

Older BME People and Financial Inclusion

A Sense of Place:

Retirement Decisions
among Older Black and
Minority Ethnic People

Runnymede: Intelligence for a Multi-ethnic Britain

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1. Introduction

The population of the United Kingdom is changing significantly, and will continue to do so in the coming decades. Perhaps the two most notable changes are the increasing *diversity* and the *progressive ageing* of the future population in the UK. But while these two demographic changes are frequently discussed, policymakers have still not made adequate plans to respond to such transformations.

One of Runnymede's ongoing areas of research is investigating the financial and other needs of older Black and minority ethnic (BME) people in the UK.¹ In our 2010 report *The Future Ageing of the Ethnic Minority Population of England and Wales* (Lievesley, 2010), we drew attention to the growing population of older BME people – between 2001 and 2051 the number of BME people aged 65+ is likely to have risen from 230,000 to 2.7 million, a 12-fold increase. In this report we summarize our research on whether retirees in different BME communities are likely to be living beyond the places where BME communities tend to be clustered (i.e. urban areas) and, consequently, what kinds of provision they will need from local authorities and other service deliverers.

The purpose of this research is to explore *where* BME people approaching retirement want to live in the UK and the barriers and incentives influencing this decision. As we indicate, older ethnic minorities living in the UK have particular experiences. This group is not often part of the discussion either on the increasing diversity of the UK (which tends to focus on immigration or younger people); or on the ageing of UK society. Yet not only are older BME people a rapidly growing population (Lievesley, 2010), but treating them fairly in the future may require some changes in policy and service delivery both small and large (Khan, 2011a). Furthermore, these changes are in many ways a good indication of the kind of society we will have and want to support in the future more generally in the UK. Our findings therefore have wider application, even as they highlight the particular needs and experiences of older BME people.

Our research focused on a particular but important aspect of BME older people's lives: their retirement decision-making, more specifically *where* they expected or wanted to retire. In previous research (Khan and Mawhinney, 2011) we explored how far BME older people wanted to retire *overseas*, typically their place of birth. But while a number of foreign-

born BME people do seek to retire overseas, others find the family ties keep them in the UK in retirement, even if they spend a month or more overseas.

The notion that people might 'return' to their country of birth for retirement only applies of course to those born overseas. An increasing proportion of BME people in Britain were born here, particularly among the more settled – but also the younger – groups, such as Caribbeans, Indians, Pakistanis and Bangladeshis. We would expect these groups to be less likely to retire overseas and perhaps be more likely to make choices that accord with those of white British-born people.

Yet even among British-born BME people there may be different experiences or preferences. Perhaps most obviously, BME people in the UK are much more likely to live in conurbations, particularly in London, than are white British people. So, even for British-born BME people, the notion of retirement to a non-urban environment – the countryside or seaside towns, for example – may be less common.

In our background chapter we outline some relevant demographic data and academic research on these and related topics. They include population projections, rural racism and the relationship between place and identity, all of which help situate and explain our findings. First, however, we explain our methodology for this research.

1.1 Methodology

This research involved a total of 112 participants across the major minority ethnic populations in the UK. We chose to conduct our research in 13 focus groups, a very reliable way to determine key themes and shared experiences.

We set up our focus groups in two different contexts. First there were the 8 focus groups, with a total of 65 participants, that took place across the UK: in Leicester, London, Manchester (2 groups), Wirral, Bournemouth, Oldham and Telford. In addition to these 8 groups, we held 5 focus groups in Birmingham, with 47 participants in total, as part of a day-long 'deliberative assembly' in January 2012 (Runnymede Trust, 2012). On the morning of the Birmingham assembly these groups were asked the same questions as those to which the 8 nationwide focus groups had responded.

The Birmingham focus groups differed in two respects from the nationwide groups: they formed part of a day-long process, and they involved the participation of academic experts on deliberative methods from the University of Toronto and Columbia University. This moderated environment may have encouraged participants to respond in a more measured way, but our analysis of the findings did not uncover large differences between these focus groups and the 8 conducted elsewhere in the UK.

Our focus groups addressed whether or not BME older people would be willing to retire to rural areas. It had proved difficult to organize focus groups in rural areas themselves, not least because there are fewer BME older people living in these areas, and a paucity of institutions that would serve as a focal connecting point for the disparate ethnic minorities living there. This is not to say there are no BME people living in

rural areas; indeed some of our interviewees were in fact from rural locations.

In this report we have quoted extensively from our focus groups. These quotes are clearly chosen to highlight a particular point. But the determining factor in their choice was because they were in one or more ways representative of the wider discussion, either within the particular focus group, or connecting with discussions in the other groups. While we did not use qualitative research software to analyse our focus group findings, we did analyse each focus group and code the responses according to principal themes. Therefore, this report expresses not so much a precise outline of what every focus-group participant said, but offers a representative sample of those findings that are most socially relevant, and those that policymakers should be reacting to both purposefully and appropriately.

2. Research Background

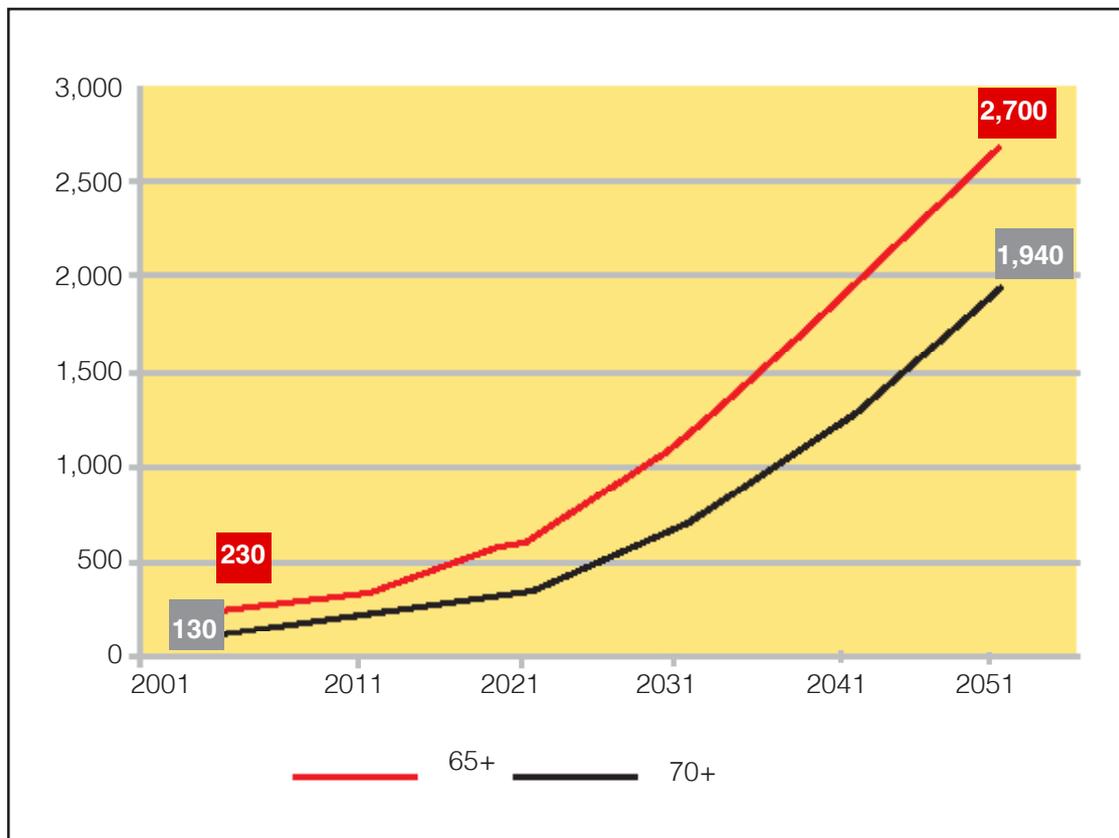
In this chapter we outline key demographic data on BME older people, and also review particular aspects of the academic literature on these and related topics. We focus on three key themes, both to guide an otherwise disparate set of issues, and because these resonate with our interview findings. These are: (1) *demographic data*, particularly the younger age profile of BME groups, their greater likelihood of being overseas born, and their relatively low incomes and savings; (2) the issue of *identity and place*, particularly in the context of retirement; and (3) *rural issues*, including both rural racism and rural financial exclusion. Another concern, which we don't highlight explicitly in this literature review but which emerges throughout the fabric of our report, is the impact of health and service delivery on older BME people, and how this affects their retirement decision-making.

2.1 Demographic data

As we have previously reported (Lievesley, 2010), the BME older population is set to grow 12-fold in the period between the 2001 census data and 2051. From a relatively small mainly overseas-born population of 230,000 in 2001, we forecast that the over-65 Black and minority ethnic population will have grown to roughly 2.7 million in 2051, with a significant proportion being British born (Figure 1).

Conversely, most ethnic minority populations today are considerably younger than the White British majority. For example, the average age of the White British population in 2001 was 37; this compares to only 16 for Mixed groups and 21 and 22 for Bangladeshis and Pakistanis. Figures 2a and 2b, giving age distributions for the White British and

Figure 1. Projected growth of over-65 BME population 2001–2051 ('000s)



Source: Lievesley (2010).

Mixed White and Asian groups respectively, illustrate the enormous difference in the proportion of young and old people in each group. While BME people are currently not as noticeable in the general trends of ageing, they will become so in future decades, and more of these people will be British-born, suggesting that their needs, preferences and experiences may differ from those of their overseas-born parents.

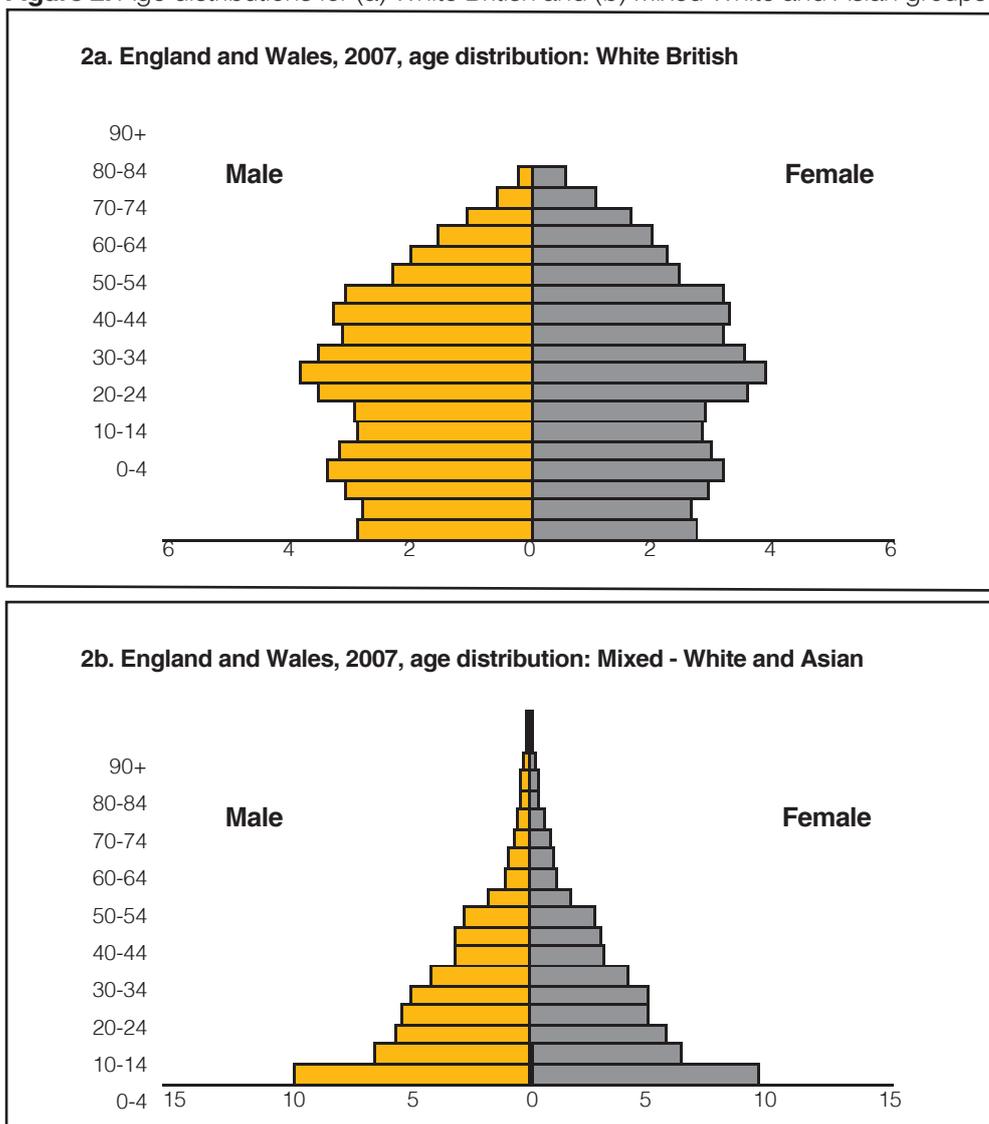
Considering that the first large wave of migrants arrived post-1948 we would expect most older BME people in the UK to have been born overseas (on the 'Windrush' generation, see Phillips and Phillips, 1998). People aged over 65 in 2012 were born prior to 1947, a time when the British BME population numbered no more than a few thousand.

This not only makes it a good time to assess the first wave's experiences of ageing as BME people in the UK; it also presents an opportunity to look forward

to what the future holds for this group. Not only will an increasingly older BME population diversify our understanding of ageing in the UK, it will also pose challenges to some traditional ways of thinking about 'ageing overseas'. In fact, those among our interviewees who were older BME people, who'd arrived in Britain mainly from the 1950s to the 1970s, are at least as likely, if not more likely, to identify as British rather than 'migrant'.

Building on our previous reports of interviews on the subject of overseas migration (Khan and Mawhinney, 2011), we have concentrated here on the subject of retirement in the UK, particularly whether older BME retirees might in future retire to seaside towns or rural areas, as do many of their White British counterparts. Research indicates that the geographic distribution of the minority ethnic population will be less clustered and tending towards more diverse areas, and our

Figure 2. Age distributions for (a) White British and (b) Mixed White and Asian groups



Source: Lievesley (2010).

interview data shows these tendencies already forming (see chapter 6 for the detail).

Another demographic point relevant for our report is household size, and household age profile. Both of these are affected by the declining fertility rates of minority ethnic families and the also declining tendency for multiple generations to occupy the same premises, issues we address in greater detail in chapter 7. In both instances the expectations of the older generation are being somewhat confounded by the circumstances of the generation bringing up their young families. Overcrowding can now mean that there is no room or time to care for the older generation, and this too can affect the concept of 'retirement' for those of pensionable age.

Finally, and as we have noted before (Khan, 2009, 2010), BME people have lower savings and less wealth, mainly because of their lower earnings over generations, and also because they are less likely to inherit wealth from preceding generations and to have occupational pensions to support their retirement.

2.2 Place, identity and retirement

Where we choose to retire is obviously influenced by where we feel most comfortable. This isn't merely to say that we want to live in a pleasant community with good amenities, but also to highlight that we need to feel comfortable in our own skin living in such a community. Our notion of who we are and where we belong develops in many ways, but no matter how hard we affirm an identity, if others reject us we cannot easily feel self-confident and fulfilled in our lives.

This is simply to say that who we are affects where it is we choose to live. In academic geography, this is referred to as the way in which 'place' and 'identity' interact: our notion of self is shaped by the places in which we live, while identities are partly formed through our relationship with those places – shops, parks, schools, community centres, football teams (Gupta and Ferguson, 1997; Huot and Rudman, 2010).

Social scientists have also begun to examine how 'life transitions' affect our identity (George, 1993; Teather, 1999). Most of us craft a narrative arc connecting the events and experiences in our lives, but there are a handful of life-changing events or occasions in our lives where our identities seem to shift – the end of childhood or starting a family, or indeed choosing to retire. In previous research we interviewed people who on thinking about their retirement explained

how they were moving on to a new phase in their life, including moving house and even developing new interests and hobbies (Khan and Mawhinney, 2011).

While people in many ways therefore *choose* where to retire, they also make those choices based on expected or meaningful options for them. A Briton born in Jamaica in 1945 who moved to London in 1959 is much less likely to view an expat retirement in Spain or Australia as a typical or comfortable life-choice than would a White British person born in Milton Keynes in the same year (compare Easthope, 2009).

In fact, some researchers have noted that the very notion of 'retirement' is a relatively new life phase, and one that has been more typically reserved for better-off people in society (Kohli and Rein, 1991). Working-class Britons have historically not lived many years beyond the end of their working lives, and so have found it less easy to craft a post-work identity. The notion that one could relax for a decade or more in later life required not only longer life expectancies, but also significant savings to meet living costs as inflation rose.

From the 1950s and 1960s onwards, the state pension, reduced working hours, a longer life-expectancy (via the interventions of the NHS) and indeed workplace pensions have all contributed to the possibility of a period of 'retirement' for most Britons. Transitioning into 'retirement' has become one of the most important and occasionally the most challenging of life-experiences. On the one hand, people are free from the requirement to work and to live in a location near their place of employment; while on the other hand, people typically have a lower income, and some struggle to replace the relationships and indeed the meaningfulness they gained from working with others and having a well-defined role of their own.

So while society is increasingly adapting its understanding of older people and retirement, for many the experience involves something of a shift in identity, not simply in circumstances. It's natural to define ourselves at least partly by what we do; where the activities we pursue in retirement are often quite distinct from those we pursued prior to retirement, we may also feel our identity shift in line with these other changes.

In the context of this research, we soon realized that respondents' answers to the question of where they wanted to retire were more complex than we originally anticipated. For many of them, this question was not one they approached in terms of surveying all the possible options and choosing the most financially comfortable location or one that had more amenities for older people. Unsurprisingly, people's previous lives affected their understanding and preferences on

where they would most like to retire. Furthermore, the experiences of friends and family also influenced their decision-making: if they didn't know anyone who had retired to a particular area, they often couldn't visualize their retirement there to be a viable option.

For our respondents, some options seemed so removed from their experiences – or their friends' experiences – that they hadn't even considered them. Note how this influences where BME people retire: a 'BME pensioner in Eastbourne' or a 'Chinese pensioner in Devon' is not a common identity or experience (compare Garner and Bhattacharyya, 2011). If a particular identity or experience is too uncommon, it is hard to imagine how a person could fit in. We have gone into this question in some depth because respondents were more likely to sound perplexed about rural retirement – it was an option they hadn't even considered – than to say that rural racism (or even financial concerns) was the biggest barrier. This suggests that the way in which identity and place interact – the need to 'fit in' somewhere – means that BME people may be less likely to retire to rural and seaside areas for the near future (Cuba and Hummon, 1993; Phillips et. al., 2012).

One caveat is that younger British-born BME people may feel it is easier to affirm a self-confident identity in rural or seaside Britain. For those born overseas, moving to a new country almost always involves a sort of identity shift, and it may prove difficult to make such a significant adaptation again later in life (Amin and Patel, 1997; Plane and Jurjevich, 2009). Furthermore, older people born overseas are less likely to have travelled to rural or seaside areas, for example as part of a school trip or a visit with university friends or work colleagues (although there are still questions about how far national parks and national trust sites are fully inclusive: Prendergast, 2009; Jowit, 2004). For British-born BME people with more personal and professional experience of rural and seaside Britain – and less experience of having lived overseas – moving to the countryside is a more straightforward choice.

One final aspect of place and identity that shapes and will continue to shape BME people also affects many White British people, namely those who live in cities. From our research, many people feel that they are 'city people' and they do not consider retirement to the countryside for this reason. This factor disproportionately affects BME people in the UK (45% of whom live in London), and may continue to do so given evidence that living in London keeps BME wages higher, somewhat balancing the ethnic penalty in the labour market (Dustmann and Theodoropoulos, 2010). We discuss research on the likelihood of significant BME movement to the countryside in

chapter 6, but simply note that any such movement obviously implies both that BME people could feel more confident about living in those places, and that the meaning of living in the countryside itself will change in future.

2.3 Rural racism and rural exclusion

For many analysts the obvious issue facing BME people considering retirement in rural or seaside areas is racism. In this report we do not assume that rural racism is an insuperable barrier to relocation, but we do find some evidence of it as a concern, and the academic literature continues to suggest that rural areas can be less tolerant of diversity. In this section we also address the greater financial exclusion to be found in rural areas, an issue that affects BME as well as the larger number of White British people living in these areas.

Even where we do not assume that rural areas exhibit more racism than urban areas, it may be that BME people do not view living in rural areas as a viable life-choice. As we explained in the previous section, it is not necessarily an easy identity for them to adopt. There is a certain stereotype of the English village as timeless, and so timelessly white, a point the Director of TV's *Midsomer Murders* series recently emphasized (Khan, 2011b).

Yet while English villages are indeed more diverse than this stereotypical caricature, it is not always easy to be a very small and visible minority in any locality, rural or otherwise. This is not simply a question of personal or psychological concerns around identity, but rather extends to issues such as access to services, care homes, shopping, places of worship, hairdressers and community centres. Without a critical mass of ethnic minorities, local areas cannot support or sustain such amenities and institutions. As we outline in this report, BME people sometimes feel physically conspicuous or stared at when they visit rural areas or areas with few ethnic minorities, and this feeling can be uncomfortable or unpleasant if it becomes a weekly or even daily occurrence.

As we've already explained, minority ethnic populations in England are predominantly urban. Some 10.9% of people living in urban areas are ethnic minorities; the equivalent rural figure is only 1.43% (according to the now dated 2001 Census). In total, an estimated 136,000 people in BME groups lived in rural England in 2001. This obviously includes all age groups, and we speculate that presently there are very few older BME people living in rural England.

Perhaps the earliest research on rural racism in the UK was the *Keep Them in Birmingham* report on behalf of the Commission for Racial Equality (Jay, 1992), set within the context of tackling racism in rural areas. It aimed to establish whether rural racism was a problem for ethnic minorities living in Devon, Cornwall, Dorset and Somerset, and, if so, its extent and whether various authorities were doing anything about it. Jay's research findings showed an uncritical acceptance of a 'no problem here' attitude amongst the majority white community against a background of a disturbing picture of racial prejudice and discrimination directed against minority ethnic residents.

Reports from Wales and East Kent are indicative of research on rural racism generally.

Williams's (2007) review of rural-race debates, based on Welsh experiences, identified three themes:

- (1) Constructions of the rural idyll in British, and especially English, national identity, so that the countryside becomes the haven of 'white safety'.
- (2) The relations analysis looks at how community cohesion is hampered by exclusionary practices. Potential identifications with the community for the minority ethnic individual are variously undermined by the lack of 'traditional markers' for the ethnic community organization.
- (3) The rights approach has been concerned with identifying strategies to produce race-equality policymaking.

Williams suggests further development of approaches based on interconnections across rural and urban locations to generate explanations beyond the immediate locality, or by acknowledging the role of national contexts in manifestations of racism in rural areas. These approaches become more important as minority recruitment in rural areas increases due to domestic and international migration, gradually eroding the rural/urban divide. More gradually, minority ethnic migration to the suburbs and travel for leisure and tourism impinges on traditional notions of rural life.

The Wales-based BEST (Black and Ethnic Minority Support Team) report (2004) identifies sluggish, bewildered or misguided institutional responses from service providers, suggesting that many areas still are not ensuring that BME people live comfortably and equitably in rural Britain.

The lack of a critical mass of ethnic minorities in rural areas generates new forms of association. Ray and Reed (2005) have noted how the community centres

that act as 'markers of community' in urban areas are absent from East Kent (BME population 2.3%). For instance, there is no official mosque in Canterbury. The composition of the minority community in East Kent is very diverse, with a higher proportion of asylum-seekers there than in the country as a whole. Gypsies, like Irish travellers, are often racialized as non-white or 'undesirably' white, further complicating the experience of 'ethnic minorities'. In low-density regions such as East Kent, people are often connected to mobile, fluid and transnational networks that are detached from locally bounded forms of belonging.

Since Jay's pioneering study 20 years ago, the following themes have emerged in the rural racism literature:

- The experiences of visible ethnic minorities, and the specificity of rural racism in terms of the *isolation* felt by ethnic minorities in the absence of a minority ethnic community (various case studies in Chakraborti and Garland, 2004).
- Rural geographers have applied *theories of othering* to understand the social construction of rurality. They show how tensions arise between imagined, culturally homogeneous and timeless geographies of rurality and the more heterogeneous and multicultural contemporary reality of the rural (see Hubbard, 2005, on asylum-seekers).
- The '*invisibility*' of racism in rural areas – a 'no problem here' point of view, leading to complacency and inactivity by agencies, local authorities and employers (see de Lima, 2001, on minority communities living in rural Scotland).
- The characterization of rural racism as *racism born of ignorance* rather than familiarity: the dearth of visible ethnic communities in rural areas means long-term residents' conceptions of these groups might be based on third-party information (media, other people) rather than contact with ethnic minorities themselves (e.g. Jay, 1992).

The denial of the problem may mask the fact that racism in rural locations is actually worse than in urban environments: Rayner's (2001, 2005) research has revealed that in England and Wales ethnic minorities living in low-density minority ethnic areas were ten times more likely to have been attacked on racial grounds.

This perhaps explains or is explained by attempts by neo-Nazis and the British National Party to organize in rural areas. In 1997, neo-Nazis targeted young people in rural areas of Wales², while the leader of

the BNP, Nick Griffin, announced his organization's intention to create a 'white homeland' in the South West in 2003. The BNP handed out a targeted magazine, the *Countryside*, at the Countryside Alliance rally the previous year, and has since established a 'rural affairs' website called *Land and People*.³

Partly in response, a Commission for Racial Equality grant established a new race equality network targeting racism in rural, mid and west Wales in 2005.⁴ Government has further investigated this issue, and a 2007 report found that racial tensions were more likely in the rural towns and villages of the east of England than in large towns. The Commission on Integration and Cohesion (2007) said that the official focus should switch to rural towns and villages experiencing new patterns of migration from eastern Europe, having not previously been used to diversity.

In 2004 Trevor Phillips, then-Chair of the Commission for Racial Equality, argued that a form of 'passive apartheid' exists in the British countryside, ethnic minorities choosing not to live in rural areas because they perceive them to be racist. A recent survey found that two-thirds of people from ethnic minorities living in rural Devon had been victims of race attacks and harassment. The Dorset Race Equality Council reported in 2003 that people from ethnic minorities were ten times more likely to suffer racism in the countryside than in a town (see Bush, 2006).

2.4 Rural financial exclusion

British rural communities of course experience a much wider range of issues than racism. Rural residents in fact experience significant levels of poverty, with 18% living below the official poverty line (compared to 26% in urban areas). In fact, among White British people, the rate of poverty in urban and rural areas is quite similar (Milbourne, 2010).

In the context of this research, the issues of financial inclusion and access to services are particularly relevant. The Commission for Rural Communities hosted the government's rural financial inclusion

champion and produced an important report on rural finances (CRC, 2009). Key findings included:

- Over 200,000 people living in rural communities have no access to a bank account of any kind – 10% of the total number of 'unbanked'.
- The number of mainstream banking facilities in rural areas is declining, creating financial services 'deserts' (where no households are within 2km of a Post Office, or 4km of a Bank or Building Society, or 4km of an ATM) in some rural areas. In 2009 249,895 people lived in these areas.
- Higher service costs in rural areas, due to a widely dispersed client base and poor economies of scale, raise challenges for delivering debt advice and other services.
- Only one in eight banks and building societies are in rural areas, although one-fifth of the population lives in these areas. However, there has been an increase in the number of free-to-use cashpoints in rural areas. The Post Office is implementing a programme to install up to 4000 of these cashpoints across the country.
- Over half of the 9000 post offices in England are in rural locations.
- Credit unions in rural areas face particular challenges, including increased time and travel costs for volunteers to oversee 'collection points'. As a result, many rural areas are currently not covered by a credit union and/or community development finance institution.
- Very few debt centres are located in rural areas.

While these specific points were not directly addressed in the focus groups, our interviewees certainly recognized that living in a rural area would make it more difficult to access services generally. Indeed, as we point out below, many older people are finding that retirement to the countryside, while undoubtedly a better choice for many Britons, can increase isolation and reduce access to important services. Yet as we report in chapter 6, up to 2.5 million more BME people are likely to live in rural Britain in 2051, and so these issues are likely to get more rather than less pressing in the coming decades.

3. Family

As with other people choosing where to retire, family is a key factor that affects BME people's ultimate decision on the location of their retirement home. In many ways, family may be a more important motivator even than financial considerations, and the desire to move overseas appears to be significantly constrained by the reality of living at a distance from children and grandchildren.⁵

Revisiting for a moment the somewhat academic literature on place, identity and life transitions, the basic idea is that people's choices are shaped by how well they fit with other important values and connections in their life, and with prior experience.

So it is not surprising that fewer British people retire to Croatia than to France or Spain, or fewer move to Indonesia than to Australia or Canada. In both instances, the latter countries sustain an 'expat' community, and younger and older British people are more likely to see living there as fitting an 'identity' that they can comfortably affirm as their own.

What does this have to do with family? Among the factors that shape a person's choices around where they could feel comfortable retiring are their existing relationships, especially with loved ones and family. For most people it is hard to imagine long-term separations from all family members, especially so as people grow older.

(Caribbean female, London)

Interviewer: *And does everybody live close to their family, is that quite common? [A few yeses].*

Participant: *Yes, very close ... My sister, my children and grandchildren, they live very close. So we are attached to each other ... they come down and we go and see them, we have a close relationship with the family, and with friends around as well.*

(Gypsy male, Bournemouth)

No I don't see myself leaving cause I came to Bournemouth by myself but have subsequently acquired children and grandchildren here, so ... so that's it. I don't anticipate leaving.

3.1 Work and family

An obvious way that family ties pulled people in a particular direction was linked to their children's experience of the labour market. Many participants noted that their children needed to be willing to move to get work, or to get better work, and parents often moved with them or near to them. Given evidence of higher unemployment rates (now over 50% for young black men), lower wages (see Figure 3) and discrimination in the labour market (see Wood et. al., 2009), we might hypothesize that BME people feel particularly drawn to move where they are offered good and stable employment. And as with many White British people, we also found evidence that people are moving overseas in search of work and a better life.

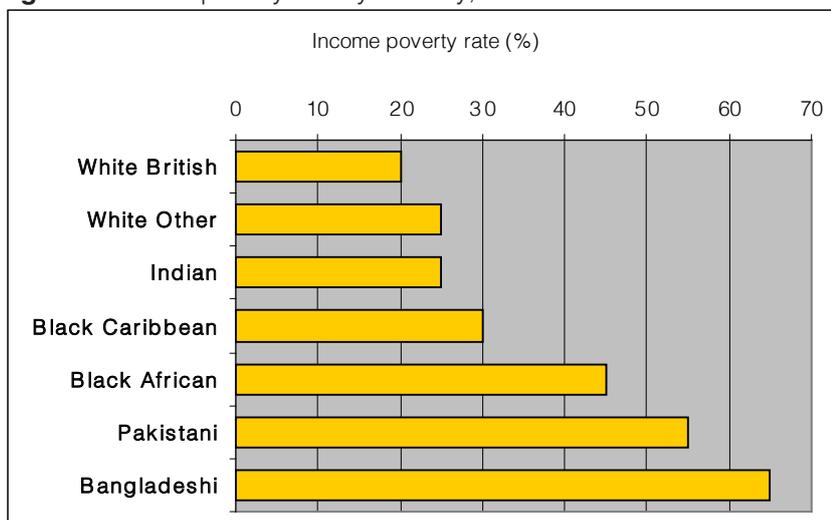
(Indian female, Leicester)

If you want a good job you have to go out of Leicester. My daughter works in Nottingham, my daughter-in-law works in Birmingham, my son works in London! They got no head office in Leicester, he works there, stays in a hotel for four days, comes home for the weekend ... He can get a job in Leicester, but not, you know when you reach a certain level, you have to go...

(Indian female, Leicester)

For myself, I'm very happy where I am. I'm with the children, the grandkids' place is not very far, so grandchildren they can come any time, in the holidays. But we are

Figure 3. Income poverty rate by ethnicity, 2002–2005



Source: Palmer and Kenway (2007).

not, sort of, tied, I have to do this or they have to do this, so we're still very close to each other. You've got your own space.

These experiences accord with evidence (Dustmann and Theodoropoulos, 2010) that BME people earn more in London, and also point to evidence that ethnic minorities in more segregated areas often do better in the labour market. This is partly because ethnic minority networks are stronger where they are a significant population, and perhaps partly because larger global firms located in London are more likely to have more proactive equal opportunities and diversity policies.

People seem aware that traditional work and family patterns are changing; for example, their children are busier with their own family and more likely to be in double-earning households, meaning they have less time to spend with and care for their older parents.

(Female participant, Oldham)

I know we used to depend on children but nowadays children, even ladies or girls, or whoever are working, so obviously even living in same town they can't take out time because they're working. And in the evening they're looking after their family and children, you know, so they can't look after the parents.

Interviewer: *So you're saying there's less time for people to spend with their parents?*

Participant: *Yes, I think so, because almost all the families' children are working now.*

We also found significant evidence of support down the generations: grandparents helping their children out financially, including cases of still helping children financially in their 40s and 50s. Interviewees were obviously saddened by this situation, and many explicitly mentioned how they immigrated to Britain seeking better lives for their children, who they now felt would not benefit from decent jobs (partly due to racial discrimination), nor indeed from adequate pensions in future.

Whether in terms of childcare provision or wider financial support, then, we found significant evidence of older BME people being constrained in their retirement decision-making by family ties. This is not precisely how everyone articulated their situation, but a few did, and it was notable that they typically felt more anxiety for than resentment towards their children.

3.2 Childcare and health

In our interviews, one way that family influences decision-making was often expressed in terms of a tension between wanting to be close to family and

to provide grandparenting care, but wanting not to feel taken for granted, and to have an independent existence, not one that was based solely around children or grandchildren. As this question is one we are currently addressing in a forthcoming (late 2012) parallel research project, we provide a few indicative quotes suggesting the tension that many participants expressed:

(Indian female, Leicester)

I think it's the time to think about yourself. To concentrate on yourself and what you would like to do, not about what your children want ... I think we have done enough. We have worked 30, 40 years and it is time for us to enjoy ourselves the way we want, not the way they want us to live ... I would still like to move away from the family ... You can't depend on people all the time, you have to ... depend on yourself as well.

[When asked the most important consideration] *I just moved for my grandchildren! That's my choice.*

(Pakistani female, Oldham)

Actually, the question is not so much countryside or what, because obviously the family is all together, so obviously children look for support and they mostly don't want to leave children with childminder or whatever because it's expensive. So this is my main point, whenever they go they come back again because they know they will have to pay that much money [in childcare] and they get support as well, you know.

While the desire to provide grandparenting care is sometimes a reason for older people to move closer to their children, we also heard evidence that older people move in with their children as they become less healthy. Evidence suggests that BME families, especially South Asians, are more likely to provide care in the home, and where families live far apart, either the children or parent must move if they wish to provide such care (Victor et. al., 2012). Such examples are hardly limited to BME people, but a participant in Oldham suggested caring responsibilities were one reason Pakistanis were moving to London.

(Pakistani female, Oldham)

If someone's children move to London, they say come here and live nearby, so maybe in a few years' time more people in London you will see. Like Tooting: quite a lot of Asians and it's likely growing again more and more because their relatives coming there...

Interviewer: *So people are moving to London?*

Participant: *Yes... I know some families used to live here, parents lived here, because they were active*

and able but then since they had an illness and he can't move, the children took them to London.

Interviewer: So they were following their children?

Participant: Yes, of course they had to because they were nearby and they look after ...

(Chinese group, Manchester)

Participant 1: My sons they both left Manchester, they don't like Manchester ... One is in London, one in Singapore.

Participant 2: My daughter moved from Manchester, went to Australia.

Interviewer: Did you consider going to Australia?

Participant 2: No, no, I don't know anybody.

Finally, and as we've explored in a previous report, family clearly influences people's interest in retiring overseas (Khan and Mawhinney, 2011). In that report we found family ties to be a key reason older people chose not to retire to the Caribbean and Morocco, and in this research we made similar findings among Indians, Pakistanis and Chinese people.

(Pakistani female, Wirral)

I think about the same thing, if you have got children here you don't think about going back [overseas] anyway, just for a holiday, probably a few months.

(Chinese male, Manchester)

Interviewer: Okay, and so where your children live would be a consideration.

Participant: Yeah, a big consideration, because family link is very, well, it cause a little bit of conflict between my wife and I actually. My wife wanted to move with the children. At the moment the children [are] in Manchester but my wife actually mentioned [we should move] with the children, in particular the son. The son moved to whatever city, she will move with the son, okay, but the daughter is more independent and will not want us to move for her. And I want to go back to Hong Kong half year, half year [here], but my wife wants to stay here permanently. Only for holiday, Hong Kong. So, actually, when I mention about retirement it actually causes a little bit of conflict, but it's still a few years ahead of us, so we haven't solved this problem yet but it's always in our conversation.

(Pakistani male, Oldham)

We'll have nothing to take back to Pakistan [at retirement] now, all the life is past here, so when we go into old age, when we go to depend on somebody, why should we go back to Pakistan?

Female participant: Because our children are here

Male participant: You spend all your energies in the UK, why you coming back [to Pakistan] now? So we deserve to live here, this is our country. This is our country now.

3.3 Family ties now and in the future: a summary

Unsurprisingly, then, family emerged as a major consideration for people in deciding where to retire. Typically, South Asian groups were more likely to move to be near their children, though we found examples of this behaviour in all groups, and everyone expressed the desire to be near children and grandchildren. This was not simply to provide full-time grandparenting care, although we found a few examples of such practices, but rather followed from the value and meaning people find in their families. It is also worth noting that family ties obviously extend beyond children and grandchildren. Indeed, many respondents noted that they felt closer to people in their own age cohort, and mentioned siblings and cousins in this context as family members they regularly met.

Family ties are of course deeply significant for all people in the UK, and of course many White British people also stay close to their families; 60% of UK-born residents live less than 20 miles from where they lived at age 14 (Simpson and Finney, 2012). BME people may have a slightly stronger preference for living near to their family, but the consequences of this preference on retirement decision-making flow from the prevalence of BME people in urban areas. That is, given that almost everyone indicates some preference for being in close (if not too close!) proximity to family members, the more numerous presence of BME people in urban areas may be set to continue over the coming years.

There are two cautionary counter-points to the continued urban clustering of BME populations. First, as we've noted, BME people move around the UK for work more frequently now. For British-born BME people this movement may be less uncomfortable, and given their economic situation, this mobility will likely increase in the coming decades.

Second is the demand for social care. While we did indeed find examples of BME people who would prefer or even expect to be cared for by family members, there was also a recognition that this may not be possible. We address this topic in chapter 7, but the key point is that if and when BME older people make greater use of care homes, and depending on the extent to which there is a sufficient supply of such homes in urban areas, a further dispersal of BME older people throughout the UK may result.

4. Friends & Community

As with other older people, older BME people gain enormous support and self-confidence from their friends and among their wider community. The value of local communities for older people's quality of life is widely recognized and in this chapter we highlight how friends and community affected our participants' retirement decision-making.

4.1 The importance of shared experiences

All of our participants highlighted the importance of community for their daily lives. This included having friends in close proximity, a view that was often expressed in terms of the quality of friendship with different ethnic groups.

(Indian male, Leicester)

Where I live I see so many *people passing my way, you know and they say 'Hello, hello', that's fine. 'Good morning, nice weather' or 'It's not very nice', and that's it. I would like to go and visit them but they want to be on their own, like, maybe due to cultural reasons but if I were to go and visit some of my friends, Asians or people from the community, right, 'Oh, hello, hello, would you like a cup of tea?' ...If we went to live in an estate in, say Oldby for example, there are mixed population ... Now I'm living here in this house, next door is an English man, the other one is West Indian, or whatever, you know. Now we are all friends, up to a certain extent. That is like being friends in the pub. No visiting the house, that is another thing which we like ... So, this is the reason why we want to live within the community.*

Interviewer: *Cause you can have a deeper level of friendship.*

Participant: *That's right.*

(Chinese group, Manchester)

Participant 1: *Well, I don't go to pubs a lot! (laughs) But when I go to the pub I always had the feeling that people are looking at me from entry to the counter, that's my feeling, so it really put me off.*

Interviewer: *I guess you're saying you can get that in the countryside and the city as well, it's not just the countryside where you might feel conspicuous.*

Participant 2: *But in Manchester it's quite diverse. You can see a lot of different people, not just white, you know, but you more comfortable, yeah.*

Participant 1: *But still if you go up on your own, you know, people still [look at you].*

Participant 2: *There will be, but still in Manchester and Stockport there's a big difference. Stockport is quiet, although quite a lot of Chinese live there in the statistics, the Census, but if you go to the town or whatever you don't see that many Chinese going there. But in Manchester you see a lot of Chinese, no matter near the university or the centre of Chinatown area.*

However, while people clearly indicated the value of friendships within their communities, many explicitly rejected the notion that they *only* had friends in their community. And even those who expressed the view that *friendship* was more common within their community affirmed a more positive view of inter-ethnic relations in their wider locality. Whatever their motivations, everyone emphasized that people from different backgrounds got along in their area.

(Indian female, Leicester)

It's very safe, where we live they're all very friendly, the English-speaking and the Indian, all the communities they are very friendly.

(Pakistani male, Oldham)

Yes, it's great to be living in Oldham, we are a very strong community here, from all sides of the community there's a good gathering and anybody who wants to discuss anything they can come to me in the past, future, or present.

Interviewer: *Do you mean all communities come together?*

Participant: *Oh, yeah! Street parties, different events, summer Melas in the park. We have a good relationship with the communities, no problem.*

Another way to think of this is that while people get along and enjoy their relationships with neighbours and others in the wider community, they often get a deeper friendship connection from members of their own ethnic community. This may seem somewhat controversial, although it appears that BME older people felt that the experience was mutual: that most older White British people preferred friendships among each other and were less willing to invite older BME people over for tea. There was some evidence in our interviews that friendships may cut across ethnic groups in younger generations, with respondents noting that

their children were more likely to 'mix' across ethnic groups.

4.2 Community beyond friendship: social capital within and across groups

Here it is also worth noting that friendship is not the only or arguably the best way to measure inter-ethnic relations in a community. If government documents have sometimes assumed that people's willingness to invite each other over for tea is a marker of civic engagement, we might instead note that our civic ties are rather *impersonal*. That is, as citizens we relate to one other regardless of our personal relationship with other citizens; we should be equally concerned with the rights of those we don't know as our neighbours. Friendship and citizenship are both group-based ties but they are not based on the same motivation, nor do they have the same justification.

Another way to think about this question is in terms of 'bonding' and 'bridging' social capital (Putnam, 1995). 'Bonding' social capital refers to ties *within* a particular group whereas *bridging* social capital instead refers to ties across groups. In the UK this distinction was taken up by the Cattle report (Home Office, 2001) into the riots in northern towns, which suggested that across ethnic groups there was too much bonding social capital and too little bridging social capital.

Whatever the merit of Cattle's analysis for the UK (and we cite some counter-evidence below), it's far from settled that bonding social capital is always bad for community relations, or a solidaristic society. Varshney (2002) compared towns in India where Hindu-Muslim riots were common and town where riots were rare, and found that those with fewer riots actually had strong *bonding* capital as well as *bridging* capital. A similar thesis has been applied in the developed world, such that migrants and ethnic minorities with stronger community organizations feel more self-confident and assured, and are better able to navigate and participate in wider society.

For example, we have previously argued that migrant associations are a way for migrants to understand the health service and school admissions, so that they are vehicles for social inclusion or incorporation (Khan, 2008b). Anthony Heath has extended this analysis more generally for the UK, building on Varshney's argument. He compares the case of trade unions in the UK with migrant organizations, arguing that the latter may follow the former in

building a strong sense of identity while at the same time incorporating this identity within wider British society and contributing to their participation in civic institutions (Heath, 2012). In fact, most if not all of our respondents felt a strong sense of local attachment (often more so than their national attachment), and appeared to confirm Heath's thesis that strong bonding and strong bridging capital often go hand-in-hand.

(Chinese male, Manchester)

I think we've built up this sense of belonging. I been here for, well, 38 years, all my teen memories is here. I built all the links, relationships, I go to the local church, support the local football team, so we never dream of leaving this place unless something happens or the children move away. So we thought we belong, this is like a home for us, Manchester, because we spend so much time here and we look at all the changes in the city, like xxx mentioned Commonwealth games, all the city centre rebuilt, apartments and we thought we belong to this city, we wouldn't dream of moving to another city or another town.

Interviewer: *You feel very much a part of Manchester?*

Participant: Yes.

4.3 Personal security and conspicuousness

Among our interview participants, two somewhat related issues arose in the context of community. First is that of security. There is significant evidence historically and internationally that ethnic minorities often live in closer proximity to one another for reasons of security. This is obviously more of a concern the more divided and indeed the more violent inter-ethnic relations are in a given society. It is also notable that older people generally are more concerned with security, in part because of perceptions of young people, and in part because they are more vulnerable to the risky and indeed violent behaviour of others.

(Indian female, Telford)

I think amongst the elderly Asians they mostly worked in the UK whether they are 70, 80, 90 and there always is this desire to sort of be with your own, really. The youngsters a lot more they are mixing with the indigenous white but the elderly they always tends to for security reason, the safety reason. I mean in Telford where Mr Khan comes from, it's Regent Street, I think 80% are from the Pakistani community. Why do they go?

Because you feel secure there whether young or older because people next door to you is another Pakistani, speak the same language and so on and it's the fear of the unknown if they move next to a White British person. It doesn't necessarily mean they are prejudiced, it just means security somehow, doesn't it.

Interviewer: *And when you get older you get more worried ...*

Participant: *More worried about your security. I would say of course the prejudice is there, in India even among the caste system, has always been there but in this country as the kids and my generation in their 50s; I was 30 when I came and my brothers, there isn't the prejudice there at all.*

(Black group, Wirral)

Interviewer: *It's interesting that, having thrown out a question about retiring to the countryside, people have been much keener to talk about retiring overseas, so it's not a problem.*

Participant 1: *The country's more isolating, isn't it?*

Participant 2: *And you could be killed and no-one would even know! They kill you and bury you, you and nobody will hear you shouting! [laughter]*

Participant 3: *In a small village they know when you cough, but at the same time when you cough and you need to go to the doctor the bus is once a week! [laughter]*

The final issue to address in the context of friendship and community arises particularly in the context of rurality. While we address this topic further in chapter 6, it's worth highlighting how the value of community is a continuing 'pull' factor for people to live in cities, and that this isn't simply a question of identity or rural racism. Rather, people feel that they would be consistently stared at and noticed, making it difficult to feel included and comfortable.

(Chinese male, Manchester)

I think that the main difference, going into a pub is for a few hours, but you live there [outside city] it's going to be permanent or for a few years, that's the difference. You can't stand for people looking at you for a few years or in a strange way but you can go in a pub and drink up and then you go and that's the end of the story, you stay there, you meet those people they are not going to be friendly with you and then you start to have problems. That is my sense that we are not going to live in a village with all English people or people that we don't know or going into a close community and then we are the stranger, the odd one out, so we prefer not to do this, not to be

adventurous.

Interviewer: *So you would feel like the odd one out?*

Participant: *Yeah.*

4.4 Community and friendship: a summary

Finally, we did find some examples of relationships with friends and the wider community being thought more important, significant or reliable than those with family, especially children and grandchildren. Part of this stemmed from the realistic perception of the time demands on their children (most interviewees felt their children worked longer and harder than they did), and that there wasn't always enough time to interact.

Others, however, noted that there were also generational differences between parents and children, and that friends and other community members might share more in common with them. This often arose in the context of why people chose not to live with children: there was recognition that people's personal habits and cultural expectation would be different, and that it wasn't always sensible to compromise on either person's part. As a result, not all respondents sought to move too close to their children! In fact, the one interviewee who positively expressed a desire to retire overseas noted the relative importance of friendship ties (their 'real, true' friends) and wider family in her decision.

(Chinese group, Manchester)

Participant 1: *For me, the good friends are still close, and the son because the son have the family. The same age you can go together.*

Interviewer: *So are you saying you're more likely to stay with people your age than follow your sons?*

Participant 2: *Yeah.*

Participant 1: *Yeah. The son is, they are so busy they are working so they can't always [be] with you, there is only the holiday, so you must stay at home, four walls around you, that is so boring.*

(Caribbean female, London)

Interviewer: *And why is it that ultimately you'd like to be back in the Caribbean full-time?*

A: *Well most of my family are there ... My children are here, yes, but, you know, most of the family is there, most of the real true, true friends are there.*

Alongside family, friends and the wider community were significant factors in people's

retirement decision-making. This was often expressed in terms of friendship in their ethnic communities, but not to the *exclusion* of other relationships. As we've explained, people cannot simply select or fashion an identity as they choose, and over time relationships help all of us make sense of and navigate the world. Although we should not reinforce stereotypical images of older people as inflexible or 'stuck in their ways', it's obviously more difficult to let go of longer-term relationships and to forge new ones that are out of keeping with decades of experience.

As previous research has found in a range of situations, connection to a wider community is vital for individual well-being, and it is no different for older people. In the next chapter we consider the ways, both institutional and organizational, a community develops and reinforces itself. But in thinking about retirement decision-making the wider point – that friends and community matter – should hardly be surprising, and it is an observation that applies across ages and ethnicities.

5. Public & Private Services: Shops, Churches, Transport & Health

Our experiences of living in an area are significantly shaped not only by the others living there, but also the facilities and institutions available to us in that locality. It is of course more difficult for a community to meet and engage with one another without public spaces to meet in or if high streets lack a diversity of shops. For our older minority ethnic interviewees, shops and services were clearly identified as a significant factor when thinking about where to retire.

5.1 Ethnic-specific and universal services

Unsurprisingly, many respondents noted the importance of living close to or having good transport to shops catering for their particular ethnic group. This included food of course, but also other services such as hairdressers and travel agents. Furthermore, many respondents noted the value of ethnic community centres or spaces where ethnic minorities might come together for social or cultural events and celebrations, or for teaching languages to their children and grandchildren.

(African female, Wirral)

The other thing is food. You know, it's only recently that we've got shops here in Birkenhead selling African and Caribbean food so you found it in Liverpool. There is shops in central Liverpool, Grandby Street in Liverpool and so you could go and look for the food and now, as I said, there's a shop here and there's a hairdresser. There wasn't a hairdresser and that's a problem for women, you had to go eventually find a hairdresser. I discovered one in Liverpool and so on.

(Group, Telford)

Chinese participant: Taiwanese people, Hong Kong people they had no place to go. Because [of this] Birmingham council provided them with the community [centre]. But in Telford they have nothing. That's why all the Taiwanese people, Hong Kong people from Asia, they find no interesting things to do, they just stay at home and watch TV ... [In] Birmingham there is a bigger one, a big Chinese supermarket, London [too] ... but ... here,

so every time we want something we have to go all the way to Birmingham to get it ...

Pakistani participant: *That's what we do as well!*

Chinese participant: *And that really annoys me because a lot of old people, if their children are busy they cannot go anywhere.*

Interviewer: *But that's not a reason to move, people don't move because of that?*

Chinese participant: *Because I think of the children here, they don't want to move somewhere else.*

Pakistani participant: *Yes, the children like it here.*

Chinese participant: *And...because we are getting old, we like the natural, more fresh air.*

A second issue for many groups is the presence of religious institutions, notably churches, mosques and temples. This is not only important for those who follow a moral code based on religious teachings, but also for wider community interaction. So while it is certainly true that people seek out religious places for the meaning and value they give to their lives, it's also clear that they see such institutions as cornerstones of their community.

(Pakistani male, Oldham)

I'm sorry I have to come back to [talking about] the mosque. You know, when I was living in English area, and this is where I got the chance to compare, where do you meet people? In the local. What is local? Pub. Over weekend or in the evening you go there, you know, spend some money, get a pint, get together, yap, yap, yap, yap, yap. But if you are a Muslim ... like me, I don't need to go to the pub, I don't need to spend money, I like my money, I like to save it, I like to have a look at it and [laughter], how much is in the bank? Instead of going to the pub I'll go to the mosque.

Interviewer: *And have that same social interaction.*

Participant: *That's why we come to be together in the community, the mosque, five times a day...four, three times a day, so still we can see each other, a lot of people go to the mosque ...*

Interviewer: *I guess, what I'm trying to ask is, is that a reason to not move to the countryside because there may not be a mosque?*

Participant: *Yeah, yeah, my opinion, I am going to the mosque and see a lot of people and talk.*

(Indian group, Leicester)

Participant 1: *The temples and gurudwara, they matter a lot [some agreement], because whenever we want to do a function or anything, we do it in the gurudwara or temple, so that is a big part of it.*

Participant 2: *The importance of meeting people ...*

(Black Caribbean female, Bournemouth)

I have no family down [in Bournemouth] but my church is my family.

However, BME older people did not only seek services that catered specifically for their ethnic group. In Manchester, Chinese respondents discussed the value of having a large Tesco's nearby, and in all groups there was a more general conversation around the value of being near to 'facilities'. This concern for proximity to facilities is of course shared with most White British older people. There is increasing recognition of the health and social disadvantages of living in isolated locations, and greater recognition of the difficulties of retiring to rural areas.⁶

(Caribbean female, London)

Facilities, for instance like shopping facilities, you're spoilt for choice. I think even medical facilities, and the social facilities, whereas if you're in the country you might have to travel miles to get your shopping. The bus service is not as good, you know, so those are some of the advantages of living in London.

(Chinese group, Manchester)

Interviewer: *Would that be a consideration for anybody: Chinese shops...to be close?*

Male participant: *But I think Tesco and all the big supermarkets, they store the vegetables we wanted now, different soy sauce, they store all these Chinese groceries and Chinese vegetables as well. I think that is a market for them so they starting small, you know.*

Female participant: *Yeah, I think when you live here long enough, you know, it is important. But it is not like when we first come it is vital, you miss that so much. I can live without rice for a few months, no problem for me (laughs), obviously rice would be better. I think as xxx says we get used to the local vegetables, we can live without that food.*

5.2 Public services: transport and health

As these quotes indicate, another key factor for retirement decision-making is the availability of transport, whether by car or public transport. People are aware that even if they now drive they will eventually stop driving and so want to be able

to walk to places and maintain independence. This becomes even more important where children live further away or are very busy and independent themselves. This ties in with our discussion in chapter 3 on how family ties and relationships are changing in minority ethnic communities, and how multi-generational families living together in the same accommodation are increasingly rare.

(Indian male, Leicester)

The facilities here in Leicester are much better. If I don't feel like cooking one day I just walk on Belgrave Road or Nelton Road and get a takeaway, which I couldn't do in Loughborough. See, Loughborough was limited as far as facilities was concerned. Also, I don't have to drive if I don't want to drive. The bus facilities are excellent in Leicester and all the relations are in Leicester, so that was the main reason I moved.

(Group, Bournemouth)

African female: *But the reason we move is because of the excellent transportation system [in Bournemouth]. I will not go to the country because when you have one bus or three buses a day and if you miss the two, the third one is a wing and a prayer.*

Pakistani male: *Yes, rural transport is not very good and it's always been an issue in the county outside of Bournemouth and Poole.*

Respondents also consistently emphasized the importance of access to public services. As with older people generally, this often focused on GPs and other health services, and this again was perceived to be a reason to retire in cities rather than rural areas. For some groups, however, there was an additional concern around translation. Where there are larger populations of a particular minority ethnic community in a particular area, that local authority and GP's surgery is more likely to offer translation services in relevant languages. This is unsurprisingly seen as a strong reason to stay in such areas.⁶

(Chinese female, Manchester)

Interviewer: *Whenever you talked about the services... in Manchester for the Chinese community, you mentioned health services, so what were you talking about there?*

Participant: *In Manchester, just walking distance they have a surgery they have four Chinese-speaking GPs there, so that is a huge attraction for the older people as well. And in central Manchester we have a Chinese health information service, if you can go to see the Chinese-speaking doctor at some section, if people have problems they can go there*

to seek second opinion that's easier for them to communicate. So if I have got any doubt I might go back to seek advice so it's quite good.

Interviewer: And that would be good for older people as well, maybe whose English isn't so good?

Participant: Especially, some time you want to mention something, although sometimes people can speak simple English but if you need to describe more deeply the feeling or what it is about in our Chinese concept of things, if you translate to English you lose the meaning. So if you're not Chinese maybe you don't know what I am talking about.

Although it was not the subject of this report, health issues were a prominent factor for our interviewees. The national evidence is that BME people are more likely to self-report low levels of health and have slightly shorter life expectancy and higher incidence of heart disease. In the context of this chapter, access to transport and indeed health services becomes all the more important. Again, these are not issues that are unique to BME older people, but there are certain services that these groups find particularly valuable, while the greater likelihood of disadvantage among BME people makes mainstream services especially important too.

5.3 Assets and financial services

Across the UK, BME people have resources and assets that make their lives more worthwhile and meaningful. Yet, as with other groups, older BME people also require wider services and facilities to improve the quality of their lives. This is especially important for those groups more likely to be living in

poverty, or without significant resources and assets.

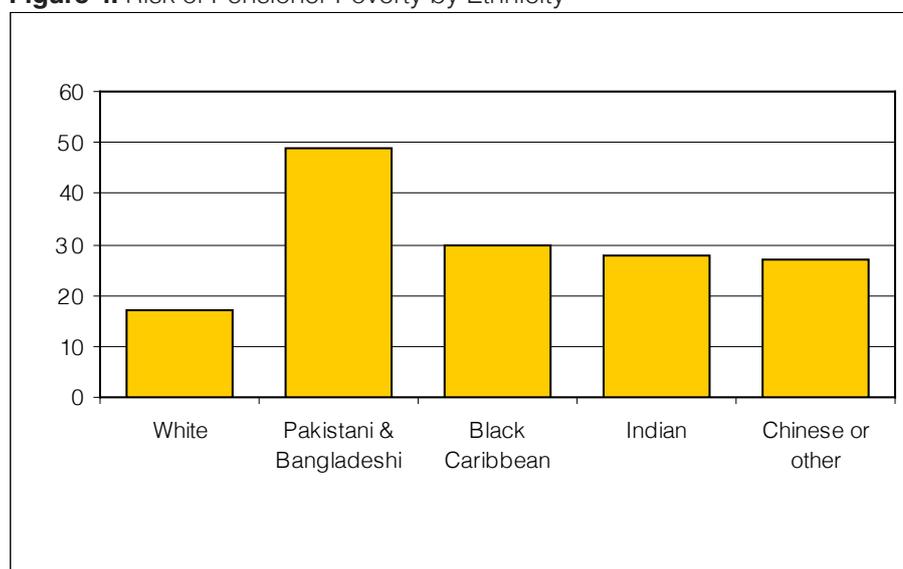
Previous Runnymede research has shown that 60% of Black and Asian people have no savings at all (Khan, 2010; see also Khan, 2008). Even where BME people have savings, they are more likely to have small amounts, and among a narrower range of savings products, suggesting they are at greater risk of economic uncertainty. In general, then, BME people have worse access to financial services, and there is some evidence of them being less likely to secure business loans (Khan, 2012).

The ONS Wealth and Assets Survey further found that whereas White British households had assets of £221,000, the comparable figures for Bangladeshi and Black African households were £21,000 and £15,000 respectively (NEP, 2010). Furthermore, it appears that most BME groups are less likely to have pensions, or have pensions of lesser value. This unsurprisingly results in greater risk of pensioner poverty, as Figure 4 indicates.

5.4 Services public and private, universal and targeted: a summary

This chapter has indicated how a range of private and public services influence people's decision-making around retirement. Public services are often a key arena for people to come together and this applies for older BME people as well as the wider population; indeed, many participants explained that they valued public services in part because of the opportunity to mix with others. But shops – or

Figure 4. Risk of Pensioner Poverty by Ethnicity



Source: DWP (2009) as reported in Mawhinney (2010).

private services – were equally important to our participants, for some of the same reasons.

Another important distinction – between ethnic-specific and universal services – applies to both public and private services, and here again we emphasize how both are important to older ethnic minorities. As we have explained, ethnic-specific public-oriented services such as community centres not only offer ethnic minorities a place to get together, but also allow them to navigate wider public services. With respect to shops and private services, a similar balance operates: older BME people need shops and hairdressers to cater to their needs and to meet friends, while larger shops and other services provide them with basic necessities.

These points are relevant for explaining why older BME people value ethnic-specific *as well as* universal services, a point that is particularly relevant for policy. Even with respect to universal services, however, the disadvantaged position of ethnic minorities may result in them finding those services particularly valuable. As the BME older population changes and spreads out in future, the balance of such services is likely to change. We cannot therefore produce a neat formula on when services should be tailored and when they should be universal, but policymakers and service providers should be open to using either approach – and to remain willing to modify these approaches as times and populations change.

6. Urban & Rural Living

Our introductory literature review outlined the demographic distribution of older BME people, notably the greater likelihood of their living in urban areas. In fact, this greater tendency to live in urban areas is not limited to older BME people: all BME groups are more likely to live in urban areas, especially London, where close to half of all ethnic minorities are now resident.

Part of this can be explained by migration: migrants are more likely to live in urban areas where there is greater demand for labour and where people are more outward-looking. While the proportion of BME people born in the UK is increasing, the proportion born overseas still exceeds it, as Table 1 indicates.

Table 1. Percentage of ethnic group born in the UK

Ethnic group	Born in the UK (%)
White British	98.2
White Irish	34.2
Indian	45.9
Pakistani	55.0
Bangladeshi	46.4
Black Caribbean	57.9
Black African	33.7
Chinese	28.7

Source: 2001 Census

6.1 The future dispersal of the BME population

As introduced in chapter 2, however, BME people are increasingly living in more diverse areas. Recent research from Leeds University (Wohland

et al., 2010) offers some fascinating data on the future ethnic minority population, and in particular its geographic distribution in the coming decades. This research suggests a potential doubling in the proportion of the number of BME people living in rural areas from around 10% to around 20% between 2001 and 2051, during which time the overall number of BME people is expected to triple.

The researchers divided the country into 5 areas: 'Urban UK' (not London); 'Rural UK', 'Prosperous', 'Urban London' and 'Celtic Fringe'. In 2001, BME groups were much more likely to live in London than White people, and much less likely to live in rural areas (and less likely to live in prosperous areas). In summary, the Leeds team found that BME people will increasingly live in more diverse areas of the UK, and in less deprived areas; the minority ethnic population is becoming increasingly less clustered (or 'segregated') every year.

Table 2 shows that, whereas nearly one-third (32%) of White people lived in what the researchers termed 'Rural UK', only 8% of Black people and 17% of Chinese or Other people did so. Conversely, only 7% of White people lived in Urban London, compared to 33% of Asian people, and fully 63% of Black people.

By 2051, however, these differences will have narrowed considerably (Table 2), with the White population's distribution changing by only 1 to 2 percentage points in each category. However, BME people will have shifted considerably, such that one in five people within every group will be living in rural UK. While other population movements are to be expected, the majority of the movement to rural UK

Table 2. 2001 and 2051 population distribution, by ethnicity and local area type (%)

	White		Asian		Black		Chinese/ Other	
	2001	2051	2001	2051	2001	2051	2001	2051
Urban UK (not London)	27	26	41	40	19	21	23	25
Rural UK	32	34	12	20	8	20	17	21
Prosperous	16	16	11	11	9	10	18	14
Urban London	7	8	33	27	63	48	34	33
Celtic Fringe	17	17	4	2	1	1	9	7

Source: Wohland et al. (2010)

will be because of a decrease in the proportion of ethnic minorities living in London, especially among Asian and Black people. The findings suggest that the number of BME people living in rural areas will rise from under 500,000 to over 3 million by 2051, fundamentally shifting our notion of the rural, but also of ethnic minorities and indeed of ageing.

6.2 Service delivery implications for a dispersed population

As we have previously argued, this increasing dispersal of older BME people has implications for service provision, implications that are not currently being adequately planned for (Khan, 2011a). This is not only a UK phenomenon, as a 2003 report found that Europe faced a looming crisis in provision for its minority ethnic elderly populations (PRIAE, 2003). We've already explained in previous chapters how BME people not only have their own particular services and facilities, but also value the mainstream facilities available to them, and now both these points are relevant when thinking about the likelihood of older BME people retiring to the countryside.

According to a Race Equality Foundation briefing paper (2008), there is often a numbers-led rather than a needs- or rights-led approach to service delivery, which results in many policy and service providers ignoring the needs of rural minority ethnic people. Many national documents concerned with rural policy remain colour-blind, a tendency that has increased with the government's Integration, Equality and Social Mobility strategies, none of which mentions the particular challenges of racial inequalities.

As REF's briefing paper highlights, the low numbers of ethnic minorities make them highly visible within rural communities, but can also make them invisible to service providers. Rural minority ethnic households are rarely consulted on policy and service delivery and have little or no involvement in local governance structures. Four themes recur as barriers to accessing services: (1) poor access to information and advice; (2) language and communication barriers; (3) lack of cultural sensitivity in delivery of services; and (4) rural BME households often lack the capacity to influence policy- and service-planning decisions and delivery.

From a slightly more academic perspective, Buchan and Davies (2005) found a lack of literature on health needs in relation to rural minority ethnic

households. The limited research on rural minority ethnic perspectives suggests that the two main barriers affecting access to and use of healthcare services are language barriers and lack of culturally sensitive services.

This highlights another important point: BME people don't necessarily or universally *dislike* rural Britain. Not only do people often lack or have worse access to important services there, but they may also feel less comfortable about living in rural areas. Whether it is because people are more likely to self-define as 'city people', or because of feelings of isolation or ill-health, rural retirement may appear less viable for BME older people, and this is unlikely to change until service provision and population movements change.

6.3 Advantages of existing ties and services

Just as certain issues may detract from living in an area, so too can considerations attract people to move to, or indeed to stay in, a particular area. In fact, we found a great deal of evidence that people are happy with where they live, which is perhaps not too surprising given our findings in previous chapters, but also because most people want to affirm a positive self-identity rather than deprecate their current life.

Rather than rehash the points we've already made, we simply indicate how the issues outlined in each previous chapter heading – family, friends and community, access to services – were all highlighted by interviewees when discussing the issue of rural retirement. Some suggested that the younger generation would be more keen to move, but generally there was greater concern about the lack of services, transport and community, issues that become more important as people get older and worry (often legitimately) about isolation, depression and ill-health.

(Indian group, Leicester)

Interviewer: *If there were sufficient facilities and you had enough money and transport would you want to leave being around Leicester and move a bit further afield into villages or the countryside?* [Mixed response, a few yeses]

Participant 1: *People are already moving into the villages really, the younger people are, they are going to get older. Most of the younger people are living in the villages, as soon as they step off the ladder they move out. I seen around me my*

relatives, my friends, they have youngsters who are living in the villages anyway, like Desford is maybe seven, eight miles away, new buildings coming up, people moving there, the same as Norborough.

Norborough is less than a ten-mile radius and all these little villages, people are moving into there.

Participant 2: *The younger people, for them, it's not for older people, younger people can drive, they can go anywhere, they don't have problems.*

Participant 3: *They are going to get older.*

(Indian female, Leicester)

If you move to the countryside there won't be any transport, you stuck there, you are alone there.

Nobody to look after you, no relatives, no friends where you can go and talk, and here we can go to the city centre, we can go and just move about and eat out, we can do things, we can shop easily. If we are living in the country we can't move. There is no transport at all in some of the villages.

Interviewer: *Okay, and hypothetically if the transport was much better, would that persuade you to move out into the countryside?*

Participant: *After 60 years...when you are used to someplace, it is very difficult to move, and move is difficult and in the countryside the houses are more expensive.*

(Caribbean group, London)

Interviewer: *Is that something you would consider? Staying in the UK but moving out of London?*

Participant 1: *Well, I wouldn't move out of London anyway, I wouldn't move.*

Participant 2: *I'm used to here.*

Participant 3: *People get old they get fearful... Having to go out of the environment you're accustomed to and make friends.*

Participant 1: *Well, everybody's different but for me, I wouldn't go in the country cause I'm not a country woman! [laughter] No, I'm not afraid. I could go anywhere but what I'm saying is this, I do not like the country and I never have. From where I'm from, I'm living in the town, so I don't love it [country].*

A number of interviewees also pointed out that they could enjoy the experience of the countryside or seaside without actually living in a rural area. For Londoners, this meant people could get an allotment or make day or weekend trips easily enough to Brighton or Margate, while those living in Telford and Oldham noted how these towns were already on the verge of the countryside, and that they moved there to get away from the noise and busyness of Birmingham and Manchester. Again, people often identified positively with where they presently lived, and the question of retiring elsewhere was sometimes taken as suggesting

that they would be happier elsewhere, whereas they were rather often very happy with their living environment – including their English neighbours – and the amenities it offers.

(Caribbean group, London)

Interviewer: *The seaside, you know it's still a town, would people consider that?*

Participant 1: *Well you can go visiting and come back. You go visiting, you go day out, you come back, but not to stay there, no way, no.*

Interviewer: *Why not?*

Participant 1: *No! I mean, where I'm from I live near the sea, you know but me to go to live to Brighton, no way. No, neither Brighton or anywhere along the coast, no, cause where I'm from I live near the sea, so when we have bad weather, the water pass the house ... No, I love to go to Brighton, Margate, all those places but no to live there, nah!... I like it here [London]. English people are nice people.*

Participant 2: *I can get myself an allotment where I can work, plant things.*

Participant 1: *They are friendly people and I've been here for a long time, retired and I've been with them for a long time. But the thing I suffered most was loneliness, that's why I come to this centre. Now your children they're all grown up, they're married, they've left you and you find your body does ache, ache, ache, wake up in the morning, hard to get out of the bed. Sometimes want a cup of tea, have to go and make it, you know you just want just a little help, you want to Hoover your house, the place is dirty you want to clean it. [laughter!]*

Participant 2: *It's an effort, you need help! ... I'm not disabled, I can walk, I have arthritis, but loneliness, you want somebody to talk to, you want somebody to be with you, you know, you want to do small shopping, you can't do it, you want to and you can't do it ... I've been here [the centre] for three years now, and I love every minute of it.*

(Pakistani males, Oldham)

Participant 1: *Twenty years I stayed in London. After 20 years then I bring my wife here, children here so I decide to buy a house in Oldham, because Oldham's atmosphere is very fine. People is very fine. Somebody say London is not better than Oldham. Then I decide to come here. There is a very friendly atmosphere in Oldham [Others: It's true!] Oldham is actually a rural area. Oldham is surrounded by hills [which] ... you can see from the windows. We are five minutes drive from any countryside fields in Oldham, from the town centre I could say, from the town centre about five minutes.*

Participant 2: *Countryside is three to five minutes ride.*

Participant 1: *So Oldham is not a city but is the biggest town in the UK, for historical reasons Oldham is the biggest town ... from every angle you go you will find countryside.*

Interviewer: *So you feel you don't need to go to the countryside.*

Participant 1: I feel I am in the countryside.

(Pakistani male, Telford)

I have no intention to move from Telford because I live all my young life in Birmingham, 37 years. The reason I migrate to Telford is I find it is very clean environment, nice condition. Birmingham has too much congestion, also I suffer asthma and so I've been advised by the doctor to live in a clean environment ... I find it is a suitable place to live ... and I come in here, Telford, 15-16 years ago and I joined the community work which I like, help others, makes me feel satisfactory.

6.4 Rural racism and rural 'conspicuousness'

Only a few respondents raised the issue of rural racism directly. In the Birmingham groups the issue came up a few times, with some participants saying 'of course' there was more racism in the countryside. A more subtle way racism might be at play was through the perceived out-migration or 'white flight' in various neighbourhoods. Participants explained that white people first left central areas of Birmingham perceived to have too many ethnic minorities, and that as BME people moved to more suburban areas, those localities also experienced 'white flight'. One participant suggested that if too many minority ethnic people started moving into a village in the countryside near Birmingham, that village would become known as the 'black village' and white people would leave it too.

A more common observation and concern was that BME people living in rural areas would be a very small minority. Some interviewees were clearly exasperated and sometimes hurt by the 'conspicuousness' they experienced, even in more traditional settings like a pub in towns, and suggested that such experiences would be even more common in rural areas. It's obviously difficult to be wholly comfortable if you feel you are being stared at or otherwise observed with greater curiosity, even if that curiosity isn't malicious in nature. Again, this is not to say that such feelings of conspicuousness were indicative of racism, but it does suggest the importance of feeling comfortable and secure wherever you live.

(Chinese female, Wirral)

Well, I don't go to pubs a lot! (laughs) But when I go to the pub I always had the feeling that people are looking at me from entry to the counter, that's my feeling, so it really put me off, so I don't know.

(Black males, Wirral)

Participant 1: *There's certain parts of Liverpool I could go and by sheer weight of numbers I know I'd just be anonymous, you know I'd be another black person in that part of Liverpool.*

Participant 2: *You wouldn't stand out as anybody ...*

Participant 1: *That's a consideration. And yet here the thing that's got going for it is the really supportive diversity networks that I don't want to leave, which I can see growing and flourishing, plus demographically it's a lot more cosmopolitan than it ever was when I was a child so it's a kind of push and pull situation.*

Returning to the theme of ethnic association or 'bonding capital', people often appear to travel quite far to visit these organizations. People come from far afield to the Chinese centre in Manchester, and the BEST report found webs of association in Wales based on ethnic association that transcended the locality: some respondents travelled to Manchester and Liverpool to access solicitors, banks and funeral directors and to buy particular foods. This research also found satellite TV and web-based associations, facilitating transnational exchanges and raising questions about the meaning of the rural in terms of ethnicity.

Among our interviewees, a number noted the absence of ethnic associations where they lived, and this clearly presented a challenge for those living in towns with relatively small minority ethnic populations. If people feel somewhat isolated in such towns, it seems unlikely that they'd be willing to move even further away from urban opportunities to rural areas.

(Chinese female [translated], Telford)

Because she just mentioned, she said, because Indians got the community centre just for you, you know, but Chinese people doesn't have it, the government did not provide a place to have it as well. That's why even they don't go out or whatever. You had no place to go, the Chinese community own no place like having activity and encourage them to come out. So that's why she's saying the government should have a place because Chinese people not so many, not as many as Indian or whatever, but we still want a small place, like a care home or space for them and somebody can speak the language and just communicate. Every time I

go out I have to be her translator... You don't have language to go out so the more you stay in, the more you just speak the language.

6.5 Rural living today and in the future: a summary

As we've outlined in this chapter, the question of retiring to rural areas is bound up with other concerns relevant for BME, and indeed other older people: links to family, community belonging, access to services, transport, and, to a seemingly lesser degree, racism. Indeed, when asked whether people simply had no interest in moving to the countryside, one (male) participant said that the countryside held an appeal but that it was outweighed by the facilities in Oldham.

No, don't get us wrong, we love the countryside, we love the greenery, our background is from countryside, where we come from, we live near the big forests. We love to live in the countryside but

you provide all these facilities we mentioned in the countryside and we'll go there tomorrow ... You build a village in the countryside with all [shops, mosque etc] and I'll be the first one to go there.

This is not to say that rural racism is not an issue: we mainly interviewed people who *didn't* presently live in rural areas, and those who did were willing to discuss these issues with us and so arguably experienced less racism. And as our literature review in chapter 2 indicated, there is still significant evidence of racism among those actually living in rural areas.

Our interviews were primarily among the first generation of older BME people living in the UK. As we've emphasized, most of these people were born overseas, and perhaps the next generation will feel less conflicted about retiring to rural areas on the basis of family links, community belonging and access to certain kinds of services – a point many of our interviewees recognized.

7. Housing & Finance: Care Homes

Deciding where to retire obviously involves a range of considerations. Some of these are predominantly emotional and personal, and others are weighted towards the financial or practical. It isn't always easy to separate these considerations or to determine which are more important, but one obvious consideration is accommodation. In this chapter we outline some key information on housing and living conditions among BME people, as this obviously affects where people can choose to retire. The discussion concludes by considering the important issues that arise when people can no longer easily live in their own home, or where they may have need of social care services or indeed care homes.

7.1 Data on housing and living conditions

In the UK, home-ownership varies considerably by ethnicity, as outlined in Table 3. While Indian and Pakistani groups have fairly high rates of home-ownership, other groups fall significantly short of the 72% ownership rate among White British households. Around half of Black Caribbean and Chinese households are owner-occupiers, compared to only 38% of Bangladeshi and 28% of Black Africans. Conversely, the latter two groups (along with Black Caribbeans) have high rates of social rental, while Chinese and Black African people have particularly high private rental rates.

Housing is relevant for a number of reasons, especially for understanding people's retirement

decisions. Public forums and policymakers typically discuss home-ownership and its links to wellbeing and mobility in later life, but security of tenure also affects people's retirement decision-making among social and private renters. It is not always easy for social renters to move, while, conversely, private renters may be unable to make definitive plans about their future.

Another relevant demographic point relevant for our report is household size, and household age profile. Whereas Black Caribbean and White British households have an average household size of 2.3 people, Indian households average 3.3 people, with Pakistani households having 4.1 people and Bangladeshi households 4.5 (2001 Census data).

Part of this larger household size is explained by the higher fertility rate among Asian groups, although these rates have dropped sharply since the 1980s, and Indian fertility rates are now perhaps lower than those of White British women (i.e. around 1.6). But another important explanation for bigger households is the presence of multiple generations in the same household; or of multiple families living in the same house. For example, according to the 2001 Census, 17% of Bangladeshi households contained more than one family with dependent children.

Two other kinds of data are indicators of the housing situation for older BME people in the UK. The first is overcrowding, or where the number of people exceeds the number of bedrooms available to them. Only 2% of White British households are overcrowded, but 8% of Black Caribbean, 15% of Pakistani, 21% of Black African and 26% of Bangladeshi households are classified as overcrowded. In other words, whereas only 1 in 50 White British households is classified as overcrowded, 1 in 4 Bangladeshi households is overcrowded (BME people are also much more likely to live in substandard housing: EHRC, 2010: 45). Although overcrowding may appear to affect younger households in the main, it's likely that some older people, say grandparents or other relatives, are living in multi-generational households in the UK.

Traditionally 'joint family' or multi-generational households would have been fairly common, among South Asian families in particular. However, over the past few decades, the practice has become

Table 3. Tenure by ethnicity, England, 2008

	Owner occupiers	Social renters	Private renters
White British	72	17	11
Black Caribbean	49	41	11
Black African	28	44	28
Indian	74	7	20
Pakistani	68	16	16
Bangladeshi	38	47	15
Chinese	52	13	35
All BME	50	26	24

Source: ONS Labour Force Survey (2008), as reported by Communities and Local Government

less common, and appears to be somewhat rare among British-born ethnic minorities. Anecdotally, there is some evidence that a small minority of Asian households in Britain are multi-generational, a tendency that may be more common if we consider that older relatives may live with families for several years, even if not permanently.

The Office for National Statistics estimates that in 2001 there were 325,000 multi-generational households in the UK; this had risen to 400,000 in 2011.⁷ According to a recent report using the English Longitudinal Survey on Ageing (ELSA):

Non-white older people aged 65 years and above are much more likely than white older people to be living with children (30% versus 11%) and much more likely to be living with grandchildren (11% versus 2%). Other data from the Understanding Society survey, representative of the UK as a whole, suggest that older people who are of Indian, Bangladeshi or Chinese ethnicity are particularly likely to be living with children under the age of 16 years, compared to White British older people.⁸

The following table (Table 4) indicates Wave 1 findings from the same Understanding Society Survey, and again suggests that Pakistani and Bangladeshi groups are particularly likely to live in three generation households, with Indians the only other group that appears to have slightly higher prevalence. In this table, the proportions represent the numbers of households where at least one person is living with both a parent and a grandparent. Note that the figures indicate that around 1 in 10 of *all* Bangladeshi and Pakistani households have this composition, perhaps suggesting that a significant proportion of older Bangladeshi and Pakistani people (who are relatively small in number) live in this situation.

Table 4. Multi-generational households, by ethnicity

Ethnic group	Households with parents and grandparents (%)
Indian	5.0
Pakistani	9.7
Bangladeshi	10.4
Black Caribbean	2.3
Black African	1.1
Chinese	2.0
White and other ethnic groups	1.0

Source: Understanding Society Wave 1, 2009–2010. Estimates produced by Alita Nandi, ISER, University of Essex

7.2 Housing and caring: policy and family

The above overview indicates how housing tenure and environment affect BME retirement decision-making, and we now explain why this is relevant for policy. More generally, there is widespread discussion of the value of but also the difficulties for people continuing to live in their home as they grow older. Whether in terms of being asset-rich but cash-poor or because of under-occupancy and housing policy, accommodation for older people is increasingly on the policy agenda in the UK. This sort of framing is not always beneficial for older people: it can cause them to appear as ‘deficits’ or ‘problems’ on the balance-sheets of our society rather than as ‘assets’ and equally deserving of independent choices about their lives. Participants in our ‘deliberative assembly’ in Birmingham (January 2012) explicitly emphasized the importance of viewing their contribution positively, resonating with Manchester’s ‘Valuing Older People’ programme, which seeks to transform public services for older people (Valuing Older People, 2009; Runnymede Trust, 2012).

The context for much of the policy discussion, and indeed for people’s experience of these issues, is where health or financial barriers make it difficult for people to continue living in their existing homes. And as people struggle with ill-health they frequently have to move out of their homes, often into care homes. The relative unaffordability of care has led to the Dilnot review (Commission on Funding for Care and Support, 2011), and although the government has not yet officially endorsed or rejected its recommendations, the outline of a settlement appears on the horizon (though see Burstow, 2012).

Historically BME older people have been perceived as less likely to take up care provision. South Asian groups (Indians, Pakistanis and Bangladeshis) seem to have particular cultural concerns about their older relatives living in care homes, and feel obligated to look after older relatives in the family. Traditionally, these groups may have lived in joint family households, with three generations under one roof, though this seems quite uncommon in the UK today (see Table 5) and is becoming less common even on the subcontinent.

There is some evidence of this continuing into the next generation, with as many as 11% of BME grandparents living in the same household as their grandchildren in Bangladeshi and Pakistani households (Victor et. al., 2012). In our interviews,

the proportion was somewhat less than this, though people may have lived with grandchildren when they themselves were younger and the grandchildren needed more childcare support.

Even if a significant minority of grandparents live with their grandchildren, more than 9 out of 10 BME households are *not* multi-generational – and among Black groups the proportion is less than 1 in 50. Furthermore, our interviewees indicated that there are significant changes in some BME groups. Notably, as family structures change, finances also become more individualized: there is less expectation of and less capacity for supporting people financially across generations.

One issue on which we found very limited evidence was financial abuse. This is perhaps not surprising as people are unlikely to report it in a focus group setting, but it is important to recognize that such abuse often occurs within families, rather than being perpetrated by strangers. Other concerns raised in the context of housing and finance, though not elaborated on, were the need and expectation for people to work longer, not least because of the inadequacy of state and other pensions, and the high cost of winter fuel.

In chapter 3, on family, we indicated that financial and other support, notably grandparenting, can be a constraint on older BME retirement decision-making. Here we simply note how this constraint affects people's housing and financial decisions.

7.3 Social care

The rest of this chapter concerns an issue that kept surfacing in our focus groups: social care and care homes. While it's undoubtedly true that many expressed a strong preference for family support, there was recognition that this was changing, as cultural norms change, work demands make it more difficult for children to provide such care, and the complexities of ill-health mean that professional support is often needed.

Generally, then, participants were quite pragmatic about the possibility or likelihood that they or their relatives would ultimately live in a care home. The following discussions in Leicester and Oldham were quite typical:

(Indian group, Leicester)

Interviewer: *Traditionally or in the past, in some Asian communities as people got older they would be living with their family, in the same house. Does anybody here ...?*

Participant 1: *Doesn't happen. Or it happens less and less.*

Participant 2: *Say a parent has got six, seven children they can look after them, but those seven children when something is wrong with the parent, they can't look after them [agreement] they just dump them in the homes, they have done it. So many families they do it ... That's why there are so many [care] homes in Leicester.*

(Pakistani female, Oldham)

Actually, now circumstances change, I know we used to depend on children but nowadays children, even ladies or girls, or whoever, are working. So obviously even living in same town they can't take out time because they're working and in the evening they're looking after their family and children, you know, so they can't look after the parents.

Interviewer: *So you're saying there's less time for people to spend with their parents?*

Participant: *Yes, I think so, because almost all the families' children are working now.*

While interviewees accepted that they might need to live in care homes at some point in the future, there was widespread concern about the nature of care in those homes. Three concerns emerged. First was that the care home should be near their family, so that people could easily visit. Second was that the care home should be of high quality, and people were aware of the publicity surrounding prominent cases of ill-treatment and abuse (Care Quality Commission, 2011).

Both of these concerns are obviously shared among all older people, though the interviewee above suggests that people born in hot countries may require additional attention to specific needs, such as significantly warmer clothing in response to fluctuating temperatures. However, the third recurrent concern may be viewed as a more specific one for BME older people, namely that social care provision might cater better for ethnic and cultural diversity. This concern manifested itself in various ways, from food to décor and from staffing to language. Food in particular was viewed as a crucial consideration, and one that wasn't simply incidental or superficial, as well expressed by the Wirral focus group:

(Black male and black female, Wirral)

Interviewer: *How important is it for you or anybody else to go to a care home staffed by people from a particular country or run or catered to ... ?*

Black male: *Well, there's different cultural conventions like certain ways of washing are*

Concern about quality of social care

(Caribbean female, London)

Well, that [quality of social care] is my great concern. I came in this country in 1960, had six children, they're all grown up but I'm worried about when you get old. I'm a pensioner now, I've worked, I've never had any complaints with anyone. But now I'm really worried about if you're ill and are not able to help yourself to get a proper home, and to be well looked-after which is happening now with my husband, who had a stroke, and one side he can't move. He has been in a home but he isn't well looked-after. Now he's in hospital, a chest infection and we are waiting now for him to find a proper home, we visit him and when my daughter looked in the room and he is supposed to be in the bed ... so now he's waiting in hospital for a proper bed too ... So that is my concern, if that happens to me what is gonna happen, you know?

Interviewer: And so, does that make you feel like London is the best place to be?

Participant: Eh, I don't know if there would be better treatment in the country, I just don't know but some of the homes I have been sent to have an interview is not up to standard. And if they do, if you see a 3-star and if you choose 3-star when you go there and when your husband go in there and the care isn't 3-star at all, it's not right. So that is why he is back in hospital now with a chest infection. Because some of the clothes, he is from a warm country, used to warm clothes, clothing, when they go he has maybe just a little t-shirt on underneath the window which is open at all times. And no matter how much you complain, you put clothes on him while you're there, you back the next time he's just in hardly anything, that is why he changes right now and our main concern is that we get a proper home for him, that he will be comfortable himself...Cause he has worked so hard in this country from 1959 he is here and he's always a hard worker, so we would like him to be happy where he, you know, will be comfortable.

imperative for people from certain cultures that people who are just brought up in Britain and aren't really aware, they wouldn't be aware of how important it is. Things like dietary requirements, even dietary preferences.

Black female: *There are two things when you get old, you want to be comfortable, you want to eat the things, no look it's very important, fuel is part of your fuel that keeps you going and if it is not nice you will give up and not want to go any further. If you wish for the things from your childhood that made you happy, food is one of those so if you are in a care home it would be nice if you could have it. I've had this conversation with people in the hospitals before who care for the elderly, that you want not necessarily to have it every day but it would be nice if you think on the menu one day there was [Caribbean food]. And also for us ladies, having our hair done. They have a hairdresser coming round but can the hairdresser cope with our hair? No. And you don't want them to employ a hairdresser to come and do one person's hair once a week or whatever but if I know that with the x number of pounds you pay for a hairdresser of my own, I can have it and phone for a hairdresser to come who can deal with my hair. I would be happy with that.*

Black male: *And it's no different, if an English person was living in another place, they would expect the same thing! [laughter]*

This quote conveys the importance of food, an observation we heard often, though it also indicates wider concerns about the kind of support offered in care homes. These included the background of other residents in care homes. Some participants expressed a desire that most or all of their fellow residents might be of the same ethnic background, though more typically people felt that at least some residents needed to be of the same background, both for socializing and to ensure appropriate care. Some even noted that they would ultimately accept or even prefer a situation that catered for everyone, but that was also sensitive to the needs of particular ethnic groups.

(Group, Telford)

Interviewer: *Would people prefer where it was largely Asian people in the care home?*

Group: *[5 or 6 people] Yes.*

Participant 1: *Especially single people, they will love it they will get company, food.*

Participant 2: *Elderly people, you know they don't eat western food, they prefer to have Indian food, it's more convenient in the house.*

(Caribbean group, London)

Interviewer: *And how important would it be for people to have Caribbean food, I mean is that something that people would want to have in a care home or a hospital?*

Participant 1: *Well, because you're literally accustomed to that all your life and it's, for some people it's not easy, you know it's what you grow up on all your life.*

Participant 2: *My husband didn't like too much Caribbean food, you want a mixture, at least you want to see some of it.*

Interviewer: *So, it is kind of a bonus for some people?*

Participant 1: *Yes, but it's not necessary for everybody.*

Participant 2: *So that you assess the need. You got to ask people what they want and make sure you've got something cause people are flexible, they don't want it, as you say, they don't want it all the time, but at least see some, you know. And food that's cooked, you know, proper cooked food.*

(Black male, Wirral)

It's not that you want to be separated. [Others: No, no.] You're already in society, you're already part of it, but there's part of it that you want to keep. Food [for example]. Yeah, and these things aren't peripheral issues, to the person which is maybe all they have left in their final years it's a core issue.

There are a small number of ethnic-specific care homes in the UK, and we found some evidence of continued demand for this kind of service. The above quotes indicate that this was not a majority concern, but a significant minority of respondents across all of the ethnic groups expressed the view that social care might be better for them if they lived in a home with people from the same background. In this respect we could think about other groups who might prefer care homes catering specifically for their needs: Jewish people, and gay and lesbian older people.

(Pakistani male, Oldham)

Interviewer: *If you ended up going to a home when you were older, would you want that to be with other Asians, you know, would you prefer that or not? Does anyone have any thoughts on that?*

Participant: *I would say yes... when I came to this country people used to talk about old people's [homes], and it used to annoy me, why should our parents go into old people's [homes]? But now, you know, as these gentlemen have already mentioned, circumstances have changed, you know, wives are working, husbands are working, they have got different problems and so on, you know, it's a different culture. Our culture has changed and it's changing every day and I think the time has come when they will be in need for a [home for] the old people of some sort of same background ... The thing is, it's very natural, if I'm Indian I will*

feel comfortable with Indians, if I am a Pakistani I will feel comfortable with Pakistanis, if I'm from Bangladesh I will feel comfortable with Bangladeshi people... It's not the discrimination, it's the culture or same background, same language... But, at the same time, if there's no other solution, like I already mention, then of course, you know if we can work together, you know like everybody's working together, you know like these people (Aksa) are working together, the girls are working with different sort of people. If... you go to hospital, in the same ward there are so many different people so if there's a need, alright, it's acceptable... I will go in any old people [home] if my children will look after me.

For some interviewees, especially Chinese and South Asian respondents, another concern that emerged was language. This may also be viewed as a wider concern about the *staffing* of care homes. People didn't necessarily feel that staff had to be of precisely the same background, but they did feel that they should be culturally aware of people's different needs, and in some instances needed to be able to communicate effectively in languages other than English.

(Chinese female, Manchester)

I do think if I can have a choice I would like to prefer someone just like xxx says to provide the Chinese food, people, the staff can speak in my mother tongue, is quite important but at the moment it's not. It's only one who is partial can provide the service and it's really, really sad, [not to have a] kind of nursing home can provide that service to quite a big group of older people.

Interviewer: *Yeah, so do you think there's a need for another home in Manchester that would have maybe Chinese people?*

Participant: *I do think we need to, I don't know if it's in Manchester or whatever, because at the moment I don't think we have one of these ... so at the end they might just go to non-Chinese nursing home because sometimes people go to nursing home it's because they have no choice. But if they have no choice I do hope they have some kind of basic service to meet their need, maybe in future that service as well ...*

Interviewer: *So, so you're saying that it could be good to have care homes that are kind of half mainly for Chinese people and half for kind of white British people, is that what you were saying, rather than just all for Chinese people?*

Participant: *If they can all be Chinese people that's perfect but if not, at least they have provided a cultural appropriate service just like give you some food, they can communicate, is what I'm saying and*

some entertainment in Chinese I understand not just like they put on the telly all the programmes.

As this quote indicates, most participants who indicated a concern for culturally specific caring did so to improve the *quality* of that care. The kind of food and décor are not simply incidental concerns, but ones that touch the depths of who people are and the experiences they've lived. For those who don't speak English, TV programmes and other entertainment will be at best difficult to follow; even among those who speak English music and other cultural preferences may be quite different from that typically offered in a care homes. In general, most respondents expressed a preference for staff and facilities that at least understood their need for culturally aware responses, and provided some kind

of culturally specific care – even if this didn't occur every day.

(Black African female, Wirral)

There is one thing, most of the care homes on the Wirral are staffed by Africans.

Interviewer: *Are they?*

Participant: *Yeah, African care workers in all the nursing homes here.*

Another participant: *And Filipinos*

Participant: *Yes but all the young African women are working in care homes here ... And so it wouldn't take too much to get the sort of cultural atmosphere that you want...[I]t might not necessarily be for the whole care home but for yourself if you talk to them nicely and they talk back to you nicely they will give you the sort of respect [you want].*

7.4 Caring about care homes: summarizing a dilemma

BME care homes and/or caring for parents in the home

Interviewer: *It's sometimes said that in Asian cultures children would not put their parents in a care home and I was just wondering if you had any thoughts about those sorts of things. Obviously you are looking after your mother.*

Participant 1: *Yeah, let me make a start on this one. I think there was still a generation, those of my age and younger, who are still looking after their elderly. My cousin looks after his 97-year-old mother at home and she doesn't want to go into the care home, and she's more or less house-bound now, bed-bound but mentally she's still alert, she doesn't want to go anywhere, so my cousin looks after her and she's 97. And then my mother is 85 and she is still agile, she does walk around, but no way will she ever end up in an old people's home. A friend of mine got a, I'm a local politician and people always come to me [saying] 'the ethnic minorities need care homes', especially catering for the cultural need and the food, linguistic and so on, and I thought that's a good point, actually, you know maybe as leader of the local authority I need to look at it. But then when I did some research I spoke to some of the ...Asian people who owns the care homes these days.*

You know (laughs) they used to be in the shops 30 years ago but they've moved on to other businesses now, there's quite a few of them owns the care homes and so on. So I phoned a friend of mine who's a Sikh in the black country, I said 'advise me, how do I go about building a care home especially for the minority communities so I can cater for their religious need, cultural, food and so on?' And he said, 'I tell you what, there are four', he said, 'and there are about 85 beds all in all, in four places.' The reason he started it, because he's a very religious person and he decided to cater for the BME [population], but the thing is there's only five from the Asian community, elderly, that are in his care homes out of the 85 beds.

Participant 2: *How many?*

Participant 1: *Only five! And this is in West Midlands. The West Midlands has a 20 percent BME, you know the Asians, the Pakistanis and everything and I said 'you're joking'. He said 'No I want especially', half his staff is bilingual, they can speak Hindi, Punjabi, Urdu, everything and he goes out and says 'anybody come and stay in my [home] I will provide their religious and cultural and food needs, you can speak to the nurses in your own native language,' because of course when you're 80, 90, 100, there is that problem. But he only got five.*

Interviewer: *And do you think that's because...?*

Participant 1: *The reason is that they are catered for at home. Maybe in 20 years' time when I'm 75 or 80 my children will probably put me in there! (laughs)*

Interviewer: *Would you go?*

Participant 1: *No, even though I don't want to go my children will say 'we're gonna find you a care home', so maybe for the next 5-10 years, or 20 years, my mother's age, my father's age, my aunty's age, there wouldn't be much need for the specialist care homes for ethnic minorities. But there will be in the future and I hope my children find me a good one wherever it is and they will come and see me more than once a year! (laughs)*

8. Conclusion & Recommendations

This report is based on interviewing over 100 BME older people across the UK and touched on the deeply important issue of retirement decision-making. As the range of factors we've identified indicates, this is typically a very personal decision, with people weighing up how they can best sustain ties to their family and community while at the same time being financially secure and having access to good services.

Participants did not, of course, offer programmatic policy programmes, or always speak in ways that accord with policymakers' (or indeed researchers'!) primary concerns. Nonetheless, they often explicitly recognized the policy context, and no respondents were unaware of the relevance of their discussion to significant social, economic and political issues in the UK.

To frame our conclusion and recommendations, we therefore indicate the wider policy context, as this not only was the implicit or explicit background understanding of our participants, but also provides additional context for the recommendations that follow.

To narrow our discussion, we focus on two key policy questions: first, social care and policy on the necessary service provision for an ageing society generally; second, the extent to which race, or indeed equality, is currently addressed by policymakers. In essence, this brings us back to the opening paragraphs of this report, namely the twin demographic changes in 21st-century Britain: its increasing *ageing* and its increasing *diversity*.

Discussions of our ageing too often frame the debate in terms of the costs of such ageing and suggest that older people are simply a drain on our society. The debate on intergenerational justice is similarly flawed, as it focuses more on the inequalities between generations than on the continued inequalities *within* generations, and the greater impact this will have given the prominence of in vivo and inheritance wealth transfers for the next generation (compare Willetts, 2010).

Discussion on racial inequalities is, if anything, even more stunted and confused. Government integration, equality and social mobility strategies barely mention the word race, and offer no clear policies or strategies for responding to continuing

ethnic inequalities. Reading these policy documents suggests government thinks that 'multiculturalism', or even a discussion of race, is the main reason why racial inequalities persist, and that generic policy measures will prove sufficient to eliminate them. This is the only clear conclusion from vague, non-specific government statements and documents, and we can only infer that addressing race or race equality specifically is clearly viewed as an undesirable policy direction.

Our recommendations may therefore run somewhat contrary to the grain of current policy thinking. Yet they represent not only our view of the most plausible way to actually address racial inequalities, especially for older BME people, but also the consensus view among our participants. We are doubtful that policymakers regularly speak with this demographic, and believe they should be more cautious in assuming they understand the needs of this group, or indeed of assuming that existing policies will significantly improve the lives of older BME people.

Recommendation 1:

Policymakers and local officials must plan better for future demographic change, as BME older people will increase ten-fold in population over the coming decades and live in increasingly diverse areas.

This point is relevant for each of the following recommendations: policymakers and local officials must recognize the potentially different needs and preferences of older BME people today, while at the same time appreciate that these may change again in future. In other words, planners need to be flexible about the needs of this future population, but they do need to start planning now. Planners should also make use of data beyond official statistics: for example, the prevalence of and demand for particular restaurants, shops, religious or community institutions, which are likely to be more responsive to population changes.

This is more likely to involve adaptable services rather than bricks and mortar, and could start small and build on successful responses. These of course include public interventions, and we anticipate greater adjustment for public services, but civil society and even private sector organizations may

also have a role. Examples might include community group involvement – or indeed restaurant involvement – in care homes; this would allow for cooking special meals on certain days of the week. This might even encourage charitable giving on behalf of some local restaurants and other businesses, and communities could nominate a ‘business of the year’ in terms of community support. More ambitiously, we might even consider (small) tax breaks or reductions in community charges for those that offer these services on a charitable basis.

Recommendation 2:
in planning for the future, policymakers and local officials must be flexible and open-minded about the relative merits of targeted and universal approaches in response to racial inequalities and ethnic diversity.

Even with respect to universal services, however, the disadvantaged position of ethnic minorities may result in their finding those services particularly valuable. As the BME older population changes and spreads out in future, the balance of such services is likely to change. We should not therefore aim to produce a neat formula on when services ought to be tailored and when they should be universal, but policymakers and service providers should be open to using either approach – and be willing to change approaches as times and populations change.

2a. Continue to fund – and indeed expand funding for – community centres within BME communities. These centres are not only key resources within a community that help provide cultural goods to ethnic minorities and migrants. They are also a vital means for facilitating the further inclusion of ethnic minorities in British society, and so ultimately are a cost-beneficial way of reducing potential costs on services in future through their preventative signposting of BME people to necessary services.

2b. Where appropriate, allow existing community centres that provide ethnic-specific services to expand their proven success to other groups. One example is the Wai Yin centre in Manchester, where maternity services are now taken up by all ethnic groups in their centre, and not only Chinese women. But Wai Yin also have learned about the particular needs of Chinese women, and this allows them to be particularly sensitive and effective in responding to the needs of, e.g., Somali and Polish women.

2c. Governments of all political persuasions have an opportunity to activate civic responsiveness by encouraging local businesses to work with local authorities on providing services targeted at minority ethnic older people. Lunch clubs could be provisioned by local Chinese/Caribbean/Indian restaurants (on ‘quiet’ days for ordinary business), premises could be used for a weekly get-together or other kinds of support for socializing among older BME people, and these opportunities could be allowed to earn their providers community charge or tax breaks, however short-term. This would allow people with similar tastes to get together in a supportive atmosphere that’s not hampered by notions of ‘membership’ or participation in a wider programme that doesn’t appeal.

Recommendation 3:
Further research is needed on the extent of and trends among family ties within BME groups, including quantifying the contribution being made both by grandparents for their children, and by children for their older parents.

We need to estimate better our likely future public service and particularly caring needs. BME families are currently providing a large amount of unpaid care. As cultural norms change and work demands increase, this will decrease over time. Combined with the demographic changes indicated in recommendation 1, this suggests policymakers need to be responding now in terms of improving their understanding of family responsibilities and commitment among BME older people.

Recommendation 4:
Care homes should provide care that better caters to the needs of ethnic minorities.

We found significant demand for culturally specific care in care homes, particularly around food. There is even a case for some BME-only care homes, at least in the short term. However, and as we indicated in chapter 7, this was not a majority demand, and many felt that culturally specific care could be provided within universal service provision. And as we further pointed out, many care homes are staffed by minority ethnic people, and some are owned by minority ethnic entrepreneurs, meaning that provision is already adapting in many cases.

It’s also worth re-emphasizing that the current cohort of older BME people are predominantly overseas-

born. This group is the most likely to require particular services, but also appear the group least likely to take up places in care homes. So while we can expect the population of older BME people to increase ten-fold in the coming decades, demand for particularly services may not increase proportionately. As with our recommendations 1 and 2, planners need to forecast and plan better, and be open to be both universal and targeted provision – and be flexible to changing that provision again as needs change. Given the scale of demographic change, there will be increasing value in care providers working together to explain how they've successfully navigated these challenges so that BME people live with dignity along with all care home residents.

Recommendation 5:

Recognize the local contribution of older people, and encourage more intergenerational work, including across ethnic groups.

More work needs to be done on recognizing the contributions of older people, financially and socially, to their area. This is important not only for BME people, whose experiences should be better recognized, but for all those who would like to find a way of continuing to contribute to the society in which they still live. One way of doing this could be to pair unemployed younger people with older people from a different ethnic background who may have experiences or preferences that overlap with the younger person.

Notes

1. Links to these publications can be found at <http://www.runnymedetrust.org/publications/147/32.html>
2. http://www.irr.org.uk/europebulletin/united_kingdom/extreme_right_politics/1997/ak000008.html
3. <http://www.irr.org.uk/2003/march/ak000012.html>
4. http://news.bbc.co.uk/1/hi/wales/north_east/4560457.stm
5. For a review of family and ethnicity, see Platt, 2010: http://www.equalityhumanrights.com/uploaded_files/raceinbritain/ethnicity_and_family_report.pdf
6. <http://www.guardian.co.uk/society/2012/feb/28/older-people-warned-off-rural-life>; see the Rural Media Company's 'Over the Hill' project: <http://www.ruralmedia.co.uk/over-the-hill-question/>
7. <http://webcache.googleusercontent.com/search?q=cache:5btnxRPkRNEJ:www.ons.gov.uk/ons/about-ONS/what-we-do/publication-scheme/published-ad-hoc-data/population/july-2012/multi-generational-households-in-the-uk--2001-and-2011.xls+multigenerational+households+uk&cd=4&hl=en&ct=clnk&gl=uk&client=safari>
8. http://www.ilcuk.org.uk/index.php/publications/publication_details/global_perspectives_on_multi-generational_households_and_intergenerational_r

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This publication is part of the Runnymede Financial Inclusion Programme. The aim of the programme is to raise awareness and increase knowledge of the ways in which BME people are financially excluded and, through conducting high quality, in-depth research, influence policy in government, financial institutions and other organizations.

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