pdw

PEOPLE CENTRED · BUSINESS FOCUSED

Oldham Housing
Investment Partnership

aksa homes
Part of the New Charter Housing Trust Group

DEVELOPING AN EVIDENCE BASE FOR HOUSING AND RELATED SERVICES FOR OLDER PEOPLE

Prepared for:

Mushtaq Khan
Director of Aksa Homes
Aksa Homes
Aksa House
Medtia Square
Phoenix Street
Oldham
OL1 1AN

Prepared by:

Steve Wood
Senior Consultant
Project Development Workshop Ltd
The White House
Wilderspool Business Park
Greenalls Avenue
Warrington
WA4 6HL

MAY 2013

Table of Contents

Developing an Evidence Base for Housing and Related Services for Older People

Executive Summary

The population of Oldham has a growing and increasingly diverse range of older people living across the borough, all with differing needs and expectations. Numbers of older people living in Oldham is predicted to grow over the coming years, from 32,900 in 2008 to 41,900 in 2025, an increase of 27%. This will put considerable pressure on existing and future resources particularly as within that there is a 48% increase in the over 75's.

Hidden within the figure is a significant increase in the numbers of older people from Black and Minority Ethnic (BME) groups where, over a similar period of time, the population is expected to increase by 43%, and whilst the overall numbers of older people from BME groups is predicted to remain low (1 in 14) compared to the wider population (1 in 4) this needs to be set against a historical background of low take up of housing, care and support services within that population group.

In 2001 a comprehensive study of the housing and social care needs of the BME communities in Oldham helped shape a forward looking agenda aimed at removing the barriers which prevented older Bangladeshi and Pakistani people from accessing housing and support services.

So in 2013, how have things changed, and what of the predictions that across generations people's attitudes to the housing, care and support needs of older people within BME communities will have moved on? Furthermore how will the attitudes of older people towards housing, care and support, (particularly those in the Bangladeshi and Pakistani communities), change over the coming years, and will the next generation of older people have a different outlook to their parents and grandparents?

This study, commissioned by Aksa Homes and the Oldham Housing Investment Partnership, seeks to answer those questions and with the help of a team of Community Researchers we have spoken with 140 people from the Bangladeshi and Pakistani communities, gathering their views. We have also spoken with people working for number of organisations involved in the commissioning, provision and strategic development of services.

It is important to understand that the views expressed by all those taking part in the study often reflect a very individual perception of how things are and how they will be. Collectively they will form a body of opinion that should enable providers and commissioners to review their existing approaches and it creates an evidence base across the two main BME communities which can be used to map out future services. This study confirms the direction of travel it does not provide all of the answers.

Findings

The study focuses in on a number of key questions;

- whether people would prefer to remain in their homes and the reasons behind this.
- what barriers or constraints people face (real or perceived) in moving to specialist housing.
- issues and preferences around location, housing type, size and design.
- whether present locality and housing type matches aspiration and suggest further development in terms of numbers, tenure, size and type.
- the support needs of the local population over the next 10 -15 years.
- how Aksa Homes and other providers can adapt their services to reflect any changes in family structures and cultural/religious values.

The headlines coming out of the 94 individual interviews are summarised below:

Where people live now...

- **There was little evidence, amongst those interviewed, of movement beyond established communities and whilst census data shows communities are growing at the periphery, older people are less likely to move into new areas.**
- **Only 3 people across the sample currently live in small, purpose built 'sheltered' accommodation, and these are all stand alone properties and not in a 'group' sheltered scheme.**
- **Over half of the people interviewed under occupy their home by at least one bedroom. Of these 73% live in housing association properties.**
- **14% of people interviewed live as part of a three generation household.**
- **Adapting existing homes remains the preferred solution to the majority of older people from both the Bangladeshi and Pakistani communities.**

Where people want to live in the future ...

- **73% see themselves living in their current home in five years time, 70% think that will also be true 10 years on.**
- **93% say that if they were to move they would stay in Oldham.**
- **51% of people said that in the future they felt that they would live independently, but still close to family.**
- **6 out of ten people asked said that they see themselves renting their home in the future.**

Accessing Services ...

- **Language continues to be a fundamental barrier preventing older people from BME communities accessing services, as with better understanding comes increased confidence.**
- **Cultural and Religious values remain a significant factor determining the choices that people make and they always will.**
- **People are aware that there are housing options for older people but there is confusion over the differences between sheltered housing, extra care and residential/nursing care. In most peoples mind this is a 'care home'.**
- **Take up of care and support services is low, yet there are people who feel that they need services but don't know how to get them, despite there being a reasonable understanding of what is available.**

Conclusion and Recommendations

Many of the things that were true for older people living in the Bangladeshi and Pakistani communities of Oldham 12 years ago appear to remain relevant today, although the supportive work that has taken place in the intervening years is beginning to impact, albeit more slowly than first anticipated.

People still prefer to live in their existing homes with their extended families or with family living close by, and would not want to move away from a community in which they feel safe and which supports their cultural and religious needs.

Under occupation is, across this sample, quite common, with many living in homes with more than one unoccupied bedroom. For those couples of working age this will impact on their entitlement to housing benefit, but for many an extra 'guest' room is an essential element of their ideal home.

People do not readily distinguish between sheltered housing and care homes and consequently their image of sheltered housing is one of a place where people go when they are ill and there is nobody to look after them.

Other barriers that stop people moving into sheltered housing include location, language, size of accommodation, the lack of culturally sensitive services and the potential shame attached to them and their families by moving in.

7 out of 10 people say that they would see themselves living in their existing homes in 10 years time, assuming that if their needs changed over time then they would be able to adapt their home accordingly. This level of demand is unlikely to be met by public funding and it will be important to be clear about what resources are available now and are likely to be in the future.

There is a strong attraction to the established neighbourhoods for both the Bangladeshi and Pakistani communities but there is evidence of people aspiring to move to a better neighbourhood, albeit one which already has a growing BME community.

Many people who do express a wish to move either want to move with family, usually to a larger home, or to smaller, well designed level access accommodation close to family within their existing communities. This includes some of the existing sheltered bungalows and there is a suggestion that 'clustered' moves into group sheltered schemes (in the right location) may be considered.

Over half of the people interviewed said that they would prefer to live in their own homes rather than with family, further indication that future generations of older people are more likely to consider smaller accommodation.

There was also evidence indicating that in the future renting would be a more acceptable option and that whilst owning your own home is still an aspiration the quality and affordability of social housing offers a pragmatic solution, particularly in old age.

Access to services is generally poor, although there are many instances of people needing support but not having the confidence to ask what's available. There is support for the creation of a 'Keyring' type service which would link a number of older people in a community to a volunteer/paid support worker with the language skills and knowledge to steer people towards the services they need.

Older people from both the Bangladeshi and Pakistani communities primarily look towards their family and community networks to provide for them in old age. That is something that forms a key part of the culture and values of both communities and is passed on through generations. We see from the young persons Focus Group that this will continue to be a fundamental building block of people's lives.

One very important thing that will change however is that the up-coming generations of older people are much more unlikely to be hampered by the considerable barrier of language, and that a better understanding of what services are available for older people and a greater confidence in accessing those services could lead to a significant increase in demand and take up.

Recommendations

The report makes a series of recommendations which draw from the findings and the many conversations that were held over the course of the study. Whilst some of the recommendations will be familiar their inclusion only serves to reinforce their importance to the BME communities.

Housing – New and existing

- *Further provision of large family homes in existing and emerging BME communities.*
- *Mix of affordable rent and purchase options, with consideration of a rent to buy model.*

- *Provision, new build or conversion, of smaller, 2 bed, level access, accommodation within BME communities – people will consider smaller properties in the right area.*
- *RP's working together in targeted letting of smaller accommodation in BME communities.*
- *Review numbers of older people currently under occupying large family homes as this appears to be significant.*

Housing – Adaptations

- *Focus on making better use of adapted stock within existing BME communities; incentives to move to other areas are unlikely to work.*
- *Improve understanding of cultural/religious needs when specifying adaptations.*
- *Make it more attractive to release equity to enable self funded adaptations/extensions. Be clear about the long term availability of funding and ensure proper and timely signposting towards alternative options.*
- *Increase awareness amongst BME communities of the OT services and the Equipment & Adaptations offer.*
- *Build new homes to 'Lifetime' standards.*

Sheltered Housing/Extra Care

- *Targeting of 'group' schemes that are located within established BME communities.*
- *Employing bi-lingual support staff/Manager.*
- *Consideration of holding vacancies to enable 'cluster' lettings.*
- *Sustained promotion through Community Centres and Mosques.*
- *Arranged visits to sheltered schemes/courts.*
- *Scheme facilities offer cultural sensitivity (socialising, privacy, food, washing).*
- *Extra Care staff teams need to be able to respond positively, particularly relating to gender and language.*
- *Targeted campaign aimed at 'over 60' BME households on One Point register who are actively bidding.*

Care and Support

- *Commissioners build on existing initiatives to raise awareness of care services through relationships with BME community groups and outreach staff.*
- *Maximise take up of Individual Budgets amongst BME groups.*
- *Establish mechanisms to ensure safeguarding of older people and that IB's are effectively utilised.*
- *Nurture culturally sensitive brokerage services.*
- *Help people to learn English.*
- *Bi-lingual support workers.*
- *BME focused support teams.*
- *Networking into Community Centres and Mosques.*
- *Pilot/fund, practical support services (e.g., paid for gardening, handyperson services).*

Recommendations for Aksa Homes

There is considerable evidence to support the view that people do trust Aksa, to the extent that they felt that if Aksa provided a wider range of services then they would use them. The study points to a number of things that Aksa can do;

- *There is the potential for Aksa/New Charter, through Tameside Care to provide culturally sensitive care services. Initially these could be targeted at Aksa tenants but there is considerable opportunity to expand this into a wider community.*
- *There may be services, such as gardening, window cleaning and handyman services that Aksa, through New Charter, could provide, both to Aksa tenants and to the wider community.*
- *Ensure that the two main community languages are always represented across the staff and where possible utilise the language skills of 'volunteer' tenants who have come forward as Tenant Panel members or as Researchers for this study.*
- *Forge semi-formal relationships with Community Centres and Mosques and work with other providers (Housing 21) to host open days at sheltered housing and extra care schemes.*
- *Consider offering management support to the two Housing 21 schemes located within the BME communities.*
- *In established and upcoming BME communities build larger family homes; in established communities build smaller, 2 bed, bungalows or convert existing accommodation into smaller level access homes.*
- *Do more to help existing tenants adapt their homes to meet their future needs*
- *Consider the merits of re-aligning the service around communities rather than cross community projects.*
- *Ensure that the findings of this study are reported back to the people who gave us their time and answered all of our questions.*

1.   Introduction

The population of Oldham has a growing and increasingly diverse range of older people living across the borough, all with differing needs and expectations. Numbers of older people living in Oldham is predicted to grow over the coming years, from 32,900 in 2008 to 41,900 in 2025, an increase of 27%. This will put considerable pressure on existing and future resources particularly as within that there is a 48% increase in the over 75's.

Hidden within the figure is a significant increase in the numbers of older people from Black and Minority Ethnic (BME) groups where, over a similar period of time, the population is expected to increase by 43%, and whilst the overall numbers of older people from BME groups is predicted to remain low (1 in 14) compared to the wider population (1 in 4) this needs to be set against a historical background of low take up of housing, care and support services within that population group.

In 2001, Oldham Council, in partnership with Rochdale Council, Aksa Housing, Ashiana Housing Association and St Vincents Housing Association, commissioned a comprehensive study of the housing and social care needs of the BME communities in both towns. (See Appendix 1 for a summary).

That piece of work remains the touchstone for much that has happened since in Oldham, and whilst the riots of the same year have done much to shape the cohesion agenda across the borough, questions still remain about the relative merits of providing specialist housing, care and support services which are bespoke to the BME community. (Extracts from Supported Housing Strategy 2005, Appendix 2).

In 2006, Oldham Council entered into a 30 year contract with Housing 21 under a Private Finance Initiative (PFI) to manage and maintain much of its' sheltered housing stock. By June 2012, through an intensive programme of refurbishment and new build, Housing 21 had delivered over 1400 high quality one and two bedroom homes; 312 retirement flats, 311 extra care flats and over 800 bungalows. Despite some focused effort to promote sheltered housing within the BME communities it is still the case that across their stock only a handful of homes are occupied by older people from the BME communities, and the situation is no different for other Housing Associations with sheltered stock in Oldham.

Oldham's Older Persons Housing Strategy 2011–14 recognises the wider challenges faced by the increasing numbers of older people but it is felt that there is a lack of evidence to define the emerging needs within the BME communities, particularly in the Central Oldham area. (See Appendix 3 for an overview).

This study touches on a number of reports that have been written over the last decade, all of which highlight the issues facing older people from BME communities across the country, and whilst it has to be recognised that it is wrong to assume that BME communities in London, Leicester or Birmingham can in any way be compared to those in Bradford, Middlesbrough or Oldham, there are some familiar themes emerging which are reflected in this study. One such theme is about the change that will embrace communities as second and third generations grow up at a time where the culture and values that helped shape the lives of their parents and grandparents exist alongside those that characterise life in a 'western' society.

So, in 2013, twelve years on from the Salford University research, how have things changed, and what of the predictions that across generations people's attitudes to how the housing, care and support needs of older people within BME communities will have moved on?

This study has been commissioned by Aksa Homes and the Oldham Housing Investment Partnership (a partnership between local housing associations and Oldham Council) and seeks to establish what older people from BME communities think about the provision of housing, care and support, and asks what Aksa Homes and its' partners can do to develop their services in the longer term to meet the changing needs of the growing numbers of older people within these communities.

As well as reflecting the views of older people themselves, the study also gathers the views of the next generation of older people and touches base with a number of younger people, bringing with them the views of a third generation living in times that are very different to those in which their parents and grandparents grew up.

It is important to understand that the views expressed by all those taking part in the study often reflect a very individual perception of how things are and how they will be. Collectively they will form a body of opinion that should enable providers and commissioners review their existing approaches and it creates an evidence base across the two main BME communities which can be used to map out future services. This study confirms the direction of travel it does not provide all of the answers.

2.   Aims of the Study

The study concentrates on the Central Oldham area where a number of Housing Associations have stock and where the evidence base for future provision is weak. In particular it looks to find out:

- whether people would prefer to remain in their homes and the reasons behind this.
- what barriers or constraints people face (real or percieved) of moving into specialist housing.
- issues and preferences around location, housing type, size and design.
- whether present locality and housing type matches aspiration and suggest further development in terms of numbers, tenure, size and type.
- the support needs of the local population over the next 10 -15 years.
- how Aksa Homes and other providers can adapt their services to reflect any changes in family structures and cultural/religious values.

It focuses on the needs of the two main BME communities although this is not intended to disregard the fact that older people from other communities also live within the central Oldham area, and that they too may face particular challenges in meeting their housing, care and support needs. Outside of the Bangladeshi and Pakistani communities the predominant group of older people in central Oldham is White British, and there is existing evidence to suggest that their future needs are largely known, and whilst older people from all communities can often struggle to access the services they need, people from the white community do not face the same barriers as their counterparts from within the BME groups.

There is still little evidence of older people from BME communities taking up purpose built housing, care and support services. The reasons behind this are well documented; culture, religion and language all playing their part in defining a future for older people within BME communities that is not necessarily met by services that are seen, by them, to be provided for 'other people'.

This study seeks to identify if there are changing perceptions amongst BME communities as they grow and mature, looking to the future for the next generation of older people and predicting how service providers will need to respond.

3. Methodology

3.1 Setting the Context

Whilst there is a lack of recent research into the housing needs of Asian Elders in Oldham, there is evidence of work done elsewhere across the UK. This is touched upon within this report and provides an interesting background to the conclusions that we come to as a result of our consultation in Oldham.

Throughout the study, reference is made to current local strategies that have been reviewed as part of an initial desktop exercise, notably;

- Oldham Council, Older People's Housing Strategy 2011 - 2014
- Oldham and Rochdale Housing Strategy 2012 – 2015
- NHS Oldham, Oldham Public Health Report 2010, Diversity, Health and Well Being
- Oldham Partnership, Oldham's Private Sector Housing Strategy 2009 – 2012
- Oldham Partnership, Oldham's Strategic Housing Market Assessment 2010
- Oldham Partnership, Transitional Joint Strategic Needs Assessment for Oldham 2011/12

Additionally, information from the 2001 and 2011 Census, the Office of National Statistics and the Projecting Older People Population Information (POPPI) and Projecting Adult Needs and Service Information (PANSI) databases, have helped build a broad picture of the issues facing the Pakistani and Bangladeshi communities in central Oldham.

3.2 Consultations

The heart of the study has been a consultation that has drawn in contributions from a range of community stakeholders, including strategy developers, commissioners and service providers, community groups, councillors and most importantly, through structured formal individual interviews and semi structured and informal group meetings, we have gathered the views of around 140 people from within the communities themselves. 94 individual interviews were carried out and 46 people attended Focus Group meetings.

Our approach to the individual interviews has been to appoint 9 community researchers with both the local knowledge and language skills required to be able to talk openly with people about their current and future housing, care and support needs.

A further benefit from taking this approach is to provide an opportunity for people to learn new skills that would help them gain employment or take up further opportunities in education. Additionally, as 8 of the 9 people who were appointed were Aksa tenants or lived in an Aksa property it has provided Aksa (and New Charter) with a resource that can be utilised for future project work.

All of the Researchers attended a 2 day training programme and as well as being given a list of pre-arranged contacts were encouraged to identify people from within their own communities willing to take part in the study.

5 of the researchers (4 women and 1 man) were from the Pakistani community, all being able to speak Punjabi/Urdu; 4 (3 women and 1 man) from the Bangladeshi community were fluent in Bengali.

The 6 Focus Groups were held at a number of venues, with 4 in Community Centres. 3 of the groups were attended by women, 2 by men and the sixth group was a mixed group of 8 young

people. This final group comprised of people from 3 communities; Bangladeshi (5), Pakistani (1) and Indian (2). The other groups were exclusively Pakistani.

Tenure Mix

Aksa Homes have 528 properties in Central Oldham, the majority occupied by Pakistani (179) and Bangladeshi (156) households. Of those some 167 households were headed by a person over the age of 50 and from that group people were randomly asked if they would be willing to take part. Additionally an article about the project ran in the winter edition of Aksa News, inviting people to come forward. Just over half of the sample were Aksa tenants.

The researchers themselves were set the task of balancing the tenure status of the final sample by contacting people in their communities who were not Aksa Homes tenants; people who owned their own homes, were living with relatives or who rented from another landlord, both in the social rented and private sector.

Community Mix

The Pakistani and Bangladeshi communities are by far the largest BME groups living in Oldham and it was important to try and reflect their relative numbers in the sample, which would have meant a 60:40 split. In the end the numbers of people interviewed from both communities was skewed in favour of those with a Bangladeshi heritage, with 52 people interviewed against only 40 from the Pakistani community. Also included in the consultation were 2 people who were from India and Sri Lanka. However, taking account of the people involved in the Focus Group meetings the representation across the two main communities was split 61:39.

Age Range

The study aimed to include people from 3 generations of the community and this was reflected in the interview sample being drawn from people over the age of 40 and not just those over retirement age. Younger people (third generation) were invited to a Focus Group to express their views.

4. National Context

4.1 An Overview

The housing, care and support needs of older people from BME communities has been the subject of much debate over the years, drawing conclusions that have not significantly changed for the best part of three decades.

There is wide acceptance that as BME communities across the UK age and grow they will change and develop; they will embrace their individuality whilst at the same time they will inevitably become more influenced by the wider pressures impacting on British society.

In his report '*Beyond Sheltered Housing*' (2006), Adrian Jones refers to two previous studies where the conclusions reached provide a good understanding of the issues that are still facing older people in BME communities today.

a. *'1990 Trust' Research, Patel & Patel (2005)*

- Challenges the 'they look after their own' tradition in SE Asian communities.
- Identifies lack of access to appropriate services.

- Lack of knowledge among SE Asian elders about housing associations or differences between sheltered housing and residential care.
- Need for a range of measures to support the independence of BME elders so that they can make informed choices about their housing and support needs.
- Need for mainstream HA's to take responsibility for meeting SE Asian elders support needs, whether they are accommodation based or in their own home.
- Meeting the needs of SE Asian older people shouldn't be seen as the sole responsibility of the BME housing sector (e.g. clustering within existing sheltered schemes).
- There is a lack of culturally appropriate residential and nursing care.
- Extra Care has potential to promote inclusion from the outset.

b.   *Policy Research Institute on Ageing and Ethnicity (PRIAE, 2004)*

- Numbers of BME elders will increase significantly in the next few decades.
- There is a history of under-developed services in the BME elderly sector, concentrating on underfunded and unsupported community and voluntary organisations, which have become the primary providers of information and services to BME elders.
- BME elders would use a range of social and health care services if they were appropriate, accessible and adequate to their cultural and social needs.
- The stigma of BME elders being isolated in sheltered housing needs to be overcome.
- Housing BME elders in small, shared language and culture groupings in selected schemes would help.
- Many BME elders would prefer 2 bed homes rather than the typical 1 bed sheltered flat, both to enable other family members to visit or to use to meet their needs.

The *'Beyond Sheltered Housing'* report goes on to look at possible strategies that service providers could consider to improve the availability and take up of culturally appropriate services.

- Specialist organisations providing support services into sheltered schemes managed by other RP's.
- Linkages to specialist care providers – offering packages of support.
- Providing at culturally sensitive floating support service to Asian tenants in the wide community, utilising sheltered housing as a hub for some communal service/activity.
- Potential for more 'outreach' work into BME communities through Telecare and mobile 'wardens', in partnership with BME voluntary sector groups.
- Better channelling of advice and information through BME voluntary sector groups.

Making it Work for Us – Residents Inquiry into Sheltered and Retirement Housing – Age UK

More recently a report commissioned by Age UK touches on the take up of sheltered housing by people from BME communities. It signals a move away from schemes that target a specific group of people, and suggests that given the availability of funding the days of building something for a specific community are pretty much over.

On information and awareness it suggests that BME Elders are facing the same issues now as they were nearly 30 years ago, a lack of understanding amongst BME elders as to what options are open to them. But it does qualify this by reminding us that is also true of older people generally. It re-iterates the need to listen to what people want and develop those services and not assume that people will just fall into what is provided.

Recommendations from this publication include;

- Cultural and ethnic needs should be incorporated into mainstream retirement schemes in consultation with the local community. The design and location need to meet the requirement of different cultural groups.
- Service providers need to gain a better understanding of the cultural needs of different ethnic groups.
- Service providers should develop schemes based on evidence and should properly assess local needs.
- All older people, including BME groups, should be involved in the design of schemes/services.
- Services should be more proactive within BME communities in promoting their services.
- Providers should employ people from diverse ethnic groups and ensure that all staff have cultural awareness training.

4.2   Current Levels of Provision

There are some very good examples across the UK where BME communities have come together and worked with service commissioners and providers to create very real choices for older people living in their communities but the fact remains that whilst the numbers of people from within BME communities is increasing there are a limited number of examples of *suitable* housing, care and support options around to sustain that growth. It could be argued that this is a more general problem for older people from all communities but the counter to that would be that for BME Elders the start point is much further back than for the wider elderly population.

Looking at the Elderly Accommodation Council database there are just 56 sheltered housing schemes across England that claim to cater for the SE Asian community. Of those, 38 are in Greater London and just 4 are in the North West. Of those 4; one in Liverpool is targeted at the Chinese community, two in Lancashire are located in areas where there are high numbers of older Asian people but this is not reflected in the schemes, the fourth scheme, Khubsuret House, is in Rochdale.

Khubsuret House, Rochdale – St Vincents Housing Association

Built in 1995 in the heart of an established Asian Community
33 x 1 bed flats
Bi-lingual Scheme Manager
Communal Prayer Room
Gas supply to flats
Baths with showers to each flat

Currently around 80% of tenants from BME communities, largely Pakistani but also Bangladeshi and Black Caribbean.
Scheme Manager has been there for most of the last 18 years.
Well established in the community and links to network of culturally sensitive services.

http://www.housingcare.org/housing-care/facility-info-13405-khubsuret-house-rochdale-england.aspx

The EAC database reports just 3 extra care schemes built specifically for Asian Elders, two in Birmingham, one in London (Sonali Gardens – over).

Sonali Gardens – Tower Hamlets – Sanctuary Care

30 x 1 bed & 10 x 2 bed flats
Located in an area with 50% Bangladeshi population.
Communal facilities include a mosque on the first floor and there are several lounges around the building so that men and women can meet separately.
Design and decor around needs of older people and reflecting SE Asian culture.
All staff are Bangladeshi and speak Bengali.
36 residents reliant on this.

http://www.housingcare.org/housing-care/facility-info-87490-sonali- gardens-tower-hamlet england.aspx

Turning to Care Homes there are 21 Residential Care Homes and 14 Residential/Nursing Care Homes which claim to provide culturally sensitive services to older Asians. Again the majority of homes (10 and 8) are in Greater London. There are 2 Residential Care Homes in NW (Rochdale & Preston) and 2 Residential/Nursing Care Homes (Manchester and Preston). This is not to say that there are not people from SE Asian communities living in other, mainstream, sheltered housing, extra care and care homes. There are many such developments across the UK, often located within established BME communities, where providers work hard to make them attractive to local people.

5. Local Context – Strategic Overview

The riots that shook Oldham in 2001 revealed segregated communities and when racial tensions erupted in violence in Glodwick and the surrounding area it moved the Council and its' partners towards a more pro active approach, promoting community cohesion and adopting a long term approach to healing the economic and social decline of the borough.

Over the last 12 years this approach has resulted in incremental improvements in the social fabric of the town, but unemployment and failing businesses continue to impact on communities, particularly those in Central Oldham. It is in these areas where Asian communities prop up a housing market dominated by some poor quality terraced housing.

In other parts of Oldham, all communities face similar and sometimes worse problems, but it is in the most deprived parts of the town; in Coldhurst, Westwood and Glodwick where people face the biggest challenges, the areas where the Bangladeshi and Pakistani communities are most heavily concentrated.

5.1 Older People's Housing Strategy 2011–2014

The Older People's Housing Strategy outlines some key challenges currently facing providers in Oldham. For a summary see Appendix 3.

The vast majority of older people in Oldham own their own home, but with the end of Housing Market Renewal there is less funding around to improve housing conditions with a shift away from grants and loans towards self funding through equity release. A high proportion of private housing stock (28.5%) are pre-1919 terraces, many suffering from disrepair, lack of modern facilities, poor accessibility and low energy efficiency. There is an urgent need to provide a more integrated home improvement agency with more emphasis on advice, prevention and signposting.

This is supported through the findings of the Private Sector Stock Condition Survey:

- 25% private households headed by older person (65+);
- 12,000 private sector households with a Long Term Limiting Illness;
- 8000 households have mobility problems, two thirds are not adapted;
- High demand for aids and adaptations (stair lifts/bathroom conversions);
- 51% of all owner occupiers in non decent homes are economically vulnerable (a high % of these are older people);
- Equity levels high with the potential for equity release;
- 28% older households are prepared to self fund support/adaptations;
- 32% older households are interested in other support, (booklets, maintenance service, small grants scheme).

There is a need to ensure the best use of existing stock, particularly the 1450 homes improved and provided under the Sheltered Housing PFI. Whilst overcrowding remains a significant issue for many BME families there is also increasing evidence of older people living in property that is too big for their needs, and whilst the same pressures to downsize imposed by the recent Welfare Reforms do not impact on older people in the same way as those of 'working age', there is a good supply of purpose built, affordable options.

A specific challenge outlined in the strategy is to identify barriers that prevent older BME residents to access sheltered housing. The strategy identifies a number of assumptions that this current study considers:

- Awareness of Sheltered housing amongst BME groups is limited;
- Sheltered would meet needs but that location/family support was more important;
- The belief that Asian families look after parents within their homes may no longer to apply;
- Preference for bungalows;
- Language/ the concept of bidding/lack of culturally sensitive general help & support are all barriers to access housing;
- There should be more promotion of sheltered housing.

In recent years there has been a concerted effort to raise awareness of sheltered housing and to improve access through One Point, the study tests out how effective this has been.

5.2   Joint Strategic Needs Assessment (JSNA)

The JSNA provides a broad understanding of the relationships between housing, health and social care.

(a)   Population

Oldham's overall population profile is changing. The proportion of people from white backgrounds decreases from 80.6% in 2012 to 75.4% in 2022 and the proportion of Pakistani/Bangladeshi heritage populations increases, reaching 10.2% and 9.2% respectively.

Table 1: Numbers of People with an Asian heritage living in Oldham (includes Indian)					
	55-64	**65-74**	**75-84**	**85+**	**All**
Numbers of people over 55	1318	898	324	54	2594
% of total population over 55	5.16%	5%	3.13%	1.28%	4.47%

Source: POPPI/PANSI (statistics from ONS 2009)

Numbers of Pakistani people over 65 will double by 2022 and numbers of older Bangladeshi people will also increase. This will lead to increased demand for aids and adaptations, personal care and appropriate housing and will have a considerable impact on carers, particularly older carers.

Growth in younger BME population will put pressure on existing households which are already experiencing overcrowding. This might 'push' older people to other housing options.

Oldham's Bangladeshi and Pakistani communities live primarily in the wards surrounding the town centre. As the numbers of people within the two communities has grown the areas where they live has expanded.

The Pakistani community lives in two main areas, Werneth and St Mary's but as the population has grown in size there are now significant clusters of Pakistani residents in Alexandra, Medlock Vale and Waterhead. The Bangladeshi community primarily lives in Coldhurst but as the population increases there are now clusters of Bangladeshi residents in Chadderton North and Werneth. (See Maps Appendix 5 – Census information 2001 & 2011)

(b) **The Well Being of Communities**

The parts of Oldham with the greatest levels of deprivation are also those with the highest proportions of people from the BME communities. There are 5 Wards which fall within the 5% most deprived in England (IMD 2010) and one, Coldhurst, falls within the top 1%. In Coldhurst 64% of the population are from BME groups, predominantly Bangladeshi; St Marys has a BME population of 58%, Alexandra 25% and Werneth 66%. (See the Maps in Appendix 5).

Households within the Pakistani and Bangladeshi heritage communities are more likely to have low incomes, particularly in Coldhurst and St Marys Wards.

23.4% of people over 60 live in deprived households; this increases to more than 60% in some areas of Coldhurst and St Marys. The knock on effects are that people find it harder to heat their homes, eat healthily and less able to maintain social networks, all leading to greater isolation.

It is felt that the need for housing services related to an ageing population together with support to live independently will increase, as will demand for supported and residential accommodation. Within BME communities there will be more impact on HIA activity with increasing demand for aids and adaptations. It is also felt that there will be a continued need to supply larger family accommodation, with room for elderly relatives

(c) **Individual Health and Wellbeing**

There is an assumption often made that health and well being within BME groups is always worse than the population generally. But health disadvantage associated with BME groups does not just result from different racial and cultural backgrounds but is as much to do with physical environment, socio economic disadvantage, education and access to services. Nonetheless the JSNA points to a number of features that are prevalent within BME communities.

- Higher than average incidence of people living with Long Term Conditions.
- Early identification still an issue and support could be better.
- More support is needed for carers.
- There is a high incidence of mental health problems in Alexandra, Coldhurst and St Mary's Wards.
- An increasing incidence of Dementia.
- Pakistani and Bangladeshi communities show consistently low levels of participation in physical activity.
- BME communities are less likely to eat healthily and there is a greater incidence of obesity.

(d)   Care

Across all communities it is accepted that the full extent of care and support being offered to and taken up by older people is understated, largely due to the 'hidden' care and support being provided informally by families, friends and neighbours and nowhere is this more so that across the BME communities.

Take up of services is very low, there are very few Asian people living in residential/nursing care homes, take up of sheltered housing is very poor and there are no Asian residents in living in Extra Care. Across Oldham the take up of Day Care is declining generally but again these services are not used by the older Asian community.

Services do reach out into the BME communities with staff from the Neighbourhood Access and Prevention Service working closely with Community Centres to raise awareness and signpost towards appropriate providers.

There is evidence of older people from the BME community taking up 'agency' care services but there is a sense amongst providers that care commissioners make too many assumptions about the role of the family in providing care and support and that family is often left in a difficult situation, without the support they need from 'professional' services.

Our study demonstrates that it is still the case that the care and support needs of older people from the Bangladeshi and Pakistani communities are mostly met by family, and it is not expected that this will change greatly into the foreseeable future. However, with an increase in the numbers of older people needing specialist care and support, for example those living with dementia, there will be increased pressures on families that will push them towards seeking help. The challenge is to ensure that people do not feel that by asking for help that they have in any way failed and that the help they get is culturally sensitive.

The take up of Individual Budgets to fund personal care services is higher in Oldham than any other Greater Manchester Authority, and this is particularly encouraging for BME communities where the take up of IB's is popular as they are then able to appoint their own Personal Assistants to provide care and support.

Perhaps the down side of this however is a concern expressed by some care providers that; there is a lack of accountability to ensure that IB's are used for the purpose they are awarded, that the brokerage of IB's is not effectively resourced and that there is considerable potential for financial abuse on the part of both cared for and carer alike.

5.3   Strategic Housing Market Assessment (SHMA)

The final words in the strategic overview are on housing supply, and on the conclusions drawn from the SHMA.

- Oldham has significantly higher proportion of BME residents than the NW and England generally;
- The proportion of older people (over 60) living in income deprived households is disproportionately high;
- People living in the inner areas of Oldham are unlikely to be able to afford to purchase properties in the borough;
- Oldham has a high proportion of terraced housing (highest in Greater Manchester);
- Need for larger family houses, high levels of overcrowding in inner areas, particularly within BME communities;
- Increased demand for large family and supported housing;
- Existing large family housing (4 beds+) has low turnover and very high demand for vacancies;
- Although small in number older people from BME communities more likely to have heath related problems and need level access/purpose built housing.

6. Consultation

6.1 Stakeholder Consultation – Commissioners/Providers

As well as gathering the direct views of people from within the two communities it is important to understand how the people who are commissioning and delivering housing, care and support services see the needs of the Bangladeshi and Pakistani communities being met.

A series of individual interviews were held with a number of key stakeholders, and whilst there will always be people who feel that there should have been an opportunity for them to express their opinions the scope of this research has not allowed for a major consultation exercise. If anything the outcomes of this 'snapshot' study will promote further debate across a wider audience.

The views expressed by the people interviewed are reflected below. Again it is important to stress that the study simply seeks to capture a snapshot of peoples' perceptions.

6.1.1 Views on the Needs of Older People

(a) On Housing Need:

- Demand for adaptations to existing properties is high, more so in the private sector.
- High levels of disability, across age groups, puts considerable pressure on limited budgets.
- There is a mismatch in the supply of adapted properties and the demands placed by BME families to remain close to their communities. Incentivising moves to adapted properties may not be enough.
- Within the owner occupier sector equity is locked away in the property but that there is a willingness to release some of this to fund adaptations.
- There needs to be greater awareness about the cultural and religious needs which should be considered when making decisions about adaptations. For example somebody with limited mobility will need a low, shallow basin to wash their feet, 'wudu', in preparation for prayers.
- Under-occupation is a real issue and despite concerted efforts to encourage downsizing this has not impacted greatly on the BME communities.
- It is a myth that all Asian families aspire to own their property. Renting is seen as acceptable, particularly in the Housing Association sector, although a rise in Asian private sector landlords is also having an impact.
- Being able to buy your home is still important for many.

(b) On Care and Support:

- Cultural issues still prevalent – there is an expectation to care for parents, elderly relatives, and potential shame on those who don't.
- However with people living longer is this increased pressure on family structures ... increasing numbers of **4** generation households.
- On care side very few Asian clients, those that do have Asian carers.
- Caring for elders still a priority but okay to get help.
- What others think is still important.
- Individual Budgets are welcome if they are managed effectively and their use is monitored.

6.1.2 Views on Sheltered Housing

- Concept doesn't translate that well – in Oldham.
- Sheltered Housing 'offer' better than it was (Halal catering, Prayer Rooms).
- There has been a shift in thinking following awareness raising by RP's notably Housing 21.
- Location is crucial – Shield and Villiers Close, Primrose Bank, Werneth.
- The way people live doesn't fit with Cat 2 living, the need for additional space within the home that can be used flexibly as family comes and goes (and stays).
- 'Group' schemes may work if there is flexibility of use and they are located within communities.
- Extra Care – too complicated to access, just simply not on the radar.
- Questionable if frailer BME elders are visible to Social Services?
- The fact that only a handful of people live in 'sheltered', and that most of them do not live in the Cat 2 schemes, is testament to the fact that people just don't want to live there.
- Increasing awareness will help future generations understand what it is, but won't necessarily mean that people will want to live there.

6.1.3 Views on Future Needs

(a)   On Housing Need

- There will be continued demand for larger family homes, within which older people will continue to live with their families.

Recently completed 4/5 bed homes on Primrose Bank, Coppice attracted on average 113 (4 bed) and 73 (5 bed) bids from families wishing to move in. A large percentage of these were from Pakistani households. At Dew Way, Westwood there were similar numbers of bidders, 165 on the 4 beds and 73 on the 5 beds, these mostly from the Bangladeshi community.

- There are some older people who lack family support and for them sheltered housing may be an option. Providers should consider 'group' lettings of flats in schemes that fit well with the existing Bangladesh and Pakistani communities.
- Different housing options should be considered; self build, 'granny' flat extensions, 2 bed bungalows.
- Build new or adapt existing properties which provide level access accommodation that is clustered around a support service that can be funded by pooling personalised budgets.
- Housing Associations should work together to 'pool' smaller accommodation in BME communities and target them for older people.
- For those wishing to buy there may be a role for culturally sensitive 'credit unions' and Housing Associations/others should consider rent to buy opportunities.
- There will be movement within and across communities as people aspire to live in 'better' neighbourhoods, but usually where there is already a BME community.

(b)   On Care and Support

- Care and Support will continue to fall to family and there will be low take up of statutory services.
- Potential to 'connect' older people living alone within a local area by establishing a 'keyring' model which is culturally sensitive to the needs of the Asian communities.
- Advice and Support needs to be culturally sensitive.

- Currently services are less effective in reaching out to BME communities and this requires more focussed resources.
- Key is to link into existing Asian networks, Mosques, Community Centres.
- Providers need to develop a menu of service options that reflect the needs of local communities, extending to the provision of gardening, handyperson and other 'practical' support services.

6.1.4 Accessing Social Housing

There was a concern that access to social housing was limited by the fact that people from the two communities were unaware of the council's choice based lettings scheme, One Point. Considerable work has been done over the last few tears to improve access and taking a snapshot of the current register of applicants is encouraging. However, there are still few people bidding on sheltered housing vacancies, particularly in 'group' schemes.

On 23 April 2013 there were 115 Bangladeshi and 80 Pakistani applicants over the age of 55 registered with Oldham's Choice Based Lettings scheme, One Point. Of those 195 applicants there were only 81 who have been actively bidding for properties. Table 2 shows that the majority of applicants are bidding on larger properties, 3 and 4 bedroom houses, with only 7 people bidding on bungalows and 15 on 1 bed flats.

Table 2: Registrations with One Point	
Property Type	**Numbers Placing Bids***
1 bed bungalow	4
1 bed flat	15
2 bed bungalow	3
2 bed flat	5
2 bed house	19
3 bed house	26
3 bed maisonette	1
4 bed house	31
5 bed house	6

*applicants have placed more than one bid, total number of bids 110

If we look specifically at bidding on 'sheltered' properties then during the first three months of 2013 there were 59 'sheltered' vacancies in Oldham, across the 'group' sheltered schemes and stand alone 'Cat 1' property. 10 of these properties attracted at least 1 bid from a BME applicant and three of them (below) attracted more than one bid, all from Bangladeshi applicants. The same three applicants applied for both Cypress Ave bungalows.

| Table 3: Bidding on Sheltered Bungalows/Flats			
	Property Type	**Bids from BME Applicant**	**Total No of Bids from People over 55**
23 Apfel Lane, OL9	1 bed flat	2	14
39 Cypress Ave, OL9	2 bed bungalow	3	51
49 Cypress Ave, OL9	2 bed bungalow	3	56

6.2   Community Consultation

6.2.1   Profile of People Interviewed

(a)   Households

The team of nine Community Researchers interviewed a total of 94 people over a period of six weeks during March and April 2013. 40 of the people who were interviewed did not have a partner and in most cases lived with family. Of the 54 people who had a partner living with them only 3 were interviewed together, in the other 51 interviews were carried out with one partner.
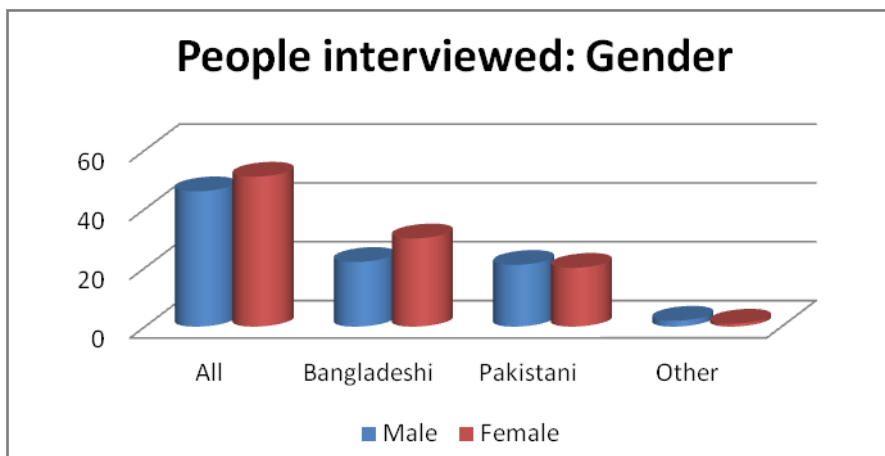
Chart 1: People Interviewed
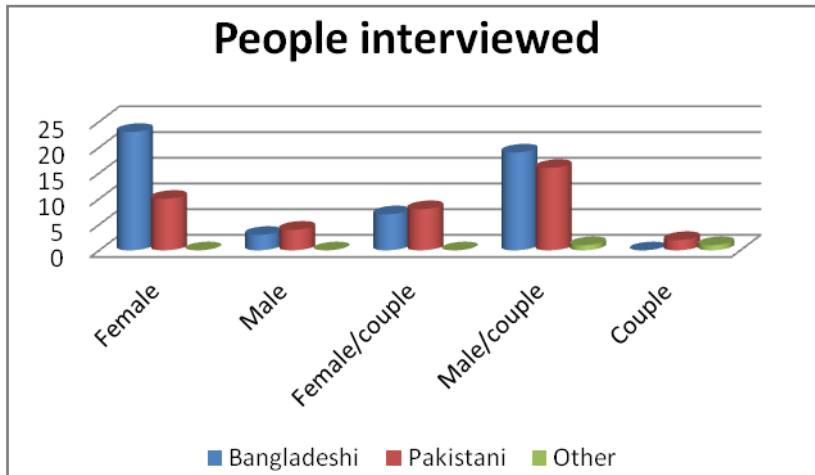
(b)   Gender

Overall, the majority of people interviewed were women, although this was different across the two main community groups with more Pakistani men than women being represented. This is offset by a higher number of women being interviewed from the Bangladeshi community.

*Chart 2: People Interviewed (Gender)*

(c) **Ethnicity**

Over half of the people interviewed came from the Bangladeshi community which is not a true reflection of the relative numbers of each community across Oldham, where Bangladeshi people represent around 40% of the BME population. However, in the past it has been felt that the views of the Bangladeshi community are less well known, and that consequently it is valid to have higher numbers within the interview group. Also, as the Focus Groups were largely attended by people from the Pakistani community, a fair balance is achieved across the wider study.
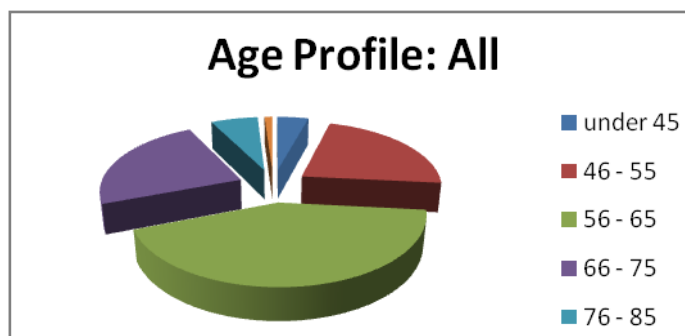
Chart 3: Ethnicity
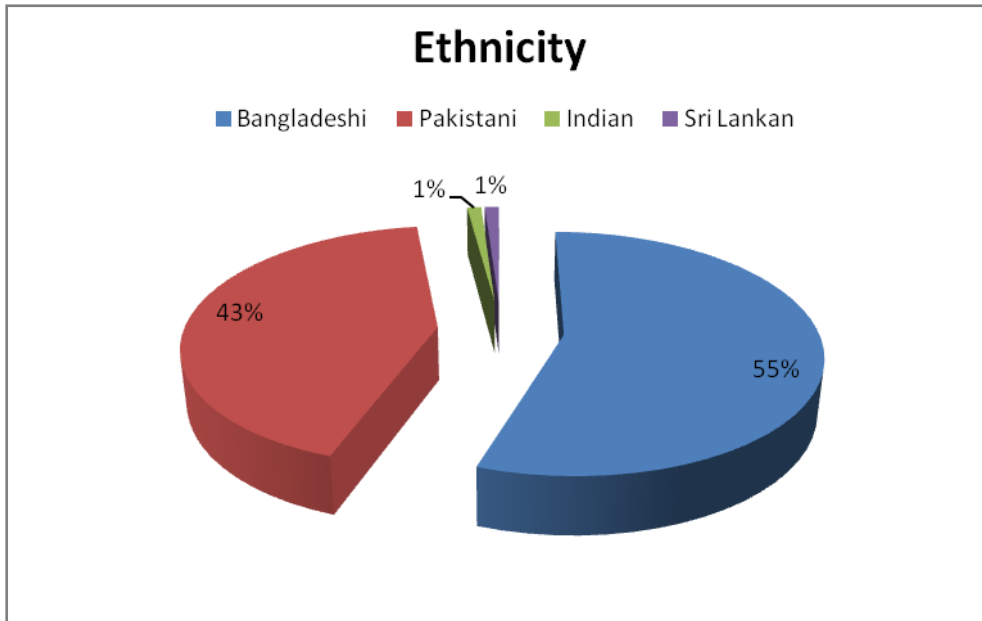
(d) **Age Profile**

The study looks at the current and future needs of older people in the Asian community and to reflect that the interviews were targeted towards two key groups; older people (over 55) and those approaching old age (40+). Charts 5, 6, 7 and 8 show how this age range is represented by ethnicity and by gender.

Chart 4: Age Profile (All)

Chart 5: Age Profile (Bangladeshi)
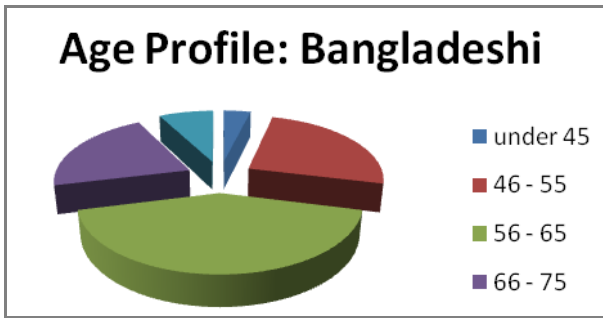
Chart 6: Age Profile (Pakistani)

Chart 7: Age Profile (Men)

Chart 8: Age Profile (Women)

(e)   Main Language

People were asked about the language that they felt comfortable talking in rather than about the languages they spoke or could understand. Language remains on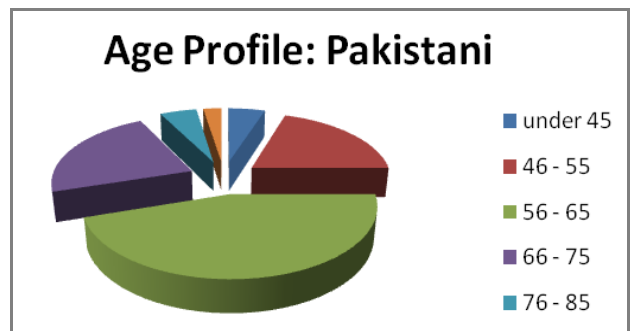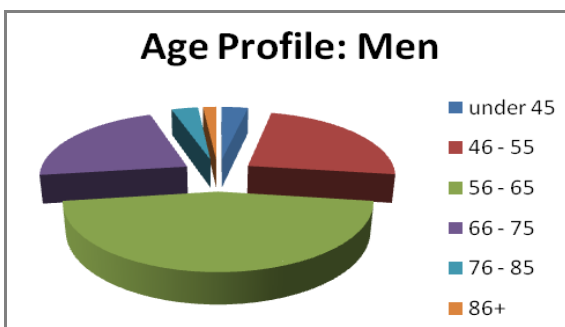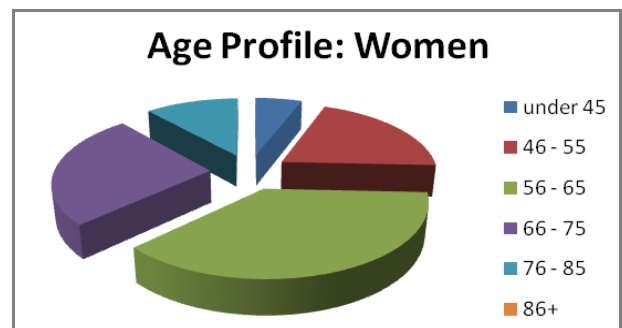e of the main barriers to many within the BME communities in accessing services. Across both communities, and particularly in the Bangladeshi sample, the majority of people felt most comfortable in their native language (Table 4). Whilst this is not shown in the table the language barrier was more of an issue for women than men.

Table 4 : Preferred Language				
	Total	**Bangladeshi**	**Pakistani**	**Other**
English	7	1	6	0
Bengali	51	51	0	0
Pahari	1	0	1	0
Punjabi	17	0	17	0
Urdu	17	0	17	0
Tamil	1	0	0	1

A lack of confidence was often cited as a reason for not asking about services that are available, a basic understanding of English was simply not enough.

Language continues to be a fundamental barrier preventing older people from BME communities accessing services.

(f)   Tenure Status

Over half of the people interviewed were Aksa tenants in Central Oldham with a further 9% being tenants of other Housing Associations (RP's – Registered Providers).   Owner Occupiers made up the just under a third.

Chart 9: Tenure Status of Sample
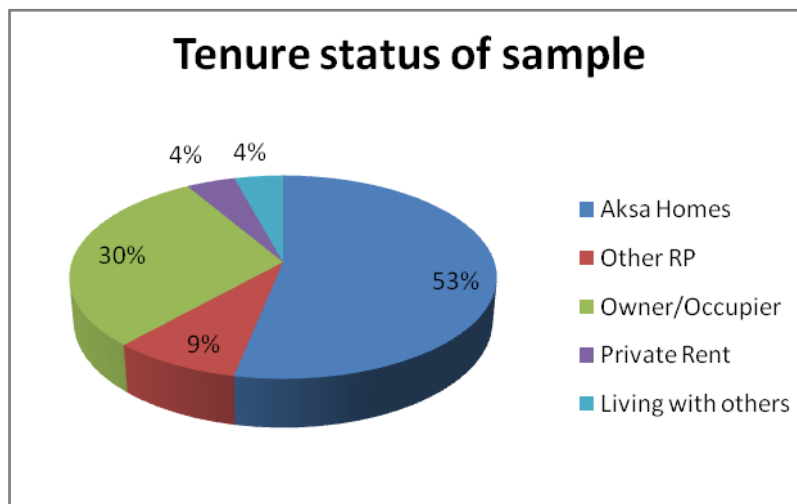
Chart 10: Tenure and Ethnicity

There were more Aksa tenants interviewed from the Bangladeshi Community than the Pakistani, and this is mirrored across other RP's but in the owner occupier group equal numbers from each community were included. The 8 people interviewed who were living with others or renting in the private sector were all Bangladeshi.

6.2.2   Health and Well Being

People were asked about how they coped with a range of day to day tasks, whether their existing home suited their needs and what they felt would make living there easier for them.

(a)   Mobility

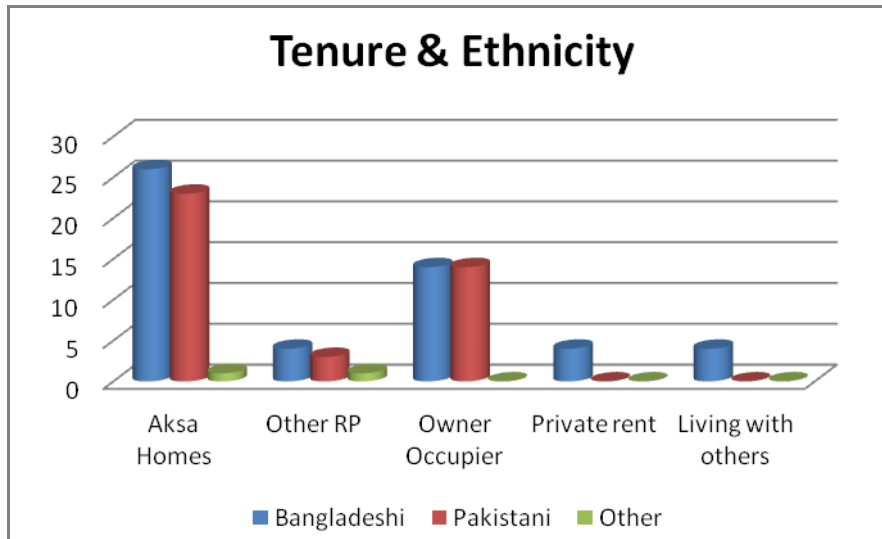On mobility, people were asked to say how well they coped with certain activities, including climbing stairs, walking to the shops, bathing, lifting and carrying. Based upon their own assessments people were then defined as having **good** mobility if most of these tasks were easy or fairly easy; **OK** if they said that for most they just manage; and **poor** if they found more than one task fairly or very difficult. Chart 11 shows the responses given. The study sample includes 38 people under 60, and across this group only 8 (21%) have poor mobility. Over 60 this rises to 64%. All of those with poor mobility say thay they have some (15 people) or significant (29) care and support needs.

Chart 11: Mobility
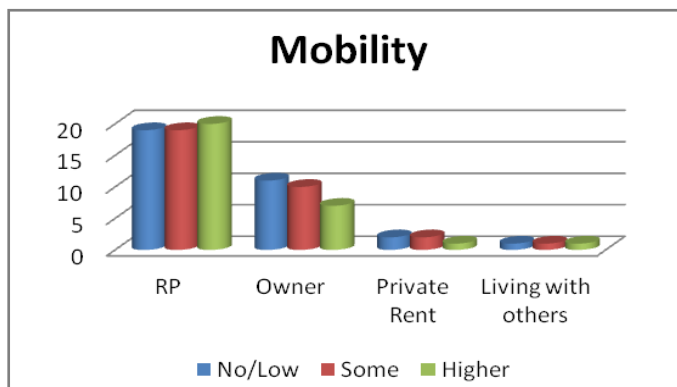
(b)   **Care and Support Needs**

We asked people if they either had or needed help with anumber of every tasks; 'domestic' tasks such as housework, cooking and cleaning; and personal care tasks such as bathing and washing, getting in and out of bed and dressing.

The reserach team simply recorded what people told them and from that a very broad assessment is made of people's own views of need. The results are only meant to give a flavour of how people feel and do not necessarily represent how this might look if full professional care and support assessments were in place. People saying that they needed no support or needed a bit of support on domestic tasks were classed as having **no/low need;** those saying that they had or needed help with a number of domestic tasks were deemed to have **some need;** and those saying that they had or needed help with both domestic and personal tasks were classed as having **higher need.**

Chart 12: Care and Support Needs
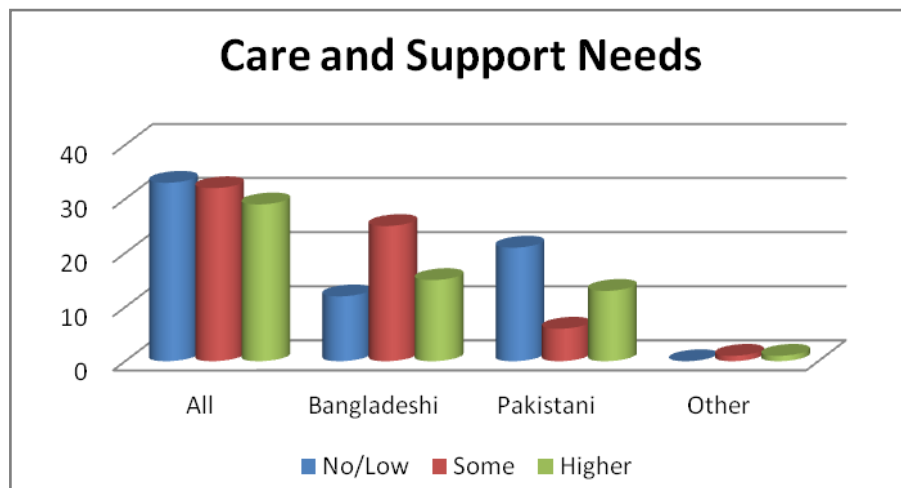
Again, the number of people under 60 does impact on the results shown in Chart 12 above with 23 of the 33 people with no/low needs being under 60. Care and Support needs appear to be greater within the Bangladeshi group and just over 50% of the Pakistani group say that they have no/low needs.

In all but one case, care and support was provided by family members, either those living with the person or by family and neighbours living close by.

'My home is in the middle of an Asian community. I have my daughters nearby and my neighbours are always here to look after me................if I moved I would move in with my daughter as she already takes care of me, they have always wanted me to live with them' (Pakistani woman).

Indications are that this is something that will not change significantly in years to come and as long as family are around it is felt that they will continue to provide care and support.

'Who knows what the future holds but if my wife and children are around then I'm sure that they would look after me' (50 yr old Pakistani man).

Chart 13, the breakdown of care and support needs by tenure type, shows that people with some or higher needs are more likely to be living in housing association properties. This

may be a reflection of the fact that these properties are potentially, though design or adaptation, better suited to their needs.

Chart 13: Care and Support Needs (Tenure)
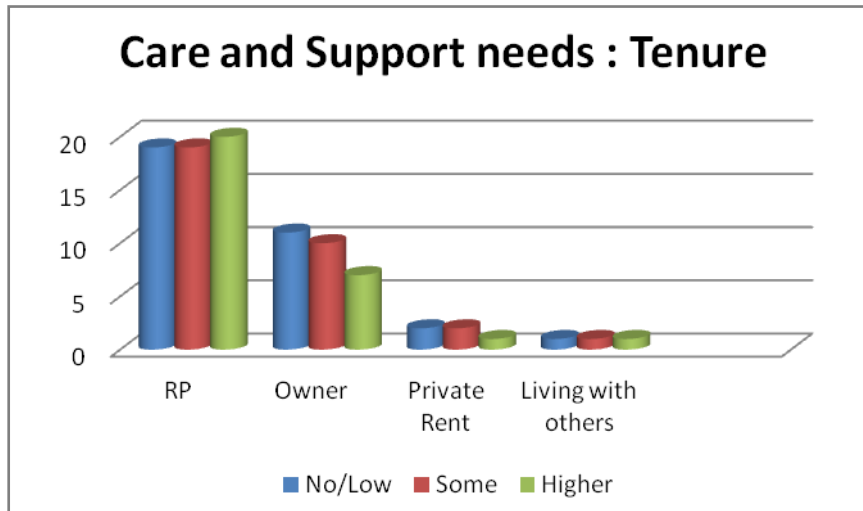
6.2.3 Economic Status

Across the sample this was an area where most of the people asked were either reluctant to give full answers or they simply were not aware of the detail we were asking. Chart 14 shows the spread of **retired** being the predominant description of people's current economic status. However, amongst those under retirement age a large number were **unemployed** or classed themselves as **other, not working** (mostly women). Only 9 (just under 25%) of those of working age were in full or part time work.

Chart 14: Economic Status
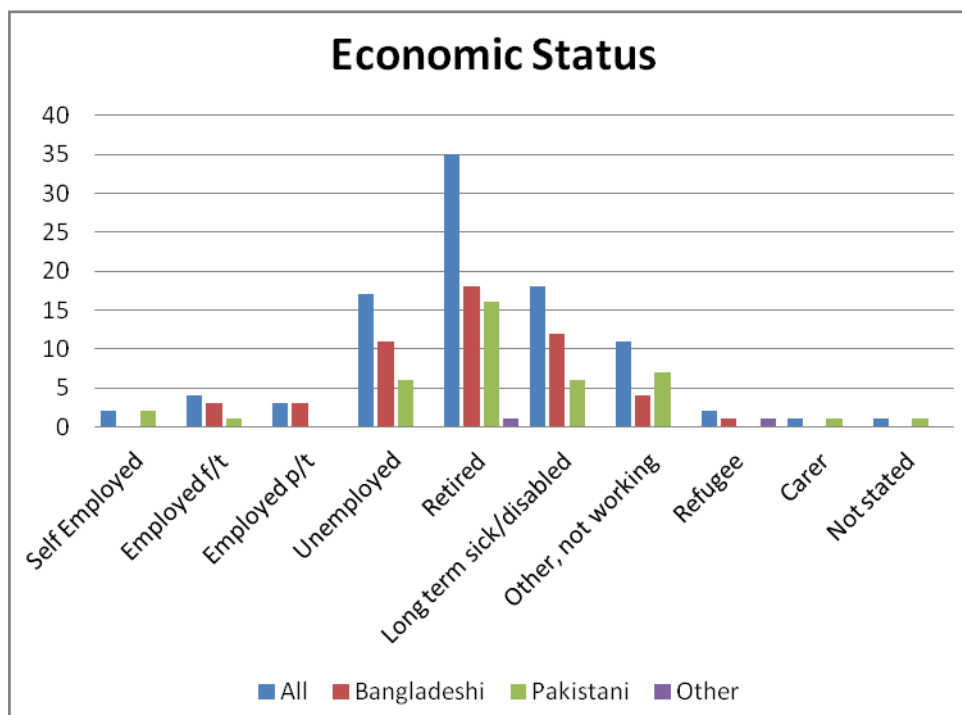
(a)   Household Income

People found this a particularly difficult topic to discuss as they were either wary of the reasons for asking this question or they simply didn't know because they had little or nothing to do with household finances. 40 of the 94 people interviewed either didn't know or refused to give an answer to this question.

This was particularly the case when talking with both Bangladeshi and Pakistani women, and where the interviewee was living in a large household where the incomes of other family members were not known.

Chart 15 shows that where people were able to give an idea of household income, net of any benefits, the majority have incomes of less than £100/week with only 1 person with an income in excess of £500/week.

Chart 15: Household Income (Net of Benefits)
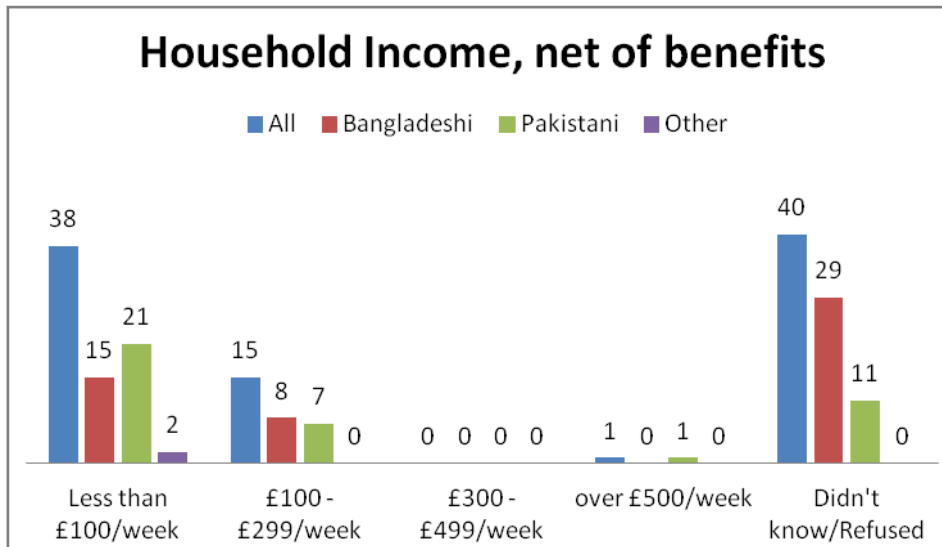
(b)   Benefit Dependency

The term 'benefits' is purposely broad as people were largely quite vague about the benefits they received, both in terms of a reluctance to talk about the subject or because they simply were not aware of the detail as it was 'somebody else' who managed the finances. Specific reference was made to housing benefit, council tax benefit, Pension Credit, Job Seekers Allowance and Income Support.

Chart 16: In Receipt of Benefits?
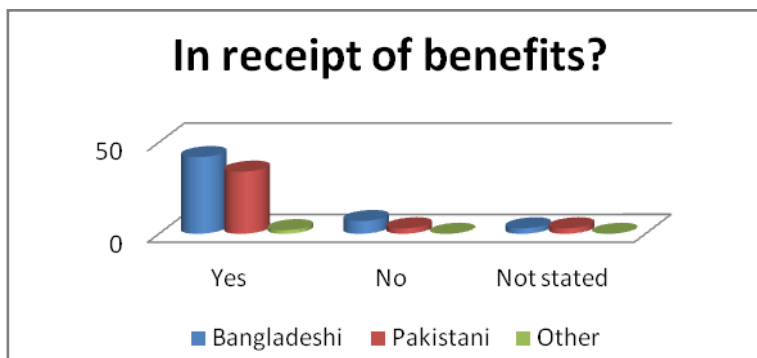
Overall 88% of people responding to the question claim one or more benefits, this being higher within the Pakistani group (92%) than the Bangladeshi group (86%).

We were particularly interested about those in receipt of benefits relating to a disability or care and support need, Attendance Allowance and Disability Living Allowance (Personal Independence Payment). 21 people mentioned that they received a benefit because of their care and support needs, 10 Bangladeshi, 11 Pakistani. It was interesting that 19 of the 21 people who are in receipt of benefits because of their care needs currently live in property rented from a Housing Association.

6.2.4   Where People Live

Describing a 'place' will often come down to who you ask. For example, Westwood is a neighbourhood that many people will be familiar with but the neighbourhood falls within the Coldhurst Ward, within the OL1 postcode and it straddles a number of Lower Super Output Areas (geographic units used for neighbourhood statistics). We have used postcode to analyse where the people we interviewed live as that is a flag that most people will be familiar with.

Chart 17: Postcode (Ethnicity)
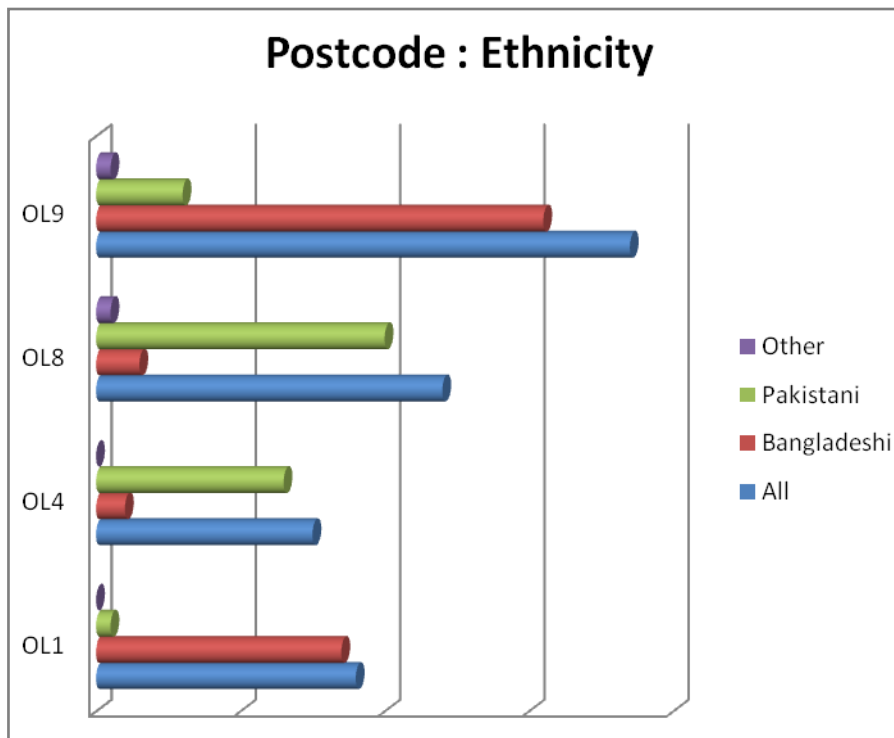
It is clear that there are still parts of the town where both Bangladeshi and Pakistani communities prefer to live, with the largely Bangladeshi neighbourhoods of Chadderton and Westwood in OL9 and OL1 and the largely Pakistani neighbourhoods of Glodwick and Coppice in OL4 and OL8, although the is some mixing of communities across all areas. This is expressed more clearly in Chart 18.

Chart 18: Postcode Distribution of Survey Sample
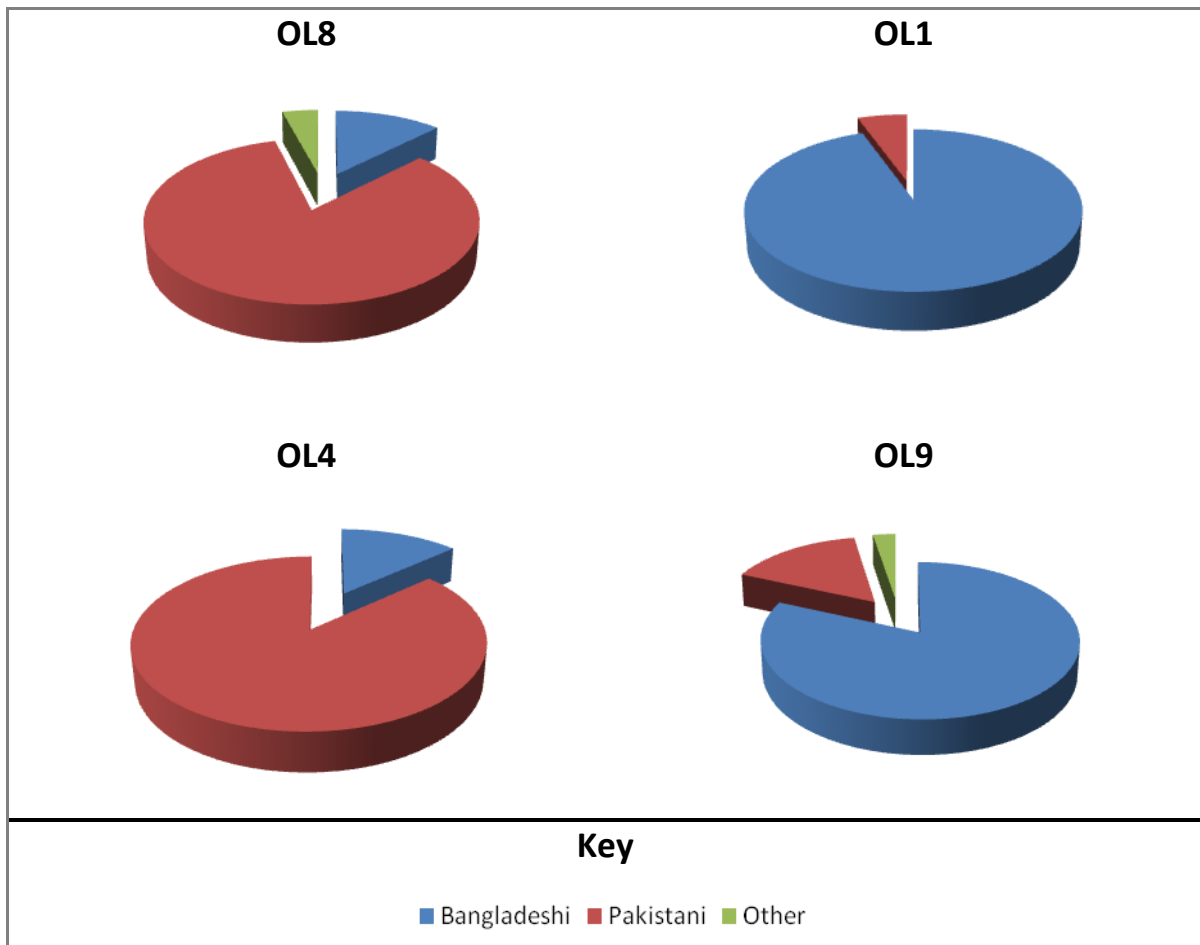
It is clear from the interviews that alongside family the community remains a significant factor influencing where people want to live. Not only is the local neighbourhood the place where many family members live it also provides for the specific cultural and religious needs of each community and importantly it feels safe to live there.

There was little evidence, amongst those interviewed, of movement beyond established communities and whilst census data shows communities are growing at the periphery, older people are less likely to move into new areas.

(a) Current Housing

People were asked to tell us how satisfied, or not, they were with their existing accommodation (Chart 19). Overall just less than 75% said that they are satisfied, 13% are dissatisfied and the rest either didn't say or are neither satisfied nor dissatisfied. There are no significant differences between the two community groups, although there are a higher number of 'very satisfied 'people within the Pakistani group.

Chart 19: Satisfaction with Current Home
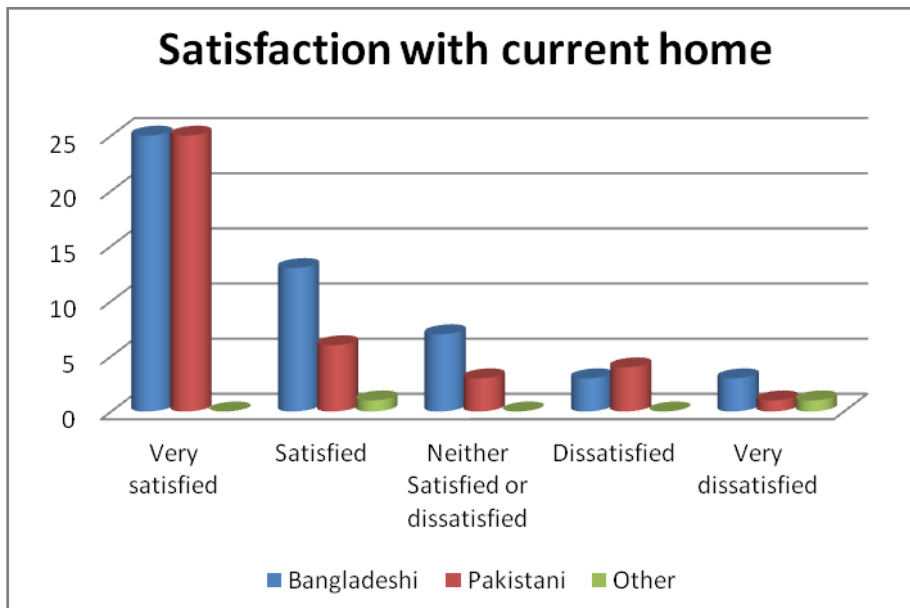
It is possible that the high numbers of people living in Housing Association accommodation does impact on this result, with 58% of those who are 'very satisfied' coming from that sector, but nevertheless high numbers of owner occupiers also express satisfaction with their homes. (Chart 20).

Chart 20: Very Satisfied (Tenure Types)
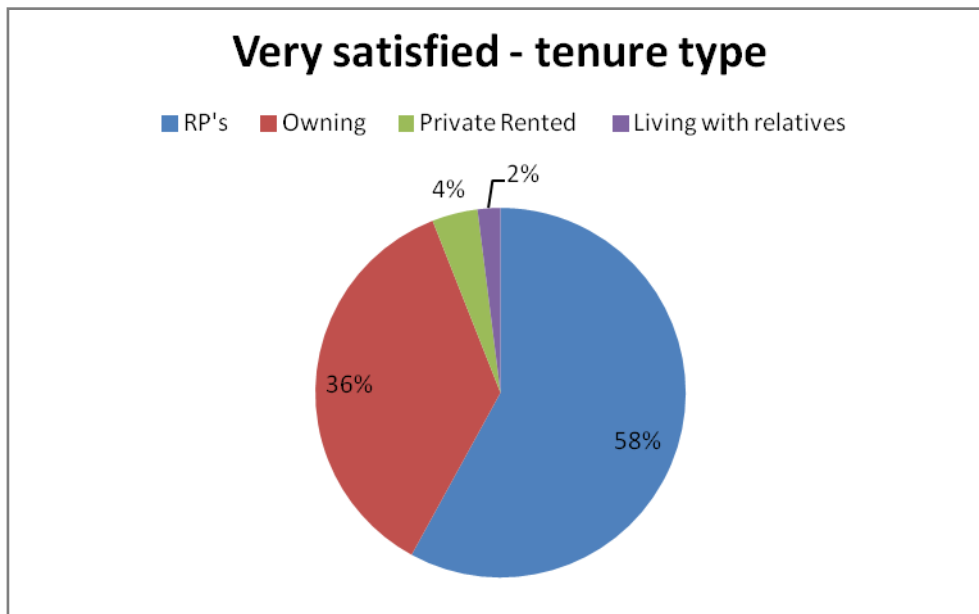
There were 5 people who are very dissatisfied with their current homes, the reasons given being:

- significant care needs, can't manage in existing home – mentioned four times;
- lack of adaptations/no shower – mentioned twice;
- severe overcrowding – mentioned once, 11 people living in a 2 bedroom house;
- 2 respondents declared 'refugee' status therefore their home was only a temporary measure.

(b) **Size of Accommodation**

Whilst earlier research has identified overcrowding as a very real problem across both the Bangladeshi and Pakistani communities it is not something that comes across in this study. Arguably this is in part due to the fact that many of those interviewed will have been housed into housing association properties that meet their needs, but across the owner occupier sample there was also little evidence of overcrowding. Table 5 shows over 60% of people interviewed lived in a 4/5 bedroom property. All 3 of the people living in 1 bed properties lived in Cat 1 bungalows/flats (Independent living for older people).

Table 5: Current homes – Number of bedrooms available								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**No Response**
Bangladeshi	1	7	8	27	6	1	1	1
Pakistani	1	3	10	15	8	1	0	2
Other	1	1	0	0	0	0	0	0
All	3	11	18	42	14	2	1	3

Only 3 people currently live in small, purpose built 'sheltered' accommodation and these are all stand alone properties and not in a group sheltered scheme.

(c) **Under-Occupation**

Far more significant are the numbers of people who are currently under occupying their existing home. In many cases this may just be one bedroom, and for the majority of people across both communities having a 'guest' bedroom is an essential household characteristic, but in quite a few cases people have more than one spare bedroom and in one case a couple live alone in a five bedroom house. Chart 21 shows that just over half of the people interviewed are 'statistically' under occupying their home. Breaking this down by tenure 73% live in a property owned by a Housing Association.

Over half of the people interviewed under-occupy their home by at least one bedroom. Of these, 73% live in Housing Association properties.

Chart 21: Under-Occupation
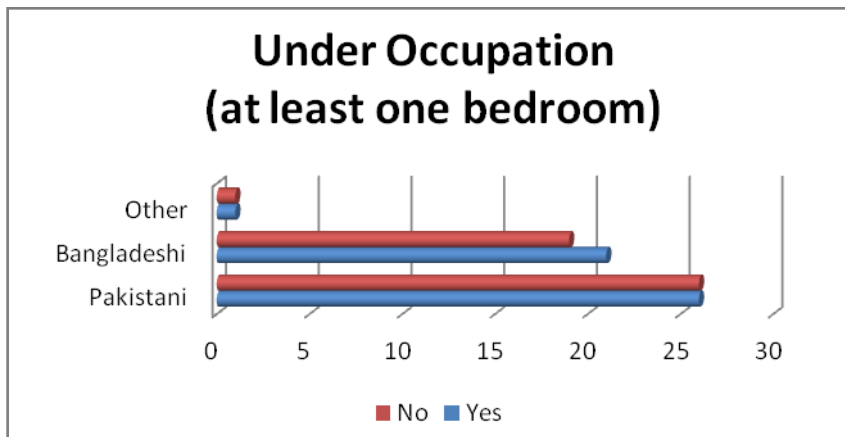
The advent of 'Bedroom Tax' under the Government's Welfare Reform measures has implications for those people who rent and have a 'spare' bedrooms in their homes. People in receipt of housing benefit will see their entitlement fall by 14% for an additional room and by 25% for two or more spare bedrooms. Currently this only impacts on those who are 'working age' but across the study sample there are 22 people living in rented accommodation who will be affected by bedroom tax.

Chart 22: Under-Occupation (Age Group)
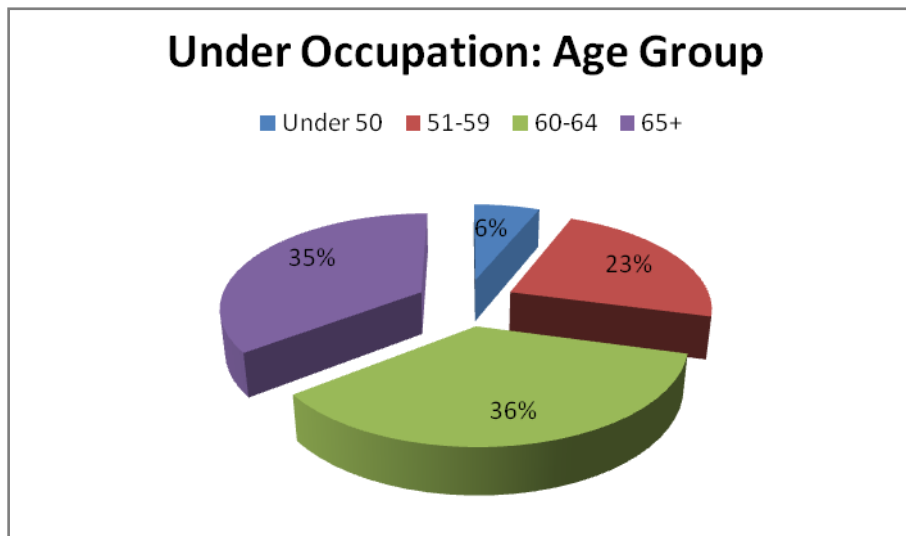
(d)   Three Generation Households

Traditionally the three generation household is something that has defined BME communities and whilst there is a suggestion that there is evidence that the numbers of three generation households is falling and that they are increasingly hard to find, that is not something that is supported by this study, with 1 in 7 households identified as three generational.

- 14% of the sample (13 people/couples) live in 3 generation households;
- 6 are within Pakistani households, 7 Bangladeshi;
- 9 live in Aksa properties, 2 are Owners and 2 rent privately;
- They all live in 3 – 5 bedroom houses within households comprising 5 to 10 people.

Evidence elsewhere in this report suggests that in Oldham at least the three generation household is not on the decline, far from it.

> **14% of people interviewed live as part of a three generation household.**

(e)   Accommodation and Facilities

The majority of older people, across all communities, will choose to 'stay put' rather than move as their needs change. The degree to which this is possible, or in many cases practical, is often defined by the adequacy of their existing homes in relation to being able to stay warm, to get around the house with relative ease and not to have to struggle to wash or use the toilet. For older people within BME communities there are additional cultural and religious reasons for ensuring that homes are properly equipped for old age. From here on we begin to pick up some of the things that people told our researchers when we visited them.

I am old now, and getting older and weaker. My needs will change but I will not move out to live more comfortably, I'll have my home adapted to meet my needs (Pakistani woman.

On a particularly positive note, **all** of the people interviewed said that their homes benefit from full central heating, and very few people said that they felt that their homes were too cold.

The study did however identify that across the sample 29% of people did not have a shower, 52% had an over bath shower and just 19% have a 'walk in' shower, usually in a downstairs bathroom. All but two of the walk-in showers were in Housing Association properties.

Chart 23: Shower Facilities
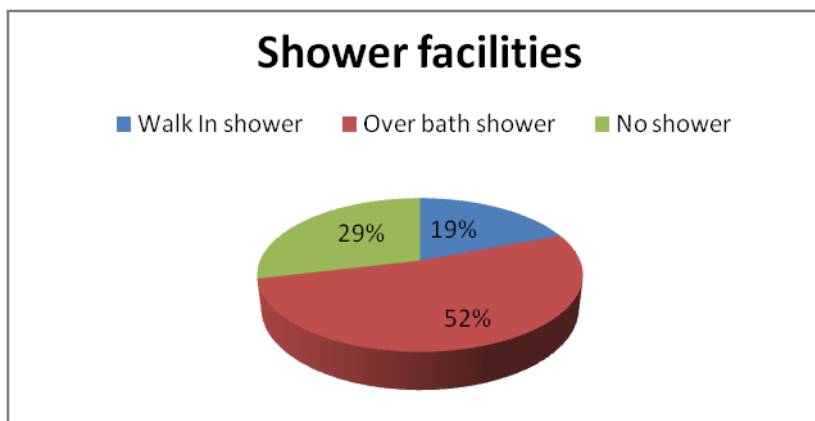
The provision of a downstairs bathroom was seen as a 'must have' facility for many people, for a number of reasons: the size of the family, for ease of access and culture/religion. Sometimes people just improvised ...

"I manage. We built a small toilet outside to help but it's not very good. It will do for now until we can afford something better". (Bangladeshi man).

Many properties had had small scale adaptations completed, such as internal and external grab rails and access ramps. 4 properties were fully adapted to meet the needs of the occupants, all belonging to Housing Associations, and a further 33 had some adaptations either as standard (a downstairs WC/shower) or as an improvement that had been done with grants or by the occupant themselves or their family.

"Our home is very comfortable, we have toilet and shower upstairs and downstairs and our son has installed a stair-lift. Our family visit every day and help with the shopping, cooking and housework". (Pakistani man)

The installation of a walk in shower or a providing a downstairs bathroom was by far the most commonly stated solution to accessibility around the home.

Adapting existing homes remains the preferred solution to the majority of older people from both the Bangladeshi and Pakistani communities.

6.2.5   Future Housing Needs

A key aim of this study is to ask whether people would prefer to remain in their own homes and why. 73% of people said that they would see themselves living in their current home in 5 years time (Chart 24) falling slightly to 70% when looking 10 years into the future (Chart 25). There was no significant difference between the two groups.

Chart 24: Staying Put (5 Years)
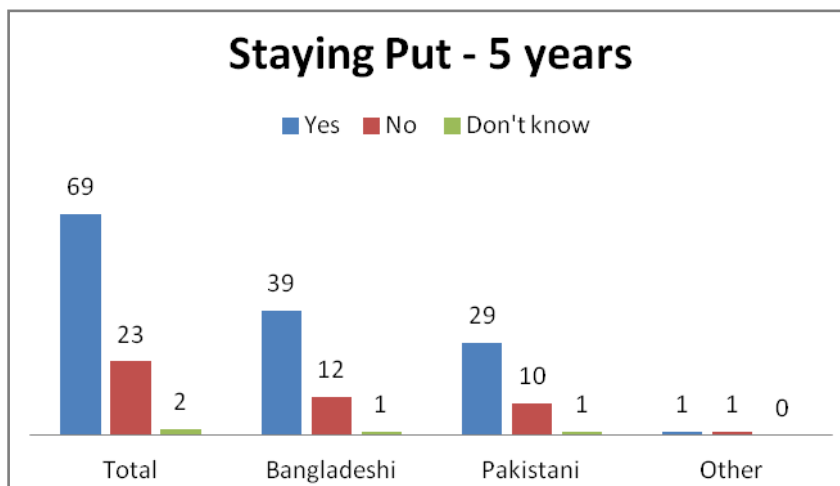
Within this group, high numbers of Aksa tenants (82%) and owner occupiers (78%) state a desire to stay put, the main reasons for doing so being:

- Remaining in a family home;
- Home meets needs and will do in the future;
- Home can be adapted if needs change.

73% see themselves living in their current home in 5 years time; 70% think that will also be true 10 years on.

Looking in more detail at the 23 people who said they would not be living in their existing homes in 5 years time:

- 13 are tenants of a Housing Association (8 Aksa)
- 5 are owner occupiers
- 3 are living with friends/relatives
- 2 are renting in the private sector

The reasons that people gave for wanting to move were; too small (5), too big (5), to be nearer to family (5), too much to do to the house (8), needs level access accommodation (5), didn't like neighbourhood (3), to have my own place (1) and the rent is too high (1). Some people mentioned more than one thing.

10 years into the future only 3 fewer people said that they would be not want to be living in their current home and only 2 of those were sure about that (one was unsure), both stating that their homes would be too big once their children had moved out.

Chart 25: Staying Put (10 Years)
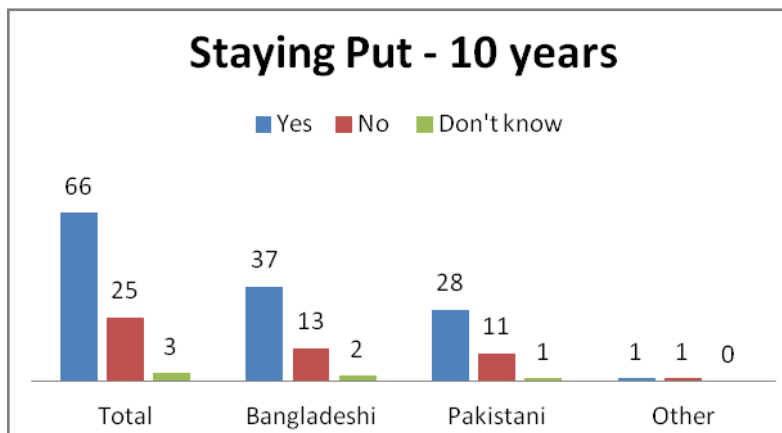
87 of the 94 said that they would remain in Oldham. The other 7 would move away, two people moving back to Pakistan (1) and Bangladesh (1). Others would move locally (Manchester and Hyde) with one couple wanting to be nearer to family in Cardiff.

93% say that if they were to move they would stay in Oldham.

Regardless of where people lived we asked whether they saw themselves living with family or living independently. It is perhaps a sign that attitudes are changing that the split was almost 50:50, with slightly more people saying that they would prefer to live independently. However his in almost every case this was qualified by a reference to living close to family or having additional space within the home for family to stay.

51% of people said that in the future they felt that they would live independently, but still close to family.

(a)   Housing Tenure

Previous studies have suggested that amongst BME communities owning a property is seen to be preferable to renting. Our study shows this not to be the case for both groups, but only marginally for people from the Pakistani community where the desire to own your home is greater.

Chart 26: Housing Aspirations
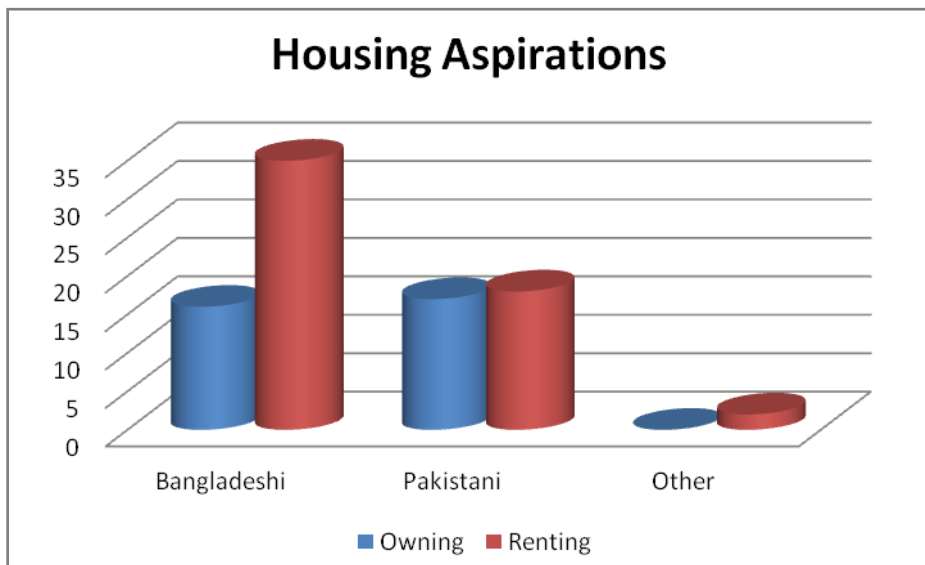
Chart 26 shows that overall nearly 60% of people would be happy to rent, with that figure rising to nearer 70% for the Bangladeshi group. Arguably this is skewed by the fact that over half of the sample are already living in rented accommodation (51 out of the 55 aspiring to rent already do so) but it is an indication of the fact that renting is clearly a viable and acceptable housing option.

Of the 33 aspiring to own their own homes 23 already do so, 9 are currently renting (all Aksa tenants) and 1 is living with relatives. 8 Aksa tenants mentioned that if they could buy their existing home they would do so.

6 out of 10 people asked said that they see themselves renting their home in the future.

Looking ahead at the kind of accommodation that people are aspiring to, the majority of people, across both groups, are expressing a preference for larger accommodation, many specifically wanting to have at least one additional 'guest' bedroom as well as rooms downstairs to allow for the separation of dining, living and prayer/quiet time. Other key features included a downstairs bathroom and the provision of a level access shower. Table 6 shows the spread of responses between property type and by ethnicity.

Table 6: Housing Aspirations (Property Type)				
	All Respondents	**Bangladeshi**	**Pakistani**	**Other**
Owning	33	16	17	0
Bungalow	1	0	1	0
Flat	0	0	0	0
Terraced house	15	9	6	0
Semi Detached house	16	7	9	0
Detached House	1	0	1	0
Renting	55	35	18	2
Bungalow	16	7	7	2
Flat	0	0	0	0
Terraced house	12	8	4	0
Semi Detached house	26	19	7	0
Detached house	1	0	0	0
Nothing stated	6	1	5	0

People were asked to think about the things that would be important to them when considering their future housing, care and support needs, and to rank them in order of preference. Chart 27 shows that being close to family and having good health are the two most important factors for both communities, with family scoring higher for the Bangladeshi group, and health higher for the Pakistani group. Other factors relating to the home appear to be more important to the Bangladeshi group than the Pakistani group for whom safety from crime and harassment and proximity to a mosque are more important.

Chart 27: What's Important to You?
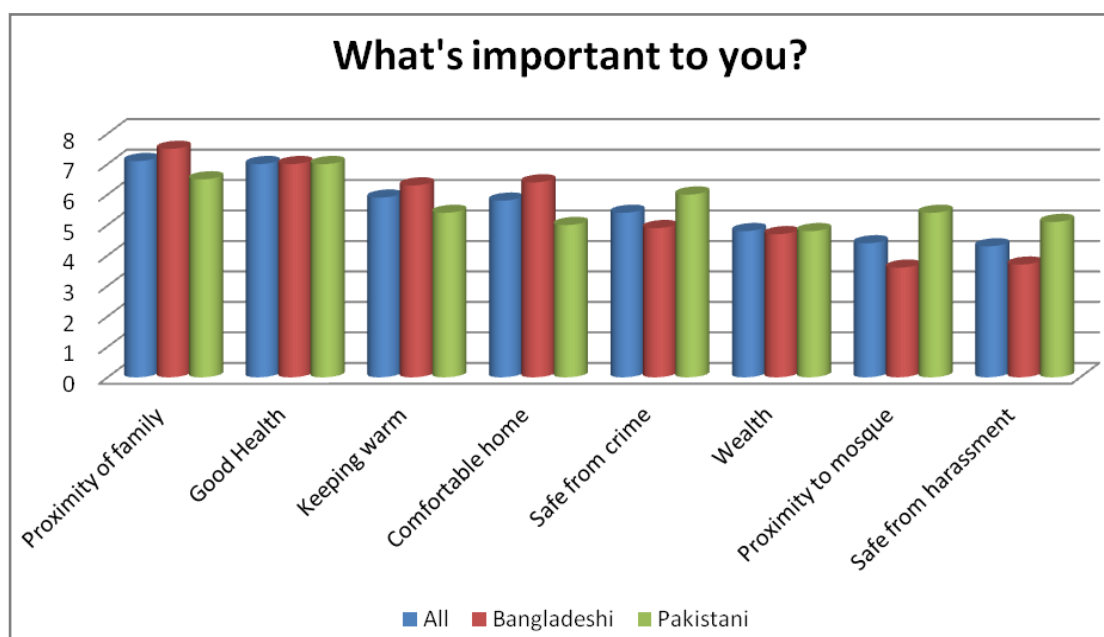
The importance of family is uppermost in every part of this study and extends across generations. When asked who they would turn to for advice and support 78 said that they would turn to friends and family, a further 13 said that their community centre was an

important source of advice and 16 said that they would consider asking their GP. Only 8 people said that they would seek help through the statutory agencies.

As one Pakistani man put it ... *"I don't need a social worker...I have my wife"*.

> **Family and good health are the two things that people value most when considering their futures**

6.2.6 Awareness of Services Available

One of the major issues raised over the years has been the lack of awareness within the BME communities of the range of services that are available to them. In particular much has been done over the years to raise awareness of sheltered housing amongst the BME community in Oldham. (See Appendix 5, detailing Housing 21's awareness raising).

People were asked whether or not they were aware of a number of different housing, care and support options that they could access if they felt that they needed to. The responses are detailed in table 7 below.

It would appear that there is a good level of awareness of the housing options amongst both communities. However, talking with the Research team it becomes clear that whilst people may be aware of the term 'sheltered housing' their perception of what sheltered housing offers is largely wrong and they class Care Homes, Sheltered and it would seem Extra Care, as one and the same thing, with their vision being more in line with a Care Home than the other two.

There is a good level of awareness about adaptations, and with many people having had adaptations carried out in their homes or needing them doing, this is not surprising. Just under half knew about Helpline. There was no discernible difference between the two community groups.

It may be that there is increased awareness amongst the group as a whole due to the fact that over half are housing association tenants and will, through contact with their landlord be more exposed to some of these options. Tenant newsletters, for example, will often reference sheltered housing and will promote services such as adaptations and Helpline.

Table 7: Awareness of Services						
	Aware	**Bangladeshi**	**Pakistani**	**Other**	**Not Aware**	**No Response**
Sheltered	**73**	38	34	1	**17**	**4**
Care Homes	**90**	51	37	2	**1**	**3**
Extra Care	**71**	42	29	0	**14**	**9**
Adaptations	**65**	37	28	0	**19**	**10**
Telecare	**46**	26	19	1	**35**	**13**
Bungalows	**72**	39	32	1	**15**	**7**

People are aware that there are housing options for older people but there is confusion over the differences between sheltered housing, extra care and residential/nursing care. To most people they were all a care home'.

When asked if they would consider using any of these services people were less favoured towards housing options, although bungalows were something that over a third of people would consider. When it came to sheltered housing and care homes people were less inclined to want to consider these as options and most of the people that did made it clear that this would be something they would only do as a last resort if their family moved away or for some reason didn't want to look after them.

"I would only consider these services if my family was not there to support me...but only if other Asian women lived there who could speak my language." (Pakistani woman)

Table 8: Would Consider Services					
	Aware	**Would Consider**	**Bangladeshi**	**Pakistani**	**Other**
Sheltered	73	10	3	6	1
Care Homes	90	5	4	1	0
Extra Care	71	15	6	8	1
Adaptations	65	30	15	14	1
Telecare	46	18	6	11	1
Bungalows	72	32	14	17	1

Care Homes in particular drew some quite negative comments.

"I wouldn't go into a home........I'd die within a few days." (Bangladeshi woman).

"In a nursing home there's no care, no sympathy.....people are bullied and they (staff) take money off people. We can care for ourselves." (Bangladeshi woman).

"It's not our culture to turn to services like care homes when we have family. Our religion says that our children have a duty to look after their parents in their old age as do parents for children. It's a forever relationship." (Pakistani man).

Cultural and religious values remain a significant factor, determining the choices that people make and always will.

Two of the participants in the focus group for younger people said that they didn't think anything will change for older Asian people because it will always be the children who look after their parents and so there would be no need for services such as sheltered housing and care homes;

"You want to see your parents safe and smiling and know that you are the reason behind that safety and happiness, not another person or service." (Young Bangladeshi woman).

However, there are indications that attitudes to caring for elderly relatives within some communities are changing, as reflected in the focus group comment of one young Indian woman. However, this flew very much in the face of the views of young Bangaldeshi women in the same group.

"Sometimes parents put children in day care whilst they work. That doesn't mean they abandoned their children. In the future it may be that we will need to put our parents somewhere where they are taken care of whilst we work. That doesn't mean we're abandoning them."

The final words are those of a Pakistani woman who captured the feelings expressed by many of the people that were interviewed.

"My home is in the middle of an Asian community. I have my daughters nearby and my neighbours are always here to look after me................if I moved I would move in with my daughter as she already takes care of me, they have always wanted me to live with them."

(a)   Support Services

As well as finding out what people knew about their housing options we wanted to find out about their use of other services and whether they made use of them. Chart 28 details the responses.

Chart 28: Take Up of Support Services
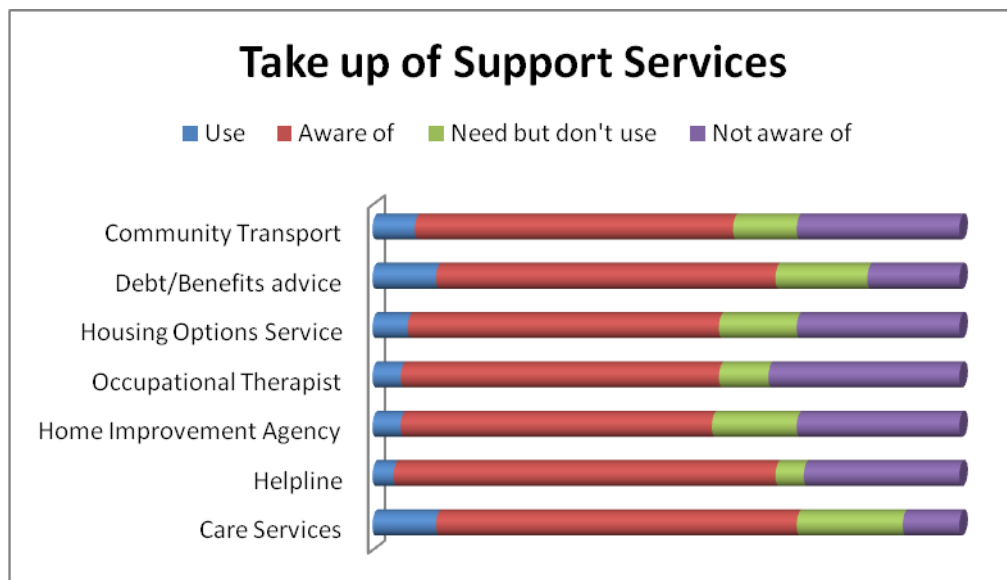
Immediately jumping out of this feedback is the low take up of services despite what looks like quite a reasonable level of general awareness. This is perhaps a reflection of the age profile of the sample, although we see earlier that around 65% of those interviewed say that they have some or high care and support needs.

There are almost twice as many people who say that they need a service but don't have one, with language being again the major hurdle for people to overcome.

The information shows that awareness appears to be better within the Bangladeshi community, where around 60% of those interviewed were aware of most of the services above. That fell to under 50% for the Pakistani people interviewed.

> **Take up of care and support services is low, yet there are people who feel that they need services but don't know how to get them, despite there being a reasonable understanding of what is available.**

We saw earlier that many people said that they didn't need any of these services as they relied on their families to provide them with the care and support they needed. Another major consideration about 'personal' services in particular was that people felt that there is a lack of awareness amongst service providers about the cultural and religious needs of the two BME groups, and how those needs differed between the two communities. Alongside language it was food and hygiene which were most commonly cited where people felt that they would be let down by mainstream services.

6.3   Focus Groups

Over the course of the consultation we carried out a number of meetings with groups of people from the local communities. They were held at Community Centres and at Aksa's office in Oldham and a group, consisting of young people from Oldham was held at Manchester Metropolitan University where they all studied. The makeup of each group is shown in table 9 below.

Table 9: Focus Group Membership	
Coppice Community Centre	8 Pakistani women
Coppice Community Centre	5 Pakistani men
Aksa English Class	4 Pakistani women
Pakistani Community Centre	14 Pakistani men
Pakistani Community Centre	7 Pakistani women
Manchester Metropolitan University	5 Bangladeshi,1 Pakistani,2 Indian: 7 women, 1 man

Turning first to the five groups held in Oldham, where all of the participants were aged over 50 and from the Pakistani community. The discussions followed a semi structured agenda around a series of themes:

- **Providing care and support and the role of statutory services;**
- **Perceptions of sheltered housing;**
- **Specific housing provision/services people would like to see being provided;**
- **How will things change over the next 10 – 20 years.**

We had been concerned that in a group setting people would be far less willing to talk about their individual circumstances in case that exposed them to criticism from other members of the group, many of whom were neighbours and friends. This proved to be true and most people talked about 'the community' or about 'people they had heard of' rather than themselves or 'people they knew'. Despite this their views were quite specific and supported a lot of the things that we were being said in the individual interviews.

On care and support ...

- Family is expected to provide care and support, not statutory services;
- Islam teaches children to look after and support parents...taught this from a very young age;
- Support has to be culturally sensitive & most 'mainstream' services are not and are failing the Muslim community;
- Two groups identified for support; those 'abandoned' by family and those where they have left family voluntarily;
- Perception that not many older people live alone;
- Mix of knowledge about services available but little knowledge about housing support;
- Government pressure on children to move out and move away to find work

On sheltered housing ...

- Negative perceptions of sheltered housing as old people's homes where you go if you are ill;
- Shame associated with families whose parent(s) move into sheltered;
- Unclear about the difference between sheltered housing, extra care and residential/nursing care;
- 'Sheltered' does not translate so people can't understand what it is.

On services they would like to see ...

- Preference for adapting existing homes;
- Bigger than housing...education and employment opportunities will change attitudes;
- Ideal – own home with support. Maintaining independence. Large homes, plenty of room for guests;
- Multi-lingual staff;
- Good quality and culturally sensitive services;
- Four groups suggested that a visit to a sheltered scheme would be really helpful.

On changing perceptions ...

- Sheltered housing could offer a good solution if family were not around to provide support;
- Would consider but just for their community, or clustering in schemes that are in the right place;
- Clustering OK as people would have shared language/culture;
- See a place for culturally sensitive sheltered housing in 10-20 years time.

There was one theme that ran through every group and which was referenced in every conversation – the language barrier. This alone is seen as the major problem facing both communities and one which undermines people's confidence when asking about services. Even those who have taken positive steps to learn English do not have the confidence to use it in everyday situations so revert to their native tongue. It is accepted that this will be changing, but, and for women in particular, this remains a very real and for many insurmountable problem.

Unsurprisingly there was little coming out of these Focus Groups which doesn't reflect the views expressed in the individual interviews. What was different however was an acceptance that if people were made more aware of the potential that sheltered housing offers for those with little or no family support, and if providers became more culturally sensitive then it could be a positive option for people to consider.

(a)   Younger People

People attending this Focus Group were posed a different set of questions as we were interested to hear if their attitudes to older people were any different to that of their parents. We asked them to talk about:

- **Sharing a home with parents/grandparents;**
- **How they would change things at home to improve things;**
- **What they will be doing in 15 years time, where do they see themselves living and who with?**
- **What will it be like when they are old?**

On living in a 3 generation household:

People had both negative and positive things to say about this. Only one person lived in a three generation household but 4 others had close friends who did and they spoke about their experiences of talking with them and being at their houses.

- Negative impact on education;
- Emotionally draining when parents have little time for their children as they are busy looking after grandparents;
- Lack of privacy;
- Arguments – grandparents imposing 'traditional' values;
- Looking after grandparents gains you respect in the community;
- Handy for babysitting, giving parents a much needed break.

Changing things:

Despite a generally negative view on generations living under the same roof nobody felt that moving themselves or their grandparents into alternative accommodation was the answer.

- Extend the house, more room equals less stress. Conflict in lifestyles causes arguments so having more space is important.
- Extra room for when brothers are married and their wives come to live with them.
- Downstairs bathroom/toilet.
- Better heating.

All saw the longer term value of staying together and even though the women accepted that they would probably move out when they married, it was likely that they would move in with their husband's parents.

15 years on:

Without exception people believe that they would have their own families, living in their own homes, some in Oldham some not.

- Living independently from their parents.
- Willing to take in parents if their health deteriorated and they needed looking after.
- Care homes would be an option for some people.

There was a clear divide within the group on the issue of caring for elderly parents, with Indian participants looking at options such as care homes or extra care, as opposed to

Bangladeshi and Pakistani participants who would care for parents in their own homes. The group agreed that this was perhaps due to different religious and cultural values, but that it doesn't mean that you don't care.

When they are old:

Participants felt that the values that they had learnt from their parents would be passed on to their children and that if they needed care and support then their children would step in. They felt that by far the biggest difference would be that older Asian People would command a greater respect in society than they do now simply because they are more likely to be fluent in English.

6.4   Summary of Findings

So, what are the headlines? The study has confirmed much of what was felt to be true about how older people are currently supported within both the Bangladeshi and Pakistani communities but there are signs, and this may be influenced by the make-up of the sample, that attitudes are changing.

(a)   Housing - Now

- **There was little evidence, amongst those interviewed, of movement beyond established communities and whilst census data shows communities are growing at the periphery, older people are less likely to move into new areas.** Extended family networks, shops and mosques keep communities together.

- **Only 3 people across the sample currently live in small, purpose built 'sheltered' accommodation, and these are all stand alone properties and not in a group sheltered scheme.** Efforts to raise awareness of sheltered housing has had some impact but has not meant people have accepted grouped schemes as a viable option.

- **Over half of the people interviewed under occupy their home by at least one bedroom. Of these 73% live in housing association properties.** Having a 'guest' room is important for older people living alone.

- **14% of people interviewed live as part of a three generation household.** Still common amongst both communities, and four generation households are now forming.

- **Adapting existing homes remains the preferred solution to the majority of older people from both the Bangladeshi and Pakistani communities.** Having a downstairs bathroom is the key to 'staying put' for most older people.

(b)   Housing – Future

- **73% see themselves living in their current home in five years time, 70% think that will also be true 10 years on.** Many people say that they feel safe and comfortable in their current home/community.

- **93% say that if they were to move they would stay in Oldham.** There is some evidence, amongst 40 – 60 year olds, that people aspire to move to better neighbourhood, but still one with an established BME community.

- **51% of people said that in the future they felt that they would live independently, but still close to family.** A growing acceptance that family will move on and live separately.

- **6 out of ten people asked said that they see themselves renting their home in the future.** Perhaps a feature of this sample group, but again moving away from an assumption that people within the two communities largely aspire to home ownership.

(c)   Access to Services

- **Language continues to be a fundamental barrier preventing older people from BME communities accessing services.** Older people often lack the confidence to ask questions and struggle to understand what they are being told.

- **Cultural and Religious values remain a significant factor determining the choices that people make and they always will.** There is a general perception that 'mainstream' services are not culturally sensitive and that Providers are not 'culturally competent'.

- **People are aware that there are housing options for older people but there is confusion over the differences between sheltered housing, extra care and residential/nursing care. In most people mind this is a 'care home'.** The evidence suggests that people are aware that something is available, but generally they could not describe what it was.

- **Take up of care and support services is low, yet there are people who feel that they need services but don't know how to get them, despite there being a reasonable understanding of what is available.** If more services were felt to be culturally sensitive then take up would increase.

7.   Conclusion and Recommendations

Looking back at the original aims of the study, the questions posed were:

(a)   Do people prefer to remain in their existing homes, and why?

It is clear from this study that the answer to this is a resounding 'yes', and that is no real surprise, most older people would say the same.

The majority of older people we interviewed continue to live with their family, typically in 3, 4 and 5 bedroom properties. 14% of the people we interviewed live within three generation households. In most cases they are the tenant/owner of that property and they have no intention of moving to something smaller.

A number of couples live alone in similarly large properties that in theory are too big, expensive to heat, and are, or may become, difficult to get around. However, all of that is worth it because there is room within the house for family to stay, there is space to pray and space for grandchildren to play.

Others look to their children to make space for them in their homes when the time arrives that they can no longer live alone, or they plan to make suitable adaptations to their existing home that enables them to stay put.

Another major 'pull' factor is found right outside their front doors where in the surrounding streets live an extended family of relatives, friends and neighbours and a neighbourhood with shops selling halal foods and traditional clothing, mosques, companies offering financial services, and where people speak a common language.

Above all most people feel safe and secure within their community and would not want to move away. There is very little evidence, amongst older people, of movement beyond established communities.

Some people we interviewed did live in smaller accommodation; 3 people currently live in small, purpose built 'sheltered' accommodation, but these are all stand alone properties and not in a group sheltered scheme. All three properties are located within established BME communities. Even so only one saw themselves living their longer term, the others both wanting to move in with, or close to family.

(b)   What stops people moving into specialist (sheltered) housing?

Providers in Oldham have invested heavily in their specialised (sheltered) housing stock and as a result of the PFI and a gradual review of other Housing Association provision there is now a good supply of quality sheltered and extra care housing. (See map in Appendix 5).

Some of that stock is close to or within Bangladeshi and Pakistani communities but the numbers of older people from those communities living in sheltered housing is very low. We found no evidence of anybody from the Bangladeshi or Pakistani communities living in a 'group' (Category 2) scheme or in Extra Care and there was similarly no evidence that people from those communities bidding on Cat 2 flats or known to the Extra Care allocation panel.

There are a number of reasons why this may be the case but there is a fundamental problem in that the concept of 'sheltered' does not translate well into the culture or language of the Bangladeshi and Pakistani communities and those people who thought that they were aware of it did not differentiate between sheltered housing and a care home. We can only presume that their understanding of Extra Care was similarly blurred.

When it was explained to people about sheltered housing, and that you didn't have to be ill and need constant care to live there, people didn't really change their views and highlighted a number things that they felt would put them off moving to a sheltered scheme.

- Location: Most schemes were outside of communities where people wanted to live, where they felt safe and where their families and support networks were. They would feel isolated.
- Language: Staff working there and their potential neighbours. Again they would feel isolated.
- Property size: In an ideal world a 1 bed flat simply isn't big enough
- Facilities: Lack of provision of facilities for the preparation of Halal food, for prayer and for visiting family
- Neighbours: Living with people who don't share their culture and values, worrying in particular about influence of alcohol.
- Families: Most felt that their families wouldn't want them to live in sheltered because of a message that this sent out to the wider community, that they did not care and that as caring for parents is a cornerstone of their faith they would be shamed.

There was some, but not significant, support for an 'Asian sheltered scheme' as despite the aversion to the prospect of living in an existing scheme many could see the value of having specialist housing for older people. One person was aware of Khubsuret House in Rochdale and another talked about a 'gated' Jewish community in Salford, but the majority were looking to other types of provision to meet their future needs.

(c)   **What are people's preferences in terms of location, housing type, size and design?**

There are some telling statistics that come out of the study;

73% of those interviewed see themselves living in their current home in 5 years time, 70% think that will also be true 10 years on. Furthermore 93% say that if they were to move they would stay in Oldham.

Those that would consider moving were looking for bigger, or sometimes smaller, properties within 'traditional' areas although there was some evidence of people wanting to move into a better neighbourhood, typically from Westwood or Glodwick into Coppice.

It was interesting that over half of the people we interviewed said that in the future they would want to live independently, but remain close to family. Most of those living alone already saw this as a positive, but they all wanted the room to have family come and stay.

Those living in bigger properties believed that their long term needs could be best met by adapting their existing homes to provide a downstairs bathroom with walk in shower, a stairlift and ramps and rails to help them get around both inside and outside of the house. A dedicated parking space, preferably off road, was also favoured.

People who were looking to downsize, and there were not many for whom this was an immediate priority, felt that their ideal would be a 2 bed bungalow, at a pinch a 2 bed flat with level access. There was some flexibility on this as long as there were two living rooms.

Features would include a good sized kitchen with gas cooking, a bathroom with both bath and shower and ideally two 'living' rooms so that there was a separate space for 'quiet time' or prayer.

It may be that because a large number of people interviewed are already in rented accommodation, but overall 6 out of ten people asked said that they see themselves renting their home in the future. Even so, there were a number of people who are renting who would, if they could, buy their property from their Landlord, but a supply of good quality rented accommodation introduces an element of pragmatism that makes ownership less of an issue than it may have been in the past.

(d)   **Does current housing supply match demand and what should be provided in the future?**

The feedback from both the interviews and the focus groups indicates that there is a mismatch in supply and demand generally, that in the broadest sense older people from both communities do not want to live in 'group' sheltered housing schemes and that whilst family are around to provide care and support then this is unlikely to change.

There is perhaps a recognition that where that is not the case then, in the right place and with a level of cultural sensitivity around the way in which services are provide, a sheltered flat may be an option. The concept of 'clustering' of flats within schemes so that people

from BME communities are not isolated and have at least a few neighbours who share their language, culture and values, is suggested more than once.

The level of interest shown by people in most of the focus groups is also encouraging and needs to be followed up by providers with properties in areas that would be attractive to the BME communities.

There is a demand for larger accommodation, housing multi-generational families. The recent experience of letting the larger properties at Dew Lane and Primrose Bank demonstrates this and the phenomenon of 4 generational families living in one home may become more common.

Smaller accommodation will be popular if it is well designed and in the right location. Demand for the bungalows at Shield Drive, Villiers Drive and Cypress Bank illustrated in this report show that there is interest and Housing 21 have been particularly successful in promoting some of their bungalows to the BME community around Primrose Bank.

But it's not just about getting the property and location right, providers need to focus in on how the service that supports older people in those properties is delivered. Having support staff with both the language skills and cultural sensitivities will give people the confidence they need to make the move, and this needs to be sustained support that keeps people connected to their communities as well maintaining their independence in their homes.

The concept of a 'key-ring' type project with a group of older people, living in their own home, renting or maybe living with family, being linked together and connected to culturally sensitive services by a Community Support Worker, might be worth considering.

(e)   **How will this change over the next 10 – 15 years?**

We see from this study that older people from both the Bangladeshi and Pakistani communities primarily look towards their family and community networks to provide for them in old age. That is something that forms a key part of the culture and values of both communities and is passed on through generations. We see from the young person's Focus Group that this is still fundamental building block of people's lives.

It appears that many of the changes predicted in previous studies have been slow to come about, much slower than anticipated, and that many of the factors which influence peoples choices have remained in place.

One very important thing that will change however is that the up-coming generation of older people are much more unlikely to be hampered by the considerable barrier of language, and that a better understanding of what services are available for older people and a greater confidence in accessing those services could lead to a significant increase in demand and take up.

At the same time service providers will have to take on the need to provide better cultural sensitivity in the way that services are provided, and there will be, as there are now, increasing opportunities for the communities themselves to develop their own solutions.

The recommendations that emerge from this study mirror some of the things that people have, over the years, been addressing. This does not necessarily mean that previous approaches have not been effective, for example the fact that communities are showing greater interest in sheltered housing is testament to the work that has been done to raise

awareness. What is clear however is that having spoken with people from both the Bangladeshi and Pakistani communities in Oldham, whilst there is evidence of success there is still a considerable gap between the housing, care and support needs of both communities and the take up of services.

It is difficult to predict how things will change over time, history gives up very few clues, but what is clear is that change will only happen if people want it to, and that this is as much a responsibility of the communities themselves as it is for those tasked with delivering services.

7.1   Recommendations

The final section of this report draws together a series of recommendations from the study findings and responds to the last question posed in the original brief... 'How can Aksa Homes, and other providers, adapt their services?'

There is a familiarity about many of the recommendations and there may be a real sense of frustration for those who have been, and continue to do some of the things that are listed. Some of that good work is reflected in the incremental changes that this study has identified, but it takes time to build up relationships and trust.

 None of these things are one off's and because may are resource intensive they will be difficult to deliver.

(a)   Housing

New Build/Best Use of Existing Stock

 In the study just under 50% said that they saw themselves living with family, with younger people saying that they would take in their parents should they need to. Larger family homes remain popular, and in great demand.

- *Further provision of large family homes in existing and emerging BME communities.*
- *Mix of affordable rent and purchase options, with consideration of a rent to buy model.*
- *Provision, new build or conversion, of smaller, 2 bed, level access, accommodation within BME communities – people will consider smaller properties in the right area.*
- *RP's working together in targeted letting of smaller accommodation in BME communities.*
- *Review numbers of older people currently under occupying large family homes as this appears to be significant.*

Sheltered Housing/Extra Care

The study highlights the fact that there is a good supply of quality sheltered and extra care housing in Oldham, but that very few people from the BME community live in it. There is an awareness issue (see later) but there appears to be a growing acceptance that perhaps in the future, for schemes that are in the right place and have the right support, then sheltered housing may become a more viable option. To achieve this however there would need to be:

- *Targeting of 'group' schemes that are located within established BME communities.*
- *Employing bi-lingual support staff/Manager.*

- *Consideration of holding vacancies to enable 'cluster' lettings.*
- *Sustained promotion through Community Centres and Mosques.*
- *Arranged visits to sheltered schemes/courts.*
- *Scheme facilities offer cultural sensitivity (socialising, privacy, food, washing).*
- *Extra Care staff teams need to be able to respond positively, particularly relating to gender and language.*

However, there is still a feeling that for many this would be the solution of last resort, and only be a consideration where for some reason family support has broken down. There are probably no quick wins here.

The situation is slightly different for existing sheltered bungalows. The push by Housing 21 in Coppice proved to be very successful and there is a sustained demand for well located bungalows when vacancies arise. Older people from the BME community are bidding on bungalows.

- *Targeted campaign aimed at 'over 60' BME households on One Point register who are actively bidding.*

Adaptations

The majority of older people would prefer to remain in their existing homes, with 70% seeing themselves there in 10 years time, most seeing adaptations as the key to help them do that. Limitations in the public sector's ability to respond to this demand will need to be clearly stated and people approaching their old age encouraged to seek advice about alternative options. There is wider push to make best use of existing resources across Oldham, but specifically providers/commissioners should consider;

- *Focus on making better use of adapted stock within existing BME communities; incentives to move to other areas are unlikely to work.*
- *Improve understanding of cultural/religious needs when specifying adaptations.*
- *Be clear about the long term availability of funding and ensure proper and timely signposting towards alternative options.*
- *Make it more attractive to release equity to enable self funded adaptations/extensions.*
- *Increase awareness of the HIA and OT services amongst BME communities.*
- *Build new homes to 'Lifetime' standards.*

(b)   Care and Support

The study only touches upon broader issues relating to care and support but where it does there are familiar messages. The low level of take up of statutory care is reflected in the study, with many older people being cared for and supported by their children, grandchildren and extended family.

Care

Although care providers across Oldham do employ people from the BME community there is only one organisation, few have a particular focus on providing care which is culturally and religiously sensitive.

- *Commissioners should build on existing initiatives to raise awareness of care services through relationships with BME community groups and outreach staff.*

Individual Budgets offer older people the ability to employ their own Personal Assistant, or to seek support through brokerage. This mechanism should be particularly attractive to the BME community.

- *Maximise take up of Individual Budgets amongst BME groups.*
- *Establish mechanisms to ensure safeguarding of older people and that IB's are effectively utilised.*
- *Nurture culturally sensitive brokerage services.*

Support

There is an overwhelming need to address the broader issue of support, and this is where it gets resource intensive. The emphasis will be to do as much as possible by making better use of the goodwill that exists within the community, the commitment of the voluntary sector and the skills and expertise of mainstream providers.

- *Helping people to learn English.*
- *Bi-lingual support workers.*
- *BME focused support teams.*
- *Networking into Community Centres and Mosques.*
- *Pilot/fund, practical support services (e.g., Paid for gardening, handyperson services)*

It may be that there is an emergence of some community specific services but access to housing, health and care services will still be through 'mainstream' provision. The task therefore is two-fold; firstly to increase awareness of services amongst the BME communities and make them easier to access; secondly to promote cultural sensitivity amongst mainstream services.

What specifically should Aksa be doing to meet the changing needs of older people in the communities of Central Oldham?

There are some clear messages arising from this study that apply to all organisations providing housing, care and support services to older people in Oldham but there was one thing that came through across the interviews and in the Focus Groups; Communities need to have trust in the organisation that they are dealing with.

To gain that trust organisations must demonstrate cultural sensitivity; they must find a way to make sure that they employ people with the language skills that then gives people the confidence to ask questions and seek solutions; and they must be prepared to persevere as there are very few quick fixes here.

There is considerable evidence to support the view that people do trust Aksa, to the extent that they felt that if Aksa provided a wider range of services then they would use them. This ranged from community transport, provision of a 'meals on wheels' service and personal care. One lady said that Aksa should have their own Health Visitor.

It's not suggested that Aksa do all of these things but that there is scope for Aksa to make use of its 'trusted' status and to provide more effective signposting towards providers who have embraced the need to have culturally sensitive services.

There is the potential for Aksa/New Charter, through Tameside Home Care to provide culturally sensitive care services. Initially these could be targeted at Aksa tenants but there is considerable opportunity to expand this into a wider community.

There may be services, such as gardening, window cleaning and handyman services that Aksa, through New Charter, could provide, both to Aksa tenants and to the wider community. These would be on a 'pay as you go' basis but would help address some of the concerns expressed by older people about the upkeep of their homes.

Language is the main barrier. **Aksa should ensure that the two main community languages are always represented across the staff and where possible utilise the language skills of 'volunteer' tenants who have come forward as Tenant Panel members or as Researchers for this study.**

Face to face contact with older people, or groups of older people, is seen to be the best way of getting information to people and hearing about the things that they have to say. **Aksa should do more to forge semi-formal relationships with Community Centres and Mosques and could work with other providers (Housing 21) to host open days at sheltered housing and extra care schemes. Aksa may consider offering management support to the two Housing 21 schemes located within the BME communities.**

When it comes to bricks and mortar the messages are clear; **In established and upcoming BME communities build larger family homes; in established communities build smaller, 2 bed, bungalows or convert existing accommodation into smaller level access homes. Aksa should do more to help existing tenants adapt their homes to meet their future needs;**

Lastly, and perhaps most radical from Aksa's perspective, is to **consider the merits of re-aligning the service around communities rather than cross community projects.** This would allow people more time to develop relationships with key people and gain a better understanding of community dynamics and how they may be better served by existing and developing services.

By some this may be seen as a retrograde step, possibly working against the wider community cohesion agenda, but from the perspective of the community who we talked to during this study it would be a step in the right direction.

The final word should rightfully go to the people that we talked to during the study. Something that came up quite often was that fact that although people are always asking them questions nobody ever seems to go back and tell people what's to be done as a result.

One thing that Aksa should make sure happens is that the findings of this study are reported back to the people who gave us their time and answered all of our questions.

References

Kahn, O (2012), A Sense of Place: Retirement Decisions among Black and Minority Ethnic People, Runnymeade

Jones, A (2006), Beyond Sheltered Accommodation. A review of Extra Care Housing and Care Home Provision for BME Elders, Age Concern and Chinese Housing Consultative Group

Oldham Council, Older People's Housing Strategy 2011 - 2014

Oldham and Rochdale Housing Strategy 2012 – 2015

NHS Oldham, Oldham Public Health Report 2010, Diversity, Health and Well Being

Oldham Partnership, Oldham's Private Sector Housing Strategy 2009 – 2012

Oldham Partnership, Oldham's Strategic Housing Market Assessment 2010

Oldham Partnership, Transitional Joint Strategic Needs Assessment for Oldham 2011/12

Peter Fletcher Associates (2005), Oldham Council, Supported Accommodation Strategy for Oldham,

Mohammed J, Emica Consulting, (2009), Forward Vision for Aksa Housing

University of Salford, (2001), Asian Elders: Housing and Social Care Needs in Oldham and Rochdale

Age UK, Oldham. Annual Report 2011/12

Age UK, Making It Work for As. A Resident's Inquiry into Sheltered and Retirement Housing

First Choice Homes Oldham Ltd (2012) Health and Well Being Aspirations and Commitments

Housing 21, 'Better Together' Oldham Annual Service Report 2011/12

Housing Learning and Improvement Network (2005) Supporting Diversity in Tower Hamlets. Factsheet No.7

Housing Corporation Brief (2008) The Housing, Care and Support Needs of SE Asian Elders

Oldham and Rochdale: Race, Housing and Community Cohesion (2007) CCSR

Acknowledgements

- Age UK Oldham, Staff Team

- Shoab Akthar, Deputy Leader Oldham Council

- Daniel Baker, PFI Manager, Great Places

- Corinne Copeland – One Point Manager, First Choice Homes Oldham

- Tim English – Principal Project Officer (PFI) Housing Strategy Team, Oldham Council

- Nazakat Khan, Bridging the Gap

- Sharon McDickens, District Manager, Anchor Trust

- Lynda Megram, Commissioning Manager, Support and Prevention, Oldham MBC

- Kath Miller – Operational Manager, Housing 21 Oldham PFI

- June Rainford – Social Services, Oldham MBC

- Jayne Ratcliffe – Social Services, Oldham MBC

- Dave Smith, First Choice Homes Oldham

and special thanks to

Tanuja Patel, Project Officer, Aksa Homes

Selina Ullah, Associate Consultant, PDW

Community Researchers:

Sadia Akram
Kiran Aziz
Nazmina Begum
Rajia Begum
Nusrat Bibi
Sajid Hussain
Soibyh Hussain
Johura Khatun
Mohammed Salik Miah

Appendicies

Appendix 1: Summary of Asian Elders: Housing and Social Care Needs

Summary of Asian Elders: Housing and Social Care Needs in Oldham and Rochdale, University of Salford, (2001) - the Oldham Perspective

The Research carried out in 2001 by Salford University is still the most relevant study on the needs of Asian Elders in Oldham. There are marked differences between that research and the current study; nearly three times as many people were interviewed, it was heavily weighted towards those owning their own homes with little representation from those living in Housing Association properties and the Bangladeshi community represented only 11% of the sample. It is however worth summarising some of the key findings of that research, because, as will become evident, there is a stark resemblance to those arising from the current study.

Indicators of Housing Needs

- Poor housing conditions, almost 1/3 did not have full CH and ½ didn't have a shower.
- Overcrowding – 40% living in overcrowded conditions, impact on health and quality of life.
- Dispelling the belief that the phenomenon of the extended family household is declining, strong preference for these arrangements. View not only expressed by Elders but also by younger family members.
- No demand for separate accommodation for Elders, though recognition that this may change over time.
- Low level of awareness of sheltered housing, only 5% saying they would consider, that view not significantly changing with the prospect of a BME scheme.
- Low demand for social housing, preference for owner occupation
- Low income levels and high level of benefit dependency

Meeting Housing Needs

- Preference for large family accommodation – terraced houses.
- Two lounges, two bathrooms (one downstairs).
- No other special features.
- Owner Occupation preferred.
- HA considered but concern that there was no RTB.
- Smaller bungalow accommodation for Elders.
- Within community close to family and support networks, including Mosque and Community Centres.

Access and Take up of Services

- Low levels of awareness and take up of 'Council' services.
- Services not sensitive to cultural/religious needs.
- Family and Friends main source of advice and support.
- Lack of written literature in community languages, translation and interpretation services important.

Indicators of Care and Support Needs

- Premature ageing of the community.
- Higher incidence of diabetes, Coronary Heart Disease and Chronic Obstructive Pulmonary Disorder.
- Problems in the home, climbing stairs.
- Need for adaptations, downstairs WC.

- Majority not using services available.
- High levels of dependency on family members.
- Recognition that in 10-15 years there would be more reliance on 'other' services.

Meeting Care and Support Needs

- Through Family.
- Where it was not, or became too specialised then consensus that care should be provided in their existing home, and that if adaptations were required this should happen rather than a move to alternative accommodation.

Access To and Take up of Services

- Low level of take up.
- Perception that 'they care for their own' has limited opportunities to develop services.
- Lack of representation of Asian staff.
- Language a key issue.
- Negative experiences of Social Services.
- Stigma attached to receiving care, on both Elder and their families.
- Lack of cultural sensitivity.

The recommendations coming out of that report were;

- Provision of large family housing;
- Focus of design; two bathrooms and two lounges as standard;
- Some development of smaller, single level accommodation;
- Location is key, close to existing communities and support networks;
- Adaptations to existing homes;
- Better promotion of sheltered housing;
- Improve 'professional' support and advice networks;
- Community involvement in developing solutions;
- Preference for ownership, promote Shared Ownership and extend Right To Buy;
- Culturally sensitive care and support services;
- Mainstream services being more flexible and more locally accessible;
- Translation and Interpretation services important.

Appendix 2: Supported Accommodation Strategy 2005: Extracts

Barriers & Inequalities

Lack of awareness of specialist support and services - Low levels of literacy & language (more of an issue amongst women)

Vulnerable are hard to reach - Traditional roles of women in ethnic communities make it less likely that those with care and support needs of their own will be in contact with specialist services.

Services are perceived to be not culturally competent - Presence of a person from the same ethnic group, or prominent use of BME languages in signing & labelling of services.

Experience of discrimination & insensitivity - Services failing to take account of important religious and cultural issues. Negative experiences form lasting opinions.

Traditional views - Still play an important part in culture. In the tradition of the home communities in Pakistan and Bangladesh there are no equivalents of sheltered housing, care homes and the range of care and support services available in the UK, nor is there a categorisation of older or vulnerable people. The care of vulnerable people within communities is the duty of members of the family.

Shame may be associated with not caring within the family, both by the vulnerable person and family alike, and this alone is a strong barrier to the take up of sheltered housing. Similarly there may be a reluctance to make public the disability or illness of a family member.

Consequently a view expressed is that turning to specialist services for support is either undermining or undervaluing the support provided by family carers, and that by seeking assistance there is an admission of failure on their part.

Because of tradition BME groups may avoid services that do not acknowledge their importance but it is also possible that awareness of those very same traditions can lead service providers to a general consensus that stereotypes people and does not reflect individual circumstances.

Location - Communities have a strong preference for traditional housing areas and services.

Lack of choice - Where there is a high demand for specialist housing & services there is likely to be less of a choice on offer, people (from all communities) have to accept what is available. In this situation those choices are likely to be unsuitable and will be refused. At the same time there is little incentive for providers to change to be more culturally competent.

Addressing the Barriers

Making Links to BME Groups -Importance of bi-lingual 'link' workers with the authority and skills to meet the high expectations placed on these roles.

Changing Policy & Practice – Use 'special projects' to inform and develop mainstream provision and a generic appreciation of the different issues facing vulnerable people within BME communities.

Increased awareness/marketing of services & Cultural competence – pick up on the different needs of older people from BME communities – in a sheltered scheme for example the preference for 2 communal rooms, Halal kitchen, a prayer room, same gender support staff. Overall an appreciation of individual preferences.

Awareness of cultural changes between generations, with first generation elders attaching more importance to traditional cultural and religious values, extended family and connections with the home country than younger people than younger people.

Targeting resources- To be sustained services need to be 'mainstream, which could rule out services for specific groups and specialist link workers. Could better use of new Community budgets help make a difference? Support Workers whose aim would be twofold, to help bridge the gap but also to raise the levels of cultural competence within mainstream services.

Conclusion

There are many reasons why older people from BME groups do not access services and these have to be addressed by the targeting of additional resources or the re-configuration of existing. Short term measures include;

- Bi-lingual staff
- Link workers
- Accessible information
- Tenancy support teams

Beyond this cultural competence has to be part of future service planning, whilst recognising that personal preference and individual choice are driving all services.

Appendix 3: Older People's Housing, Care and Support Needs: General Issues

Introduction

The population of Oldham has a growing and increasingly diverse range of older people living across the borough, all with differing needs and expectations. Numbers of older people living in Oldham is predicted to grow over the coming years, from 32,900 in 2008 to 41,900 in 2025, an increase of 27%. This will put considerable pressure on existing and future resources particularly as within that there is a 48% increase in the over 75's.

The Joint Strategic Needs Assessment (JSNA) suggests that if the costs of providing care simply increase with the population then by 2025 they could almost double, with similar escalation in demand for health services and hospital admissions.

Housing Strategy for Older People

Across communities older people will continue to look for support to remain in their own home and in many cases will endure significant hardship to do so. 35% of the homes occupied by older people in Oldham fail the decent homes standard and 16% of pensioners live below the poverty line (JSNA 2011/12).

Poor housing has a huge effect on health and well being and initiatives to improve the quality of existing homes, to combat fuel poverty and to reduce social isolation all contribute to a wider prevention agenda.

For the wider population Oldham has made real progress;

- Over £100 million invested in 1458 improved or new homes through the sheltered housing PFI
- Within that the provision of 300 extra care homes.
- Reducing under occupation through the downsizing initiative with many older people moving from larger unsuitable homes to bungalows and sheltered flats.
- Increasing the number of new affordable 'lifetime' homes.
- Better signposting of older people's housing options through One Point.
- Practical advice and support on fuel poverty.
- Stretching the impact of funding for aids and adaptations through agreements with Housing Associations.
- Modernising Supporting People funding.

The current Older People's Housing Strategy highlights 4 key issues, and makes a series of recommendations.

1. Ageing, low income population in Private Sector Housing

    - Review the approach to the delivery of Aids and Adaptations, push towards self funding and equity loans.
    - Seek a more 'joined up' approach to support services such as gardening and handy person schemes.

2. Making best use of existing public sector stock and services

    - Registered Providers reviewing their own older peoples stock and services.
    - Making best use of Aids and Adaptations funding and review existing protocol with Registered Providers.
    - Review and re-scope the current Helpline service, pilot new Telecare and Telehealth services.
    - Improve access to advice and support.

3. Improve the Co-ordination of Specialist Accommodation

    - Review the allocation of supported housing.
    - Business case for a new purpose built dementia unit.

4. Meeting the needs of a growing BME population

    - Improving awareness and targeting promotion of sheltered housing.
    - Improve access through One Point.
    - Identify gaps in services and barriers to accessing them.

Conclusion

The Older People's Housing Strategy demonstrates a broad understanding of the emerging housing and support needs of older people living in Oldham and makes a series of recommendations that have the potential to positively impact on older people from all communities. However, it is significant that one of the four challenges is to work harder on ensuring that existing and future opportunities are accessible to all and that specific attention is given to understanding more about the reasons why older people from BME communities generally don't use services and what providers have to consider to make services more relevant to those communities, more attractive and more accessible.

Appendix 4: Housing 21 – Awareness Raising Project

Housing 21 – Awareness Raising Project – May 2009

Issues

Raising awareness of the type and range of sheltered housing available.
Improving likelihood of attraction by increasing numbers of BME residents.

Opportunity

Newly refurbished 1 bed bungalows at Villiers Drive and Shield Close in Coppice, within an established Bangladeshi/Pakistani community.

Actions

Targeted 40 BME applicants off waiting list to view 2 bungalows on Villiers Drive.
Support staff from H21 & FCHO (One Point) on hand to advise.
Wider promotion opportunity for other sheltered Courts.

Results

40-50 people attended on the day, including local people who had not been formally invited.
Of the 11 bungalows available, 7 are now let to people from BME groups.

Feedback

Little awareness of sheltered, but little interest unless it was within established communities.
Agreed could meet needs but location and family support were more important.
Practice of caring for older parents within family home is declining.
Families still the key to care and support and proximity to family remains important.
Sheltered not a preferred option, perhaps consider if other Asian people lived there.
Language is a huge barrier.
More and better promotion of sheltered and extra care is required.

Further Actions

Improve awareness through targeted promotion.
Better support needed to overcome language barriers.
Possible block letting of flats within Courts in the right areas (Trinity House and Aster House).
Awareness of BME culture with existing H21 residents.
Ensure that staff providing support have language skills and aware of cultural issues.

Appendix 5: Maps

Number of people pensionable age from BME groups living in Oldham, and Group Sheltered Housing Schemes

Key
● All Sheltered Housing Schemes

Number of people from BME (non-white) ethnic groups
- 400 to 499   (2)
- 300 to 399   (1)
- 200 to 299   (1)
- 100 to 199   (5)
- 0 to 99   (11)
Source: Census 2001