups that there was a cultural shift in the values of the younger South Asian generation, who were reported to be more likely to move out of the family home, and thus would be providing less social support for their elderly family members.

It was also reported largely from the female focus groups that befriending (accompanying an older person to activities in the community), by friends or people with ethnic ties, facilitated participation in community activities. Whereas unsupportive relationships and a lack of encouragement from family members were identified as barriers to social participation. Unsupportive family relationships with their male family members were most strongly reported amongst the Muslim/female focus group.

Muslim/female focus group – “The husbands, the grandfathers, the fathers have to be reached through whichever medium, to say they need to encourage their women...who may have a sudden desire; but if she does not get the support...she will not go out.”

The female focus groups felt that more support was needed from family members to enable South Asian women to socially participate in the community. Furthermore, this would reduce their worries about what others in the community think of them and/or about ‘being frowned upon’.

Both the female and male Sikh focus groups felt that accompanying a South Asian older person, particularly at times when they are most vulnerable such as after losing a partner, is an enabler to social participation.

Sikh/female focus group – “Sometimes you want someone to go with you. Even though I am articulate, you sometimes need someone...so company is the biggest factor, unless there is company to support one another and go out together and find things and do things together, I think it’s very difficult for the single people to come out.”

Sikh/male focus group – “Somebody needs to take them with them, to say come here, I take you...because they don’t feel comfortable.”

Intra-Social Bonding

The sub theme social bonding refers to culturally identifying with other people from the same faith as a facilitator to social participation. It was established following accounts from across all the focus groups (see table 5.18).

Capital/ Theme	Sub Themes	Males			Females		
		Sikh	Hindu	Muslim	Sikh	Hindu	Muslim
Social Capital	Intra Social Bonding	x	X	x	X	X	X

Table 5.18: Social capital theme/ intra social bonding

All the focus groups reported that access to activities in the community with people they could culturally identify with, e.g. of the same faith and gender, encouraged them to socially participate. Shared cultural practices, beliefs, values, norms, and identity were reported across the focus groups as facilitating intra-social bonding as it enabled them to feel as though they ‘belong’ and be socially comfortable.

Muslim/male focus group – “The people I see in the mosques, they feel more comfortable with people from their own faith. It’s like the same village back home; it’s that circle they’ve created...they feel more comfortable being with their own...it’s their identity.”

The older female participants from across the focus groups reported that regardless of whether they could speak the English language, their preference was for social activities and groups in the community with other females from the same faith. It was reported to be culturally acceptable for older female women to interact with other females from the same faith community, as it supports their cultural identity.

Sikh/female focus group – “It’s not the question of whether we can communicate in English; it is cultural identity, where do you fit in? I want to be in a group with people from the same culture...for instance, I would not be able to associate with white people, because their culture is different, and their needs will be different to mine.”

In addition, language differences from across the faith groups were found to contribute to preferences for intra-social bonding.

Hindu/male focus group – “There is a language barrier, you know, so that’s the main problem. Like Muslim people, they speak Urdu, so it would be difficult for them to integrate here [referring to a Hindu-specific social group]. Sikh ladies, they speak Punjabi; alot of ladies here [referring to Hindu ladies] do not speak Punjabi. So, people who have difficulty of language, they will want to go to a group where only that language is spoken; they will feel more comfortable. So most Hindu ladies that come here, they feel more comfortable here.”

Social Bridging

The sub theme social bridging refers to barriers to socialising with diverse groups of people from outside the South Asian ethnic group, following accounts from the focus groups (see table 5.19).

Capital/ Theme	Sub Themes	Males			Females		
		Sikh	Hindu	Muslim	Sikh	Hindu	Muslim
Social Capital	Social Bridging	X	X	X	X	x	X

Table 5.19: Social capital theme/ social bridging

There were shared views amongst the focus groups that South Asian older people struggle to fit into social activities/groups where there are diverse groups of people. Cultural differences in values, beliefs, and identity, e.g. wearing a turban, were reported as barriers to social bridging. Language barriers and not being able to speak English were identified as significant contributory factors, especially for women.

However, there were a minority of shared views across the focus groups, particularly amongst younger participants, that social bridging was a positive experience and that it enabled choice.

Muslim/female focus group – “I belong here, and I can mix with white people, I can mix with Hindi people, I can mix with all the different ones. You have to be quite strong in yourself to feel that way.”

One older male participant from the Sikh focus group shared a positive experience of social bridging with the Chinese community through an organised activity, which enabled him to learn about their culture. In addition, it was reported to have facilitated a more positive perception of people from different backgrounds.

Sikh/male focus group – “I don’t mind going to a mixed social group...I think you should mix with all cultures...it would be better if we can go to a mixed group, so we can learn about the culture of other people. As I said, we went to this Chinese get together, organised in the community...and we learnt about other people’s culture.”

Discussion for Social Capital

A lack of cultural activities was found to be a barrier to social participation activities amongst migrant communities in Sweden (Lindstrom 2005). These findings in the literature share similarities with the findings from this study. However, the findings from this study distinguish that 'cultural activities' does not just refer to the type of activities that minority ethnic people can relate to culturally but more specifically to activities that people of the same faith and/or gender can exclusively access. Thus the identification of a lack of 'cultural activities' that are specific to faith and gender for South Asian older people in a UK context adds to the literature. A lack of cultural activities for older South Asian women is a greater cultural barrier to social participation than for older South Asian men. The findings expand on those of Lindstrom (2005), who found that women from migrant backgrounds in Sweden had the lowest rates of participation, but this could not be explained by differences in education or economic stress. It is argued that a lack of accessible 'cultural activities', e.g. activities for people of the same faith/gender, for minority ethnic groups contributes to lower levels of participation.

The findings suggest that social participation in the community through social bridging is hindered by intra-social bonding related to culture and faith, particularly for women and Muslim men. Cultural barriers to social participation help to explain why South Asian older women are found to be more negative about accessing social activities through social bridging and report preferences for social engagement with others of the same gender and faith. Furthermore, South Asian older women may be less likely to socially bridge due to gendered roles in the home such as caring and Muslim men may be less likely due to their faith. In addition, the findings imply that not all cultural activities, such as attendance at places of worship, will produce strong friendship networks, contrary to the literature (Lewis et al. 2013, Krause 2002). This may explain why South Asian older men (including Muslim men) were found to be more likely to take up activities related to hobbies, through social bridging, alongside accessing religious activities. Furthermore, the findings suggest South Asian women and Muslim men may be the hardest to reach in relation to the adoption of the social policy approach to developing socially connected communities (Gov UK 2018).

The Promising Approaches publication by the Campaign to End Loneliness (2015) contends that it is not clear whether community-specific interventions to address loneliness amongst BAME older people is appropriate, as they have been found to be counterproductive in maintaining community cohesion. However, the findings from the study advocate for cultural interventions designed specifically for South Asian faith communities, specific to faith and gender, as this was found to encourage social participation outside the family home (Centre for Better Ageing 2020). Thus it is argued that a lack of cultural activities that South Asian older people can identify with and access could increase loneliness for South Asian older people in the future, especially if they are less likely to receive family support in the future because of the social shifts in family structures found in this study and the literature (Nijjar 2012).

The findings support the development of community-specific interventions based around ethnicity; for example, the Time to Shine initiative in Leeds (Wigfield & Turner 2017) has been effective in reaching older people from BAME backgrounds by providing activities to meet cultural needs. Thus the findings support this approach being replicated and scaled up in cities with large minority ethnic populations, such as South Asian older people, to increase social participation amongst this population group. Although this approach would contradict and have implications for the government's loneliness strategy (Gov UK 2018), which advocates for socially connected communities, Terragni et al. (2017) suggests approaching the South Asian migrant community in the right way, by recognising heterogeneity within intersecting populations and developing culturally adapted interventions, will improve wellbeing. The findings from this research support this by advocating that South Asians in the UK are not a homogenous ethnic group in relation to social participation. Thus the findings call for the co-design of cultural activities within South Asian faith communities based on gender and faith in order to meet cultural needs.

Whilst the findings suggest that social activities specifically based around gender and faith within the South Asian community will increase social participation, they also suggest that this approach is not likely to be effective for all South Asian older people. South Asian men, for example, were found to participate in social activities that aligned to their interests through social bridging. Whilst the findings support

studies, such as Milligan et al. (2016) and Beach and Bamford (2015), that found social identity aligned to interests can increase social participation, it also extends these findings to suggest that it can also support social bridging. However, South Asian older men were also found to have a desire to access social groups that were exclusive to their own faith and gender. Thus the findings support the literature, which suggests social bonding and bridging are not mutually exclusive (Leonard 2004). Furthermore, the findings suggest that, contrary to the literature, men from minority ethnic backgrounds are not always looking for activities that they can socially identify with and/or which reinforce their masculinity as a prerequisite for social participation (Goll et al. 2015, Ratcliffe et al. 2019). Instead, the findings suggest that cultural identity is equally as important as social identity for minority groups of older men.

Volunteering was found to facilitate social participation amongst South Asian older people. The findings share similarities with studies by Cramm and Nieber (2015) and the British Red Cross (2019), who observed volunteering as a useful way of engaging vulnerable groups, such as lonely men. Thus the findings suggest that volunteering may be a useful activity to increase social participation amongst vulnerable groups of older people at risk of loneliness, whilst also supporting social bridging as a social policy approach (Gov UK 2018). In addition, the British Red Cross (2019) identifies that a barrier to social participation amongst BAME people is the fear of discrimination and feelings of not belonging. The findings suggest that volunteering, as a form of social activity, could help reduce these fears and remove barriers to social participation. Volunteering through social bridging was found to stimulate feelings of belonging for South Asian older people, aligned to shared cultural values. Therefore, it could potentially support current policy approaches (Gov UK 2018) and increase meaningful connections, which Mayblin et al. (2016) define as a type of contact that actively reduces negative attitudes and changes values towards other people of different ethnic backgrounds, particularly amongst South Asian women.

Family and ethnic ties were found in this study to provide older South Asians with social support, aligning to the findings in the literature (Nijjar 2012, Kandula et al. 2019). However, contrary to the findings from the Centre for Better Ageing (2020), which found that older South Asians age within the family home, this research study

found that unsupportive family relationships prevent older South Asian females from socially participating outside the family home. Although cultural restrictions on social participation amongst minority ethnic females have been found in studies in the literature (Ishikawa et al. 2006, Ahmad & Hafeez 2011), the findings from this study suggest that these cultural barriers are not always welcomed, as these women desire to access community activities. Thus the findings call for wider community interventions within the South Asian community to shift cultural perceptions about ageing linked to social participation, so that it is not culturally frowned upon for South Asian older people, particularly women, to access other forms of social participation alongside social support from within the family.

The desire of older South Asian women to access social activities in the community suggests that this could be driven by the poor quality of social relationships in their family home. Thus, contrary to Kandula et al. (2018), who identified South Asian families as a strong source of social support for older people in the US, South Asian families in the UK were not found to be as strong a source of social support for older people in relation to social participation in the community. Furthermore, if South Asian older people in the UK do not receive social support from within the family home and cultural shifts continue regarding family structures, as mentioned earlier, it could put South Asian older people at increased risk of loneliness, potentially driving a greater need for South Asian older people to access other forms of social participation outside of the family in the future. The findings from this study offer support to befriending, which was found to facilitate South Asian older people engaging in social participation. Thus the findings offer support to the Connecting Communities project by the British Red Cross (2020) and Volunteer Matters (2020), which used minority ethnic volunteers to connect older people from minority ethnic backgrounds to cultural activities within the community.

Gender	Sikh		Hindu		Muslims	
	Barriers	Enablers	Barriers	Enablers	Barriers	Enablers
Male	Financial capital: <ul style="list-style-type: none"> Unaffordable social activities. 	Financial capital: <ul style="list-style-type: none"> Free social activities. 	Financial capital: <ul style="list-style-type: none"> Resources to support community social groups. Unaffordable social activities 	Financial capital: <ul style="list-style-type: none"> Free social activities 	Financial capital: <ul style="list-style-type: none"> Lack of public resources to create new social groups/activities. 	
	Human capital: <ul style="list-style-type: none"> Older age Lacking confidence Poor health Reluctance to try new things 		Human capital: <ul style="list-style-type: none"> Older age Poor health Reluctance to try new things. 		Human capital: <ul style="list-style-type: none"> Older age Lacking confidence Pray facilities not available in social activities. Poor health Little motivation 	Human capital: <ul style="list-style-type: none"> Confidence
	Natural capital: <ul style="list-style-type: none"> Poor weather 	Natural capital: <ul style="list-style-type: none"> Good weather 	Natural capital: <ul style="list-style-type: none"> Poor weather 	Natural capital: <ul style="list-style-type: none"> Good weather 	Natural capital: <ul style="list-style-type: none"> Poor weather 	
	Built capital:	Built capital:		Built capital:	Built capital:	Built capital:

	<ul style="list-style-type: none"> Limited information on social activities 	<ul style="list-style-type: none"> Knowledge of social activities available 		<ul style="list-style-type: none"> Knowledge of activities available. Organised transport for members of a social group 	<ul style="list-style-type: none"> Activities at a geographical distance from home 	<ul style="list-style-type: none"> Accessible cultural activities in the community promoted. Organised transport available.
	<p>Social capital:</p> <ul style="list-style-type: none"> Differences in physical identity e.g., turban makes integration difficult. Unable to speak English. Family and religious commitments 	<p>Social capital:</p> <ul style="list-style-type: none"> Retirement, more time. Social activities that build on interests. Volunteering opportunities Support from family to socially participate. 	<p>Cultural capital:</p> <ul style="list-style-type: none"> Unable to speak English. 	<p>Social capital:</p> <ul style="list-style-type: none"> Cultural activities Converse in different languages. Activities that align to interests Encouragement from family to socially participate 	<p>Cultural capital:</p> <ul style="list-style-type: none"> Unable to speak the English language. Lack of hobbies or interests. Family and religious commitments 	<p>Social capital:</p> <ul style="list-style-type: none"> Developing Hobbies Cultural activities. Volunteering opportunities
Female	<p>Financial capital:</p> <ul style="list-style-type: none"> Lack of resources to support running of social groups. 	<p>Financial capital:</p> <ul style="list-style-type: none"> Free social activities 	<p>Financial capital:</p> <ul style="list-style-type: none"> Lack of resources to support running of social groups. 	<p>Financial capital:</p> <ul style="list-style-type: none"> Affordable social activities 	<p>Financial capital:</p> <ul style="list-style-type: none"> Social activities that cost money 	<p>Financial capital:</p> <ul style="list-style-type: none"> Donations from friends

	<ul style="list-style-type: none"> ▪ Social activities that cost money 					<ul style="list-style-type: none"> ▪ Free social activities
	<p>Human capital:</p> <ul style="list-style-type: none"> ▪ Lack of confidence ▪ Poor health ▪ Looking after grand children 	<p>Human capital:</p> <ul style="list-style-type: none"> ▪ Motivated 	<p>Human capital:</p> <ul style="list-style-type: none"> ▪ Looking after grandchildren/partner ▪ Lack of confidence ▪ Poor health 	<p>Human capital:</p> <ul style="list-style-type: none"> ▪ Positive attitude 	<p>Human capital:</p> <ul style="list-style-type: none"> ▪ Looking after family members ▪ Lack of confidence ▪ Poor health 	<p>Human capital:</p> <ul style="list-style-type: none"> ▪ Positive attitude ▪ Health and wellbeing benefits - understood.
						<p>Natural capital:</p> <ul style="list-style-type: none"> ▪ Good weather
	<p>Built capital:</p> <ul style="list-style-type: none"> ▪ Lack of knowledge of available activities ▪ Lack of door-to-door transport for social groups 	<p>Built capital:</p> <ul style="list-style-type: none"> ▪ More awareness and choice of cultural activities, in cultural places. 	<p>Built capital:</p> <ul style="list-style-type: none"> ▪ Lack of knowledge of what's available activities. ▪ Lack of door-to-door transport for social groups 	<p>Built capital:</p> <ul style="list-style-type: none"> ▪ More choice and information on cultural activities in the community 		<p>Built capital:</p> <ul style="list-style-type: none"> ▪ Accessible activities ▪ Lift sharing available from friends.

	Social capital: <ul style="list-style-type: none"> ▪ English speaking language barriers ▪ Caring Responsibilities. 	Social capital: <ul style="list-style-type: none"> ▪ Access to cultural activities. ▪ Supportive social networks ▪ Hobbies 	Social capital: <ul style="list-style-type: none"> ▪ English speaking language barriers ▪ Volunteering opportunities 	Social capital: <ul style="list-style-type: none"> ▪ Supportive family networks ▪ Cultural activities available ▪ Having hobbies 	Social capital: <ul style="list-style-type: none"> ▪ Unsupported family members - unable to access activities in the community 	Social capital: <ul style="list-style-type: none"> ▪ Supportive social networks ▪ Cultural activities accessible ▪ Hobbies/volunteering
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Table 5.20: Summary of the impact to social participation against capitals/faith/gender.

Conclusion

Using the capitals in the capital assets approach, alongside framework analysis, highlighted how similar or different the themes for barriers and enablers to social participation were for South Asian older people in comparison to the literature. In addition, using a structured framework approach to analyse the findings for each theme against faith and gender distinguished how representative they were across the three faiths. However, one of the challenges of using the capitals from the capital assets approach was that some of the sub themes that emerged, particularly in the human capital category, such as life experiences, more closely resembled personal characteristics and were not necessarily the best fit. In addition, it was difficult to draw out the findings specifically against the three faiths for each theme, as the findings were generally very broad and often represented an interfaith consensus.

Similar themes that impact on the social participation of South Asian older people were found that aligned to the themes in the conceptual framework, which were shaped by the literature. However, aspects of cultural capital, i.e. beliefs, traditions, and values, which identify South Asian older people, emerged as a novel theme that cuts across all the capitals. Cultural capital was found to both encourage and hinder social participation along the continuum (Levasseur et al. 2010). The findings imply that cultural capital is constructed for South Asian older people within their faith/gender and from their life experiences, but it impacts on social participation for them at both an individual and community level.

Cultural ageing, including social support within the family home, was identified as both a facilitator and a barrier to social participation for South Asian older people. The impact of life experiences such as migration was found to shape cultural values of prioritising work and building financial capital, which strengthen family networks but impact on social participation in the community, in line with the literature (Centre for Better Ageing 2020). However, the findings from this study also suggest that South Asian older people, particularly women, are prevented from increasing their social participation level, e.g. outside the family home, due to a lack of family support. However, outside of these cultural barriers, the findings suggest that a positive mindset and a better understanding of the benefits of social wellbeing

(which was more prominent in women) can increase social participation. Thus unless there are sociocultural shifts across the whole family network in relation to social participation, it could continue to prevent older South Asians from increasing their social participation levels, regardless of their positive mindset. Thus the findings suggest active ageing approaches that embed educational interventions targeted at the South Asian community, including South Asian older men, who are identified in the literature as being at increased risk of poor health.

This research suggests that South Asian older people, particularly women and Muslim men, are unlikely to socially participate with other people from outside their faith and ethnicity due to cultural barriers. Thus the findings suggest that unless cultural activities are specifically designed to resonate with cultural capital and are accessible within faith and gender groups in the community, social participation on the continuum (Levasseur et al. 2010) will not increase. The need for cultural activities is particularly relevant for older South Asian women, who face cultural barriers to social participation in the community. The findings suggest that cultural activities for South Asian women, within faith and gender groups, could reduce cultural barriers as it would be culturally acceptable for them to access these within the faith community. Thus the findings call for the development of cultural activities in the community that are in accessible locations and either free or low cost. Furthermore, to increase social participation amongst South Asian older people, the findings call for ethnic volunteers to connect older people to activities in the community, promotion of such activities in cultural languages in mainstream media, and access to specialist transport for those with physical disabilities.

The Campaign to End Loneliness report 'Promising Approaches' states that the evidence on community-specific initiatives for BAME older people is lacking and, furthermore, that there is ambiguity amongst experts as to what approaches are most effective to address loneliness in this population group (Campaign to End Loneliness 2015). However, the findings from this study suggest that the Time to Shine programme approach, which has designed cultural activities to meet the cultural needs of minority ethnic communities, would be effective in reaching minority groups of older people. Furthermore, the findings suggest that if activities are designed exclusively for people of the same faith and gender, and are promoted in cultural spaces by faith communities, these cultural activities would be effective

in reaching South Asian faith communities. However, the findings also suggest that this approach to increasing social participation amongst older South Asians through intra-social bonding would serve to consolidate cultural identity and establish a 'sense of belonging', which in turn may hinder social bridging.

While these findings have implications for current policy directives that promote socially connected communities (Gov UK 2018), they do also suggest that cultural activities designed specifically around faith and gender within the South Asian community will not be effective in reaching all older South Asians. For example, South Asian older people who have had more opportunities to social integrate with diverse groups of people through employment/education were found to socially bridge. Furthermore, they were found to value having the choice to socially participate through both bonding and bridging. Thus the findings suggest that both social and cultural identity is equally valued in relation to social participation for older South Asians who have experienced social integration through their upbringing within a Western country. In addition, outside of religious activities for Muslim males, South Asian men were found to desire access to activities with other men of the same faith in the community, whom they could culturally identify with. Thus the findings suggest both cultural activities that support cultural identity through social bonding and social activities that support social identity through social bridging should be simultaneously promoted to older South Asians to increase social participation levels.

In conclusion, the themes that impact on social participation for South Asian older people in this study align to those in the literature, with the exception of culture, which was found to impact on social participation both positively and negatively across all the capitals. The findings imply that South Asian older people are not a homogeneous group in relation to social participation, and that the promotion of socially connected communities (Gov UK 2018) will not be effective as a social policy approach. The research suggests cultural barriers to social participation exist at both a gender and faith level. Furthermore, the findings suggest that the cultural needs of older South Asians must be addressed within faith and gender groups to increase social participation amongst older South Asian people. Thus it is argued that specific community interventions designed to target minority ethnic groups in general would be counterproductive and would not reduce loneliness (Campaign to

End Loneliness 2015). Instead, it is posited that social opportunities that are exclusively targeted at South Asian older people within faith and/or gender groups would increase social participation outside of the family home and reduce the risk of loneliness.

Chapter 6 – Social Networks/Community Activities Accessed Through Social Bonding and Bridging

Introduction

This chapter begins with a summary of the bonding and bridging types used in this study, including a typology of social networks and community activities that participants were found to access. This chapter discusses the key findings, i.e. the types of social networks and activities that are accessed through intra/inter-social bonding and/or social bridging over the life course against gender and/or faith. In addition, it highlights any similarities and/or differences against gender, faith groups, and age. The chapter concludes with an overall discussion of the key findings.

Bonding and Bridging Types

A summary of the definitions of the bonding and bridging types, in line with the conceptual framework, is listed in table 6.1 below.

Social Bonding- Bridging Type	Definition
Intra Social Bonding	Social interactions with others from the same faith group, in social networks and community activities.
Intra Social Bonding – gender specific	Social interactions with others from the same faith group, and the same gender, in social networks and community activities.
Inter Social Bonding	Social interactions with others from across the faith groups (e.g., Sikh, Hindu, Muslim), and across gender in social networks and community activities.
Inter-Social Bonding – gender specific	Social interactions with others from across the faith groups (e.g., Sikh, Hindu, Muslim), but within the same gender, in social networks and community activities.

Social Bridging	Social interactions with diverse groups of people from different ethnic groups and across both genders.
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Table 6.1: Categories of social bonding and bridging

(Source: Mahal 2020, adapted from Putnam 2000 and Van der Meer 2016).

Typology of Social Networks and Community Activities

A typology and description of the types of social networks and community activities that participants were found to access, emerging from the participatory mapping, is detailed in table 6.2 below.

No	Social Network/Community Activity Type	Definition
1.	Family &/or Friends Networks	Family networks consist of social support from family members such as children, siblings, parents, grandchildren. Friends' networks consist of social relationships with others (outside of kinship).
2.	Social/Support Groups	Social groups in the community, organised by member of the community, voluntary organisations, charity etc., with the aim of bringing people together to maintain social contact and to encourage new friendships.
3.	Religious Activities	Activities which serve as a religious purpose, in places of worship, such as temple, mosque, Mandir and/or in other spaces within the community.
4.	Voluntary Activities	A range of voluntary activities, either formally through an organisation or informally in the community. Including fundraising/campaigning and being a voluntary member of an association.
5.	Hobbies	A range of activities in the community that relate to interests, such as going to the gym, yoga class,

		gardening in an allotment, that include social contact with others.
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Table 6.2: *Types of Social Networks & Community Activities accessed*

Bonding/Bridging Through Social Networks and Community Activities

The types of social networks and/or community activities accessed by each of the participants, against the bonding and bridging types, is summarised in table 6.3.

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Table 6.3: *Social networks & community activities accessed through social bonding & social bridging.*

Social Networks

Family networks were found to be the most consistent social network that all participants had accessed across the life course through intra-social bonding (see table 6.3). There were similarities across faiths and genders in relation to social networks accessed across the life course. The findings suggest that older South Asian people have dense ethnic ties with family that provide them with social support, which is in line with the literature (Nijjar 2012). Half the participants were found to have friends' networks that were made up of ethnic ties with people from the same faith and gender (intra-social bonding – gender specific) (see table 6.3). Friends' networks were commonly reported to facilitate access to community activities, particularly for female participants as they got older, which aligns to the findings in Chapter 5. Thus, contrary to the literature that questions the value of ethnic ties (Kindler et al. 2015, Anthias 2007), the findings identify that bonding social capital does facilitate higher levels of social participation outside the family home. Thus it is argued that although social bonding may not support the current social policy approach (Gov UK 2018), it should be treated with the same value, alongside social bridging, in relation to social participation for older South Asians.

The youngest female participant (participant 1 – see table 6.3) was found to access social networks with friends from outside of her own faith/ethnicity and across genders (inter-social bonding and social bridging) and, through this, form bridging social capital. These findings can be explained by life experiences: the youngest participant was born in the UK and, through her education/employment at an early

age, she had experienced social interactions with diverse groups of people. Thus the findings suggest that increased social integration can facilitate increased levels of social bridging in a range of social networks and community activities (in line with the findings in Chapter 5). The findings support those of Jenson and Jetton (2015), in that higher education leads to increased social interactions through bonding and bridging. In contrast, the older female South Asian participants were the least likely to socially bridge in a range of community activities in later life. The findings suggest that for older female participants intra/inter-social bonding and or bonding social capital hinders social bridging (in line with the findings in Chapter 5). This suggests that a lack of intergroup contact at a younger age leads to a lack of social integration in later life, thus supporting the intergroup contact theory (Pettigrew 2006). The findings are in line with those from the focus groups (Chapter 5), which identified that social bonding perpetuates negative attitudes towards people from different ethnic backgrounds.

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Figure 6.1: *Participant 8 (Sikh/female) Participatory Mapping*

Social/Support Groups

All the female participants were found to predominantly access social groups as an activity type in the community, which increased in older age (see table 6.4 for a list of social groups in the city that the female participants had accessed). As shown in figure 6.3, this can be explained by females having more time in retirement due to not working and/or bringing up more children. In addition, it can be explained by older South Asian females having an increased understanding of the wellbeing benefits linked to social participation following adverse life events, e.g. a car accident (see figure 6.3).

Female participants mostly accessed social groups as a form of social activity in the community following retirement with others from the same faith and gender, through intra-social bonding that is gender specific (see figure 6.3 as an example). However, intra-social bonding in social groups amongst older South Asian participants can be explained by a lack of social integration across the life course. As outlined earlier, the youngest female participant had diverse social interactions through education/employment from a much younger age, before retirement, which was found to facilitate access to social groups through social bridging across the life course and into later life. The findings also suggest (in line with the findings in Chapter 5) that cultural norms shape the preference of older South Asian women to socialise with other women of the same faith and gender. Female participants reported that it is frowned upon for South Asian women to access social activities in the community with men. In addition, cultural barriers, e.g. language, were reported by female participants as hindering access to social groups through inter-social bonding and/or social bridging (in line with the findings in Chapter 5). The findings suggest that cultural barriers facilitate intra-social bonding and promote cultural identity, thus stimulating a sense of belonging, which is in line with the findings in Chapter 5 and those in the literature (British Red Cross 2019). Furthermore, older South Asian females may be more adversely impacted by language difficulties as a barrier to social bridging.

In contrast to the female participants, male participants from across the faith groups did not routinely access social groups as a form of social activity in the community.

As shown in figure 6.4, males were more likely to volunteer and access hobbies in relation to social participation, which is discussed in more detail later in this chapter. Male participants reported this to be related to a lack of accessible social groups, e.g. not specific to their gender and/or faith, which is in line with the findings in Chapter 5. However, these findings can also be explained by the gendered masculine social roles that males may prefer to adopt when accessing community activities, in line with the literature (Milligan et al. 2016, Beach & Bamford 2015).

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Figure 6.2: Participant 9 (Sikh/male) Participatory Mapping.

Religious Activities

Muslim male participants were found to access religious activities in the community through intra-social bonding (gender specific) across the life course, linked to their faith. Although it was not found to hinder access to other forms of activity for the participants involved in the mapping, this finding conflicts with those reported in the focus groups (Chapter 5), whereby religious activities were reported to hinder other forms of social activity (through bonding/bridging) being accessed in the community by Muslim men. The findings support the literature, which reports that Muslim men have a much lower engagement in civic activities due to their tight-knit exclusionary groups within places of worship (Szreter 2002). Furthermore, the findings suggest that faith linked to culture shapes intra-social bonding, and it may be a protective

factor for Muslim males in relation to social participation. On the other hand, it may increase the risk of loneliness if bonding social capital is not formed from religious activities and/or if it prevents other forms of social activity being accessed in the community.

Apart from Muslim males, no other male participants from the other faith groups accessed religious activities in the community. However, female participants (apart from those of the Muslim faith) were found to access religious activities in the community through intra/inter-social bonding (see figures 6.1 and 6.3 as examples). As shown in figures 6.1 and 6.3, religious activities were accessed by females across the life course, and this was the only other form of social activity to be accessed by females during employment, outside of family networks. Thus the findings suggest that religious activities are culturally prioritised as a form of social activity, which strengthens intra-social bonding for older South Asian females when they have limited time for social participation in pre-retirement.

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Figure 6.3: Participant 2 (Hindu/female) participatory mapping

Hobbies

Male participants across the faith groups and of all ages were found to access hobbies (such as sports) in the community across the life course (from middle to older age) with others outside their own faith/ethnicity, through inter-social bonding

and social bridging. The findings suggest that shared interests, such as sports, facilitates social participation and social bridging for South Asian males, in line with the findings in Chapter 5 and the literature (Goll 2015, Age UK 2020). However, male participants reported that hobbies did not lead to bridging social capital. The findings suggest that although South Asian men participate in hobbies through social bridging, it may not be a protective factor for reducing loneliness if social relationships are not formed.

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Figure 6.4: *Participant 10 (Hindu/male) Participatory Mapping*

South Asian males who had accessed hobbies through social bridging in pre-retirement were found to be more likely to continue such hobbies in later life, following retirement. These findings align to those from the focus groups (Chapter 5), which found that men who did not take up activities related to interests, and had focused on work in pre-retirement, had struggled to transition into retirement. Thus the findings suggest that promotion of hobbies amongst South Asian older men in pre-retirement should be encouraged, as it is likely to support the continuation theory (Atchley 1989) and thus reduce the risk of reduced social participation in retirement. In contrast, female participants were not found to take up social activities related to hobbies in pre-retirement, and very few did so in retirement. The findings suggest that this is likely to be linked to their lack of time and cultural pressure to bring up the family. However, the findings highlight that unless South Asian females

are encouraged to take up hobbies as a form of social activity, it is not likely to facilitate social participation for older South Asian women later in life.

Community Activities

- Knitting group: Ekty Unity (women)
- Sahara (women)
- Aao Miloh (women)
- Hindu Women's social group (women)
- Shanti Bhavan social group (women)

Table 6.4: Social groups accessed through intra social bonding for women.

Voluntary Activities

There was a pattern of volunteering across the different bonding and bridging types for all participants (across the faiths and genders) throughout the life course. Although there was a significant increase in volunteering amongst most participants in retirement/older age through social bridging (see figure 6.4 as an example), this was not reported to lead to bridging social capital for most participants. Volunteering activities increased social participation in older age, and this was explained by participants to be linked to 'giving back to society', in line with South Asian culture. The findings concur with those in Chapter 5, which found that age becomes a more significant factor for South Asian people to volunteer, due to the cultural belief that a better afterlife is linked to the contribution they make to others in society. The findings share similarities with previous studies in the literature in relation to volunteering activities increasing in retirement (Moen et al. 2013, Agahi & Parker 2005, Van den Bogaard 2014). The findings also suggest that the cultural role identity is swapped from the home in younger age to the community/society in older age, in line with the literature (Warburton & Winterton 2010). Furthermore, the findings suggest that volunteering can bind South Asian older people together with other people from diverse ethnic backgrounds, as it does not compromise their cultural identity.

Participants were found to undertake voluntary activities in the community through social bridging where they had an association (e.g. at a hospital or museum). Thus the findings suggest that social bridging can be promoted to older South Asians, particularly those who have an association with public places where such volunteering opportunities are on offer. However, like hobbies as a form of social activity through social bridging for older South Asian men, volunteering through social bridging is unlikely to lead to bridging social capital. Thus the findings suggest that the development of bridging social capital from these types of activities requires facilitated interventions to enable people of different faiths/ethnicities to explore cultural differences and break down cultural barriers, in line with the findings in Chapter 5.

Voluntary Activities

- Local Hospital – Interpreter/navigator
- Transport Museum – Tour guide
- Local Charities - cooking for homeless, information guide etc
- Social Groups – support the organisation of activities.
- Campaigning & Fundraising for local causes
- Board Member of an Association
- Places of Worship- reading holy scriptures.
- English translation for neighbours in relation to their mail/private affairs

Table 6.5: *Voluntary activities accessed.*

Overall Discussion and Conclusion

Against gender, faith, and age, there were differences found for social participation and the types of social networks and community activities accessed over the life course through social bonding and bridging. The findings suggest that faith, gender, and age, alongside cultural capital and life experiences, shape social participation as well as social bonding and bridging. The findings in Chapter 5 suggest that to increase the social participation of South Asian older people, interventions need to be designed and promoted specific to faith and/or gender as well as age. In addition,

the findings suggest that sociocultural differences are present amongst minority ethnic groups across different continents: differences were identified between this study and a study by Aw et al. (2017) of minority ethnic groups in Singapore, which found South Asian men had larger social networks than South Asian women, which was not the case in this study. This suggests that culture is also shaped within place, and sociocultural differences related to gender and/or faith within a minority ethnic group need to be understood within the local geographical context.

The literature identifies that social groups are a common social activity for older females in relation to social participation (Davidson et al. 2003, Agahi & Parker 2005). The findings from this study suggest that social groups are a common social activity for South Asian older women because they address cultural needs by being exclusive to gender/faith (in line with the findings in Chapter 5). Similarly, the findings suggest religious activities facilitate social participation for Muslim males as they align to cultural capital. However, while cultural capital may facilitate social participation and access to social networks and community activities through intra-social bonding, the findings in Chapter 5 suggest this may not always produce bonding social capital. Thus whilst cultural capital may shape social participation amongst South Asian older people, it may not be a protective factor for loneliness. In fact, Muslim males were found to have the highest levels of loneliness in the literature (Victor et al. 2012). Thus South Asian older people, particular Muslim males, may benefit from accessing other forms of social activities outside of those that align to cultural capital, which would facilitate stronger social capital and protect them from loneliness. Furthermore, in line with Chapter 5, the findings suggest supporting both cultural and social identity social networks and community activities through all forms of bonding and bridging should be promoted to increase social participation.

Further to previous studies that have identified how ethnic identities make it more likely that people will resonate with others that share the same ethnic identity (Campbell & McLean 2002), the findings from this study indicate that faith and gender within minority ethnic groups are also central features of ethnic identities for South Asian older people, alongside culture, in relation to social participation. Thus it is argued that within the South Asian minority ethnic group, social cultural identity along with faith and gender shape social participation and promote a sense of

security and belonging, which has been found to be a central feature that fosters community participation (British Red Cross 2019). Thus, in line with Chapter 5, it is argued that social participation in social networks and community activities through intra-social bonding should be promoted and encouraged; however, this should be alongside the promotion of social participation through social bridging, e.g. the current social policy approach (Gov UK 2018). Contrary to the literature, cultural capital was found not to be related to habitual or deeply ingrained dispositions (Bourdieu 1986) in relation to social participation. The study found that cultural capital that shapes social participation can change across the life course in line with age. South Asian women in later life were encouraged to socially bridge for the first time through volunteering activities. Thus it is argued that shared cultural capital, e.g. giving back to society, can override ethnic identities in relation to social participation and form a bridge between people from different ethnic backgrounds. Therefore, to increase social bridging amongst older South Asians, the findings suggest volunteering activities should be promoted.

The findings suggest that gendered roles amongst older South Asian females in the UK may be shifting (in line with the findings in Chapter 5). The study found that female participants became more engaged in community activities as they got older. This finding is in line with Mand (2006), who outlines that the traditional roles held within the home by South Asian females may be changing. Furthermore, the 'public-facing' gender roles that South Asian males have been reported to hold in the literature (Mand 2006) explains why South Asian male participants were found to be more likely to socially bridge in community activities related to interests in comparison to women. Thus if cultural practices are changing for South Asian women in line with these findings, there may be an increased demand from them for accessible community activities. If sociocultural needs are not supported in the community, it could reduce social participation and/or increase the risk of loneliness amongst South Asian women. Furthermore, it potentially risks older South Asian women reverting to having their social needs met through social support from within the home, which is a lower form of social participation.

Although all forms of social bonding and bridging were found to take place simultaneously across the life course amongst participants and amongst faiths,

genders, and ages, intra-social bonding was found to hinder inter-social bonding and social bridging, particularly for older South Asian women in pre-retirement (in line with the findings in Chapter 5). The findings support Lizardo (2006), who puts forward the assertion that cultural tastes are less likely to be converted to social integration beyond immediate strong-tie circles where there are strong group boundaries. The findings of this research extend these propositions to advocate that strong group boundaries are not just defined by close-knit geographical groups but are more specifically shaped by cultural and religious values. Thus the findings suggest commitments to faith and cultural values may make it less likely that social bridging will occur, and Pettigrew (2006) outlines that a lack of social contact with diverse groups of people can segregate them. On the contrary, South Asian older women did socially bridge for the first time in relation to volunteering in retirement/older age. Again, the findings add more weight to the suggestion that where cultural values align across different ethnicities, they shape shared cultural identity, leading to a greater degree of security that supports social integration, which is in line with the literature (Wigfield & Turner 2010). Furthermore, the findings suggest social bridging is conditioned by sociocultural context, which supports the findings of Berkman et al. (2000).

Social bridging in older age was not found to facilitate bridging social capital, which suggests bridging social capital is hindered by a lack of interaction at an earlier age; bridging social capital was evident in older age for the youngest participant, who had had more social interaction with diverse groups of people at earlier life stages. The findings add support to the contact theory (Pettigrew 2006), which states that greater levels of interaction with a diverse range of people, linked to life experiences throughout the life stages, leads to a greater understanding and degree of security that enables social interaction later in life with diverse groups of people who have differing characteristics such as ethnicity. Thus if cultural differences cannot be explored and/or certain prejudices broken down, which is important to reducing fears of social rejection and discrimination as found in a study by the British Red Cross (2019), then social bridging may not have wider social capital benefits and/or help reduce loneliness. The findings advocate for South Asian older people to be brought together with people from different faiths/ethnicities in a shared space through purposeful shared activities in order to safely explore differences together. This would facilitate the development of positive relationships across different ethnic

groups and the establishment of common interests to develop natural affinities, which would bridge differences and create a shared identity (Mayblin et al. 2016). However, the findings suggest a longer-term approach is needed to develop bridging social capital in migrant groups of people residing in a host country.

Social bridging through hobbies and/or voluntary activities was found to be more likely in public places where participants had an association (see table 7.1 for examples), in line with the findings in Chapter 5. The British Red Cross (2019) outlines an association with public places and a sense of belonging, thus encouraging community participation. However, the findings from this study suggest there are also wider benefits of having an association with places in the built environment in relation to the promotion of social bridging. The findings call for public bodies to use the alignment of interests and cultural values to bring people together in shared public spaces at a much earlier stage within the life course and to do this more purposely where people have limited social interactions with diverse groups in their daily lives. This would set the conditions for more social bridging activity in later life, which is aligned with Walker's (2002) active ageing approach. If such interventions can remove cultural barriers, such as language differences, economic challenges, caring needs, lack of transport, etc., it is argued that it will help break down cultural barriers and shape new sociocultural identities amongst diverse groups of people; this would achieve the aims of the current policy that promotes socially connected communities (Gov UK 2018).

Although Van der Meer (2016) proposes that 'intra-ethnic' is a type of social bonding between homogenous groups of ethnic people and 'inter-ethnic' is a type of bonding outside of one's ethnicity, it is argued that the literature has not recognised faith and gender as crucial facets linked to cultural identity within minority ethnic groups. Thus it is argued that the current definition of 'intra-ethnic' social bonding seen in the literature (Van der Meer 2016) needs to be much more specific, taking account of these variables, as many minority ethnic groups are made up of different faiths. Furthermore, in line with the findings in this study, faith and gender within an minority ethnic group facilitates a type of bonding linked to culture. Thus, in line with the approach taken in this study, it is suggested that intra-social bonding should be referred to more specifically as social interactions with others of the same faith

and/or gender, with inter-social bonding referring to bonding between faiths and genders within a minority ethnic group. In addition, social bridging should refer to social interactions between people of different ethnicities, as this more closely resembles the phenomenon it denotes.

In conclusion, gender, faith, and age, as well as culture, shape differences in relation to the types of social networks and community activities accessed over the life course through the bonding and bridging types. South Asian older people, particularly women and Muslim males, are more likely to socially bond in community activities within their own faith and gender, which is aligned to cultural capital. South Asian older people access community activities with others of the same faith and gender, aligned to their cultural identity, but this may not always lead to bonding social capital. With potential future changes to traditional gendered roles, South Asian women may increase their social participation outside the home. Although intra-social bonding was found to hinder social bridging predominantly in pre-retirement, in later life during retirement social bridging through volunteering significantly increases. This is aligned to cultural beliefs and values, although it does not necessarily lead to meaningful connections in the form of bridging social capital. Social interactions with diverse groups of people at an earlier age are more likely to increase social bridging in a range of community activities, as well as developing bridging social capital through wider social networks. All forms of social bonding and bridging took place across the life course simultaneously, suggesting that one approach is not better than the other. Rather, the findings suggest all forms of bonding and bridging are required to increase social participation levels.

Chapter 7 – Impact of Life Experiences on Social Participation, Social Bonding, and Social Bridging

Introduction

This chapter discusses the key life experiences of participants that were found to shape, facilitate, and/or hinder social participation (social networks and community activities accessed), social bonding, and/or social bridging throughout the life course. It also outlines any similarities or differences in terms of life experiences against gender, faith groups, and age. The chapter concludes with an overall discussion of the key findings.

Retirement

Retirement was found to be a life experience that had a positive impact on social participation for all participants. Retirement increased access to a range of activities in the community through both social bonding and bridging. Specifically, there was a notable increase in activities related to volunteering through social bridging in retirement for participants across genders, faiths, and ages (in line with the findings in Chapter 6). After volunteering activities, which was the most common social activity in retirement, South Asian males accessed social activities related to hobbies (through inter-social bonding and social bridging) and South Asian females accessed social groups (through intra-social bonding – gender specific).

Increased social participation in retirement by participants was linked to having more time and less pressure to work to build up financial capital. The findings suggest that work pressures hinder social participation, in line with the literature (Public Health England 2015). Participation in volunteering activities in retirement was attributed to cultural beliefs about giving back to society (in line with the findings in Chapters 5 and 6). This helps to explain why participants were found to be selective about the community activities in which they participated in retirement (see figure 6.4 as an example); preferences for volunteering and religious activities, which are emotionally meaningful, support the socioemotional selectivity theory

(Carstensen et al. 2003). Thus the findings suggest that cultural identity based within the home is transferred to volunteering in older age, in line with the findings in Chapter 6. Also in line with Chapter 6, the findings suggest that the promotion of civic activities aligned to South Asian culture is likely to increase social participation on the continuum (Levasseur et al. 2010) for South Asians in retirement, whilst also having benefits for society and aligning to current social policy (Gov UK 2018). Increased participation in retirement may also be attributed to accessing activities, e.g. volunteering, that do not have costs attached to them due to low income and/or the cultural value placed on financial capital (in line with the findings in Chapter 5).

Female participants specifically reported that increased social participation in older age was linked to having more time, fewer caring and work responsibilities, and an understanding of the benefits of social participation for their health. The findings suggest life experiences such as working and caring have negative impacts on social participation for South Asian women in pre-retirement. However, such life experiences were found to strengthen social networks with kinship and ethnic ties for them through intra-social bonding. Although South Asian women are impacted by life experiences prior to retirement (see figure 6.3 as an example), these experiences were not found to prevent them transitioning into retirement and accessing a range of community activities. These findings contradict Szinovacz et al. (2002), who suggest that females are significantly impacted when transitioning into retirement in comparison to men. In addition, the findings contrast with those from the focus groups (Chapter 5), which highlighted that South Asian older people were likely to face difficulties transitioning into retirement if they had not engaged in social activities before. Furthermore, the findings contrast with the active ageing theory of Walker (2002), which suggests that interventions to support social activity patterns in middle age set the conditions for people to age actively. Instead, the findings suggest that factors for setting the conditions for active ageing are cultural beliefs, having more time, and an understanding of the benefits of social participation for wellbeing.

Figure 7.1: Participant 1 (Muslim/female) Mapping

Moving

Moving to a new city within the UK was found to encourage access to community activities through intra-social bonding. The findings suggest moving as a life experience facilitates social participation for older South Asians, as they seek out community activities with similar others to feel a sense of belonging. However, only two Sikh participants had been affected by moving; therefore, it is difficult to draw significant conclusions. Nonetheless, the findings do suggest that moving as a life experience encourages social participation and intra-social bonding as it helps to contextualise cultural identity and provide a sense of belonging by encouraging people to seek out social activities with others of the same gender/faith. The findings share similarities with the concept of social identity, which has been found in the literature to facilitate social participation for lonely older men (Goll 2015). Thus the findings suggest that cultural social identity is a facilitator for minority groups such as South Asian older people. Furthermore, the findings add further weight to the suggestion that for older South Asians, a lack of cultural activities in the community that promote intra-social bonding may reduce social participation and increase loneliness at vulnerable life stages, such as after moving.

Bereavement

The loss of a family member was found to be a shared life experience that negatively impacted on access to community activities, particularly social groups, for female participants across the faiths/ages (see figure 7.1 as an example). The explanation for this is that South Asian women are culturally expected to remain at home mourning the loss. However, female participants reported that family networks were immediately strengthened following the loss through intra-social bonding, which is again linked to culture. Furthermore, after an initial period following the loss, they were supported by ethnic ties to re-engage with activities in the community, to improve their health and wellbeing. These findings align to those in Chapter 5. In contrast, none of the male participants reported bereavement as a life experience, and thus there were no reports across the life course for them in relation to the impact of this life experience on social participation.

“I just couldn’t go out of the house after I lost my husband, no one understood, it took me a long time. It was my encouragement and support from my friends (Sikh) who took me to the Ekta group, and it was so daunting at first, but slowly I got more and more involved with the group”

Table 7.1: Participant 11 (Sikh/female) impact of bereavement on social participation

Whilst family bereavement is a normative age-related life event that has been found to impact on social participation in the literature (Wrzus et al. 2013), it was found in this study to marginalise South Asian women culturally, much more so than South Asian men. Thus life experiences linked to cultural capital and impacting on social participation are far more significant than just caring responsibilities for South Asian women, which is the main experience that has been identified in the literature (Aw et al. 2017). Furthermore, the findings suggest that for South Asian females, culture may hinder higher levels of social participation on the continuum, e.g. in terms of access to activities in the community (Levasseur et al. 2010), but may also be a protective factor for lower levels of social participation, e.g. social support through ethnic ties, during adverse life experiences (see table 7.1 for a quote from a participant that shows an example of this). The findings share some similarities

with the literature, which found informal social capital increasing and formal social capital shrinking following a bereavement for older people (Cornwell et al. 2009, Utz et al. 2002). Thus the social compensation and continuity models of ageing, as outlined in the literature (Utz et al. 2002, Ferraro 1984), are supported in this study and suggest that older people can positively adapt to the social challenges of later life. South Asian women were found to be more positive about the health benefits of social participation following a car accident and bereavement, in line with the findings in Chapter 5.

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Figure 7.2: Participant 12 (Hindu/female) Mapping

Caring

Bringing up children or caring for family members, as a life experience, was found to be a barrier to social participation and impacted negatively on access to a range of activities in the community for female participants across faiths and ages. Caring was associated with time constraints and was linked to cultural expectations. Caring impacted on social participation across the life course for females but mainly during midlife. However, the impact of caring as a personal life experience amongst South Asian female participants was found to strengthen social networks related to family through intra-social bonding (see figure 7.2 as an example). The findings align to the focus group findings in Chapter 5.

In contrast, male participants across the faiths did not generally report caring to be a barrier to social participation and it did not affect their access to social networks and/or community activities. Only one male participant reported caring for a disabled partner, and thus helped bring up his children alongside working (see figure 7.3 as an example). The findings suggest that there are fewer cultural barriers for South Asian men surrounding life experiences such as caring and bereavement in comparison to South Asian women. Furthermore, the findings suggest inequality exists in relation to social participation for South Asian females and that this is exacerbated by cultural expectations, which shares similarities with the literature in relation to gender (Rozanova et al. 2012). Furthermore, the findings help explain why South Asian men are more likely than women to access community activities related to their interests, such as hobbies, across the life course.

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Figure 7.3: Participant 6 (Sikh/male) Participatory Mapping

Working

As a life experience, working was found to hinder social participation in relation to community activities but strengthen social support through family networks as well as intra-social bonding for all participants across faiths, genders, and ages. Participants reported that limited time capacity outside of work encouraged them to

prioritise social support within family networks over participation in community activities, as South Asian cultural values encourage spending time with family. Whilst working was found to be a barrier to social participation for both male and female participants, it was found to be a greater barrier amongst females. Male participants across the faiths were found to access community activities such as hobbies, religious activities, and voluntary activities whilst working (see figure 7.5 as an example), through inter-ethnic social bonding and social bridging. Thus the findings suggest that South Asian females may be more adversely affected by reduced social participation whilst in employment. In fact one female South Asian participant (see figure 7.4) who had not worked during the life course had accessed social activities more frequently in comparison to working female South Asian participants. This was linked to having more time during the day and thus not compromising on family time.

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Figure 7.4: *Participant 5 (Muslim/female) Participatory Mapping*

The findings of this study regarding the impact of working on social participation for South Asian older people add weight to support the literature (Public Health England 2015). Prioritising working and family time over social participation in the community is reported by participants to be a cultural norm (aligned to the findings in Chapter 5). This offers an explanation as to why BAME people reported ‘a lack of time’ as a barrier to community participation in the British Red Cross (2019) study. The

findings from this research suggest South Asian older people, particularly women, may be most at risk of reduce social participation and loneliness when they prioritise work and caring and rely primarily on family ties for social support during the middle years (see figure 7.2). This is especially true if their family relationships are not of high quality (Victor 2012) during this period.

The pressures of working and building financial capital are found to be linked to migration for older South Asians, as identified in the focus group findings in Chapter 5. The findings help explain why migration has been identified in the literature to impact negatively on community participation (Campaign to End Loneliness 2015, Lindstrom 2005) and has been reported to be a risk factor for poor outcomes in later life (Victor et al. 2012). Furthermore, it is argued that contrary to the literature, which reports community participation is hindered by language difficulties following the migration of BAME older people (Age UK 2020), migration as a life experience impacts more broadly on social participation. The findings from this study suggest that the socioeconomic security of migrant older South Asians is prioritised over social participation in the community.

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Figure 7.5: Participant 3 (Muslim/male) Participatory Mapping

Overall Discussion and Conclusion

The findings identify that life experiences linked to culture impact on social participation, both positively and negatively. In addition, life experiences linked to culture shape social bonding and bridging in social networks and community activities for South Asian older people. Furthermore, life experiences alongside culture share similarities and differences amongst genders and faiths. Work is the most significant life experience that hinders social participation and shapes social bonding with family amongst older South Asians, whereas retirement impacts positively on social participation in the community, with increased activity across all bonding and bridging types for participants. Thus the findings suggest that age facilitates social participation amongst South Asian older people (in line with the findings in Chapter 6). Furthermore, an increase in social participation in retirement is linked to reduced pressure to build financial capital, having more time, and cultural beliefs about giving back to society. The findings contradict the literature, which suggests that older age shrinks social networks and older people engage less in retirement due to a drop in income (Goll 2015).

Retirement in particular was found to increase social bridging in voluntary activities, which supports the literature (Caro & Bass 1997, Mutchler et al. 2003), and the findings align to those in Chapter 6. The link to culture suggests that South Asian older people engage in activities, e.g. volunteering activities, predominantly in retirement not only due to cultural beliefs but also because these activities do not have costs attached to them (in line with the findings in Chapter 5). In addition, the findings suggest that South Asian older people swap their cultural role identity from midlife within the home to older age in society through volunteering (aligned to the findings in Chapter 6). Thus the findings offer support to the targeting and promoting of social activities that align to the cultural values of South Asian older people in later life in order to increase social participation.

The findings suggest that a better understanding of the benefits of social participation to health is much more prominent in women in retirement (in line with the findings in Chapter 5). This might explain why South Asian men are reported to be more at risk of poor health (Bécares 2013) and do not actively increase their

social activity levels in comparison to women, and there is a steeper increase in social participation in retirement amongst older South Asian women (Chapter 6). Thus, in line with the literature and the findings in Chapter 5, a more targeted approach to increase South Asian older men's understanding of the health benefits of social participation may facilitate a similar increase in social participation in retirement, as with women.

While there were similarities across genders and faith groups in relation to life experiences that impact and influence social participation, bonding, and/or bridging, there were also differences. South Asian female participants, across faiths and ages, were more negatively impacted by life experiences that affected social participation, particularly in pre-retirement. Older South Asian women were impacted by life experiences such as caring and bereavement, the responses to which are linked to culture, and these hindered their social participation outside of the family home. Although it increased their intra- social support, it could put South Asian women at increased risk of loneliness if they are heavily reliant on family social networks unless their family relationships are of high quality. Thus social interventions and or cultural initiatives to support older South Asian women in pre-retirement and/or at certain life stages, e.g. following a loss, may need to be considered to ensure that they are protected from reduced levels of social participation that could exacerbate loneliness.

In conclusion, social participation on the continuum (Levasseur et al. 2010) for South Asian older people is impacted by life experiences and cultural capital. There are similarities and differences across genders and ages in relation to life experiences, both impacting and influencing social participation, bonding, and bridging across the life course. The lowest form of social participation, social support from family networks, is facilitated by early life experiences such as working and bringing up children. Activities that are higher on the continuum of social participation, such as participation in community activities with others and/or doing activities for others, e.g. civic engagement, are facilitated by having more time in retirement and activities being aligned to cultural values. For women, there are more events within their life experiences that impact on their social participation in the community, such as caring and bereavement; however, these experiences strengthen their family networks. Moving cities within the UK encourages an

increase in social networks and community activities through intra-social bonding to increase a sense of belonging from being with people of the same cultural identity. Thus life experiences across the life course linked to culture impact on social participation, the types of social networks and community activities accessed, and social bonding and bridging (in line with the findings in Chapter 6).

Chapter 8 – Discussion and Conclusion

Introduction

This chapter begins with a reminder of the research issue and the conceptual framework that was adopted for the study. This is followed by a summary of the main empirical findings from the study and a detailed discussion of the findings, what they mean, and how they are positioned against the literature. A revised conceptual framework is then proposed and discussed. The chapter concludes with recommendations for future research, policy, and practice.

Research Issue

A recent report identifies that BAME groups are vulnerable to loneliness (British Red Cross 2019). Alongside an ageing population, this is an increasing public health concern (Public Health England 2015). More recently, there have been focused efforts to reduce loneliness with the development of a UK loneliness strategy, which calls for the promotion of socially connected communities (Gov UK 2018). However, this policy approach, which promotes social participation amongst diverse groups of people, otherwise known as social bridging (see Chapter 2), may not be effective for South Asian older people, where cultural barriers may exist. The policy approach (Gov UK 2018) contrasts with approaches that have been developed to support the sociocultural needs of BAME older people, such as the Time to Shine programme in Leeds, which specifically designs social activities for BAME people (Wigfield & Alden 2017) and has been effective in engaging them through this social bonding approach.

South Asian older people have been found to have dense family networks and to socially participate in the South Asian community (Nijjar 2012, Kandula et al. 2019). The literature suggests that life experiences such as migration hinder social bridging (Campaign to End Loneliness 2015). Furthermore, cultural capital (Throsby 1999), such as cultural norms and practices, may foster social participation within their own faith community, thus potentially limiting access to wider social networks and participation in the community with people from diverse backgrounds. If BAME people do not access social activities through social bridging due to cultural factors,

this may have implications for the government's policy approach (Gov UK 2018). While there is extensive literature on barriers and enablers to social participation for older people, it is not specific to South Asian older people in the UK. Furthermore, the influence of life experiences over the life course on shaping social participation, social bonding, and/or social bridging for South Asian older people living in the UK has not previously been researched. South Asian older people are one of the biggest minority ethnic groups in the UK and are at increased risk of loneliness (Victor et al. 2012). Thus this study sought to explore social participation, social bonding, and social bridging amongst South Asian older people (within faith groups and against gender and age) in a culturally diverse UK city in order to increase knowledge of factors that facilitate, hinder, and/or shape such concepts.

Conceptual Framework

A conceptual framework was developed to support the aims and objectives of the research, which comprised two parts. Part A of the conceptual framework set out to explore the barriers and enablers to social participation for South Asian older people, using the capitals in the capital assets approach as broad themes. Part B of the conceptual framework explored the extent of social bonding and bridging through social networks and community activities accessed over the life course as well as life experiences that impact and/or shape social participation, bonding, and bridging using a life course approach. Furthermore, a consideration of similarities and/or differences against faith, gender, and age was incorporated into the two conceptual parts of the research. Although the two conceptual parts focused on separate elements, when combined they provide a broader comprehensive understanding of common factors that impact (hinder or facilitate) social participation, social bonding, and/or social bridging within gender, faith, and age groups (as outlined in more detail in Chapter 3). This allows for a better understanding of the interrelationships between the concepts and how social participation can be facilitated for South Asian older people as they age.

Contributions to Knowledge

Empirical

This is one of the few studies that has been undertaken on this topic to explore social participation, social bonding, and social bridging alongside life experiences using a life course approach. Furthermore, the study uses faith, gender, and age and compares these categories within a multi-ethnic group living within a diverse UK city. Thus the research study contributes knowledge about an under-represented group to the field.

The findings identify that cultural capital (practices, beliefs, traditions, and values) is both a barrier and an enabler to social participation, using the capitals from the capital assets approach. Life experiences, alongside cultural capital, were found to shape social participation, types of social networks and activities accessed, and social bonding and bridging. Similarities and differences were identified against faith, gender, and age across the life course.

In pre-retirement, South Asian older people (across genders and faiths) were found to have a lower level of social participation, which was impacted by migration (Chapter 5). Migration hindered participation in community activities, which was linked to having limited time and cultural values such as a focus on working and building financial capital (Chapters 5 and 7). However, during pre-retirement this was found to strengthen social support through family networks (Chapter 6). Family networks were found to remain consistent over the life course for South Asian older people (Chapter 6). In retirement, and as South Asian older people aged, they were found to increase their social activity levels, accessing more community activities (Chapter 6). This was regardless of prior life experiences being embedded in family networks (Chapter 6). An increase in social participation amongst South Asian older people in community activities in older age (through both social bonding and bridging) was linked to reduced pressure to build financial capital through work and having more time (Chapters 5, 6, and 7). In addition, activities that support cultural values, e.g. volunteering (through social bridging), and cultural identity (through intra-social bonding) facilitated an increase in social participation in retirement amongst South Asian older people (Chapters 5, 6, and 7).

There were also differences amongst South Asian older people (across faiths, genders, and ages) in relation to social participation across the life course. South Asian older women had lower forms of social participation in pre-retirement in

comparison to men. This was linked to cultural traditions surrounding responsibilities within the home, such as caring (Chapters 5, 6, and 7). Furthermore, life experiences such as bereavement, alongside cultural practices, reduced South Asian women's participation in the community (through intra/inter-social bonding and/or social bridging) but strengthened social networks with ethnic ties (Chapters 6 and 7). Ethnic social ties/capital were found to facilitate participation in community activities as well as strengthen social support after significant life events, e.g. bereavement, particularly for women (Chapters 5, 6, and 7). Outside of family networks, which remained consistent across the life course for South Asian older women, South Asian women across the faiths were most likely to access social groups in the community with other females from the same faith (Chapter 6).

South Asian older men were found to have higher levels of social participation in pre-retirement in comparison to South Asian women (Chapter 6). Outside of family networks, which remained consistent for South Asian men across the life course, they were found to access community activities related to their interests/hobbies, which bridged them to others outside of their own ethnicity (see Chapter 6). This was less true of Muslim males, who – outside of activities related to hobbies – were found to access religious activities the most across the life course, linked to their faith (Chapters 5 and 6). However, Muslim men were also found to be hindered by their faith in accessing wider forms of social activity (Chapter 6). South Asian older men who accessed community activities related to interests/hobbies in pre-retirement were found to be more likely to continue this in post-retirement (Chapters 6 and 7). South Asian men wanted access to community social groups with other males of the same faith, which were lacking, to support their cultural identity (Chapters 5 and 6).

Differences were found for younger South Asian older people born in the UK, whose life experiences were found to be different to those from South Asian migrant backgrounds. South Asian older people born in the UK were found to have higher levels of social participation (in a range of activity types) across the life course, through the different bonding and bridging types (Chapters 5 and 6). This was found to be linked to more diverse social interactions and was more likely to lead to bridging social capital in later life (Chapters 5 and 6). Older South Asians from migrant backgrounds that were found to socially bridge in later life, reported that it

did not lead to meaningful connections in the form of bridging social capital. However, organised activities that enabled cultural differences to be explored in a shared space was found to reduce negative attitudes towards other people of different ethnicities for older South Asians with limited experience of social integration (Chapter 5).

Intra-social bonding was facilitated by shared cultural identity and faith (Chapters 5 and 6). Intra-social bonding was found to perpetuate negative stereotypes, hindering inter-social bonding and social bridging (Chapters 5 and 6). Migrant South Asian older people, especially women, who had lower levels of social participation (access to community activities) in pre-retirement, linked to cultural traditions of bringing up family, were found to have more negative perceptions and attitudes towards other people of different ethnicities (Chapters 5, 6, and 7). Language differences were found to hinder social participation across the faiths amongst South Asian older people as an ethnic group (Chapters 5 and 6). In addition, faith was found to hinder wider social participation outside of religious activities for Muslim men (Chapter 6).

Regardless of limited intergroup contact and negative attitudes towards people of different ethnicities, shared interests such as hobbies and shared cultural values aligned to volunteering facilitated social bridging in later life, thus transcending differences across genders, faiths, and ethnicities (Chapter 6). Shared social spaces that South Asian older people resonate with also facilitated inter-social bonding and social bridging (Chapters 5 and 6).

Positive perceptions of ageing, even with poor health, were found to increase social participation in the community, particularly for South Asian women (Chapters 5 and 7). In addition, social activities that support intra-social bonding in the community (for membership of those within the same faith and/or gender) in cultural spaces, alongside promotion of such opportunities in cultural languages, promotes a desire and willingness for older South Asians to engage (Chapters 5 and 6). Although access to a range of activities in the community, through all bonding and bridging types, was particularly desired by some South Asian older people, e.g. South Asian men and those that were born in the UK, to facilitate choice (Chapters 5 and 6). Poor weather does not hinder social participation in cultural activities in the

community linked to faith (Chapters 5 and 6). Moving cities within the UK encourages older South Asians to seek out activities in the community that support intra-social bonding to enable them to get a sense of belonging through shared cultural identity (Chapters 5 and 7).

In conclusion, the findings demonstrate that cultural capital (practices, beliefs, traditions, and values) alongside life experiences both hinder and facilitate social participation (types of social networks and activities accessed), social bonding, and social bridging over the life course. Cultural capital and life experiences also shape similarities and differences against faith/interfaith, gender, and age in relation to social participation, social bonding, and social bridging. Pre-retirement reduces social participation in the community but strengthens intra-social bonding with family (Chapters 5, 6, and 7) as it is period of life linked to having limited time and a focus on building financial capital following migration. For older South Asian women and Muslim men, cultural capital alongside life experiences predominantly facilitates social participation through intra-social bonding across the life course (Chapters 5, 6, and 7). A lack of social integration, language barriers, and cultural differences perpetuate negative attitudes towards people of different ethnicities and hinder social participation through inter-social bonding/social bridging (Chapters 5 and 6). However, retirement and older age facilitate social participation through social bridging, particularly in relation to volunteering, where cultural values align across different genders, faiths, and ethnicities (Chapters 6 and 7). Shared interests related to hobbies facilitate social bridging, particularly for South Asian older men across the life course, although this does not necessarily lead to meaningful connections (Chapters 5 and 6). Those of a younger age who have had more social contact with others of diverse backgrounds at an earlier life stage are more likely to socially bridge in a range of social networks and activities in later life and to develop bridging social capital (Chapters 5 and 6). The findings suggest that cultural capital and life experiences impact on social participation differently depending on faith, gender and age. Thus adopting socially connected communities as a social policy approach will not be effective in increasing social participation and reducing loneliness amongst all South Asian older people. Instead, the findings suggest that social participation should be promoted through all forms of bonding and bridging.

Methodology and Methods

The study used an innovative, holistic, and integrated approach to explore social participation. Capitals within the capital assets approach were used as a framework to explore barriers and enablers to social participation alongside framework analysis. Focus groups were particularly useful in gaining a broad understanding of a phenomenon that has not been widely researched. Furthermore, combining the groups with framework analysis provided a structured approach to analysing and condensing a large data set whilst enabling new themes to emerge, such as cultural capital (see Chapter 5). In addition, using capitals as themes enabled their relative interdependence and/or interrelationships with other capital themes to emerge across an individual, community, and societal level.

The research used participatory mapping (Emmel 2008), an emerging methodological approach, to explore social networks and activities accessed through social bonding and bridging over the life course (middle to older age) alongside contextual life experiences. This research showed that participatory mapping is a useful tool when investigating cultural contextual factors, such as cultural attitudes and norms, within and across a minority ethnic group where different faiths are present. Participatory mapping was effective in drawing out aspects of culture and life experiences that shape access to social networks and activities, across the life course, related to faith, gender, and age. Thus participatory mapping helped the researcher to identify cultural contextual variables and gave meaning to their impact on social participation, bonding, and bridging.

Using a life course approach with participatory mapping also enabled social activity patterns to be identified against gender, faith/interfaith, and age. Moreover, it enabled a deeper cultural understanding of why social patterns emerge at certain life stages, e.g. following a bereavement. Thus participatory mapping can add value to the mapping of social networks and activities where cultural contextual detail is required to understand social behaviour. This novel approach is very powerful and produced in-depth rich data in a way that traditional methods such as interviews and semi-structured interviews may not have done. Participatory mapping as a methodological approach in this study provided evidence to support the claims of Gill et al. (2012), namely that diverse ethnic groups can add cultural knowledge and wisdom to the research process.

Theoretical

The research evidenced that cultural capital and life experiences impact and shape social participation, social bonding (intra and inter), and social bridging differently across the life course against faith/interfaith, gender, and age. This provides the basis for the development of a conceptual framework (see figure 8.1), described in detail below, that can be tested through future research with other groups of minority older people. This will enable policymakers to identify cultural similarities or differences within gender, faith/interfaith, and age groups within minority groups of older people who may be more vulnerable to isolation and loneliness and to target appropriate interventions at them.

Putnam's (2000) notion of social bonding and bridging is too simplistic. Putnam defines social bonding as having strong ties to similar people with similar identities and interests, whereas social bridging is defined as having connections to people that are more diverse and not alike in a social identity sense. However, Putnam does not identify the impact of life experiences, gender, faith, or age on shaping social bonding and/or bridging, which is how this study adds to the literature. Furthermore, the findings suggest that Putnam's definitions of social bonding and bridging are not easy concepts to distinguish, especially within ethnic categories such as faith/interfaith and gender. Although it is proposed in the literature that the boundaries of social bonding and bridging can be used flexibly (Leonard 2004), the lack of a fixed boundary within faith/interfaith means it is difficult to compare the concepts of social bonding and bridging with other studies who use the terms differently. For example, Van der Meer (2016) uses 'intra-ethnic' as a type of social bonding between people of a homogenous group and 'inter-ethnic' as a type of bonding between people of different ethnicities. However, these definitions do not take account of the different faiths (and/or genders) that make up a diverse ethnic group. Thus it is suggested that 'intra-social bonding' is used in future studies to refer to social interactions between people of the same faith group, whereas 'inter - social bonding', as the term implies, should be used to refer to social interactions between people of different faiths but within an minority ethnic group. Furthermore, 'social bridging' should be used to refer to social interactions between people of different ethnicities.

Socially Connected Communities?

Socially connected communities as a social policy approach (Gov UK 2018), otherwise known as 'social bridging' or social integration between people of diverse backgrounds, is the cornerstone of the UK government's approach to reducing loneliness. However, socially connected communities, as a social policy approach, overlooks life experiences and cultural capital, which were found to hinder social participation through social bridging amongst older South Asian people (Chapters 5, 6, and 7). Life experiences, e.g. migration, were found to shape cultural capital, such as working and spending time with family, thus restricting social bridging. In addition, cultural barriers were present amongst older South Asian women, who were found to restrict social bridging due to cultural values and practices along the life course, such as caring and remaining in the family home following a family bereavement (Chapters 5 and 7). In addition, older Muslim men were prevented from socially participating through social bridging due to their faith, which promoted engagement in daily religious activities in the mosque (Chapters 5 and 6). Thus socially connected communities (Gov UK 2018), it is argued, disregards cultural barriers that exist within the gender and faith groups of South Asian older people (Chapters 5, 6, and 7). The findings suggest that adopting a social bridging approach to reduce loneliness will not be effective amongst all South Asian older people, unless cultural barriers that exist within gender and faith groups are addressed.

Putnam (2000) suggests that when a society gets more heterogeneous, there is an overall decline in community participation due to a lack of trust between the members. Furthermore, the British Red Cross (2019) suggests that experiences of discrimination have hindered BAME people's community participation. However, the findings from this study extend this to argue that a lack of social bridging in community participation is due to life experiences such as migration alongside cultural capital, which facilitate social networks within families (Chapters 5, 6, and 7). Furthermore, it is argued that life experiences such as migration not only hinder social participation through social bridging but also perpetuate negative attitudes about social integration amongst South Asian older people (Chapter 5). Thus the findings suggest that a reduction in discrimination is required not only outside of

BAME groups but also within them. Furthermore, the reduction of negative attitudes and discrimination requires more social integration with diverse groups of people, which is in line with the findings of this study (Chapters 6 and 7). In addition, it is argued that increased exposure to social integration reduces discrimination, increases trust, and shapes cultural capital in relation to social participation, moving away from intra-social bonding and towards socially connected communities (Chapters 6 and 7).

Socially connected communities, as a social policy approach (Gov UK 2018), disregards cultural differences such as language, which are not easily bridged across different ethnic communities. Differences in language were found to hinder both inter-social bonding and social bridging (Chapter 5). While there are reports in the literature that recognise the English language as a barrier to social participation (British Red Cross 2009, Wigfield & Alden 2017, Gele & Harsløf 2012, Age UK 2020), they do not specifically identify cultural languages within faith groups that can hinder social participation through inter-social bonding. Thus it is argued that reducing differences in the English language will not address barriers to socially connected communities. As the findings show, differences in language are much broader and can hinder social integration across faiths within an ethnic group (Chapter 5). The findings suggest that social integration between faiths (through inter-social bonding) may not be valued as highly in comparison to social bridging. Furthermore, the findings suggest that cultural differences exist within a minority ethnic group, and thus, contrary to the literature, individuals from a minority ethnic group are not always bound together to form social capital (Bankston & Zhou 2002, Dwyer et al. 2006, Cherti 2008, Portes 1998). Furthermore, it is argued that to support the current policy approach (Gov UK 2018), cultural differences such as language need to be recognised and addressed in relation to interfaith bonding as well as outside the South Asian ethnic group in order to facilitate socially connected communities. Otherwise, promoting community activities to older South Asians targeted at an interfaith level and/or with others outside of their ethnicity is unlikely to be effective.

The findings from this study imply that social bridging can be facilitated where there are shared cultural values and interests across ethnicities, regardless of trust. This is contrary to Putnam (2000), who advocates trust as a key feature of social participation through social bridging. However, this study found that social bridging

was facilitated through types of community activities where there were shared cultural values, e.g. giving back to society through volunteering, which transcended differences in ethnicity (Chapters 5 and 6). Furthermore, South Asian older men were found to socially bridge in activities related to interests, such as sports. Thus the findings suggest that shared interests and cultural values across ethnicities shape shared social identity and have a much more prominent influence on facilitating social bridging and breaking down cultural barriers for South Asian older people than trust or fears of discrimination. The findings from this study offer support to and extend the findings of Goll (2015), who found shared social identity reduced fears of not being socially accepted and increased social participation amongst lonely older men. In addition, the findings from this study add to the literature to show that cultural capital not only binds similar groups of people from the same ethnicity together (Campbell & McLean 2002, Lizardo 2006) but also binds people of different ethnicities where cultural values and interests align. The findings suggest that shared cultural values and interests that bridge South Asian older people to community activities with others outside of their own faith and ethnicity should be identified and promoted, which would aid the social policy approach that advocates for socially connected communities.

Although the findings suggest that shared interests and cultural values across ethnicities may facilitate social bridging in community activities, they also show that this will not necessarily lead to bridging social capital for South Asian older people (Chapters 5 and 6). The findings suggest that social bridging leads to weak ties, supporting the literature (Putnam 2000), and furthermore, that social bridging will not lead to quality social relationships, which have been found in the literature to be a protective factor against loneliness (Victor et al. 2012). The findings suggest that unless social bridging breaks down cultural differences or changes negative perceptions of others (Chapter 5), it is unlikely to be effective in relation to developing social capital for older South Asians and thus tackling loneliness. This is in comparison to a social policy approach that supports intra-social bonding through social networks and community activities, which was found to develop stronger ties (Chapters 5 and 6). Thus it is argued that Putnam (2007), who regards social capital as being centred in community participation, has a very narrow perspective as he does not consider that social capital may not develop and/or may

be hindered when people from different ethnicities participate in community activities through social bridging.

The findings suggest that simply promoting socially connected communities as a social policy approach will not be effective for South Asian older people. Instead, the findings suggest that increasing social participation through social bridging, and facilitating bridging social capital, requires a longer-term comprehensive strategic approach (Chapter 6). For example, a greater level of social integration amongst South Asians at a much earlier stage in the life course is helpful in social bridging later in life (Chapter 6). However, the findings also suggest that more short-term direct interventions can also be effective in aiding social bridging. Where participants had attended organised community activities with other ethnic communities, and explored cultural differences, this promoted more positive perceptions of others from different backgrounds (Chapter 5). The findings offer support to the Good Relations Measurement Framework developed by Wigfield and Turner (2010), which suggests greater interaction with diverse groups of people reduces negative attitudes. Furthermore, the findings suggest the approach by Mayblin et al. (2016), where organised community groups brought different inter-ethnic groups together to explore cultural differences, should be promoted to create more meaningful encounters. Such an approach would also help reduce feelings of 'not belonging', which have been identified as barriers to community participation for BAME people (British Red Cross 2019).

Culturally Appropriate Activities?

While there were similarities in relation to the types of community activities accessed amongst South Asian older people, e.g. volunteering in retirement, there were also differences across gender, faith, and age groups across the life course, shaped by cultural capital and life experiences (Chapters 6 and 7). Thus the findings of this study help explain the differences in social participation levels amongst minority ethnic groups found in the literature, e.g. between older people from migrant minority ethnic groups and those people living in their native country in Sweden, which could not be explained by differences in economic factors (Lindstrom 2005). In addition, Aw et al. (2017) found differences in social participation levels across

minority ethnic groups in Singapore but gives little detail to contextualise this. The findings from this study suggest that barriers to social participation amongst minority groups of older people, as well as migrant groups living in a host country, can be better explained by cultural capital in relation to faith/gender alongside personal life experiences. In addition, the findings suggest that cultural capital in relation to social participation is shaped by place, as there were differences amongst South Asian older people in the UK in this study and amongst South Asian older people living in other countries (Aw et al. 2017, Ahmad & Hafeez 2011). Thus the findings advocate for the cultural needs of minority ethnic groups in relation to social participation to be explored within place in order to be better able to identify and address cultural barriers to social participation.

The findings from this study add to the literature by showing that life experiences and cultural capital shape differences amongst minority ethnic groups not only in relation to social participation but also in relation to social bonding and bridging across the life course (Chapters 5, 6, and 7). The findings offer support to Lewicka (2005), who found that cultural capital shapes access to certain types of cultural activities in the community. The findings also suggest that common perceptions of cultural capital amongst minority ethnic groups left unquestioned (Fenton & Draper 2015) risk marginalising certain genders and/or faith groups in relation to social participation as certain faiths and/or genders amongst different minority ethnic groups may have different cultural barriers to social participation through social bonding and/or bridging linked to cultural capital and life experiences. Thus the revised conceptual framework discussed later in this chapter provides the basis for these aspects to be better in future research.

The literature recognises that activities targeted at BAME older people can increase social participation (Wigfield & Alden 2017, British Red Cross 2019). However, the findings from this study imply that social participation could increase further amongst South Asian older people if activities in the community were designed and targeted specifically according to narrower categories, such as within faith groups and especially within gender (Chapters 5, 6, and 7). Thus the findings from the study suggest that the Ageing Better programme in the UK (2020), which has developed activities specifically targeting minority ethnic groups, does not go far enough to address the cultural barriers that exist within faith and gender groups amongst older

South Asians. Thus it is argued that addressing the cultural needs of older South Asians, by designing community activities specific to gender and faith, would increase their social participation levels and reduce their risk of loneliness.

While the literature recognises that women are more likely to access social groups as a form of activity in the community in older age (Davidson et al. 2003, Agahi & Parker 2005), the findings from this study highlight that a lack of social groups specifically for South Asian females within their faith community has not been recognised in the literature as a cultural barrier to social participation. Furthermore, the findings from this study suggest that gendered sociocultural roles amongst older South Asian women may be changing within the UK, supporting the view of Mand (2006), as South Asian women were found to have increased levels of social participation in the community in older age (Chapter 6). The findings imply that this is potentially linked to changing family structures and a better understanding of the health benefits attached to increased levels of social participation (Chapter 6). If the social participation of South Asian older women as they age continues to shift from family networks to the community, more gender-specific cultural activities that they can identify with will be required (Chapters 5 and 6) to increase their levels of social participation in the community and reduce the risk of loneliness.

South Asian older men who were found to socially bridge in community activities across the life course were found to desire access to cultural activities exclusively within their faith and gender, which were reported to be lacking in the community (Chapter 5). The findings suggest that promoting social participation through social bridging does not necessarily reduce the cultural need for social participation through intra-social bonding. It is argued that this is because social bridging does not necessarily facilitate bridging social capital (Chapters 5 and 6). Furthermore, the findings suggest that social activities that align to faith and gender facilitate social capital through shared cultural identity (Chapter 5). Thus the findings suggest that shared sociocultural identity is far more important for older South Asian men than shared social identity. This is contrary to the literature, which suggests that social activities that support interests and/or are of a masculine nature can engage older men through shared social identity (Radcliffe et al. 2019, Thomas 2011). Thus it is argued that designing specific activities targeted at South Asian men within their faith groups is far more likely to increase their levels of social participation in the

community. As well as protecting them from loneliness, this means they will be more likely to develop social relationships whilst also reducing their risk of poor health, as reported in the literature (Bécares et al. 2013), as they will be more likely to socially engage in activities with other people of the same faith and gender.

Contrary to the literature that has questioned the value of social capital in the form of ethnic ties (Kindler et al. 2015, Anthias 2007), the findings from this study identify that ethnic ties can add value to social participation. Ethnic ties through social networks with family and friends were found to facilitate social participation, particularly at vulnerable life stages across the life course. The study found that social support through ethnic ties was strengthened for South Asian women following bereavement (Chapter 7). In addition, ethnic ties were found to facilitate access to social opportunities in the community (Chapters 5 and 6). This extends the findings in the literature, which denote the benefits of social capital as a facilitator to social participation (Utz et al. 2002) but not specifically in relation to ethnic ties. Furthermore, it is argued that ethnic ties are far more complex than the features of social capital that are proposed by Putnam's theory, which argues that social capital is shaped through community participation-based norms, reciprocity, and trustworthiness (Putnam 2000). Putnam's concept of social capital, it is argued, has a very narrow perspective and fails to capture the influence of cultural diversity within a socially deprived, heterogenous, ethnically diverse UK city. Thus the findings suggest that ethnic ties should be recognised as having more value in the literature in relation to social participation.

The research study found that ethnic ties and cultural activities can have a positive effect on increasing social participation, which adds support to the study by the British Red Cross (2019) that found places of worship are an important factor for reducing loneliness. However, ethnic ties and cultural activities were also found to have a negative side for South Asian older people in relation to social participation. South Asian older women had strong family networks that provided them with social support, but they were not supported by their family to access social activities outside the home (Chapter 5). Furthermore, while religious activities linked to faith facilitated social participation for Muslim men, their faith was also found to hinder their access to other forms of social activity (Chapters 5 and 6). Thus gender and/or faith could be risk factors for reduced social participation levels amongst older South

Asians and could potentially increase the risk of loneliness, especially if social relationships within ethnic ties and/or formed from cultural activities are not of a high quality. This is especially true for Muslim men, and Victor et al. (2012) identified that they were most at risk of loneliness in their study of BAME groups. Although it is not clear if the Muslim men in Victor et al.'s (2012) study accessed religious activities, given the strong link to faith identified within this study, it is plausible to assume so. Thus the findings put into question how effective religious activity as a social activity is for Muslim men in relation to protecting them against loneliness. Thus the findings suggest that ethnic ties may not always be a protective factor against loneliness. However, increasing the social participation of South Asian older people through intra-social bonding should be promoted alongside other forms of social bonding and bridging in relation to social participation.

Ageing Culturally?

In the literature, South Asian older people are reported to culturally age within the family home (Centre for Better Ageing 2020). However, the findings from this study suggest that this is not the case. Older South Asians were found to socially participate in community activities as they got older (Chapter 6). However, age was not the only facilitator for increased social participation in the community amongst South Asian older people. Increased social activity in retirement was interrelated with cultural capital (e.g. wanting to give back to society led to increased civic engagement), changing family structures, having more time, a positive attitude, and a good understanding of the health benefits of social participation (Chapters 5, 6, and 7). The findings suggest that the common perception of South Asian older people ageing within the family home, as found in the literature, is an unhelpful stereotype. This has the potential to hinder social participation for South Asian older people if they are pigeonholed by this perception and if community activities through social bonding and/or bridging are not promoted to them. As the findings suggest, older South Asians are likely to increase their levels of social participation (Levasseur et al. 2010) from social support in the family to the wider community. This is especially likely if family structures continue to shift (Chapter 5) and South Asian older people are increasingly living alone (Nijjar 2012).

The findings from the research study show that increased social activity in retirement can be facilitated amongst South Asian older people in older age, regardless of whether they have had limited social participation prior to this (Chapter 6). Thus it is argued that the cultural factors that set the conditions for ageing actively amongst South Asian older people are much broader than those in Walker's (2017) notion of active ageing. Walker (2017) suggests that active ageing is enabled if activity levels are maintained from earlier life stages into older age. However, the findings from this study suggest reduced cultural barriers and/or having access to activities that are aligned to cultural capital set the conditions for active ageing and/or increased social activity amongst South Asian older people. For example, South Asian women who had reduced caring responsibilities in older age were found to increase their social activity levels later in life (Chapter 7). In addition, having access to cultural activities such as volunteering, which South Asian older people can identify with, was also a facilitator for age-related activity in older age (Chapters 5, 6, and 7). The findings suggest, contrary to Walker (2017), that a longer-term view of active ageing is not required for social participation of older South Asians. Instead, having accessible cultural activities in the community that they can identify with, and that are meaningful to them and aligned to their culture, is more likely to increase levels of social participation in South Asian older people as they age, thus supporting the socioemotional selectivity theory (Carstensen, 1992, Chapters 5 and 6). In addition, the findings suggest that South Asian older people shift their cultural role identity from the home to the community as they age (Chapters 5, 6, and 7); this supports the activity theory (Maier & Klumb 2005), which argues that cultural capital can increase social activity in later life (Chapters 5 and 6).

The findings suggest more targeted interventions, such as promoting volunteering, will help set the conditions for increased activity levels through social bridging as South Asian older people age. Furthermore, the findings suggest that the development and promotion of cultural activities not only serve to increase social participation amongst older people within faith and gender groups but also serve to promote the benefits of social participation to their health as they age. South Asian Muslim men were found to continue to engage in religious activities in the mosque despite poor health or poor weather conditions (Chapter 5). Thus the findings suggest that, contrary to the study by Gele and Harsløf (2012), which discovered a

key barrier to social participation amongst older African migrants in Norway was poor health, poor health is not necessarily a barrier to social participation when cultural activities for minority ethnic groups are accessible in older age. The activities serve to reinforce their identity and promote their engagement (Chapters 5 and 6).

South Asian older people culturally value building financial capital over the life course, and the downside to this is that, regardless of wealth, they are reluctant to spend money on accessing community activities. Thus a barrier to social participation in the community was found to be the cost of activities (Chapter 5). Although, on the other hand, a reluctance to spend money on activities in the community was found to strengthen social support through family networks (Chapters 5 and 6). Thus the findings suggest that to aid increased social participation levels amongst older South Asians outside the home and into the community, activities should be free or low cost. Thus the findings challenge Bourdieu's (1986) notion of social capital and the advantages it holds for those that are wealthy. The study found that, regardless of affordability, financial capital may not be spent; this is linked to cultural capital and thus may be a disadvantage in generating diverse social relationships through community activities (Chapters 5 and 7). It is argued that Bourdieu's theory (1986) is too narrow, and it does not consider the impact of cultural capital linked to life experiences, such as migration, which influences the wish to build financial capital (Chapters 5 and 7) and has a relatively negative influence on community participation and social capital. Thus it is argued, contrary to Bourdieu, that features of social and human capital (such as large family networks and positive attitudes) can have a much more powerful influence on facilitating social capital in comparison to economic capital alone (Chapters 5 and 7).

Intra/Inter-Social Bonding and/or Social Bridging?

Adopting intra-social bonding to increase social participation as a sole approach is not appropriate for South Asian older people living in a diverse community. Intra-social bonding was found to hinder inter-social bonding and social bridging (Chapter 5). Cultural social activities through intra-social bonding within faith and gender were

found to reinforce cultural capital and perpetuate negative stereotypes of outsiders (Chapter 5). South Asian women who had dense social networks with ethnic ties and had limited experience of social integration were found to have a negative attitude towards engaging with other people of different faiths and/or ethnicities, reporting their reluctance to engage due to cultural differences, e.g. dress (Chapters 5 and 6). In addition, religious activities supported by faith were found to hinder Muslim men from accessing other forms of activity (Chapter 5). Thus the findings suggest that intra-social bonding can perpetuate a lack of social contact with diverse groups of people and lead to exclusive social group membership (Chapter 5). The findings from the study (Chapters 5, 6, and 7) support the intergroup contact theory (Pettigrew 2006). In addition, the findings support those in the literature that suggest lack of experience of social contact with others outside their own ethnicity causes stagnation and isolation for people and is a source of internal inequality (Gilchrist & Kyprianou 2011). Therefore, it is argued that promoting intra-social bonding may support cultural needs in relation to social participation within an ethnic community but it will potentially fragment diverse communities and increase levels of discrimination, which can be a barrier to wider community participation (British Red Cross 2019).

The research shows that even with sustained social bridging over an extensive period, participants still sought out activities with other people of the same faith and gender (intra-social bonding) (Chapter 6). South Asian older men reported a lack of social groups (through intra-social bonding) they could identify with in older age, even when they had socially bridged in activities related to interests across the life course (Chapter 5). Furthermore, there were periods over the life course that all forms of bonding and bridging took place simultaneously for participants (see figure 7.1), thus suggesting cultural capital for South Asian older people is aligned, at many levels, with faith/interfaith and gender. Furthermore, cultural capital alongside life experiences can facilitate both intra/inter-social bonding and social bridging in relation to social participation. For example, during retirement many South Asian older people seek to undertake volunteering, which facilitates social bridging (Chapters 6 and 7). Thus the findings suggest that promoting all forms of bonding and bridging across the life course for older South Asians will help increase social participation.

The findings suggest that adopting either social bonding (intra/inter) or social bridging is not effective in increasing social participation amongst South Asian older people. South Asian older people, due to different life experiences across the life course, will have experienced aspects of both Western and South Asian culture that they identify with (Chapters 5 and 6). Different life experiences shape social bonding and bridging differently across genders, faiths, and ages over the life course. For example, the youngest of the participants in the study had more diverse social interactions with people at a younger age and was found to be more engaged in a range of social network and community activity types, through both social bonding and bridging later in life (see figure 7.1). Furthermore, younger participants in the focus groups reported wanting a choice of activities – not just cultural activities with others of the same faith/interfaith and gender (intra/inter-social bonding – gender specific) but also activities that allowed wider social integration through social bridging (Chapter 5). Thus it is argued that due to the different cultural life experiences of South Asian older people in relation to age, gender, and/or faith within a Western host country, social participation will not increase by adopting a ‘one size fits all’ social policy approach. All forms of social bonding and bridging community activities will be needed to be accessible in order to increase social participation levels amongst South Asian older people as well as being inclusive to those who have had different life experiences across a Western and South Asian cultural context. Thus there will be similarities that bond and/or bridge South Asian older people in community activities that they can identify with (Chapter 6). Therefore, prioritising either social bonding (intra/inter) or social bridging over the other should not be considered, as both can increase social participation. Otherwise, it risks limiting choice and potentially reducing levels of social participation and increasing loneliness.

As detailed earlier in this chapter, the study found the notions of social bonding and social bridging in the literature to be complex and not mutually exclusive. For example, South Asian older people were found to bond with others outside of their own ethnicity in relation to shared interests, e.g. volunteering. But based on the definitions of social bonding and social bridging in the literature, is this social bonding or is it social bridging? If they are socially bonding over shared interests, it could be argued that it is social bonding; on the other hand, it could be argued that they are socially bridging in relation to ethnicity. Furthermore, without a clearer

definition of 'intra-social' and 'inter-social' bonding in relation to ethnic categories in the literature, cultural variables within an ethnic group, such as faith and gender, cannot be clearly distinguished or measured in relation to social bonding and/or bridging. This makes comparing social interactions against gender and different faiths within a minority ethnic group difficult, especially where culture is a strong feature and can shape the different forms of bonding and bridging for migrant groups of people within a Western host country. If this is not understood, it risks the misidentification of cultural barriers within ethnic categories, which needs to be addressed to reduce the risk of marginalisation. Thus a fixed boundary, as used in this study, to recognise the different ethnic categories within an ethnic group is proposed for future research, as outlined earlier.

Cultural capital (Throsby 1999) and life experiences as well as public places were found to be factors that enabled intra/inter-social bonding and/or social bridging. However, these variables are not identified in the literature as facilitating social bonding and/or social bridging. Thus it is argued that the description of social bonding and bridging is too narrow. It does not recognise the value of more tangible variables, which within a diverse context are important features that add value within the present context of social integration policy approaches, such as socially connected communities.

Revised Conceptual Framework

The evidence that cultural capital – alongside factors such as faith/interfaith, gender, age, and life experiences – impacts and shapes social participation, social bonding (intra and inter), and social bridging differently for South Asian older people provides the basis for the development of a revised conceptual framework (see figure 8.1). This can be tested through future research with other groups of minority older people, which will enable policymakers to identify cultural similarities and/or differences within minority groups of older people who may be more vulnerable to isolation and loneliness. This means interventions can be targeted specifically at them.

Cultural capital, in the form of beliefs, traditions, norms, and values (Throsby 1999), and life experiences have not been widely studied in relation to how they impact or shape social participation, social networks, and social bonding/bridging. It is evident from this research that cultural capital and life experiences play a significant role in social participation, the social networks and activities accessed, and the extent of social bonding and bridging. It is therefore argued that culture should be considered when researching social participation and should be incorporated into the existing conceptual framework. It is further argued that cultural contextual factors are not unique to South Asian older people and can affect any groups of older people across different backgrounds. The potential consequences and implications of not adding cultural capital to the conceptual framework when studying social participation is that it will not allow for cultural norms and diversity to be considered for different groups. Therefore, social policy approaches would be promoted to people without understanding the impact of culture on social behaviour patterns through further research.

The conceptual framework outlined in Chapter 2 comprises two parts. Part A of the conceptual framework explored the barriers and enablers to social participation for South Asian older people (within faith/interfaith and gender parameters), using capital assets as themes alongside framework analysis. Part B of the conceptual framework used participatory mapping to identify the social networks and activities that South Asian older people accessed over the life course (mid to later life against gender, faith/interfaith, and age) as well as the impact and influence of life experiences on shaping social participation, social activities, and social networks accessed over the life course through social bonding and social bridging.

Following this research, Part A of the conceptual framework has been revised, and cultural capital has been added as an additional theme (see figure 8.1), cutting across the capital assets. Adding culture as a new theme, rather than as a conceptual factor on its own, will allow future researchers to identify how culture impacts on the other the existing capitals (across individual, community, and societal levels) in relation to social participation. Identifying the impact of cultural capital and underlying conceptual factors will enable cultural barriers and enablers that impact on social participation to be identified and/or addressed.

The main change to Part B of the conceptual framework (see figure 8.1) is that cultural capital has been incorporated. Adding cultural capital as a variable to Part B of the conceptual framework enables a deeper understanding of how cultural capital shapes patterns of social participation, bonding, and bridging across the life course alongside life experiences. This includes the impact of culture not only on types of social networks and activities accessed but also on their density, e.g. the strength of ethnic social ties. It also enables a deeper understanding of how and why the social networks and activities accessed through bonding and bridging types may change, remain static, or decline over the life course, linked to culture and life experiences. This allows a better understanding of how culture influences social behaviours that impact on social participation throughout the life course or at certain life events and points, alongside faith/interfaith, gender, and age.

The revision of Part B of the conceptual framework (which identifies the extent of social bonding and bridging) also includes the addition of intra- and inter-social bonding as a form of social bonding (see figure 8.1). Adding intra-social bonding to the conceptual framework allows the importance of social bonding within faith and/or gender groups to come to the fore. It also enables the identification of whether social bonding takes place across faiths within a minority ethnic group through inter-social bonding.

In conclusion, the revised conceptual framework (see figure 8.1) will allow future researchers to investigate the impact of culture alongside life experiences in relation to social participation. The impact of cultural capital – i.e. beliefs, traditions, norms, and values – and how it shapes social participation, bonding, and bridging amongst older people has not been widely researched. Thus the framework enables greater understanding of cultural differences and similarities concerning social participation, social bonding, and social bridging across different older minority groups in relation to faith/interfaith and gender. It also supports the design of more effective interventions to increase social participation amongst minority older people (within and across faiths and genders) where there are cultural patterns of similarities or difference. Furthermore, it will identify groups of minority older people within faith and gender groups that may be more at risk of social isolation and loneliness.

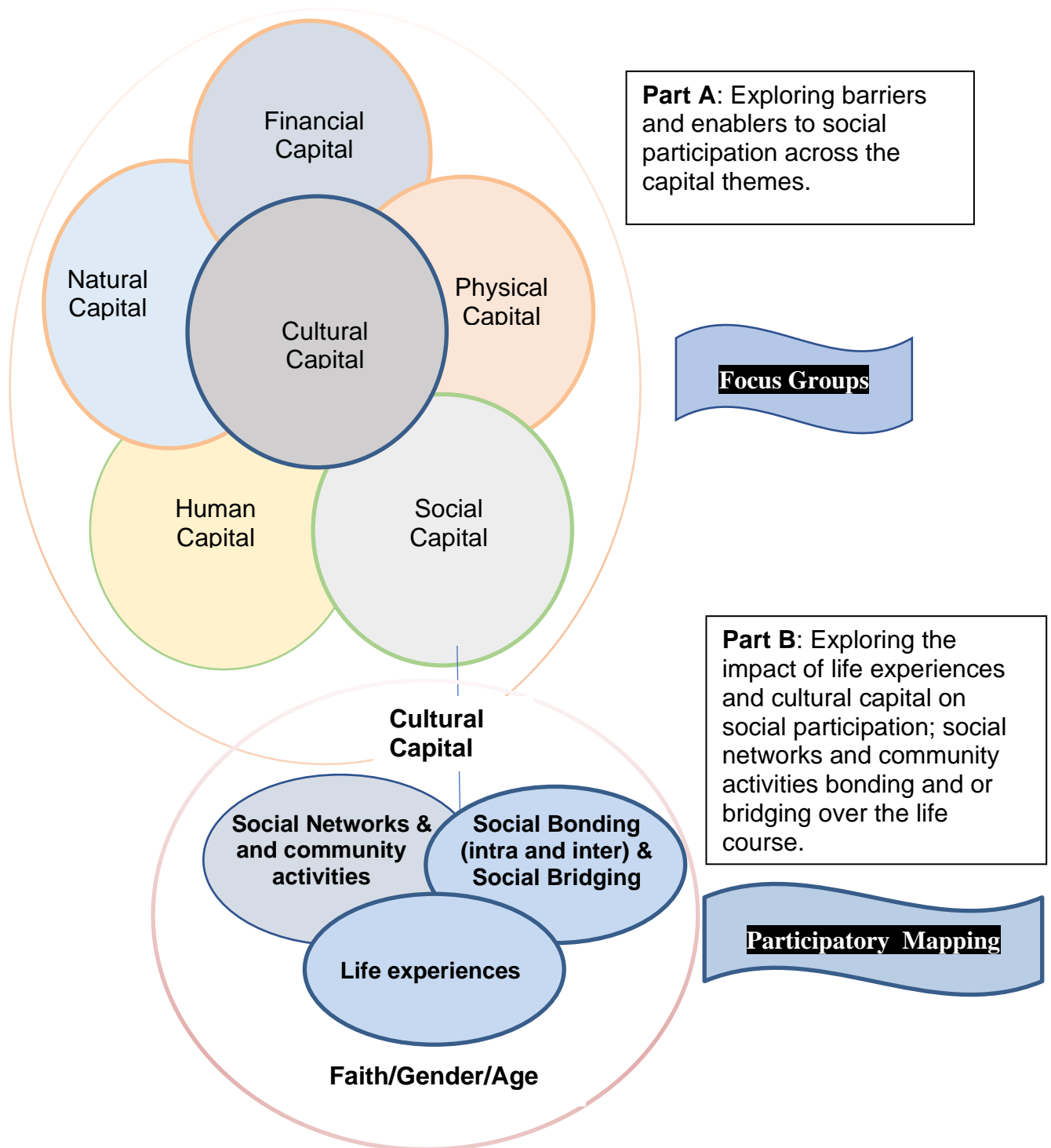


Figure 8.1: A revised conceptual framework for exploring the impact of culture & life experiences on social participation, social bonding & bridging.

(Source: Mahal 2021)

Conclusion

This research set out to explore the barriers and facilitators to social participation, social bonding, and social bridging amongst South Asian older people living in Coventry in the UK and how they are influenced by life experiences over the life course (mid to later life). These aims were achieved through the research study. Cultural capital (beliefs, traditions, norms, and values) and life experiences were found to impact and shape social participation, social bonding, and social bridging differently according to faith/interfaith, gender, and age.

The research identified that cultural values, such as focusing on building financial capital following migration, strengthened intra-social bonding with family but hindered community participation in pre-retirement. Caring and bereavement, as life experiences alongside culture, particularly impacted South Asian women, hindering access to activities in the community. This was alongside a lack of support from male family members. South Asian Muslim men were found to be least likely to socially bridge in community activities throughout the life course due to their commitment to their faith and adherence to religious rituals. Retirement was linked to having more time, and this increased participation in community activities amongst South Asian older people, both through intra-social bonding and social bridging. Volunteering in retirement promoted social bridging and transcended ethnic differences where cultural values were aligned. However, this did not necessarily lead to meaningful social connections and/or bridging social capital, and shared interests related to hobbies also did not necessarily facilitate social bridging, particularly for South Asian men across the life course. Nevertheless, South Asian men who had socially bridged in hobbies earlier in their life course were more likely to continue this in older age. South Asian women who had had more diverse social interactions with people outside their own ethnicity at an earlier life stage were more likely to access social networks and activities with others outside their own faith and ethnicity in later life and thus develop bridging social capital. Shared cultural identity was found to facilitate access to social networks and activities with others of the same faith and gender (intra-social bonding) across the life course. Negative attitudes and language differences hindered social engagement in community

activities with others outside of an individual's own faith (inter-social bonding and social bridging).

Using the capitals within the capital assets approach as themes to explore the barriers and enablers to social participation, alongside framework analysis, was very effective in condensing large data sets from the focus groups. This enabled cultural capital to emerge as a theme and show how it interrelated with other capital themes. Participatory mapping was a useful tool to explore social networks and activities accessed through social bonding and bridging over the life course (middle to older age) alongside life experiences. It also enabled understanding of cultural contextual factors and patterns against gender, faith/interfaith, and age. The lack of a fixed boundary in relation to social bonding and bridging against ethnic categories in the literature makes it difficult to distinguish different forms of bonding and bridging within faiths and genders. Thus the fixed boundaries related to social bonding and bridging adopted in this study are proposed for future research, namely: intra-social bonding, as a type of social bonding within faith; inter-social bonding, as a type of interfaith bonding between faiths within an ethnic group; and social bridging, as a type of bonding with others outside of one's own ethnicity. This will enable culture to be explored more effectively against the different ethnic categories.

There are limited studies in the literature that have researched social participation, bonding, and bridging amongst South Asian older people in the UK. The findings of this study add knowledge to the literature in this field as well as aiding the development of a conceptual framework that can be tested on minority groups of older people to explore social participation, social bonding, and social bridging in future studies in this field. Participatory mapping has not been widely used as a methodological approach to map participation in social networks and activities over the life course amongst minority ethnic groups. Its effectiveness in distinguishing sociocultural contextual factors, alongside life experiences impacting on participation in social networks and activities, adds to the literature. The findings also suggest that the differences in social participation levels in community activities amongst minority ethnic groups identified in this research study, and in studies by Lindstrom (2005) and Aw et al. (2017), can be explained not only by culture but also

by life experiences. The findings also add knowledge to the literature by showing that active ageing amongst South Asian older people can be initiated in older age through community participation outside the home, regardless of social activity levels over the life course. Furthermore, this participation is increased if cultural activities are made accessible and/or cultural barriers to participation are removed. The conceptual framework devised from the study can be used amongst minority ethnic groups to better understand sociocultural factors and life experiences that impact on social participation, social bonding, and/or social bridging in relation to faith/interfaith, gender, and age in order that any cultural factors that impact on social participation related to these contextual factors can be addressed.

The findings of the study have implications for social policy, which currently promotes socially connected communities (UK Gov 2018) through social bridging as a universal, 'one size fits all' approach. Social bridging might be important for social integration, but the findings of this study highlight that it will not be effective in developing bridging social capital or reducing isolation and loneliness amongst South Asian older people unless service providers or community leaders can facilitate shared activities in shared spaces in the community (Mayblin et al. 2016). This would give people space to explore differences amongst ethnic groups and to break down prejudices and negative attitudes and encourage positive social interactions (Wigfield & Turner 2010), which would enable meaningful connections (Mayblin et al. 2016) by creating a shared sense of belonging. Furthermore, the findings suggest counteracting the risk of loneliness amongst South Asian older people and increasing social participation levels in the community by designing cultural activities that are exclusive to groups of South Asian people within faith and gender groups, which they can identify with and through which intra-social bonding can occur. The findings suggest that adopting socially connected communities as a social approach, without promoting intra-social bonding, will not be effective in increasing social participation and reducing loneliness amongst older South Asians living in the UK.

Future Research

Further research is suggested using the revised conceptual framework to be tested with a large sample of South Asian older people (with representatives of all faith

groups that make up the South Asian minority ethnic grouping) within a diverse UK city. This would test the validity and generalisability of the findings of this research. In addition, it is suggested that the revised conceptual framework is tested with South Asian older people that are identified as being isolated and/or lonely to identify if similar themes emerge. It is also recommended that the revised conceptual framework is tested with wider stakeholders, such as representatives from community faith organisations and/or voluntary organisations that support South Asian older people. This would allow comparisons to be made and enable triangulation of data. This would not only further add to the findings in this study but would also identify if similar experiences and findings emerge as those identified in the South Asian older people participating in this research, thus increasing the reliability of the findings. Further to this, consideration of future research on South Asian older people within other Western countries, such as Canada, is suggested to identify if similar themes emerge within South Asian older populations in a global context.

Beyond this, it is suggested that future research is undertaken on other minority groups of older people in a diverse UK city where there are different faiths within an ethnic group in order to explore the impact of cultural contextual factors, such as faith/interfaith and gender, on social participation, bonding, and bridging alongside life experiences over the life course. This would allow different minority groups to be researched and highlight any commonalities amongst them in relation to culture and life experiences and their impact on social participation, social bonding, and/or social bridging. It would enable understanding of cultural similarities that cut across faith and gender in relation to social participation, social bonding, and/or social bridging amongst minority groups, which could lead to more effective approaches to increasing social participation being adopted. Furthermore, the conceptual framework could be used in future research to explore the impact of COVID-19 and the associated restrictions it has had on social participation, social bonding, and social bridging amongst groups of older people.

Recommendations for Policy and Practice

The following recommendations are made to the government, local authorities, faith organisations, civic groups, and charities as providers of services as well as employers who employ large numbers of South Asian minority older people within their workforce.

- **Resourcing** – Local government funding should be made available to support an Ageing Better programme targeted specifically at South Asian minority older people. Local civic groups, faith organisations, and charities should utilise funding to design and deliver sustainable cultural activities in order to increase social participation amongst South Asian older people.
- **Faith places** – South Asian faith organisations, such as places of worship, should embed social activities alongside religious and cultural practices to enable other forms of activity to be accessed and bonding social capital to be developed in cultural spaces and should promote cultural social opportunities that are equitable and available separately to both South Asian women and men with faith. Local government and faith organisations should collaborate to eliminate structural barriers to accessing support and building connections, such as through specialist community transport provision.
- **Culturally appropriate services** – The British Red Cross (2019) Community Connector project should be replicated using South Asian representatives to connect South Asian older people to social networks and activities in their local community. The project should engage with informal medical networks in the South Asian community, such as GP practices, to encourage them to promote activities to their South Asian older patients as part of social prescribing. Activities in the community should be advertised in South Asian languages and promoted in many locations including through faith communities and places of worship.
- **Education interventions** – An educational awareness campaign should be developed and delivered to emphasise the importance of active and healthy

ageing; this should be specifically targeted at South Asian older people and their families to encourage South Asian older people to access activities in the community not just in older age, but across the life course.

- **Social integration approaches** – Community organisations and local public bodies should promote community cohesion events. Volunteering organisations and service providers should work with employers to promote volunteering activities to South Asian older people transitioning into retirement. Service providers should bring people of different backgrounds together to provide a space for people of different backgrounds to socialise and explore cultural differences. Employers should develop programmes that aim to bridge cultural differences and promote integration within the workplace, including the promotion/delivery of English and South Asian language courses.

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Appendix 1: Social groups and organisation contacted.

No	Name of Organisation/Community Group
1	Sahara
2.	Tamrind Centre
3.	Sahyadri Group
4.	Aoh Miloh
5.	Foleshill Women's Training
6.	Good Neighbours
7.	Gilbert Richard
8.	Age Uk Friendship Groups
9.	Sahil
10.	Muslim Resource Centre
11.	Asian Association of the Blind
12.	Anomal
13.	BME carers Support Group
14.	Seva & Shakati
15.	Ekty & Unity
16.	Trijen Women's Group
17.	Foleshill Library
18.	Finham Library
19	Central Library
20	Coventry Voluntary Services
21	Carers Centre
22	Helens Women's Project
23	Godiva Lions
24.	Cheyslesmore Community Centre
25.	Mata Sundriji
26.	CEMAP
27	Arts Gymanisum
28	Iqra Centre
29	Community Development Team – Coventry City Council
30	Muslim Councillors – four in Coventry City Council.

Appendix 2: Social groups presented to.

No	Name Social Group
1.	Sahara
2.	Aoh Miloh
3.	Age UK Friendship Group – Dosti
4.	Sahil
5.	Muslim Resource Centre
6.	Asian Association of the Blind
7.	Seva & Shakati
8.	Ekty & Unity
9.	Trijen Women's Group
10	Carers Centre – Milan Group.

Appendix 3 – Participation Information Sheet

1. **Research Project Title:** Barriers and Enablers to Social Participation among South Asian elders in Coventry

2. **Name of the researcher** - Kam Kaur

3. **What is this research about?**

This research is about identifying things that stop elderly people like yourself (from a south Asian background), from getting out, as well as the things that help you to get out, so you get involved in social activities and groups happening in your local area and community. It is also about finding about all the social groups and networks that you get involved in, and if they include just south Asian people or a mix of people from different backgrounds e.g. white or African elderly people, and why that might be.

4. **Who is the research funded by?**

The research is being undertaken as part of my PhD study and is being funded by the Centre for Trust Peace and Social Relations, Coventry University.

5. **What do I have to do if I agree to Participate?**

You will be asked to be involved in one focus group discussion (or maybe two if the first one doesn't finish on time), which should last between 1-1.5 hours. You will be asked to give your views, (from your experience or from what you see) as to what stops you and what helps you to get out and involved in social activities and groups. You will also be asked to share what social groups and networks you get involved in, and if they include just south Asian elders or also people from different backgrounds e.g. white or African elderly people, and why that might be. The Focus Group Discussions will take place at a date, time and location which is suitable to participants.

You will also have the option following the focus group discussion to be involved in a 1-1 semi structured interview/participatory mapping to map out social networks you access and what affects. These will be held at a date, time and location suitable to you.

You may also be approached to be a facilitator of the focus group; you do not have to do this it is optional. If you do the role will be explained to you fully beforehand, and you will be invited to attend a facilitator's focus group, which attendance is optional.

6. How will the data be collected, and how will you use the data that I provide?

The data you provide in the focus groups will be digitally recorded onto a Dictaphone and also through written notes by the researcher. The data will be transcribed and will be anonymised and used in her PhD research and subsequent publications.

The data collected will be stored, in a lockable filing cupboard, which only the researcher has a key to. The signed consent forms will be stored in a separate filing cabinet.

7. Will the data be protected, and my confidentiality ensured?

Yes, the data will remain anonymous. Your name will not be mentioned in the research. A false name will be given against the data you provide in the research. You will have the option to choose a false name that you would like, following the focus groups/interview if you would like to or one will be allocated by the researcher.

It will be requested that everyone taking part in the focus groups (and interviews) treat people's views with respect and do not talk about them elsewhere. However, as comments are being shared in a group it is each person's responsibility to be aware that what they share openly might be shared by others in the group, even though it will be requested to everyone taking part, to keep other people's views private.

8. What are the benefits of participating?

You will be part of a small team of volunteers to help identify what stops you from getting out and involved in social activities and groups and what helps you (and other south Asian elderly people participating in this research). It will also identify which social groups and networks you access (and other south Asian elderly people participating in this research), and if it is mainly with people with

similar south Asian people or includes a mix, and why. This information will be used to share with Coventry City Council and other partner organisations like Age UK Coventry, and other voluntary and social groups in the city, where it may be relevant. It could be used by these partner organisations to make changes in practice and or policy and could in turn help support you, your friends, and family to get more involved in more social activities and groups in the future, by addressing some of the problems you face and doing more of what helps. These organisations may also help by using the information to target more activities and groups to just South Asian elderly people or a mix of people.

9. Do I have to take part and what happens if I want to withdraw?

It is entirely up to you if you decide to take part or not. Your participation is voluntary, and you can withdraw from the research any time during the focus groups and interviews, without having to give a reason.

Any information you have given up to this point can be removed from the research, at your request, up to three months after the focus groups or interview has taken place.

10. Who can I get in contact with for more information about this project or if I have any concerns?

Content removed on data protection grounds

Appendix 4 – Consent Form

Title of Research: Understanding barriers and enablers to social participation and social networks, amongst South Asian ethnic elders in Coventry.

Informed Consent Form (Participant Copy)

I agree to share my experiences of getting involved in (or not) social opportunities and networks in the city. I understand that this research is being conducted by Kam Kaur, from the Centre for Trust, Peace and Social Relations at Coventry University, to identify the barriers and enablers that affect social participation amongst South Asians in the city. It will also explore the types of social groups and networks that south Asian elders' access, and to determine the extent to which they socially mix. I understand that I must treat people's views and discussions in focus groups (and interviews) with respect and confidentially, and not talk about their comments elsewhere. I also understand that as comments are being made publically in focus groups and although each person has been asked to keep everyone's contribution private, there is the chance what you say might be shared by others both inside and outside of the group.

I understand and confirm the following by initialling the boxes:

- | | Initial Box |
|--|--------------------------|
| 1. I confirm that I have read and understand the Participant Information Sheet for the project and have had the opportunity to ask questions. | <input type="checkbox"/> |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason. | <input type="checkbox"/> |
| 3. I understand that I have up to three months after my involvement, to request my contribution to be removed. | <input type="checkbox"/> |
| 4. I agree to the focus group(s) and interview being audio recorded and notes being taken and my name and all personal identifiers to be anonymised. | <input type="checkbox"/> |
| 5. I agree to the use of anonymised quotes in the PhD Study and any subsequent publications | <input type="checkbox"/> |
| 6. I agree to keep other people's comments in the focus groups discussions (and interviews) with respect and in confidence, and not to share them with others both inside and outside the group. | <input type="checkbox"/> |

Name of Participant

Signature

Date

Name of Researcher

Signature

Date

Appendix 5 - Focus Group Guide

1. What are the key things that help you/older people in the South Asian community, in getting out and involved in social participation (e.g. meeting up with friends, going to social groups)?
2. What are the things that stops you/South Asian older people getting out and involved in social participation?
3. What types of social networks do you/South Asina older peple have, and why do you think this is?
4. Tell me about the social networks/community activities (hobbies, groups) you access, do they include those from just your own background e.g. Sikh or do they include a mix of people from different backgrounds – if so which kinds of background?
5. What's your view on social opportunities that you access, are they widely available to everyone or just your ethnic community?
6. How do you feel about having social networks/community activities with just your faith/ethnic background or with a mix of others from various backgrounds?
7. Do you feel that the social opportunities you access, and that of your elderly friends, family community members support their language needs?
8. How does your age, gender, health, or education affect your participation in social opportunities in the community?
9. What about finance how does this affect South Asian older people access social opportunities?
10. What about the neighbourhood things like transport, community venues, steps, weather, safety - how does this affect South Asian older people access social opportunities?
11. Are there any other aspects that affect South Asian older people getting out the house and involved in community activities?

Appendix 6 - Semi Structured Interview guide for Participatory Mapping

- What social networks did you have around the age of 50 to the age you are now?
- Who was in those networks?
- Why do you think you had those networks?
- How long did those networks start and how long have they lasted, was it for a short period or are they still going?
- Why did you think you have those networks, at that point in your life?
- Have any networks stopped and then started again, why is that?
- What types of community activities did you access from mid to later life?
- What type of people were in those community activities?
- What helped create and maintain them?
- Why do you think your networks/community activities increased at this point of your life?
- Why do you think that these networks/community activities only include these types of people?
- What type of life experiences hinder you accessing more community activities at this period over the life course?
- Would you have liked to have different networks/activities that you accessed, if so, what do you think stopped you from having them?
- Did you develop friendship that last from any of these networks and activities?

Appendix 7 - Participant Maps

The twelve participants' maps are shown below.

Participant 1 - Map

Content removed on data protection grounds

Participant 2 - Map

Content removed on data protection grounds

Participant 3 - Map

Content removed on data protection grounds

Participant 4 - Map

Content removed on data protection grounds

Participant 5 - Map

Content removed on data protection grounds

Participant 6 - Map

Content removed on data protection grounds

Participant 7 - Map

Content removed on data protection grounds

Participant 8 - Map

Content removed on data protection grounds

Participant 9 - Map

Content removed on data protection grounds

Participant 10 - Map

Content removed on data protection grounds

Participant 11 - Map

Content removed on data protection grounds

Participant 12 - Map

Content removed on data protection grounds