আমার বাড়ি, আমার জীবন

Amar bari, amar jibon

MY HOME, MY LIFE

Developing suitable living environments for Bangladeshi elders

A research report on four East London boroughs

Bangla Housing Association

Housing LIN
Connecting people, ideas and resources

Amar Bari Amar Jibon
আমার বাড়ি, আমার জীবন
My home, my life

Funding for the future of ageing well
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The Amar Bari team

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i. Foreword by Lord Best

This report arrives at a critical juncture for housing policy in England as we await the government's Long-Term Housing Strategy and its revised National Planning Policy Framework. The report sheds light on a hidden crisis: older Bangladeshi women and men in England enduring poor physical conditions and overcrowding with severe health implications. While most want to live with or near relatives in communities that meet their cultural and religious needs, their accommodation frequently lacks privacy and space. What emerges clearly is the urgent need for housing policy to recognise the legitimate diversity of household structures in the UK. Intergenerational and multigenerational households can be valued ways of living that deserve appropriate housing provision. The report makes proposals for urgent action based on clear evidence. The recent announcement of an additional £50m allocation to the funding of Disabled Facilities Grant spending is welcome. But home improvements can only be effectively planned and delivered locally if assessment frameworks are accurate and comprehensive. As both this report and the Older People's Housing Taskforce have found, housing variety can be achieved not only through new build but through timely, cost-effective improvements and adaptations to existing homes.

I hope this important report will serve as a catalyst for change, transforming perceptions into action for older Bangladeshi adults. The insights it offers are invaluable not only for these communities, but for consideration of housing policies for all our diverse, ageing population. I congratulate the authors for bringing this report together.

ii. Supporting note from Tom Copley, Deputy Mayor for Housing and Residential Development, Greater London Authority

This report offers an important insight into the living conditions and needs of Bangladeshi elders in East London. Its findings are important for our wider understanding of housing policy for older people across our city. The Mayor of London has secured £11.7 billion for the new London Social and Affordable Homes Programme, which is designed to fund a wide mix of projects including community-led housing and homes for older people.

iii. A note from the Bangla Research Advisory Group (BRAG)

As members of BRAG, our involvement with the Amar bari, Amar jibon project has been an invaluable experience. The opportunity to co-research this study was phenomenal as it united academics, housing professionals, Bangladeshi probin (elders) and community members and leaders in a way that we've not experienced or witnessed before.

The final report is rich with lived experiences and offers unique perspectives including learning for the community. For instance, presenting the findings in the form of a drama production to the Bangladeshi community raised unexpected emotions and presented interesting questions regarding how we deal with the challenges as a community, to ensure probins can live with dignity in safe, secure homes. We wholeheartedly believe secure housing is the single most fundamental determinant of positive life outcomes at any age. Good housing impacts upon both physical and mental health, educational attainment, employment prospects and contributes towards a better quality of a life with meaning & purpose for everyone!

On a personal note, the skills we have learnt during this project have encouraged many of us to consider exploring further opportunities. For example, when identifying the common factors from probin interviews, we apparently learnt a form of 'coding'. We believed 'coding' was a technical skill, a computer language – not for us.

We're heartened by the engagement with our study from practitioners and optimistic about the findings being widely shared. We believe that if these are implemented, they could transform housing and health impacts in a positive manner; not only for Bangladeshi probins, but for all communities, contributing to healthier, prosperous and enriched lives.

iv. A note from the Professional Advisory Group (PAG)

Professional Advisory Group (PAG) members greatly valued connecting the research scope and findings with their practical application in policy and service delivery. Through regular discussions with the project team, PAG provided a space to test emerging insights against real realities that have for too long blighted the experiences of older Bangladeshi residents to age well. This has, undoubtedly enabled the report to highlight actionable opportunities for local authorities, housing providers, and support services to respond more effectively to cultural, linguistic, and systemic barriers.

From a housing and adaptations perspective, the project has strong potential to inform more inclusive and preventative approaches to support not just the older Bangladeshi adults but also other older residents from other social minority groups to access help and support to remain independent in their existing homes and community environments for as long as possible, whilst more culturally informed alternatives are developed. The findings underline the importance of early engagement, trusted intermediaries, and culturally responsive communication in improving access to Disabled Facilities Grants and wider support.

PAG is well-positioned to oversee implementation by helping the project team translate the report's recommendations into practical guidance, training materials, and local strategies. This will ensure the learning leads to tangible improvements in service design, delivery, and positive outcomes, particularly as we respond to our ageing population that is becoming increasingly diverse.

v. Executive summary

About this research

The Amar, bari, amar jibon (ABAJ) study explored the housing needs, experiences, and aspirations of 76 older Bangladeshi adults aged 50 years and over across four East London boroughs (Tower Hamlets, Newham, Hackney, and Redbridge). Facing persistent housing inequalities, Bangladeshi communities are among the most housing-deprived minority ethnic groups in the UK. Despite this the housing experiences of older Bangladeshi adults, many of whom are likely to have suffered from decades of housing disadvantage, remain largely invisible in policy and research – a critical oversight in an ageing and diversifying England.

Given the dearth of research on housing experiences of older Bangladeshi adults, beyond what is known about patterns of inequality, this three-year study foregrounded participants' own voices to understand how they experience their current housing and how housing systems shape these experiences.

Commissioned by the Vivensa Foundation the ABAJ study was co-produced by a partnership between Bangla Housing Association (BHA), the Housing Learning and Improvement Network (LIN) and The Open University (OU) to prioritise experiential knowledge. Community co-researchers and community (Bangla) and professional research advisory groups participated from the outset and throughout to make research relevant, accessible, culturally appropriate, and transferable to wider practice and policy.

A consultation on the key findings, attended by wide-ranging contributors including housing, ageing, health and social care practitioners, was held by the project team seven months prior to this final report, hosted by Tom Copley, Deputy Mayor of London for Housing and Residential Development.

Methods: how the research was conducted

Through in-depth interviews and a survey questionnaire across the four East London boroughs, participants in owner occupier, mainstream and specialist social housing and private rental tenures shared how unsuitable housing affects their daily lives, health, family relationships, and wellbeing. The choice of East London as a fieldwork site reflects the fact that it is home to the largest Bangladeshi community in the UK with high proportions of Bangladeshi residents in the boroughs of Tower Hamlets and Newham.

The sample of 76 participants comprised women and men predominantly from the long-established Sylheti community in East London, aged 50 years and over who identify with the Muslim faith. A vast majority of the sample (83%) live with family members, commonly in inter and multigenerational arrangements, 58 percent have no formal qualifications. Half (50%) are in mainstream social housing, over a third (34%) are in owner-occupation, 11% are in specialist housing, and 5% live in the private rented sector. High rates of cardiovascular disease, diabetes, and musculoskeletal conditions were noted among participants. From here on, we refer to our study participants as 'probins' (elders in Bangla).

Key findings

1.Suitability of accommodation for daily living

The study found that quality and design of current accommodation particularly for those in mainstream social housing and private rental tenures fails to facilitate inter- and multigenerational living as a legitimate housing choice, leaving many probins caught between preference, necessity, and inadequate options. In addition to statutory overcrowding, probins experience '*functional overcrowding*' where homes designed for nuclear families cannot accommodate the

realities of inter and multigenerational living/diverse ways of living, creating privacy deficits, family tensions, and barriers to maintaining cultural and faith practices essential to their wellbeing - none of which are conducive to ageing well.

2. Housing conditions and experience of repairs

Many with multiple health conditions in social housing and private rental tenures described being stuck at home in properties with mould, damp, outdated facilities, lack of ventilation and thermal issues: exposure that intensifies health risks, makes maintaining family life increasingly difficult, and magnifies health inequalities.

3. Suitability of housing for evolving health and age-related needs

The study captured a high level of unmet need for adaptations across all tenures - 46% of the sample indicated need for adaptations, with 70% of those requiring them immediately. Despite this many probins shared experiences of slow, negative, or inappropriate responses from landlords and councils when seeking adaptations for declining mobility. Faced with communication barriers and deterred by the process, they simply 'make do' – often at significant cost to their health and care burden on family members.

4. Housing preferences for future living

Across tenures and despite decades of living in their communities, probins experience housing systems that do not recognise their living preferences, cultural needs, or the ways water-based hygiene and faith practices create distinct accessibility challenges. Although aware that this may not be possible, most wish to live with or near to family members and to their established communities, with many expecting to live with one of their children. Knowledge of 'rightsizing' alternatives such as sheltered housing is sketchy or fearful. Responses from local authorities may not be well informed about the specific housing needs and living preferences that are central to probins' wellbeing and identity.

5. Places for living and belonging

For older Bangladeshis, neighbourhood equals home. Family proximity, familiar institutions (e.g. mosques, halal shops) and community networks that provide safety and belonging are central to wellbeing. Anti-social behaviour is acknowledged but secondary to these embedded connections which provide their social and cultural capitals.

Summary of recommendations

While the Government's priority is to increase the housing supply, 80% of 2050's housing already exists. Our recommendations demonstrate that achieving housing equity for an increasingly diverse ageing population requires equal emphasis on adapting existing stock and ensuring new builds meet diverse household needs.

Our three-step solution (mapped into five detailed recommendations with justification in main report) is:

Step 1: Evidence

Make the increased ethnic diversity and the resulting housing inequities visible

- Mandate annual monitoring and reporting of funded home adaptations by protected characteristics including by ethnicity
- Require local authorities to assess housing needs by ethnicity and ageing (50+) in strategic assessments and to explicitly outline these in their local plans
- Require Office for National Statistics to report age-disaggregated overcrowding data by ethnicity
- Introduce Census questions on housing adequacy capturing functional overcrowding beyond bedroom-based measures
- Require social housing landlords to expand stock condition survey protocols to identify functional overcrowding

Step 2: Recognition

Acknowledge systemic racial disparities in housing access and implement targeted interventions to address structural barriers

- Identify *functional* overcrowding as a distinct category in national housing policy
- Recognise multigenerational living as a diverse housing choice in local housing strategies, planning policy and guidance
- Update social care assessments to address how inadequate housing compounds disability based on how people with care and support needs actually live, whether in mainstream or specialist housing
- Include health and wellbeing impacts of overcrowded and inadequate housing on older adults and informal carers in Health and Wellbeing strategies (or other e.g. Joint Strategic Needs Assessments)
- Partner with faith-based and minoritised organisations to develop accessible housing information

Step 3: Action

Address how discriminatory housing systems and inadequate conditions compound disability, health inequalities, and care needs

- Eliminate home adaptation barriers including through use of multi-format communication (not digital/English-only)
- Strengthen regulatory oversight and inspection regimes to eliminate inequitable access to home adaptations
- Pilot community-led physical housing hubs funded to community organisations as the primary mechanisms for housing support, advice and information, and advocacy
- Coordinate health, care, and housing services at neighbourhood level when housing conditions exacerbate care demands
- Embed the formal and consistent assessment of housing needs for mainstream and specialist housing across local authority areas
- Develop toolkits and a national training programme to drive institutional culture change supporting adaptation practitioners in translating equalities and interpreting cultural/faith needs into practice
- Leverage Decent Homes Standard to improve existing stock, integrating accessibility and energy efficiency
- Create space optimisation and home extensions programmes to relieve functional overcrowding in situ
- Incentivise increased proportion of larger family homes in general social housing new build targets
- Encourage local authorities to adopt/develop good practice, such as ‘The Good Landlord Charter’ in Greater Manchester to improve their housing services, quality and standards
- Strengthen regulatory oversight and inspection regimes to eliminate inequitable access to home adaptations
- Ensure private landlords avoid discrimination in the provision of home adaptations by following obligations set out in the Equality Act 2010 and the Renters' Rights Act 2025

Chapter 1: Introduction

Figure 1: Bangla Research Advisory Group (BRAG) at work

About This Research

Commissioned by the Vivensa Foundation, Amar bari, amar jibon (My home, my life) is a three-year research project coproduced by a university and community partnership between Bangla Housing Association (BHA), the Housing Learning and Improvement Network (HLIN) and The Open University (OU). Prioritising the voices of probins ('elders' in Bangla), inclusivity, experiential and expert knowledge in order to make the research relevant, accessible, culturally appropriate and transferable to wider practice and policy, community (Bangla) and professional research advisory groups participated from the outset and throughout the duration of the research.

Research aim

The study explored the housing experiences, needs, and aspirations of Bangladeshi probins aged 50 and over living in the four East London boroughs of Tower Hamlets, Newham, Hackney, and Redbridge through 76 face to face individual in-depth interviews and a survey questionnaire with women and men.

Why this study?

England is home to a growing and an ethnically diverse older population of approximately 2.2 million people aged 50 and over, who identify with a 'minority' ethnicity (i.e. other than White British), living mainly in the urban areas of England. They constitute the new ageing populations, that is, populations who are ageing for the first time in significant numbers. These new ageing populations are expected to rise given that 1.6 million people from minority ethnic backgrounds are currently in their 40s (25). Despite this, little is known about the housing experiences of minority ethnic older adults, particularly those from the Bangladeshi community, with the limited research indicating forms of precarity (114,9,28). This knowledge gap is especially concerning: Bangladeshi communities are among the most housing and health deprived in the UK, with substantially lower homeownership rates (44%) compared to White British households (67%) nationally (100) and in London (39) and suffer disproportionate exposure to poor housing conditions (97).

While robust evidence establishes clear patterns of persistent housing inequality, with Bangladeshi households experiencing overcrowding at rates nine times higher than White British households (108) and housing deprivation affecting 36% compared to 4% respectively (40), the mechanisms through which these inequalities operate and their consequences for older Bangladeshi adults are poorly understood.

Persistent disparities must be situated within the broader context of racialised inequities documented across multiple domains (8,10,71). Within the English housing system specifically, racialised inequities operate through policies, practices, and institutional arrangements that systematically disadvantage minoritised groups (20,98). Since the 1980s, neoliberal housing policy, marked by the retreat of the welfare state, privatisation, and marketisation has intensified these inequalities, as market-based mechanisms compound existing disadvantages (93).

This study addresses these gaps through in-depth qualitative research with 76 Bangladeshi probins aged 50 and over, exploring their

housing experiences and analysing how structural disadvantages including intersecting inequalities of ethnicity, age, gender, migration history, health and socio-economic position shape where, with whom and how well they are ageing. Critically, the research moves beyond simplistic cultural explanations (32) to reveal how housing systems, from dwelling design to allocation processes, create systematic barriers.

Because of the shorter life and healthy life expectancy of Bangladeshi populations in the UK and the fact that many people cease paid employment before retirement age (116), this research defines 'probins' as people aged 50 years and above. Our research is novel in that it attends to ethnic-specific housing experiences and aspirations among older people in the UK, a gap also identified by specialist housing reviews (40, 51, 97).

Structure of the report

Chapter 2, *Background and context*: *Bangladeshi probins in England* establishes the conceptual foundations and contextual background, exploring frameworks of structural disadvantage and agency, reviewing existing literature on migration and settlement patterns, and examining current evidence on housing and ageing.

Chapter 3, *Methodology and methods,* details the co-produced research approach, sampling strategies, data collection methods, and analytical processes that ensured cultural relevance, accessibility and methodological rigour. The chapter ends with describing the profile of the probins interviewed.

Chapter 4, *Key thematic findings: what probins told us* explores five major themes emerging from the data: suitability of accommodation for daily living; housing conditions and repair experiences; suitability for evolving health needs; housing preferences for future living; and places for living and belonging.

Chapter 5, *Discussion* situates findings within broader policy and theoretical contexts, examining implications for understanding housing inequities among diverse ageing populations.

Chapter 6, *Recommendations* presents evidence-based recommendations with justification. The three-tier strategic framework set out in the Executive Summary is mapped onto five detailed recommendations. Each recommendation sets out the overarching objectives, target audiences, specific sub-recommendations, and the research justification.

A note on terminology

The report uses the term *'minority ethnic'* as a descriptor for population groups that are numerically smaller within a given population; *'probins'* instead of 'participants' as a Bangla descriptor for the 50 years and older research participants; the term *'minoritised' in reference to people/groups* to reflect that they are made minorities through social, political and institutional processes ; the term *'racialised inequities'* in the report is used when referring to the systemic, documented patterns of race-based structural disadvantage in UK institutions (housing, health, policy).

Chapter 2: Background and context: Bangladeshi probins in England

This chapter sets out the demographic, migration, and settlement contexts essential for understanding the housing experiences, needs and aspirations of older Bangladeshi adults in England. It traces migration histories rooted in British imperialism and labour demands, examining how these shaped settlement patterns and exposure to structural disadvantage across their life course, including housing and labour market inequalities. It explores housing conditions, tenure patterns, household structures, ageing, health and disability, and the diversity of age-appropriate housing among older adults with a particular focus on minoritised communities, including Bangladeshi. This contextual understanding is fundamental to exploring older Bangladeshi probins' experiences and how these are shaped by racialised inequities in housing systems as they navigate housing constraints and pursue their aspirations, with implications for health and wellbeing.

Underpinning conceptual framework

Research on minoritised communities, including housing experiences, has sometimes emphasised cultural explanations. While these recognise diversity, they can inadvertently obscure the structural factors shaping such experiences (77, 114, 32).

Understanding of persistent health and housing inequalities is becoming more nuanced, recognising both the distinct experiences of specific minoritised communities and within-group differences as well as the commonalities they share with other groups. This report therefore draws on complementary frameworks of structural disadvantage and agency to examine how structural constraints interact with individual agency [4]. The structural disadvantage framework considers how intersectionality, cumulative (dis)advantage across the life course, and differential access to resources may shape housing experiences variably. The agency framework acknowledges that people navigate constraints and negotiate preferences and choices within these structural contexts.

These frameworks are situated within broader patterns of racialised inequities documented in the UK (8, 11, 65), particularly within housing (20, 98), where policy shifts since the 1980s towards neoliberalism, privatisation, and marketisation have intensified existing inequalities (Preece 93). In centring probins' voices through exploring their experiences of housing and how they negotiate the related constraints and challenges, these frameworks illuminate how housing systems shape their experiences.

Defining the core concepts

Structural disadvantage offers a lens for exploring how inequities may impact people differently, which can be particularly helpful in understanding variation within and between minoritised groups. The concept of *intersectionality* (36) suggests that multiple social categories, such as race, age, sex, sexuality, disability, and socio-economic position intersect to shape differential experiences of inequality and may compound disadvantage for some.

Advantages and disadvantages are understood as a*ccumulating over the life course* rather than occurring at single points in time (117). This perspective is particularly salient for older adults because discrimination and inequities experienced in early life (such as exclusion from homeownership) can persist into later life, contributing to inequalities in ageing (114, 66). Age and health-related transitions often interact with accumulated disadvantages, potentially deepening inequalities and occurring at a time when ageing populations face intensified precarity stemming from neoliberalism (91).

Resources, such as language proficiency, financial capital, and social and institutional connections, can help explain why outcomes might differ within and between minoritised groups even when facing similar housing systems (118). Access to resources can affect capacity to navigate and negotiate constraints. Importantly, differential outcomes are understood as reflecting the interplay of structural constraints and differential access to resources, not the absence of discriminatory practices. Resources shape 'agentic capacities' to respond to barriers.

Agency

Even when experiencing persistent inequities, people exercise agency within structural constraints, drawing on individual and collective resources (42). The concept of agency directs attention to how people might develop strategies and mobilise resources to address or work around barriers, positioning them as active participants rather than passive recipients (34). This perspective also seeks to centre voices that are often marginalised in research, practice, and policy.

The strategies people employ, however, are understood as shaped by differential access to resources, personal circumstances, and constraints posed by housing systems.
The established theoretical concepts set out above inform how this research approaches Bangladeshi probins' housing experiences, paying attention to their aspirations and how these are shaped by housing systems; how intersecting social categories might lead to divergent experiences; and how probins navigate and negotiate housing constraints.

Migration histories and settlement patterns

Migration histories

Routes of Bangladeshi migration are grounded in British imperialism in the South Asian sub-continent from the 17th century onwards (30). Early seafaring visitors came to the docklands area of East London where historical records show that seamen formed the first Bengali presence, acting as a conduit for 'chain' migration of young men between East Bengal and East London. This link to the British imperial past provides a pre-history to the migration patterns of the 20th century (3) with a Muslim community gradually forming in the Spitalfields/Bethnal Green area in London and the East London Mosque established in Whitechapel by 1945 (110).

Different flows of migration were prompted by the engagement of South Asian men in the British forces during the first and second world wars (WW1 1914-18; WW2 1939-45) and the post war demand for labour migration in the UK (110). The violent antagonism between East Pakistan and the Bangladeshi community, arising from South Asian territorial disputes underlying the partition in 1947, and resulting in the independence of Bangladesh (1971), further fuelled migration.

By the first Commonwealth Immigrants Act in 1962, Adams (1987) reports that approximately 5,000 Bengali men were living across the UK as cheap migrant labour in the garment and hospitality industries in London, and textile, mill work and heavy industry in the Midlands and Northeast England (48). 'Chain' migration was common and by 1980 the Bangladeshi community in Britain numbered 200,000, living in Birmingham, Greater Manchester, Oldham and Rochdale, and Bradford, with the largest number living in the East London borough of Tower Hamlets (1). Over time family reunification became central with male migrants continuing to travel between nations.

First generation migrants were born in Bangladesh whilst second and third generations are commonly British born unless they have twice migrated such as Italian Bangladeshis (94). At the time of the 2021 Census, Alexander & Lidher (2024, p.1) report that 'the Bangladeshi community living in

England and Wales numbered 644,881 people, comprising 1.1% of the population': a fast-growing population doubling in size since 2001. Additionally, 6,934 Scottish Bangladeshi residents were living in Edinburgh, Glasgow and Aberdeen.

Settlement patterns: housing inequalities

The post-war period saw slum clearance and housing redevelopment, leading to medium- and high- rise apartment buildings in urban areas, rehousing to new estates, suburbanisation, and the development of new towns (90). However, changes in policy and practice have seen housing quantity and quality vary over time and currently discussions of the 'housing crisis' are common with a lack of affordable, sustainable and social housing being central to cope with population need (111).

As settlers and citizens, first and second-generation Bangladeshis are commonly people with financial disadvantage who have faced struggles surrounding housing discrimination (95,105). Lukes, de Noronha and Finney (2019) identify a timeline of legislation since the 1948 definition of British Citizenship through successive Race Relations Acts (1965, 1968, 1976, 2000) and the Equality Act (2010) which have varied the right to citizenship and have directly or indirectly impacted on access to housing type and tenure.

More recently, Robinson (2024) notes a post-racial turn in housing policy where race equality considerations have been deprioritised or removed from housing policy frameworks, despite persistent evidence of discrimination and unequal outcomes. This shift has occurred alongside widening ethnic inequalities in housing tenure, quality, and affordability (97).

It is in the context of these changes that Shankley and Finney (2020) outline ethnic inequalities in housing experience discussing: disadvantages in housing quality, tenure and type; living in overcrowded conditions; and over-representation in the category of homelessness. Throughout this time central government policy and legislation has led to variation in local government systems and practices impacting the Bangladeshi community. For instance,

(a) in the 1970s families subject to discrimination in accessing council housing in the London Borough of Tower Hamlets were active squatters in Spitalfields (119)
(b) the introduction of the Conservative government's 'Right to Buy' policy - 1980s onwards – not only reduced housing costs for those able to achieve and maintain owner-occupation, including minority ethnic communities; but also
(c) reduced the social housing stock affecting low-income working-class population and residualisation of council housing stock (120).
(d) the Housing Act 1988 saw Housing Associations take over the management and development of social housing from local councils. These changes continue including,
(e) an increase in the rented sector where access, management and quality vary.

In the London context specifically, current research highlights how discrimination by landlords, coupled with income disparities and housing costs, continues to exclude Black and minoritised Londoners from homeownership and adequate housing (51).

Settlement patterns – cumulative (dis)advantages

Throughout their lives many British Bangladeshis have experienced diverse inequalities being seen as among 'the most socioeconomically deprived minority ethnic community in Britain' (3, p2) with a poverty rate three times higher than the white British community (100). While the gradual increase of women working has led to a slight decline in poverty, there are still high levels of single-earner households often with part-time, poorly paid work. They are said to have the 'second lowest levels of household wealth (after Black Africans)' impacting the level of

children living in poverty which is much higher than White British children (3, p 3).

This economic disadvantage directly impacts access to home ownership leaving many Bangladeshi families locked out of this form of tenure with a growing concentration in the private rented sector where they face insecurity and poor conditions (97, 39).

Low rates of homeownership and household wealth amongst this community reflect labour market inequalities shaped by historical migration patterns and economic restructuring. As seen during the first half of the 20th century, many Bangladeshis migrated responding to British labour shortages and the first generation provided unskilled labour. However, as many garment industries and other workshops in East London closed from the 1970s onwards this labour was largely forced to move into the restaurant trade, also insecure and low paid (96).

Estimates for 2024 from the Labour Force Survey indicate that 81% of Bangladeshi males and 44% of females are working (3) and that women may be working part-time and carrying out several hours of domestic caring work per day. Data also show British Bangladeshis to be concentrated in three areas of employment: distribution, hotels and restaurants; public administration; and transport and communications (3).

This low-paid, insecure work, linked to lack of skills and educational qualifications among older migrants, has direct consequences for housing affordability. Home ownership is particularly unattainable for older Bangladeshi adults who may have spent their working lives in precarious employment. Educational progress among second and third generations, while significant, has not been sufficient to overcome structural barriers in housing access rooted in labour market and income inequality (115).

Housing and ageing: what do we know?

Who are the older people and where are they living?

England's demographic patterns reveal distinct geographic concentrations of older populations. Coastal and rural retirement areas have the highest proportions of older residents overall, while cities have smaller percentages. In contrast, urban areas have the largest populations of people aged 65 and over from Black, Asian and Minority Ethnic backgrounds (26) with predicted largest increases in these locations. London exemplifies this urban pattern with inner boroughs such as Tower Hamlets having a younger population profile (with UK's youngest median age at 30.6 years), while residents aged 65 years and over concentrate in outer boroughs, particularly on the capital's eastern periphery (121).

The diversity among older populations is increasing. Census 2021 shows that the population aged 65 years and over was more ethnically diverse in 2021 than in 2011, with a decrease from 95.5% to 93.6% in people identifying as white and increases in those identifying in other ethnic groups. The age profile of most minority ethnic groups is younger than that of white groups but with increasing numbers of elders as people age (54).

The Centre for Ageing Better (2024) reports that the number of people aged 50 and over from Black, Asian and Minority Ethnic backgrounds in England increased by 80% between 2011 and 2021, reaching 2.17 million people, with Bangladeshi communities among those experiencing significant demographic ageing.

London overall has a highly diverse population in terms of ethnicity, with large variation between boroughs and wards. Of the ten boroughs with a majority non-white

population, Newham, the most ethnically diverse of all local authorities in England and Wales, has 69.2% of people recorded as non-white. In Tower Hamlets, the figure was 60.7%. Within the group identified as Asian, the Bangladeshi community is heavily concentrated in East London boroughs such as Tower Hamlets (69) though as noted above Bangladeshi communities are found in other urban centres.

Understanding these demographic patterns requires clarity about how 'older' is defined. Traditionally in the UK the age of 65 has been used as standard for categorisation as 'older/aged/senior', reflecting a previous state retirement age.
In practice, notions of 'later life', 'old age' and even 'retirement' are increasingly recognised as fluid, taking into account factors such as health, employability and socio-cultural positioning. This is particularly the case for some minoritised groups who experience a process described as 'weathering' – '*chronic stress caused by long-term direct and indirect experiences of racism leads to a more rapid ageing process'* (37). This accelerated ageing is health-related with some groups experiencing age-related problems at earlier ages as well as having shortened life expectancies in comparison to the population as a whole. Consequently, using a fixed chronological age to define older adults does not reflect that ageing is a process and one that varies with individual circumstances (50,122).

Beyond London, concentrations of Bangladeshi migrant communities are currently found in other urban centres notably Birmingham, Oldham, and Luton with significant communities also in Burnley, Bradford, Bedford, Newcastle and Manchester. Smaller groups are recorded in Glasgow and Aberdeen.

It has been suggested that the high degree of concentration of Bangladeshi communities in the UK, partly resulting from chain migration, employment patterns and residential segregation shaped by racism and a racialised housing system has reinforced existing patterns of poverty amongst these communities (3). While the age profile of most of these groups tends to be younger than the general population, the ageing of those currently in their 40s and 50s means that overall numbers of probins will continue to grow nationally.

Households

Recent English Household Survey data records 79% of 'household reference persons'[1] aged 65 or over as being owner occupiers (74% owned outright; 5% paying a mortgage): 15% were social renters and 6% private renters. However, this masks profound ethnic inequalities. The majority (approx. 96%) of older homeowners aged 65 and over were White, meaning only 4% to 5% were from ethnic minority backgrounds (76).

Among people aged 50 to 69, 47% of White people own their home outright, compared to 33% and 13% respectively from those identifying with Asian and Black ethnicities (24). Within social housing nationally, 40% of Bangladeshi households rent social housing, the third highest rate of any ethnic group after Black Caribbean (48%) and Mixed White and Black Caribbean (41%) households, and far higher than Indian (5%), Chinese (5%), or White Other (11%) households (55). Among people aged 50 and over specifically, there is variation ranging from 6% of Indian households to 45% of Black African households in social rented sector (25).

Living arrangements vary significantly among older adults. Census 2021 notes that 97.3% of those aged 65 years and over in England and Wales lived in private households, with the remaining 2.7% living in communal establishments (mainly care homes). Of the 97.3%, around 30.1% were living alone, with the likelihood of living alone increasing with age. Older women were more likely to be living alone than older men. Those identifying with Asian ethnic groups (includes Asian, Asian

British, and Asian Welsh categories)were least likely to be living alone (148).

Multigenerational living is increasing across England and Wales - from 1.8% in 2011 to 2.1% in 2021 (162). While four out of five multigenerational households are White British, some ethnic groups predominantly Asian families, are significantly more likely than White British people to live multigenerationally. For Bangladeshi households, 56% of households with someone aged 70 or over are multigenerational, compared to just 2% of White households (47).

Housing conditions: decency and overcrowding

Over 2.3 million people aged 55 and over live in homes that are cold, damp, or unsafe, with minoritised communities disproportionately affected. Nearly 38% households identifying with an ethnicity other than White British experience one or more housing problems, compared with 25% White households (Centre for Ageing Better, 2025).

The Centre for Ageing Better (2025c) found that Black, Asian and Minority Ethnic people aged 50 and over are five times more likely to live in housing deprivation than their White British counterparts, with 36% of Bangladeshi people aged 50 and over living in deprived[2] housing compared to just 4% of White British. De Noronha (2024) characterises this as 'slow violence', i.e., the cumulative health impacts of prolonged exposure to inadequate housing conditions.

Additionally, the capacity for improvement to housing conditions through adaptations, major and minor, is disproportionately underused for minoritised ethnic communities, with an apparent lack of clarity about how to effectively implement adaptations within current systems(97). Many homes therefore remain substandard, with delays to improvement common.

Systemic racism, lower homeownership rates, overcrowding, and poor housing quality have been identified as factors compounding housing inequalities(22). Key barriers preventing access to help have been identified as including poverty, language, communication challenges and uncertainty of where and whom to turn to for support.

Lack of culturally inclusive services is also a potential barrier for some minoritised communities (169). This is within a context of a national housing crisis with ingrained institutional barriers alongside more recent drivers of exclusion. Preece et al (2019), exploring what stakeholders and housing providers identified as key mechanisms of exclusion in English rental housing systems, reported suggestions for improvement. These included reform of the private rented sector, more social housing, and welfare reforms. However, these were recognised as going against the entrenched patterns of market deregulation, private sector expansion, and decreased public expenditure on housing in England. They noted that some key elements of these proposed reforms were being implemented in Scotland and Wales.

While inter and multigenerational living does not necessarily imply overcrowding, Pakistani and Bangladeshi, and Black households are more than nine times and five times respectively more likely to be living in (statutorily) overcrowded households compared with White British households(45, 85).

In terms of tenure, Health Foundation (2024) analysis shows that overcrowding rates are highest in the social rented sector (8.9%) and private rented sector (5.8%), compared to owner-occupied housing (1.0%).
A literature review by Addison et al. (2022) found strong evidence linking overcrowding to adverse health outcomes including psychological distress, mental health problems, and increased transmission of infectious diseases, with these impacts

disproportionately affecting minoritised communities.

Bibby et al. (2022) analysed housing space standards and found that 24% of Bangladeshi households, 18% of Pakistani households, and 16% of Black African households are overcrowded, compared to 2% of White households, disparities that reflect both household composition patterns and systemic failures in housing provision. However, the literature does not yet adequately explain whether these patterns reflect constrained housing choice due to affordability and availability, preferences for multigenerational living, or some interaction between structural barriers and household formation practices, a gap that has implications for understanding what constitutes 'appropriate' housing provision.

There are no national data on households not covered by the statutory definition who nonetheless experience the difficulties of overcrowding. The general demand over recent years for small units for young home leavers, separating couples, and downsizing older people has taken priority in developments so that it is still the case that needs of Bangladeshi communities for larger homes to maintain inter and multigenerational living is not met (3).

The relationships between housing, household structures, care and wellbeing have implications for the family life, for practical and emotional networks of support and for the care and lives of older people as highlighted by seminal family studies carried out in East London (113,92, 107). Yet there appears to be a significant temporal gap in this evidence base because foundational family studies documented these patterns in the mid-to-late 20th century. It remains unclear whether more recent research has examined how these relationships between housing, household structures, and support networks have evolved for Bangladeshi and other minoritised communities under contemporary housing market conditions and demographic change.

The current political economy of housing in England and Wales disadvantages those who cannot compete in the housing market (4, 44). The financial barriers to home ownership affect all low-income families (7, 112). In 2024, the median average home in England cost 7.7 times the median average earnings of a full-time employee (126), and even where mortgage payments seem manageable (for example they may be lower than a current rent) the large deposit needed to purchase a property remains a major barrier (60).

In the private rented sector 'right to rent' requirements (72, 74), upfront deposit payments, and technologies used to assess credit histories can exclude people on low incomes (102), while at the same time allocations policies related to length of residence or rent arrears can exclude access to social housing (112).

For many people in excluded and minoritised communities the notion of 'housing choice' is severely compromised (13,63, 23). What remains under-explored in both housing and gerontological research is how the above-mentioned barriers act together specifically against older adults from minoritised communities who may face age-related constraints alongside racial and economic disadvantage.

Housing, health, and disability

Housing needs are further complicated by health status. In 2021, nearly half of older households included someone who was living with a long-term illness or disability (125). The provision of good housing, and specifically social housing, has been accepted as a key driver of public health at scale since at least the Housing Act of 1919. So, for over a century it has been understood that good homes can provide the foundation for health and wellbeing.

However, policy changes in housing planning, provision, and accessibility, and a shift to regarding housing as capital rather than as a public good have led to a situation where the UK housing system now '*entrenches the injustices of health inequity and intergenerational poverty, disproportionately impacting those with the least social, economic and political power'*(73).

A 2021 Building Research Establishment (BRE) briefing paper on the wider costs of poor housing in England identified £1.4 billion in annual NHS treatment costs. Yet this captures only immediate healthcare responses. Deeper analysis reveals that housing-related health problems are typically ongoing, creating societal costs beyond the health system such as sustained long term care needs, reduced educational attainment, diminished productivity, and limited career prospects. Accounting for these broader impacts, BRE estimated the full annual cost at £18.5 billion which is thirteen times the healthcare figure alone. These costs stem from the daily realities of living with damp, mould, disrepair, and overcrowding, where environmental conditions continuously generate and intensify health problems across households.

At the 2021 census, 17.7% of people in England were disabled, with disability prevalence and severity increasing with age, and more so at older ages (130, 131). People in the most deprived areas of England were disabled at younger ages compared with those in the least deprived areas. Prevalence varied between ethnic groups with highest percentages recorded by Gypsy or Irish Traveller (33.2%); Mixed White and Black Caribbean (22.4%); and Asian, Asian British or Asian Welsh: Bangladeshi (20.7%) (132).

The Centre for Ageing Better (2024) found that disabled older adults from minoritised backgrounds face compounded disadvantages, with higher rates of both disability and housing deprivation compared to White British disabled older adults. Yet an estimated 87% of homes in England lack the visitor accessibility features required by someone with access needs: toilet at entrance level, level access to front door with a flush threshold, and wide enough doorways and circulation space for a wheelchair (27). The scale of adaptation need has grown significantly, with the Centre for Ageing Better (2020) reporting that 53% of households, approximately one million lacked needed adaptations, compared to 45% in 2014/15.

A recent report identifies specific barriers minoritised communities face in accessing home improvements and adaptations including poverty, language barriers, communication challenges, uncertainty about where to turn for support, digital exclusion, and lack of culturally inclusive services (169). These identified barriers point to systemic failures in adaptation provision, suggesting that current provision models are incompatible with the needs and circumstances of these populations.

Disabled and older people living in homes that are not suitably adapted report 'higher levels of pain, poorer health outcomes, and higher levels of social isolation than other adults' (29). Using the English Longitudinal Study of Ageing data on adults aged over 60 in England, they analysed the effectiveness of housing modifications on disability outcomes and concluded that there was strong evidence for 'external' modifications (such as widened doorways, ramps, automatic doors, parking and lifts) reducing the probability of falls, pain, poor health and loss of social activities. In their opinion 'studies on reducing disability in ageing populations need to consider the role of housing modifications as key interventions to promote healthy ageing in place' (pg.1) This evidence on the value of housing modification stands in tension with the earlier finding that minoritised communities disproportionately underuse adaptation services despite poorer health at younger ages.

It is unclear what accounts for this gap between demonstrated benefit and low uptake, whether it reflects the barriers to access already identified, or other factors that remain to be investigated.

Expectations of care in Bangladeshi communities

According to Miah and King (2023), in Bangladeshi communities ageing well is 'less about physical activity and independence and more about being socially active and respected and being taken care of by family members '(pg.945) However, they remark that for British Bangladeshis, experiences of ageing and mobility are gendered. Older men typically visit the mosque for social interaction, and some make solo visits back to Sylhet/Bangladesh which they consider to be convivial and comfortable. On the other hand, older British Bangladeshi women tend to remain at home, including often for prayer, and are 'spatially less mobile': there is less desire to visit the homeland, even less to return there to settle. Given poorer health care in Bangladesh and the fact of family settled in the UK, few elders plan to eventually return permanently to Bangladesh.

Expectations of care and caring also carry a gendered dimension, with women often in practice shouldering most of the caring responsibilities, as they do in the general population. In the case of Bangladeshi communities in the UK, there is also a faith and cultural aspect in expectations around caring. From an Islamic perspective, taking care of elders is a responsibility that adult children must fulfil, including physical, emotional, and spiritual support for parents in their later years (128). This expectation of care is crucial for a proper understanding of the housing experiences, aspirations and challenges of older Bangladeshi adults because any preference for living with adult children in inter and multigenerational households, from both a practical and a cultural perspective, exposes the difficulties associated with overcrowding and poor housing conditions.

Diversity in evolving age-appropriate housing

When considering housing expectations, a UK wide survey found that only 7% of older people think moving to specialist(sheltered/retirement) accommodation is most likely in their future, with 2% expecting extra care housing (165). As per Census 2021, 2.5% of older adults aged 65 years and above currently live in communal establishments (mainly care homes) (127). According to the National Housing Federation (2024), 38,000 new homes for rent need to be built for older people per year, of which 21,000 should be social rented housing, and nearly a third should be extra care or sheltered accommodation.

The Government's Older People's Housing Taskforce (2024) report recognises the need for diverse, faith and culturally sensitive housing options for older adults, acknowledging that many minoritised older people experience inadequate housing, poor health, and deep poverty. Yet this recognition has not translated into provision as few organisations currently offer specialist accommodation specifically designed for minoritised elders. As, such these groups remain significantly under-represented in both sheltered and extra care housing.

Under-provision aside, it is also the case that preferences for, discourse about, and access to other desired forms of housing, including larger homes for inter and multi-generational living, are often limited. This limitation is compounded by a conceptual mismatch in policy discourse - while there is growing recognition of the value of age-friendly intergenerational communities, referring to interactions between unrelated younger and older people, this framework effectively excludes and renders invisible households already engaged in family based inter and multi-generational living (62). Gathering evidence

about individual and community needs and expectations is fundamental to bringing diversity to age-appropriate housing as household structures in England diversify with increasing multigenerational living.

Chapter 3: Methodology and methods

Our overall methodology is underpinned by a co-produced approach to research grounded in participatory and community-based traditions (12, 6,133) and collaborative ways of working (109). Within this overarching approach embodying co-production principles, a mixed-methods design with participatory and deliberative methods was adopted.

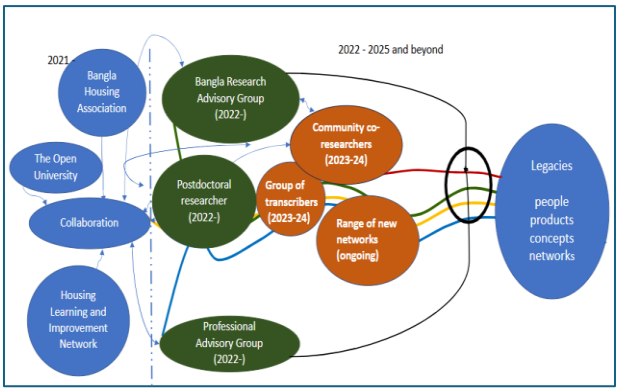
Co-production: an integral principle

Bangladeshi and other minoritised older adults remain persistently under-represented in research, facing structural barriers to participation (81, 83; 35). In this context, we understand 'co-production of research' as both value and process (12): an 'extended epistemology' i.e., conscious shared acknowledgement and recognition that every contributor brings valuable knowledge, different levels of expertise and experience, and can choose to contribute flexibly (e.g., time given)(59). This approach offers opportunities to redistribute power, challenge knowledge hierarchies and enable shared ownership over knowledge generation (14,134).

Embodying co-production principles of inclusivity, shared power and ownership, reciprocity, mutual learning, and relational ethics (18, 82, 84) the ABAJ partnership emerged through an active funded collaboration between The Open University, BHA, and Housing LIN, who jointly and iteratively co-designed and developed the research from the outset from initial funding call to funding award. This approach balanced the research experience from the academic team with Housing LIN's mastery of networking and communication and the housing and community service expertise of the Bangla Housing Association (BHA).

Co-production took place across the full methodological framework rather than limiting it to discrete consultation moments (52) being integrated into governance, engagement processes, recruitment, data collection and analysis. Ethical approval (HREC 4185) ensured respectful engagement, confidentiality and safeguarding throughout.

Figure 2: Co-produced and engaged research at all stages



Active inclusion of the Bangladeshi community was sought through the formation of a Bangladeshi Research Advisory Group (BRAG) recruited through BHA and the post-doctoral research associate's (PDRA, appointed to the project) community networks who also identified as a British Bangladeshi immediately following funding success. Eight community members of mixed ages, genders and housing tenure including five probins drawn from the four fieldwork boroughs joined after learning about the role and support available.

BRAG co-designed their own structure (face to face Saturday quarterly meetings, WhatsApp communication) contributing flexibly to decision-making on recruitment for co-researchers and participants; transforming recruitment materials for cultural relevance; identifying linguistic needs for interviews (Sylheti, Bangla, English); participating in co-researcher selection and training and mobilising their networks for advertising and introductions; co-analysing data and co-presenting at conferences and practitioner forums. (135).

BRAG members were recompensed for their contributions of time, energy and enthusiasm, and supported through training and workshops including on coproduction, equipped for online engagement, and provided necessary linguistic and technical support to facilitate their contributions.

Figure 3: Workshop on co-production

A professional advisory group (PAG) comprising eight practitioners from local, regional and national organisations in housing, ageing, social care and health as also set up in 2023. It met online twice a year and as needed to offer sector specific expertise on local and national issues, guidance relevant to the research, and to comment on findings and recommendations. PAG recruitment involved targeted outreach that expanded through project presentations and events, contributing to methodological validity by situating the study within broader policy and service landscapes (82, 46).

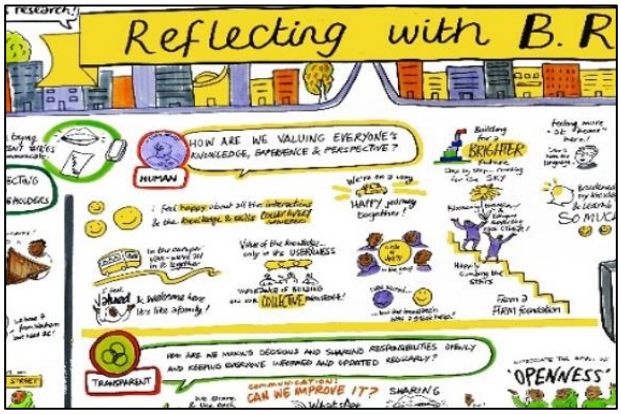
Together, BRAG and PAG supported iterative refinement throughout the project, ensuring both community accountability and alignment with policy and practice contexts.

Figure 4: Training in research methods: community co-researchers

To encourage participation of older Bangladeshi adults and mitigate the potential for any linguistic and cultural barriers to taking part in individual in-depth interviews, eight trilingual (Sylheti, Bengali, English) community co-researchers reflecting different life experiences, ages and genders were recruited to paid roles. They undertook interviews through a BRAG and ABAJ team collaborative process; similarly, a team of ten transcribers recruited from the community were trained by the project team to translate and transcribe those interviews that were conducted in native Sylheti dialect and Bengali.

Practising co-production involved reflexivity (creating reflection spaces to address power and cultural dynamics), reciprocity and shared governance (collaborative decision-making through ongoing workshops, meetings and consultation events). The trilingual PDRA and BHA members facilitated linguistic and epistemological bridging between English and non-English speaking members throughout. These practices redistributed epistemic and procedural power, building trust through genuine partnership, supporting community research capacity, and enabling mutual learning for everyone, that challenged academic-community hierarchies (136)

Figure 5: Reflecting together



Transparency and accountability were maintained through regular knowledge sharing via monthly newsletters documenting project progress, and updates shared with team members to bridge information gaps between meetings and with wider practitioner communities. With its extensive political and policy connections, the Housing LIN took the lead on communications and dissemination to aid knowledge sharing and exchange. It created a project 'microsite' on its Diversity Matters pages where news updates, accompanying resources, and this report can be accessed both as a legacy of the research and a record of the professional and community impact the findings and recommendations have made (Ref: https://www.housinglin.org.uk/amar-bari-amar-jibon/).

Figure 6: ABAJ newsletters

Methods

Research design

The study employed a mixed-method research design using participatory and deliberative methods. This comprised face to face in-depth individual interviews (lasting around an hour and a half) with 76 older Bangladeshi adults [5], and a survey questionnaire delivered face-to-face by trained community researchers to capture the intersections of housing, health, culture, family life and ageing, enabling triangulation across data sources.

Participatory and deliberative methods enabled the iterative development of the structure, design and content of participant interviews, subsequent analysis, and key findings. These included co-researcher recruitment; co-researcher and BRAG training; participatory thematic co-collaborative analysis and interpretation with BRAG members and co-researchers; PAG meetings and a one-day workshop with housing, health and social care practitioners.

Sampling and recruitment of probins

The choice of East London as a fieldwork site reflects the fact that it is home to the largest Bangladeshi community in the UK (3) with high proportions of Bangladeshi residents in the boroughs of Tower Hamlets and Newham. Hackney was included as a contiguous borough with a Bangladeshi population, albeit smaller proportionally. Following collective reflection on local knowledge of internal Bangladeshi migration patterns within London, the borough of Redbridge was also included in the study.

The four East London boroughs exhibit significant differences in ethnic composition, housing tenure and deprivation. Tower Hamlets has the largest Bangladeshi concentration in England and Wales at 34.59%, followed by Newham at 15.86%, Redbridge at 10.28% and Hackney at 2.5% (139). Hackney has the lowest home ownership in London at 24.6%, followed closely by Tower Hamlets at 25.7%, while Newham shows 33.2% and Redbridge is substantially higher at 58.1% (138). Both Hackney and Tower Hamlets have the highest

social housing provision in London at 40.5% each.

According to the Index of Multiple Deprivation, Newham is now the most deprived borough in London, while both Tower Hamlets and Hackney rank jointly highest for income deprivation among children; Tower Hamlets, Hackney, and Newham also rank among the five most deprived areas in England for income deprivation affecting older people (137). Redbridge experiences lower deprivation levels and has been rapidly diversifying (140,141).

Recruiting across these four boroughs with their varying socio-economic profiles was important to ensure a robust sampling framework. Bangladeshi adults aged 50 and over were carefully sampled to ensure diversity in living arrangements, sex, housing tenure, self-reported health, socio-economic status and age, with sampling decisions reviewed iteratively throughout recruitment. Recruitment was facilitated through trusted community channels including mosques, community organisations, housing providers, BRAG, and word-of-mouth and was complemented with dedicated day recruitment stalls in locations having high Bangladeshi population footfall (e.g. Green Street in Newham).

Recruitment was supported by participant information leaflets translated into Bengali and in Sylheti audio versions. While the recruitment protocol was drafted by BHA and OU members and refined with input from BRAG members, BHA working with BRAG and the academic team led community coordination.

BHA staff and the PDRA acted as the first point of contact for initial queries from participants in Sylheti and Bengali to engender trust and linguistically and culturally barrier free communication. Participants were offered flexibility in interview language, interviewer gender, and location (home, community centre, or online) to maximise accessibility and reduce participation barriers. The final sample comprised 76 individual interviews with older Bangladeshi adults (achieving recruitment close to the target of 80). A pre-screening questionnaire was developed to record basic details such as participant age, sex, housing location across the boroughs and housing tenure, to monitor the sampling periodically (managed by the PDRA).

Figure 7: Recruitment

BHA and BRAG members helped promote and publicise the research widely within the community.

Data collection

Data collection was undertaken by six trilingual (Sylheti, Bengali, English) community co-researchers reflecting different life experiences, ages and genders, recruited to paid roles-trained, supported and facilitated by the OU team with involvement from BHA and BRAG members.

Face to face in-depth interviews enabled exploring with participants at length in their preferred language their experiences of home, housing and neighbourhood including migration and residential histories, the survey questionnaire captured detailed housing information (dwelling type, number of bedrooms and bathrooms, tenure, tenancy, and length of residence) alongside demographic, household, socio-economic, and self-reported health data. The survey data complemented the qualitative interviews by characterising the demographic and housing profiles of participants and

enabling situating and interpreting the qualitative findings within the broader social and economic circumstances of the sample, as well as making comparisons - where feasible - to relevant local and national data. Co-researchers, with consent from and on participant's directions, also photographed aspects of their current residence that probins liked and disliked.

Interviews were scheduled to accommodate prayer times and cultural routines, conducted with sensitivity to discussing home conditions and family life at preferred locations (the majority at probins' homes with a few at community centres) and audio-recorded (with consent).

Co-researchers facilitated culturally nuanced access to Bangla/Sylheti-speaking participants who might otherwise be excluded. In-depth enabled detailed exploration of participants' housing and ageing experiences in their own words, with flexibility to probe emerging themes and build trust essential for minoritised communities (142). However, the approach was time-intensive, requiring skilled interviewing and extensive translation-transcription work.

Recruited community co-researchers were given comprehensive four-day training led by two members of the Open University research team, considering research ethics (including ethical and legal issues of informed consent, data protection and privacy, anonymity, confidentiality and data security), conducting fieldwork, researcher safety, and interview training/role play. They were DBS checked. Four BRAG probins engaged in role play for interview training providing community co-researchers with valuable opportunities to practice and refine their interviewing skills and provided ongoing support during fieldwork.

The research tools, i.e. topic guide and survey questionnaire were iteratively developed over a series of meetings variously between the OU team, BHA, BRAG and co-researchers. Drafts based on themes which surfaced during meetings were prepared by the OU team. These were then progressively refined and focused, paying particular attention conversational and linguistic nuances, such as clarifying terms and phrases used within Bengali/Sylheti dialects. In addition to the content of the research tools, attention was given to details such as distinctions between basha (home) and bari (home within the village) in Bengali and Sylheti.

Co-researchers were specifically involved in translating the interview questions into Bangla and Sylheti dialects to agree on common wording and terminology to keep the approach to interviewing consistent. This collaborative translation process was essential for ensuring conceptual equivalence and linguistic validity across participants. By engaging native speakers in iterative discussions to reach consensus on terminology, the research design enhanced both the cultural appropriateness and methodological rigour.

While community co-researchers made interviewing culturally and linguistically accessible for the participants, they were trained to prompt and probe, and to consider the cultural hybridity of long-established migrant communities - to do this they were provided with on-going research and practical support from the project team for the duration of the fieldwork. This took the form of monthly meetings held online in the evenings (to flexibly accommodate everyone) facilitated by the OU and BHA.

These meetings offered space to share experiences of interviewing, reflect on skill development, receive feedback on ethical concerns and co-learning with peers. A WhatsApp group led by the postdoctoral researcher facilitated day-to-day coordination, peer support, trouble shooting and logistics planning. This dual support structure built a community of practice enabling co-researchers to draw on

one another's experience while maintaining methodological and ethical consistency.

Initial interviews conducted by each co-researcher were listened into by the PDRA, and English transcripts were read by the OU academic team to provide ongoing feedback and training on interviewing skills. Following each interview, coresearchers maintained fieldwork diaries documenting interview conditions, reflexive notes on interview dynamics, practical challenges, and their interviewing skills. This supported reflexivity on researcher positioning, ongoing interviewing skill refinement and contextual information.

Data storage and management

Data protocols specified how co-researchers and BHA members would store, transfer, and dispose of personal and interview data. This was because they both had access to participant data during recruitment and interviewing. Co-researchers were furnished with an Open University computing account with defined levels of access and permission to meet data protection requirements.

Co-researchers used dedicated, data enabled secure smartphones configured specifically for the study rather than personal devices for recording interviews and taking photographs. This approach protected participant privacy by ensuring research data was collected on project-owned equipment enabling standardised data collection procedures across all interviews and secure uploading of audio recorded data, photographs and digital copies of signed consent forms to each co-researcher's folders on the OU servers.

Digital copies of signed consent forms and audio-recorded data were then transferred and stored separately in access-controlled folders limited to the OU research team and managed by the PDRA. Initial pre-screening and survey questionnaires were administered using Microsoft Forms, an online survey platform that enabled BHA and co-researchers respectively to input data directly but not access it later. Paper copies of completed survey questionnaires and consent forms were returned to the PDRA.

Data transcription and translation

Of the 76 interviews, six were undertaken in English and the remaining in Bengali and Sylheti. The University approved transcription company was employed to transcribe interviews conducted in English. Ten members of the community fluent in either Bengali or Sylheti and English, including one co-researcher who expressed an interest, were recruited to paid roles to translate and transcribe interviews conducted in Sylheti and Bengali.

Contractual confidentiality agreements were put in place requiring password-protection of the data when transcribing, restricted data sharing (limited to the research team), and secure deletion protocols upon completion and successful return of the transcription. Interview transcripts were matched to transcribers who were native speakers of Bengali or Sylheti and English. Bilingual transcribers applied both literal translation (for direct linguistic equivalents) and semantic interpretation (for culturally specific concepts), balancing linguistic precision with meaning preservation.

Guidance and training were given on both practical and linguistic and cultural aspects of the translation. To ensure rigour, the PDRA who was fluent in native languages and English reviewed early transcript batches with particular attention to preserving the intended meaning of culturally specific concepts and to assess accuracy and consistency. To maintain linguistic integrity, transcribers followed strict protocols ensuring:

(1) culturally significant terms were preserved in their original language

(2) words with multiple meanings were translated with original terms bracketed for transparency
(3) uncertain meanings were flagged rather than guessed.

This approach ensured cultural concepts remained intact while providing clear documentation for verification and analysis. Structured feedback and discussions with transcribers were carried out individually by the PDRA for quality assurance and to strengthen their skills. Monthly supervision online meetings held in the evenings with OU and BHA members were also provided for the transcription team, mirroring the co-researcher support structure.

Data sharing and analysis

Anonymised transcripts were stored on the Open University's secure Teams site, enabling controlled access and version control. Data analysis was undertaken collaboratively by the four OU academic members, two BHA members and two BRAG members and one co-researcher as set out below.

Phase1: Collaborative codebook development

For meaningful coproduction in analysis, BHA, BRAG members and co-researchers were invited to participate as co-analysts.

Following an initial workshop that developed shared understanding of qualitative analysis and explored the value of diverse interpretive perspectives, coding concepts and themes, two BHA members, two BRAG members, and one co-researcher (later) joined academic team members to form a nine-person analysis team. Recompense for involvement in analysis was negotiated and agreed at the outset to recognise the intellectual and time labour involved. Each co-analyst was paired with an academic team member and provided anonymised, password-protected transcripts with passwords shared by a separate email.

All pairs independently read and coded the same transcripts, then met to discuss, compare, and agree on codes. Anonymised survey data, categorised by housing tenure and characteristics in Microsoft Excel, provided contextual information to inform coding. Through this collaborative paired coding process involving all analysts, 15 in vivo descriptive and interpretive codes were identified that aligned with the research aims. The academic team formalised these into a structured codebook.

Phase 2: Applying the codebook across transcripts

The agreed codebook was systematically applied to all remaining transcripts by OU team members using NVivo software. This did not involve new interpretive decisions, as the codebook itself had been collaboratively developed and all subsequent interpretive analysis continued to involve the full team.

Phase 3: Conceptual framework development

Using a thematic analysis framework (Braun & Clarke, 2006), the full analysis team collaboratively organised the 15 initial codes into nine higher-order codes reflecting experiences of home, housing, and neighbourhood and developed analytical questions for each higher-order code to guide the next phase of interpretation.

Phase 4: Collaborative thematic analysis

Each of the nine higher-order codes was assigned to a paired team (community co-analyst and academic researcher) for in-depth analysis. Pairs independently analysed their assigned coded data, developing detailed analytical notes and preliminary thematic interpretations, then met to discuss and synthesise their findings. This approach enabled deep engagement with each theme while ensuring that all team members contributed substantively to the final interpretation. The paired analyses were brought together and synthesised into five key findings by the academic team and checked by the community analysis team members as presented in Chapter 3.

Analytical rigour

The sustained collaboration throughout all phases of data analysis contributed to the analytical rigour of the study in three ways:

a) the collaborative development of the codebook through paired coding and team discussion enabled triangulation of interpretations and mitigation of individual analytical biases.
b) the active involvement of Bengali/Sylheti-speaking community co-analysts throughout was epistemologically essential rather than merely consultative as their linguistic and cultural expertise ensured that culturally specific concepts were interpreted within their proper context, and that subtleties of meaning were not lost in translation; and
c) community co-analysts identified knowledge gaps and provided cultural contextualisation that enriched interpretation beyond that which the academic team alone could achieve.

Community members' interpretive frameworks and cultural knowledge were fundamental to producing valid, culturally grounded findings (143,144).

Ongoing dissemination of findings and knowledge exchange

Project findings were disseminated during the research through collaborative presentations. BHA, BRAG and co-researchers variously presented with academic team members at practitioner forums (e.g., Housing LIN Happi Hour, BME London Landlord group), academic conferences (e.g., Open University research conference), and community forums (e.g. community facing event) with flexible support provided to enable participation.

Ongoing engagement with professional expertise took multiple forms. Emerging findings were shared regularly with PAG through online meetings to understand the significance of these within local and national practice and policy, support dialogue and enable feedback. Draft key findings were also presented at a consultation event at the London Mayor's Office (GLA), where 60 community, professional and academic team members engaged with invited housing, ageing and social care practitioners in collective interpretation. An animation based on composite narratives and co-analysis findings supported knowledge exchange and production.

Practitioners, positioned as knowledge producers, validated findings against their experience, shared good practice examples, identified opportunities and challenges in addressing housing inequalities (both for Bangladeshi probins specifically and older adults more broadly), explored tensions in the findings, and offered suggestions on language and framing. This iterative engagement with professional expertise enhanced the credibility and contextual grounding of findings while establishing pathways for subsequent engagement on draft recommendations.

To ensure accessibility of findings for different audiences, a play (*natak*) based on the findings, proposed and scripted by a co-researcher already well-known in this field, was produced and performed at an accessible East London venue (8 November 2025). Nearly 100 participants and community members attended, followed by a feedback session generating further reflection and dialogue on the research.

Methodological reflections

Beyond the analytical process itself, the methodological rigour of the overall study was enhanced through co-production processes that embedded reflexivity, power-sharing and diverse perspectives throughout the entire research. Ongoing reflection spaces with community project partners, co-researchers, transcribers and BRAG provided structured opportunities to address power dynamics, surface assumptions and ensure cultural relevance and accessibility of research

processes from recruitment through to ongoing dissemination.

The trilingual PDRA's research expertise and close collaboration with co-researchers and translators strengthened linguistic accuracy and cultural sensitivity across all project phases. Collective interpretation of data enabled community members to contribute meaningfully to shaping the findings.

Fieldwork challenges included mobility constraints for some probin, limited privacy in overcrowded households, and extended timelines associated with multilingual translation, transcription and participatory analysis. These were mitigated through flexible scheduling, staged interviews, and sustained supervision, training and support. Despite these constraints, the co-produced methodology and data collection methods enabled culturally sensitive, trust-based engagement and generated rich, contextually grounded insights.

Community networks are essential for access and trust-building yet create potential for undue influence (145). BHA and BRAG were briefed ahead about the voluntary nature of the participation and made aware of how their role and standing in the community may directly or indirectly influence willingness to participate. To mitigate this, recruitment materials emphasised voluntary participation and the right to withdraw, potential participants were given time and space to consider participation away from community gatekeepers, and interviews began with reiteration of voluntary participation and confidentiality.

While dedicated, data enabled secure devices configured specifically for data collection enabled safe and secure transfer of data, some co-researchers struggled with uploading and transferring the data as well as reported worrying about losing the data. To mitigate this, peer support and additional one to one training was offered as often as needed during fieldwork.

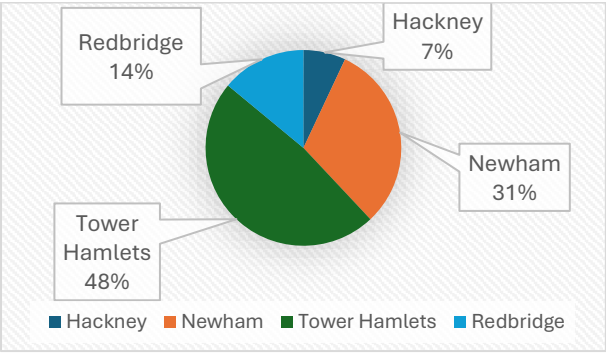
Sample characteristics of probins

Who are the probins?

The sample comprises 76 Bangladeshi probins, women and men, aged 50 and over across the four London boroughs of Tower Hamlets, Newham, Hackney, and Redbridge. Nearly half of participants (48%) are based in Tower Hamlets, reflecting the borough's position as the historic centre of London's Bangladeshi community. Newham accounts for 31% of the sample, while Redbridge (14%) and Hackney (7%) contribute smaller proportions (Figure8). Primarily long-term residents, the majority hail from Sylhet, a rural district in Bangladesh. They identify with the Muslim faith and hold full citizenship status along with some recent arrivals who are twice migrants and have obtained permanent residency.

This sampling distribution aligns with broader patterns of geographic concentration of minority ethnic groups in urban areas in England (3); and specifically of the Bangladeshi population in East London, with Tower Hamlets having the largest Bangladeshi community at 34.59% of its total population (146).

Figure 8: Participants by borough



Comprising nearly equal numbers of women and men (Figure 9), probins in our sample range in age from 50 to over 85 years, with the majority concentrated in the younger age groups (50-74) as shown in Figure 10, and

relatively few participants aged 75 years and over. This age profile of the sample reflects characteristics of the new ageing Bangladeshi population more broadly - a group reaching later life in significant numbers for the first time in England, representing a broader national pattern of demographic ageing among minoritised communities (25).

Figure 9: Male and female participants

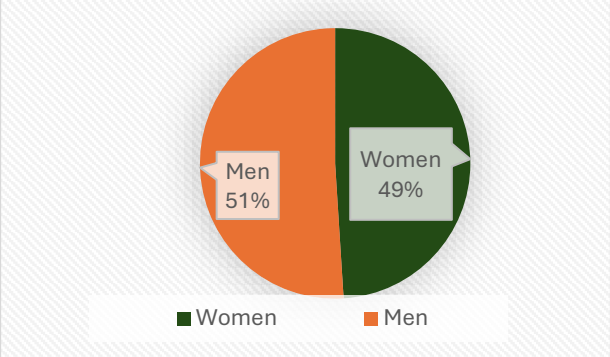
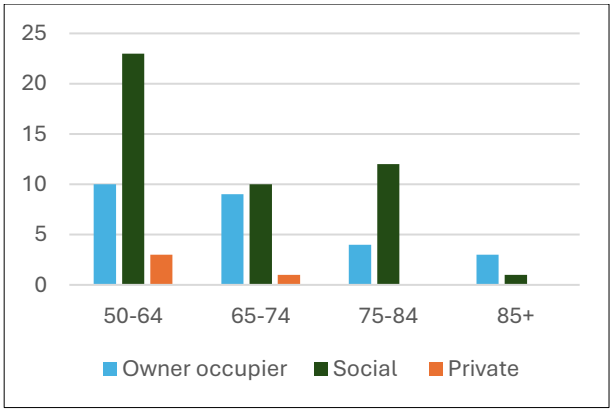
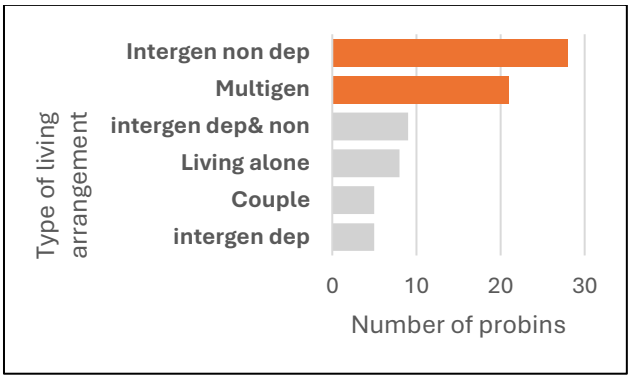


Figure 10: Age of participants by tenure



In the sample, most probins (83%) live with family members, commonly in inter and multigenerational arrangements (Figure 11). Intergenerational non-dependent households, where older adults live with adult children (who may be single or married but without dependent children of their own) are the most common arrangement (37%), followed by multigenerational households (28%). A smaller proportion live alone (11%) mainly in sheltered settings or as couples (7%). This pattern in our sample of high family co-residence and low rates of living alone aligns with national trends showing that among those aged 65 and over, Asian ethnic groups are least likely to live alone (compared to 22% of White British older adults) and most likely to live in multigenerational households (16, 148).

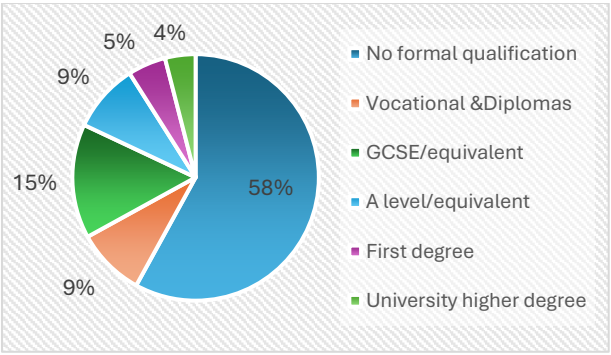
Figure 11: Participants living arrangements



Socio-economic profile

Within our sample a substantial majority (58%) of probins have no formal qualifications. Only 4% hold university higher degree, and 15% have GCSE-level or equivalent qualifications (Figure 12). Overall, 53% of probins were economically inactive (women due to never having been in formal employment and men having to stop working due to ill health), and concentrated predominantly in social housing (Figure 13). However, these patterns vary by gender and tenure.

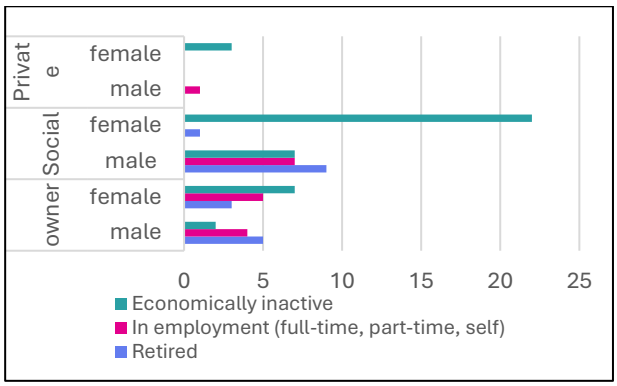
Figure 12: Educational qualifications



Among women in social housing, 96% (22 out of 23) were economically inactive with none having been in formal employment over their life course. This contrasts with men in social housing (30% employed, 30% inactive, 40% retired) and with female owner occupier participants (33% employed, 47%

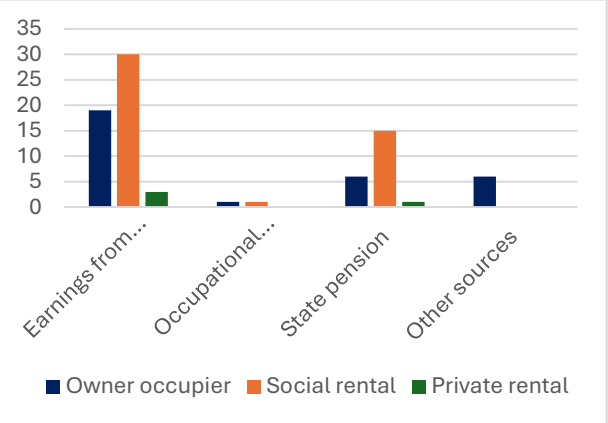
inactive). Women probins in mainstream social housing display the highest rates of economic inactivity, with notable differences across gender and housing tenure within the sample.

Figure 13: Employment patterns of participants



As shown in Figure 14 below, household income sources in the sample vary by tenure, with most probin households relying on employment earnings and state pensions. For many, employment earnings reflect income from co-resident working-age adult children rather than probins' own employment. Occupational pensions were uncommon across all tenure types, reflecting probins' historical employment in sectors with limited pension provision. Among those who had been or were employed, most probins reported working in routine and semi-routine occupations (mostly men), followed by clerical and administrative roles (mainly women), with very few in professional occupations. Household income sources suggest economic vulnerability and dependence for many probins.

Figure 14: Household income sources by tenure

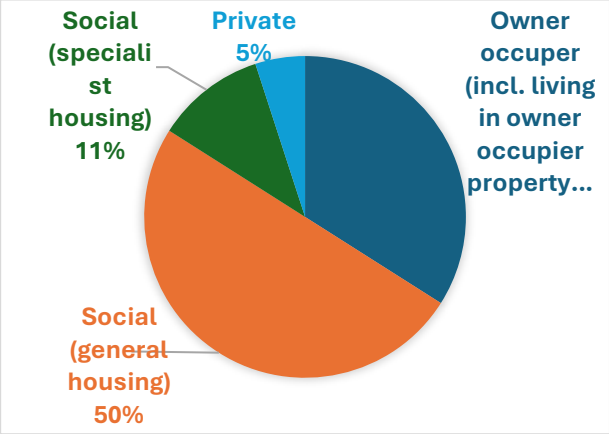


These life course patterns of educational attainment, high economic inactivity (especially among women), concentration in low paid occupations and limited occupational pension reflect documented patterns among some older minoritised groups including Bangladeshis nationally, who live in relative poverty, receive lower occupational pensions than White older households, and rely on state pensions and family support (147,25).

Housing circumstances and characteristics

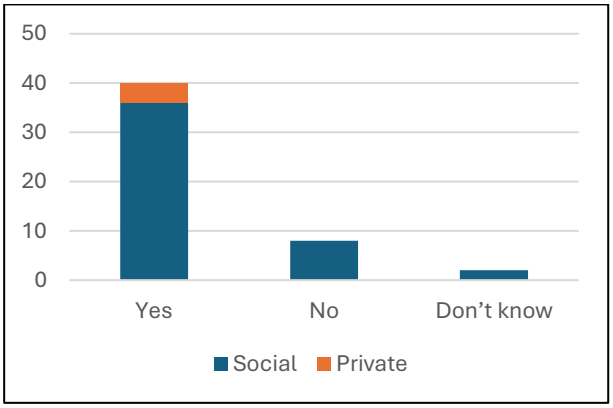
As shown in Figure 15, 34% of the sample own their homes or live in owner occupied homes, with 61% in social housing (50 % in mainstream and 11% in specialist social housing) and 5% in private renting. Tenure patterns for our sample mirror broader patterns for Bangladeshi households nationally (across all ages), where homeownership rates are substantially lower (42-46%) compared to White British households (68%), and social housing tenure is higher (40%) compared to White British households (17%) (97, 149).

Figure 15: Participants by tenure



In the sample, receipt of housing benefits is concentrated among probins in social and private tenures (Figure 16). Among social housing tenants, 83% (38 out of 46) received housing benefit support. All private renters in the sample (four) also received housing benefits.

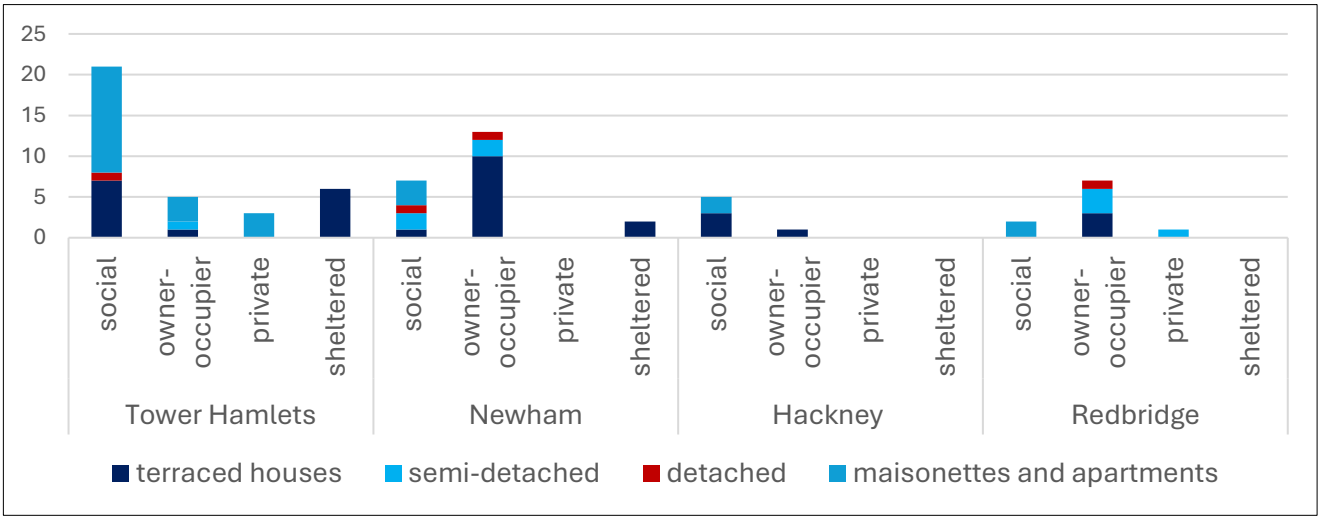
Figure 16: Households in social and private tenures receiving housing benefits



The housing stock that our sample occupies varies by tenure and borough (Figure 17). Tower Hamlets-based probins live primarily in purpose-built post-1960 social housing flats; Newham and Redbridge owner-occupiers reside in Victorian-era terraced housing built pre-1900s; and Hackney shows a mixed pattern of converted Victorian stock and newer social housing.

This housing type distribution differs markedly from national patterns but aligns with characteristics typical of social housing in East London, where older Victorian stock and post-1960 social housing predominate. Nationally, housing built pre-1919 and social housing built in the 1960s-80s have been documented as showing higher rates of non-decent homes and accessibility challenges compared to more recent builds (150).

Figure 17: Participants by housing types, tenure and borough



Health and care patterns

The probin sample's health profile (Figure 18) aligns with well-documented ethnic health disparities, particularly for diabetes, cardiovascular and musculoskeletal diseases at younger ages (151,152). Gendered patterns are evident: cardiovascular disease and diabetes show higher prevalence among men, particularly in the 50-64 age group (16 men versus 10 women for CVD; 14 men versus 9 women for diabetes), while musculoskeletal conditions are more prevalent among women across all ages, becoming pronounced in older age groups.

Mental health issues affect both genders. Thyroid disorders affect only women (four cases), while three men report prostate issues. Ninety-seven percent of the sample report at least one condition, with multimorbidity the norm rather than exception (figure 19).Probins also report functional limitations including mobility issues, difficulty with stairs, challenges managing household tasks independently, and falls risk, with varying levels of severity.

Twenty-four percent of the sample receives formal care services limited to specific personal care tasks (bathing, dressing, medication). Informal care provision shows gendered patterns in both who provides care and the types of care offered. Probins (mothers and spouses), daughters-in-law, and daughters (co-residential or living separately) provide personal care, support with medical appointments, shopping, financial and emotional support, household management and cooking responsibilities. Sons provide transport to appointments and Friday prayers but rarely daily personal care. Only three male probins in the sample were carers for their spouses

Figure 18: Prevalence of chronic health conditions by age groups

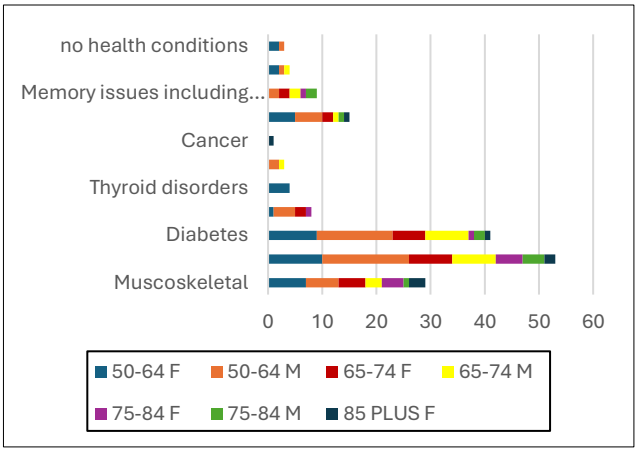
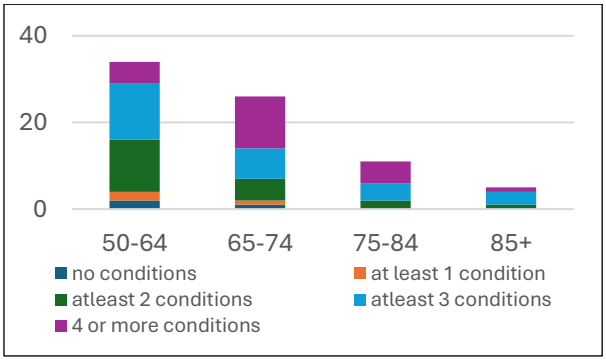


Figure 19: Number of health conditions by age groups



At least 15 probins, primarily women, simultaneously receive care from adult children while providing care in multiple directions: caring for spouses with long-term health conditions, providing lifelong care for adult children with disabilities, providing grandparental childcare that enables adult children to work or contributing to household tasks when able.

Adult children provide daily support, medical advocacy, and financial contributions. Financial arrangements vary: in some cases, adult children support probins with no income; in others probins serve as sole earners; adult children may contribute to specific household expenses or help with extra costs like electricity bills, personal expenses and household items. Formal care services are present alongside

informal family care. At least 12 probins said they had unmet care needs.

Characterising the sample, these demographic, socio-economic, housing, health and care patterns provide essential context for understanding the housing experiences of probins, which are explored next.

Chapter 4: Key thematic findings: what the probins told us

A. Suitability of accommodation for daily living

Overcrowding: experiences and implications

Sixteen probins (in social and private tenures) live in statutorily[3]overcrowded households. Heavily shared areas (bedrooms, living rooms, bathrooms) create difficulties in terms of space, privacy, clashing daily schedules, competing and changing needs of different generations, and potential for conflict – impacting on physical and mental health. Many other households, while not officially overcrowded experience similar problems. This 'functional overcrowding' means that room numbers, size, shapes and position of rooms do not meet the generally expected demands of contemporary domestic life or allow for ageing well.

Spatial inadequacies must be understood within probins' documented health and care contexts. This issue compounds health and care challenges particularly as probins who are primarily at home experience prolonged daily exposure to constraints that many other family members can escape. Sometimes effectively housebound by ill health, probins need space to rest during the day as well as sleep at night, and many require support with their care or medical needs. Overcrowding coupled with lack of bedrooms, facilities or poor quality of spaces impacts rest, sleep and health.

Probins' needs are very often in competition and sometimes in conflict with other family members at different life stages (working from home; studying; playing). Though they are affected themselves, probins express guilt and frustration about the impact of overcrowding on their children and grandchildren further affecting their mental health. This reveals the emotional dimension of inadequacies beyond the physical constraints.

The effects of *functional overcrowding* are compounded by lack of adequate spaces for practical needs. For example, for some living in flats or maisonettes, landlord restrictions on laundry practices prevent them from drying clothes outdoors, risking condensation and affecting their living spaces. Many also express frustrations about inadequate storage, with little opportunity for address the problem given their small, often poor-quality living spaces. This affects their use and experience of home with seemingly minor inadequacies accumulating into significant daily challenges for those who spend

There is congestion in the Ghar[home].My husband lives in sitting room (voice down). Yes, he has to[pause]he sleeps in sitting room so that children can stay well (voice down) as their rooms are very small. [female, social renter, not overcrowded by statutory standards]

We only have one bathroom, and with my husband's diabetes, he needs to urinate frequently[..]So, it's very challenging for us to share one washroom among all of us [female, social renter]

There that room, son-in-law lives, [grand]son and daughter lives, where I will stay now! I have been set there in the TV room and I live in that place [...]it is okay (Laughs) sleep is not often, there is tension[..]When cannot sleep properly, body does not feel well. [female, private renter]

I am in difficulties as there is no room for me…It's really small (bedroom), there is no space. [Daughter - after placing a bed there is no space left in that room] [male, social renter]

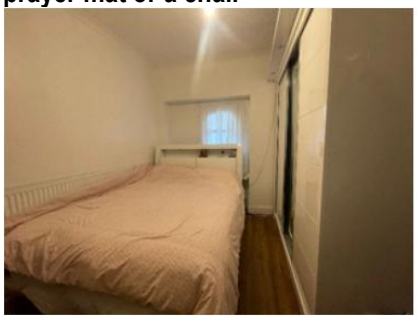
Three rooms as in they're very small you can't really move in them, (voice raises) they are in one way, you can't really fight can you? [Heater] I don't even have space to put it. Like this just think to heat your feet and hands up by connecting to the "current" (Electricity) Lean back and the back feels good, I don't have space to put it.[male, social renter]

most time in these spaces. For some it increases clutter and produces potential safety/tripping hazards or restricts what aids and comforts they can accommodate of home with seemingly minor inadequacies accumulating into significant daily challenges for those who spend most time in these spaces. For some it increases clutter and produces potential safety/tripping hazards or restricts what aids can be accommodated and affects their enjoyment and experience of home with seemingly minor inadequacies accumulating into significant daily challenges for those who spend most time in these spaces.

Domestic spaces impacting cultural, faith and relational practices

Cultural routines, faith and relational practices are particularly important to probins' psychological well-being. With increasing age and multiple health problems, probins often experience difficulties in carrying out desired Muslim faith practices given housing constraints, including inadequate and noisy spaces or lack of ablution facilities for prayer or being unable to maintain gender separation for visitors. Open plan kitchen/diner/lounges frequently cause problems, not just because of permeating cooking odours, but also because they allow less possibility for privacy within the household and gender segregation impacting culturally significant social practices of family visiting and hospitality. This creates tensions between valued practices and housing layouts.

Figure 20: Probins rooms with little or no space to manoeuvre, place a prayer mat or a chair



Inter and multigenerational living is not a temporary solution

These household choices are not necessarily a response to housing/economic pressures, but a way of living that is hugely valued even where housing conditions create challenges around space and privacy. Nearly half of the probins interviewed had experienced overcrowding in previous housing situations. Now, despite ongoing competition for space, and housing features

People are praying their namaz (Muslim daily prayers) in their rooms, they are putting their clothes in there, those conveniences they have. I don't have those conveniences, those things I feel [female, social renter]

We like to dry our towels after taking bath. If we want to spread them outside, they restrict. You can't do that. We can't do it in the balcony as well. They should give a chance to have a specific space in the balcony. We are living that much people, it is not possible to use dryer all the time. We used to spread inside the room. It is not good [male, social renter]

..the thing is there is nothing like privacy. Since, the children have grown up, I am living in the living room near kitchen [open plan]. If new guests come, in front of them some women coming and going this is not so good – this is related to privacy. It causes problem. [male, social renter]

..even my other brothers, even my mum says that I don't have space in my house [to receive guests]. And that's when I feel bad, I feel sad [female, social renter]

we stay here. with ups and downs. The advantages such as I can spend time with my grandchildren which gives me pleasure, my daughter-in-law cooks for me, and I don't have to cook also an advantage. On the other hand, I have problems with sleeping […]with the narrow washroom and the bathtub which is higher. Feel difficulties with the ablution. These are the problems. [female, private renter]

that are not well-suited, probins consistently highlight the mental health and social benefits of inter or multigenerational living - including probins who are no longer able to live with family. In addition to love and respect, mutual caregiving and receiving is core to these family relationships. Daughters-in-law, spouses and other family members such as daughters and sons living nearby often provide long-term personal care and help. with household tasks that enables probins to function. For some this support is provided alongside statutory care services. However, in some cases the arrangements are clearly influencing the health and wellbeing of the caregivers and probins are aware of and concerned about this. Despite these strains, the majority of probins overall emphasise the importance of holding the family together in one home wherever possible, rather than moving themselves to specialist accommodation for older people, such as sheltered or extra care housing. These preferences are exercised within the constraints of space and unsuitable housing conditions.

Yeah loads, put a bathroom in, an extra bathroom in there, toilet, bathroom. I've made the through lounge, it was a through lounge first of all and then we made it into two rooms and then we've got, now the family have grown up so we've got a through lounge again [female, owner occupier]

this one I wanted to do Right to Buy. it wasn't worth running around behind the banks, they don't give it, they don't give mortgage. The job wasn't enough. The job needed to pay more [male, social renter]

Home ownership has proved to be well beyond the means of many renter households despite aspirations. Owner occupier probins or those in family-owned properties are often in a better position to comfortably accommodate multiple needs for different generations, including typically having greater flexibility to modify their homes (including extensions) for diverse and changing needs. In contrast, while social housing offers tenure stability, social and private renters can neither adequately accommodate multiple needs nor modify their homes; constraints particularly acute for those whose life-course employment patterns excluded them from homeownership.

*Thought of it , we did not buy. Yes affordability. Children were young, my husband wasnt working. I dont work. We thought about it then stopped [female social renter]_*

[…]here's a space issue, so I don't know how they would do adaptation. If they did, they'll have to extend the kitchen at the back to give me more space for a living area, which I doubt they will, unless it's your own property [female, social renter]

B. Housing conditions and experience of repairs

Compared to owner occupiers' participants in private and social rented tenures including in temporary accommodation were disproportionately affected by poor housing conditions. Probins identify housing problems including (often recurring) mould and damp, old and dated facilities, pest infestation, lack of thermal comfort due to excess heat or cold, lack of ventilation, structural damage (e.g., ceiling/roof leaks, faulty windows, damaged flooring), plumbing and electrical (e.g. issues with pipes, toilets, showers, gas, and wiring) , boiler problems, and cleanliness of the communal areas. These are not decent living conditions. Some also report multiple issues with the condition of their current housing and those without external spaces such as a balcony or a garden, highlight a need for these.

[…]the bathroom is full of mould. They came a few months ago and sprayed it but it's only been a month and a half or two months, and the mould is back [...]there is no window in there. And neither is there a window in my kitchen [open plan]. One side of the kitchen is also full of mould. [female, social renter]

Housing repairs and maintenance processes are often not meeting needs

Owner-occupiers either handle their own repairs or struggle due to costs. While experience varies across social and private tenures, many probins report that repairs are often neglected or significantly delayed. Waiting times for repairs have ranged from a few months to over two years. As well as the problems with getting a response at all from landlords there are reports of repairs not being done to a good standard or breaking down so that the problems recur.

Communication difficulties about repairs and inadequate responses have resulted in some probins experiencing poor housing conditions for a long time. In some cases, word of mouth or personal contacts in the building trade have been used to get the work done (self-funded), but this can result in landlords refusing subsequent re-repairs leaving probins responsible for ongoing problems they attempted to resolve themselves. Probins mention degrees of stress and annoyance related to repairs issues; increased dependency on their children; feelings of being ignored and not considered or respected by services. A key recurring issue is the loss of local services that were previously accessible to people without having to travel long distances or navigate complex phone and online/digital systems - a shift particularly challenging for probins with limited English literacy and unfamiliarity with digital platforms. Problems have increased since the closure of local offices and one-stop shops, leaving no physical spaces for face-to-face communication.

The experience and impact of poor -quality housing

Poor housing conditions expose probins and their families to mould, damp, excessive cold and overheating. Pre-existing health conditions are made worse and sleep is affected. Some have adapted their routines to avoid or limit use of certain parts of the house due to the state of disrepair (e.g., damp in bedrooms or dated kitchen facilities). However, these strategies can come at significant cost to probins' physical health and ability to rest properly, as they are left without adequate spaces to meet their basic needs. There are also consequences for mental health because of the poor state of facilities and anxiety around the financial implications of inadequate and ineffective central heating. Some probins had worries about the risk of children and grandchildren (especially those with autism) falling from a height due to faulty windows or lack of protective features such as window grilles.

becomes damp [..] and the housing landlords don't offer a proper service. If you complain and request repairs, they do not promptly carry out the work. Your health is affected [male, social renter]

Even though we inform them for fixing these issues, they do not ever fix them. So that we don't tell them everything anymore [female, private renter]

The bathroom mixer I installed. They didn't give anything [..] I had to do it myself. They came the other day as water was leaking at the bottom. They said you have installed this yourself so you are doomed both ways [female, social renter]

The room I stay in if you want to see you can one corner on the side is always wet and it's so cold [..] don't find it comfortable and the room is very small as well [..] Mostly I stay in the sitting [..] the sitting room you can't always lie down …laying on the settee bed the pain in my back so many types of pain [female, social renter]

These windows you can see. If you sit here, feels like the wind is washing your legs. Its so cold! All day we keep heating on, 12/13 hours heating is on still the house is not getting warm enough. Although the price is high, we never paid so much bill in my life. £1200/£1100 last two years we paying £700/£800/ £900 every three months [male, social renter]

For probins who primarily spend most time at home, this amounts to ongoing cumulative exposure.

The role of external spaces

External spaces such as private balconies and gardens are vital for health and wellbeing and offer opportunities for valued activities including physical exercise, gardening or simply sitting quietly in fresh air. However, in social and private tenures some probins have no such private external spaces. Where they also have mobility issues, lack of access to balconies or gardens is keenly felt, limiting opportunities for relaxation, relief from being indoors all the time especially during hot summers, and a place to escape to when feeling low. For women, many of whom also spend most time at home, this absence of accessible external space is particularly acute.

C. Suitability of housing for evolving health and age-related needs

Multiple health conditions and need for adapted housing

Probins recognise that their current accommodation is either becoming, unsuitable or has already become unsuitable for evolving age and health-related needs. Most self-report a range of co-occurring long-term health conditions with diabetes, musculoskeletal disorders, cardiovascular, kidney and respiratory conditions most commonly cited. Disability levels vary considerably based on age, specific combinations of conditions, the property type and internal layout and how well these accommodate their needs are all relevant.

There is clear evidence of unmet need for housing adaptations across all tenures. Nearly half the sample (46%) indicated need for adaptations to accommodate current age and health-related conditions affecting them, their spouses or children with disabilities. Of these, the majority (70%) expressed the need for immediate adaptations in their current accommodation. Needs vary significantly by housing tenure. While private renters are under-represented in the sample they show the highest need for adaptations, followed by social housing residents with owner occupier properties having the lowest need. Probins emphasise that a range of major and minor adaptations are needed to address several problems, for example, a raised toilet seat and grab rails or a raised toilet seat and a walk-in shower/wet room.

Sometimes when feeling upset we could sit in the easy chair in the balcony and relax, mind feels good [female, private renter]

its hard to breath like when summer is here it gets really hot, you breathe there is no space to even put a mop [..] There is no balcony [female, social renter]

[..]in the future that I may not be able to do stairs, then I'd need to do some adjustments, make a bathroom downstairs or a wet room downstairs and make the front room a bedroom or something to that extent [female, owner occupier]

Don't have lift. Get up by hold the railing. In future, I may have to struggle. If this condition remains same, I can go up. Or if it gets worse, definitely I will face problem. I will see what happens then [female, private renter]

[..]the cabinet next to the bath, I hold that and with one hand I hold the side of the bath and wash the feet under the tap. But have to do it carefully [male, social renter]

I face problems with ablution and the shower, the bathtub is high, if it was lower then it could be good for me. I have pain in my legs and also in my head and back [..] before I use the bathtub I pray a lot due to scare of falling down or accident. I don't even take shower regularly, only twice in a week. I feel the trauma if I fall down suddenly… [female, private renter]

Mobility issues and their implications are highlighted

Most probins live in older properties pre-dating contemporary accessibility standards. Mobility is a significant concern across tenures with participants having problems such as navigating internal and external stairs, with worsening joint and muscle pains and breathing difficulties when climbing stairs, carrying shopping, and disposing
breathing difficulties when climbing stairs, carrying shopping, and disposing of household waste. Accessible bathroom and toilet facilities are essential for general hygiene and, for some, dealing with incontinence. Difficulty accessing and using bathrooms, especially when located on different levels to living/sleeping areas within the property, affects probins' sense of safety and confidence and generates anxiety, stress and pressure for both them and their family members. Being unable to move freely within the home results for some in boredom and isolation for long periods during the working day in single rooms or being confined to specific floors within the home, effectively reducing their living space and autonomy.

[…]have no lift in the building. Sometimes the heavy shopping or things. I have difficulty carrying heavy shopping as I have knee problem […] [female, social renter]

In my bathroom [...]There is nothing to hold on. To get up from sitting or to sit from standing. They provide toilet here but sink in there. If anyone want to use toilet. And if the toilet and the sink is near to each, it is easy to use sitting in the toilet and don't need to move. Now the condition is had to take water from there and then have to return and sit in there [male, social renter]

Religious and cultural practices, housing design and additional accessibility challenges

Faith, culture, disability and housing design combine to create unique and additional accessibility challenges. Nearly all these probins are devout Muslims performing daily prayers (four to five times) requiring ritual washing, meaning four or five additional bathroom visits every day beyond typical hygiene and toileting needs. Although for many, additional stair-climbing to access bathrooms (often located on different levels to sitting areas) exacerbates their existing mobility impairments, they prioritise and remain committed to their daily prayer practices, a valued religious observance.

I have problem in my knees and back spine, hands have arthritis have problems in everything even then I have high diabetes, high cholesterol, high thyroid, have blood pressure, problems and problems. Namaz (Muslim prayers) is like going upstairs and downstairs[female, social renter]

Women experience greater impact than men, as they typically pray at home (following religious guidelines) rather than at a mosque. For some, with increasing mobility difficulties (e.g., getting up from sitting, lifting) culturally adapted water-based hygiene practices such as carrying water containers from the sink to the toilet for cleansing are becoming particularly challenging, especially where the washbasin and the toilet are not in close proximity to each other. Piped water provision for toileting (e.g., bidets, hoses) is not typically considered in standard UK bathroom design.

We [probin and spouse] have to struggle to get into the shower. They didn't give it. I told them[landlord]. They don't bother. [male, social renter]

Probins face distinct challenges when seeking home adaptations

While affluent homeowners have self-funded adaptations, others struggle due to limited financial resources, lack of awareness and knowledge gaps about accessing statutory programmes like Disabled Facilities Grants (e.g., assuming support is only available to those 'on benefits'). Economic resources, information access, and tenure type shape whether probins can secure needed modifications.

Few challenge professional decisions such as being provided with banisters instead of stairlifts because their condition was assessed as not severe enough to require the latter. Many have not contacted landlords; those who did report discouraging experiences including refusals, poor communication, and complex approval processes involving councils and housing associations. Previous negative experiences of housing repairs create distrust and an expectation that requests would be ignored, deterring request for adaptations.

Precarity of tenure discourages those in temporary accommodation and private rentals from seeking adaptations despite high need. Across all tenures, intersecting barriers include information gaps, language barriers (limited English proficiency), communication problems (e.g., online requests and little opportunity for detailed conversations) and limited availability of adult children as interpreters when required, making the adaptation process difficult to navigate.

Reluctance to impose on family financially or practically has led many to simply 'make do' rather than pursue necessary adaptations, perhaps weighing family obligations against their own declining mobility.

I told them [Council] to change my toilet, I could not sit there as it is too low. And I don't have the energy to change the toilet by myself[..]. I asked them to remove the bath and make it a shower but they don't[..] The money what I get doesn't cover my all expenses. If I keep pressure on my children that give me money, give me money…. I don't do this as I am a mother.. So I don't talk about this, keep silent [female, owner occupier]

Interviewer: Have you told the landlord, have they made any improvements to the ghar (house)? They are evicting us, they are going to the courts to get a notice, there is no point telling the landlord [male renter, temporary in private accommodation]

The council won't provide us and we do not hope for the council. Because the council provides services to those who are council tenants. We owned our Basha(house), we are working people and getting pensions. So they won't give us [female, owner occupier]

I informed them [landlord for adaptations]. They said they will have to inform to the council. They will do that. Where and what we should do, they don't let us know [male, social renter]

D. Housing preferences for future living

Living with family members is the most preferred and expected option for probins

Most probins want to remain in the UK rather than relocate to Bangladesh permanently. This is largely because of family ties to their UK resident children and grandchildren. Across tenures, probins desire to live close to their children and family members, if not living in a multi-generational family setting. Ideally, they would like at least one child to stay with them as they age. Living alone is generally not seen as a good choice for older probins who have strong family links – including by the few who are currently living alone due to family breakdown. Preferences

reflect both valued family relationships and the practical support these arrangements provide.

'I have never heard about Sonali Gardens [specialist accommodation] before'

Probins have limited or no knowledge about different living arrangements, such as sheltered accommodation/extra care reflecting limited access to information about housing options in later life.

As a future living arrangement, opinions are mixed among both those who are aware and those being introduced to the idea. For some it represents loneliness and abandonment by the family. Others identify that some people may have a need for such places for various reasons ranging from unsuitable housing, homelessness, relationship/family issues and lack of availability of care at home – though not necessarily for themselves showing active evaluation of when such housing might be appropriate. A few probins also make references to the importance of such accommodation being designed for culture and faith needs. In contrast, most have heard about care homes and hold negative views about moving into such accommodation – with a few stating that returning to Bangladesh would be a preferable option in such an eventuality.

The likelihood of living with children: hope, expectation and acceptance

While many probins express a hopeful outlook about the possibility of living with at least one of their children in the future, some hold firm expectations that their children would provide care for them at home. However, the hope for living with children co-exists with conflicting feelings, voiced particularly by a few women – to not impose on their children, especially if their care needs escalate or if their current housing becomes inadequate. This ambivalence reveals tensions between preferences for family care and concerns about burdening the next generation. Several probins demonstrate a realistic awareness of nature of their children's lives, including marriages, careers, and potential relocation, introducing an uncertainty into their expectations. But equally there is a strong sense of the acceptance of god's will and an acknowledgement that both

But I tell them [sons], if you are happy you live with your wife. If I am healthy, I can live life but whatever happens don't put me in a care home, treat me with love and keep me [female, owner occupier]

May Allah (God) never take me to these places, I have children they will be care for me, I have daughters. If it is in destiny then I don't know it is in Allah's hand. If that is written that I have to go there, then I don't know. [female, social renter]

Never wish to live in a care home or sheltered accommodation. Relatives won't allow either[(male, social renter]

No need to go for a care home as I have children looking after me [male, owner occupier]

I hope at least one will stay with me or my wife; they won't just abandon us [male, social renter]

circumstances and housing arrangements can potentially change.

The experience of applying to be on the housing register in later life

Our findings indicate that especially with mounting social housing waiting lists, local authorities may tend to push probins into specific housing types, especially sheltered/extra care without considering their preferences for inter and multigenerational living arrangements with allocation processes not designed to accommodate diverse household structures. Probins living as couples or in nondependent intergenerational households who experience income and tenure precarity are more vulnerable. For example, a couple on the housing register who lacked prior knowledge about sheltered accommodation were housed in a one bedroom sheltered flat although they had expressed a wish to move into general needs housing.

In another instance, a probin facing eviction from temporary private rental accommodation rejected the specialist housing offered by the local authority because accepting it would have disrupted his established intergenerational living arrangement—a choice that left him in continued housing uncertainty, illustrating how asserting preferences for family living within current housing systems can mean forgoing housing security. Attempts to address applicants' immediate accommodation needs may unintentionally undermine the familial connections and living preferences that are central to probins' wellbeing and identity.

Yes, so applied for homelessness but, our three children [over 18] they don't let us stay with them. They give it to us two older people but they don't give it to them. If they don't give it to them, if they don't let us stay with our children then what should we do with a ghar (house) [male, temporary in private accommodation] [male, social renter in temporary in private sector]

There was nothing like that [a community] ... no support if we fall into any problem [and once moved to Tower Hamlets] a lot of people… Alhamdulillah... from our village [male, social renter]

E. Places for Living and Belonging

Place has meaning on many levels and probins comment on the positive and negative aspects of their immediate neighbourhood. Everyday needs forge one level of association with places of residence, whereas more personal cultural and emotional values may give different kinds of meaning to specific locations.

Local Neighbourhood as an extension of home

Probins in the study are drawn from four London Boroughs where experience of migration and family histories accompany economic change across the 20 century most of East London remains liminal to the capital's financial quarter, but has seen the transformation of the docklands, the rise and fall of varied manufacturing developments and a growth of hospitality and service industries.

On migration probin men often stayed with family members gravitating to Bethnal Green (now Tower Hamlets) and a growing community. Although first generation probins commented about visiting Bangladesh every two to three years, they did not intend to return to their homeland in later life. They are mostly settled British citizens for whom ageing in place raises particular necessities, from local halal shops and mosques to local schools for children and grandchildren. Their neighbourhood may be within a relatively deprived area and housing conditions vary, but in the main probins said that they generally feel safe, connected and understood within community networks, even while acknowledging anti-social behaviour, drug problems and some race-related incidents.

Our Bengali grocery shop would be good. If we need to get anything like meat or chicken, we eat halal. If there was a local halal shop it would be good. There is but not in walking distance [female, social renter]

Everyday Life and Family Proximity

While most probins in the sample live with their children and grandchildren, proximity of other children and siblings remains a key factor. They may live locally in the same or neighbouring boroughs or in other parts of London, exchanging practical and cultural support. Given that the majority of these probins have limited educational backgrounds and face challenges with English fluency in complex conversations, proximity to children is a critical resource for getting access to essential health and housing services, and equally important for social and emotional wellbeing.

My son took me to the doctor… because I don't understand English[..] All of my sisters are within my reach; that's why I want to stay here. [female, Social renter]

With good transport connections family members are able to visit regularly, some daily, others weekly or fortnightly. For probins, especially women who spend most of their time at home, these visits are essential. Many were willing to accept unsuitable accommodation to maintain proximity to loved ones, particularly as health support becomes more critical with age. They prioritise family networks over housing quality where systems may not offer options that provide both. Co-residence and family proximity supports intergenerational care arrangements and community based informal caregiving networks that enable probins to age in place by compensating for barriers in formal service access. There is a kin network of interdependence that extends beyond the household.

A bit later they [children and grandchildren] will start coming. (laughs). All will come and gather here. It's holiday. All the time [male, owner occupier]

Changing nature of relationship with everyday spaces

As reported, for some probins' connections to everyday housing and health services are shifting due to changing health and age-related needs, digital transformation of services, and post-COVID closure of community services. These changes create particular challenges in the absence of face-to-face local access.

So telephone appointments[..] I personally struggle when there is a lot to say over the phone rather than face to face. I have so many diseases and so many problems. Even if you know English, there are many problems to speak over phone. [female, social renter]

Those with mobility impairments increasingly struggle to get around independently to go to the park, visiting or shopping without family or formal support, reducing their social participation.

This is especially the case when buildings lack communal lifts, progressively confining some probins to smaller spheres even within valued communities. For some this need to get out and about is met by day care centres where transport is available, but there are not enough. Although concerns about drugs, theft, and a lack of police presence are universal, some probins raised particular worries about their own access to green spaces being limited based on what they and others in the community have experienced there.

[Day care centre] There is a room for men. 25 to 30 people can sit there. Chair is available there. We talk to each other and do laughing. We do so much fun. It is very good to us. Because of this we still alive. Otherwise, If I stay in the Ghar I would become mental. I have that much depression. [male, social renter]

The push and pull of moving and remaining

Some probins had moved out from Tower Hamlets to neighbouring boroughs like parts of Newham or Redbridge, often to the owner-occupied homes of married sons and their families. Sometimes this meant limited access to previously familiar cultural amenities like halal shops, places of worship and community networks. While more suburban areas may offer better accommodation, parking and less congestion, these advantages come at the cost of convenience and cultural familiarity, thus requiring trade-offs between housing quality and community connection. Some probins regularly make return visits back to GPs and places of worship, underscoring how essential maintaining community ties and continuity of health services remain in their lives. Some mentioned early experiences of isolation or vulnerability when living outside an established Bangladeshi community.

Still, I go to Tower Hamlets often [lives in a different borough]. There's a mosque, friends, and everything I know [female, social. renter]

Beyond familiarity: distinct places that offer cultural and faith belonging

Many probins describe an attachment to Tower Hamlets. Places like the Whitechapel market and the East London Mosque offer familiarity, cultural and religious infrastructure, and trusted networks that help sustain identity, wellbeing, and a deep sense of belonging as well as providing resources and connections not readily available elsewhere. As such, they function as over-arching sources of comfort, continuity, identity and attachment, especially in older age, and this transcends length of residence or migration status – with some reporting never wanting to move.

It's hard [housing] but we manage. I couldn't leave Tower Hamlets. Where else would I find everything close by? Bengali shop, GP, Masjid [male, social renter]

Figure 21: Probins' housing conditions

Chapter 6: Discussion

This study explored housing experiences of 76 Bangladeshi probins aged 50 and over in East London. The findings from this sample suggest that housing systems designed around nuclear family norms and mainstream cultural assumptions appear to disadvantage these probins through three interconnected patterns: housing conditions associated with worsened health; intensified care labour as family members, mainly women, compensate for spatial inadequacies; and constraints on valued practices.

Sample characteristics provide context for understanding these experiences. Among the 76 probins, 58% have no formal qualifications, 53% are economically inactive (with 96% of women in social housing never having been in formal employment), 97% report multimorbidity, and 61% live in social housing. These patterns suggest cumulative disadvantage across the life course, consistent with research documenting labour market discrimination, educational exclusion, and racialised housing allocation affecting Bangladeshi communities (3,89). Within these constraints evident in the sample, probins actively navigate preferences for family living, maintain religious practices as far as possible despite accessibility barriers, prioritise family and community proximity, and develop strategies to manage inadequate conditions - patterns that illuminate the interaction between structural constraints and individual agency central to the conceptual framework guiding this research.

Structural disadvantage and housing inequities

Among many probins in the sample, concentration in overcrowded, poorly maintained housing suggests patterns of structural disadvantage documented in broader research. Marmot et al. (2024) demonstrate that ethnic health inequalities are not random but reflect racialised inequities operating through multiple domains, with housing as a key mechanism. Our findings substantiate this with 97% of probins reporting multimorbidity, with housing conditions directly exacerbating respiratory, cardiovascular, and musculoskeletal conditions. Robinson (2024) notes how the post-racial turn in housing policy has systematically deprioritised race equality, allowing discriminatory patterns to persist unchallenged including barriers preventing minority ethnic older adults moving to 'housing for older people' (13). The cumulative result is the ongoing (health) impacts of prolonged exposure to inadequate housing conditions that many in our sample experience daily.

Nationally, 22.5% of Bangladeshi households experience statutory overcrowding compared to 2% of White British households (85) with overcrowding strongly associated with psychological distress, mental health problems, and infectious disease transmission (153). In our sample, 21% live in statutorily overcrowded households, while many others experience what we term 'functional overcrowding', that is, spatial inadequacy despite meeting bedroom standards. Overcrowding research has focused primarily on children's outcomes and statutory measures. Our focus on older adults in both statutory and functional overcrowding shows distinct patterns: spatial inadequacy particularly affects probins who spend most time at home, with accounts describing prolonged daily exposure to constraints that working-age family members can escape. This highlights how statutory overcrowding measures fail to account for the way that diverse household structures, ways of living and age-related needs intersect with housing adequacy.

Eighty-three percent of probins live in inter or multigenerational arrangements within housing stock designed for nuclear families. Among those in social and private tenures, 21% live in statutorily overcrowded

households, with many others experiencing functional overcrowding. However, capacity to address this differs by tenure. Many home owners had modified or extended their properties to accommodate inter and multigenerational living without overcrowding, demonstrating both the universal inadequacy of standard housing and the stratified capacity to respond. For those unable to address overcrowding, accounts describe what de Noronha (2024) terms 'slow violence': cumulative health impacts from prolonged exposure to spatially inadequate housing that exacerbates health conditions and intensifies care work.

Critically, in social and private tenures, the disconnect between intergenerational living and resulting overcrowding emerge not from individual choices or cultural preferences operating independently of constraints, but correspond with intersecting structural barriers: housing systems that fail to provide adequate options for diverse household structures, economic circumstances that prevent moves to home ownership where modifications might address spatial needs, and tenure arrangements that prohibit adapting inadequate housing.

Beyond overcrowding, probins in social and private tenures in our sample describe housing disrepair that emerges as another mechanism through which unsuitable housing can actively shape health and care. These probins predominantly live in older housing stock where dwellings built before 1919 are significantly more likely to fail decency standards (29% non-decent) compared to post-1990 properties (2% non-decent) (150). This concentration of probins in older housing stock is consistent with early documented evidence of minoritised communities systematically allocated to or constrained into the poorest-quality housing stock (95), with more recent research showing that minoritised ethnic groups remain more likely to experience poorer-quality housing conditions (39).

Probins' accounts suggest that repair neglect in social and private tenures compounds through systemic barriers rather than isolated failures. Described experiences include complex processes, poor communication, and delays ranging from months to years. While such problems impact renters across all age groups and ethnicities, research suggests the burden falls disproportionately on those with educational and linguistic constraints, compounded by digital exclusion and closure of accessible services (70). Probins' accounts indicate additional care labour for adult children who must advocate on their behalf. The sample's differential capacity to adapt homes by tenure indicates another mechanism that directly maps onto socio-economic profiles of our sample: where those with least educational qualifications, lowest lifetime earnings, and no occupational pensions and concentrated in social housing have least capacity to self-fund modifications or navigate complex adaptation systems. This pattern is consistent with the framework's emphasis on differential access to resources.

Health, housing and wellbeing

The consequences of inadequate housing described by probins in this study extend across physical health, mental wellbeing, and ability to maintain valued cultural and faith practices. It is well established that poor housing conditions present a risk to those with existing health conditions and our findings show impacts for probins with documented mobility issues, cardiovascular disease, and respiratory conditions, where damp, cold, and inadequate heating directly exacerbate health conditions. Accounts also reveal affective impacts: stress about recurring damp and mould, worries about heating costs, concerns about safety risks, and adapting routines to avoid unusable spaces. These suggest housing disrepair operating as a mechanism associated with exacerbating poor health, increasing care needs, intensifying care labour, and undermining practices central to wellbeing and identity.

Beyond implications for physical health, probins in our study describe how unsuitable housing compromises wellbeing by rendering certain valued practices impossible or forcing constrained choices. Research demonstrates that housing modifications significantly reduce falls, pain, poor health, and loss of social activities (29), yet only 7% of homes in England have basic accessibility features (60). Beech et al (2022) in their study found many older people from minority ethnic backgrounds are living in properties that will not be suitable for later life because the homes are not accessible or easily adaptable and lead to some people being socially isolated or lonely. In our sample, 46% indicated need for adaptations, with 70% requiring them immediately yet many have not pursued them. Probins' accounts suggest that lack of adaptations additionally generate forced dependencies on and intensified care work for family members.

A particularly significant finding from our study concerns the intersection of faith practices, housing design, age and health related needs and gender creating distinct accessibility challenges for probins. Accounts describe how additional stair-climbing to access bathrooms (often on different levels) exacerbates mobility impairments, yet probins remain committed to prayer practices. Women experience greater impact, as they typically pray at home rather than at mosque where ablution facilities will be present. Probins also describe increasing difficulties with culturally adapted water-based hygiene practices (carrying water containers from sink to toilet) where requirements for water-based hygiene and faith practices are not considered in mainstream design.

To our knowledge, this intersection of faith practices and housing accessibility has not been previously captured in home adaptations research, representing a significant gap in understanding how accessibility needs are impacted by and impact on cultural and religious practices. That probins maintain these practices despite physical costs of worsening mobility and fall risks illustrates the framework's conception of agency where people exercise choice and sustain valued practices within constraints although at cost to their health.

Agency within constraint

The findings from our study suggest complex interactions between agency and structural constraint. Probins express genuine preferences for inter and multigenerational living, valuing social support and family proximity and emphasising mental health and social benefits despite ongoing spatial constraints. That probins exercise agency by expressing preferences for inter and multigenerational living arrangements and by adapting essential practices should not obscure how housing systems make certain forms of living and care impossible to sustain without health and wellbeing costs, rendering such households as overcrowded rather than legitimate forms of living and care.

Probins' expressed preferences for future living are shaped by and shape current housing, economic, and care arrangements. For some, especially women, economic dependence on children is not temporary but lifelong, making preferences for family living inseparable from economic realities. Yet accounts suggest these preferences are also shaped by informational neglect (169) reflecting systemic failure to proactively provide accessible information about housing options to minoritised communities, compounded by language barriers, educational constraints, and closure of local offices where information was previously accessible. These barriers reflect differential access to informational and institutional resources needed to navigate housing systems, illustrating how resources shape agentic capacities. Preferences are therefore being formed without full knowledge of alternatives.

Our findings highlight limited or no knowledge about different living arrangements such as sheltered accommodation/extra care, with opinions mixed among those aware. While a

variety of specialist accommodation exists in East London, including a specific scheme (Sonali Gardens) in Tower Hamlets – originally purpose built for minoritised communities - there is a lack of awareness of 'rightsizing options' among probins and in local housing plans and strategies. For probins in our study, the preference for family living thus reflects realistic assessment, where living in unsuitable housing with family and ageing in place are preferable to unknown accommodation for older people such as sheltered or extra care housing, which would separate probins from essential support networks. The awareness of probins that 'some people may have need for such places' shows active evaluation and realistic appraisal of diverse circumstances even while asserting personal preferences.

Those in the sample experiencing income and tenure precarity face the sharpest trade-offs between unsuitable housing and disrupted family arrangements, demonstrating how housing allocation systems fail to accommodate legitimate preferences for family living while also failing to ensure informed choice through accessible information provision. As Robinson (2024) notes, this reflects structural constraints shaping what appears to be choice within systems not designed for diverse household forms. This tension between preferences and available options suggests that probins make active choices, but within severely limited options shaped by systemic barriers.

Place as compensatory infrastructure

Participants' accounts of place attachment reveal geographic location not as a static backdrop but as active infrastructure (154) compensating for systemic disadvantages through three interconnected mechanisms, particularly critical given the sample's documented informational, linguistic and literacy barriers.

First, probins describe how family proximity enables essential care practices, with adult children providing advocacy support in the context of limited English proficiency and multimorbidity requiring regular interaction with healthcare systems. Second, accounts emphasise cultural and faith resources such as halal shops, mosques, Bangladeshi networks, that facilitate daily functioning and socialising where documented barriers (language, health, economic constraints) would otherwise be associated with isolation. Third, research shows ethnic clustering provides protection from discrimination and access to culturally appropriate services (155,156).

These mechanisms, evident in probins' accounts, illustrate how place-based resources compensate for limitations in individual resources (economic capital, educational credentials, English proficiency) and institutional resources (culturally responsive services, accessible information), temporarily mitigating but not resolving the structural disadvantages the sample experiences.

However, accounts also suggest that this compensation is constantly under threat. Poor health, economic status, and housing design intersect to produce progressive exclusion from neighbourhood resources. This increasing spatial exclusion reveals how cumulative disadvantage operates spatially, progressively confining those with intersecting vulnerabilities to smaller spheres even within valued communities and neighbourhood spaces.

Accounts from probins who moved to owner-occupied properties in Newham/Redbridge describe better housing but also 'regular return visits to GPs and places of worship,' highlighting how housing mobility can create new vulnerabilities for those dependent on place-based infrastructure. For probins in this sample, place attachment appears to reflect not merely cultural preference but functional necessity given structural barriers to healthcare access, cultural resources, and housing services.

The policy implications suggested by these findings are substantial. This research with East London Bangladeshi probins aged 50 years and over demonstrates that current housing and housing systems not designed for diverse household structures or practices are associated with systematic disadvantage for these minoritised older adults through specific mechanisms with consequences for health and wellbeing.

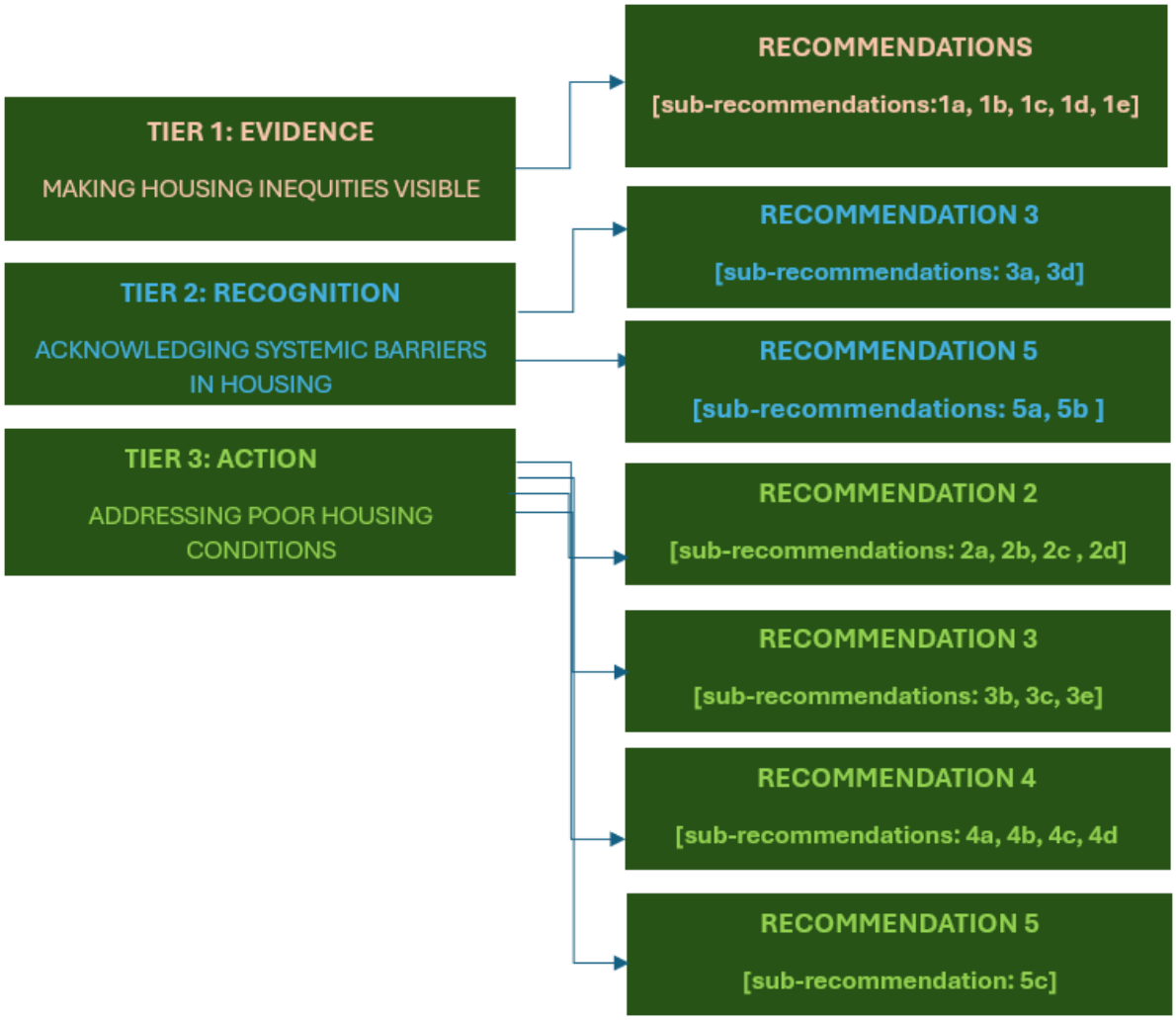
More broadly, the economic case for intervening is compelling: the Building Research Establishment (2021) estimates addressing poor housing could save the NHS £1.4 billion annually, while Chandola and Rouxel (2022) demonstrate housing modifications are associated with significant improvements in health outcomes. Yet systemic barriers persist despite widespread acknowledgment in policy reports. Marmot et al. (2024) demonstrate that addressing racialised inequities in housing is essential to reducing health inequalities. Our research provides the evidence base for how to do this as set out in the recommendations.

While housing challenges in later life, such as declining mobility, repair delays, affordability constraints, and unsuitable stock affect older adults across England (25) this research demonstrates that probins experience *compounded exclusion* where these same challenges intersect with additional constraints that multiply to make ageing-related housing problems harder to navigate, leading many to simply 'make do' not from preference but from exclusion.

Chapter 7: Recommendations

The recommendations are grounded in both the research findings and consultation with practitioners. They require cross-sector working, long-term commitment, institutional cultural change and a willingness to rethink how housing systems serve diverse populations. The strategic framework set out in the executive summary (page 6) is mapped onto five thematic recommendations outlined below in Figure 21. Each recommendation sets out in detail its overarching objectives, target audiences, specific sub-recommendations, and research justification.

Figure20: Three-tier strategic recommendation framework



1. Making housing inequities visible through assessment, reporting and monitoring

Aimed at: National Government Bodies (ONS, MHCLG), GLA, Regulator of Social Housing, Local authorities , housing associations and local authorities

Overarching recommendation

Routinely collect, assess and report housing data disaggregated by ethnicity and age to identify and address inequitable patterns affecting minoritised older populations and their housing choices.

Sub-recommendations

a. Mandate annual monitoring and reporting of all funded home adaptation and improvement schemes including Disabled Facilities Grants and retrofit initiatives by protected characteristics including age and ethnicity, requiring housing providers and local authorities to identify and eliminate racial disparities.
b. Require local authorities to formally assess housing needs by ageing (identified as 50 years and over) and ethnicity in strategic and local housing needs assessments to develop housing strategies that proactively anticipate changing needs and appropriate housing. Embed these requirements in National Planning Policy Frameworks and local guidance to inform capital investment decisions for mainstream and specialist social housing.
c. Require social housing landlords to expand stock condition survey protocols to identify functional overcrowding, assessing which households are disproportionately in functionally inadequate housing despite 'adequate' bedroom counts.
d. Require ONS to include age-disaggregated overcrowding data by ethnicity in routine reporting
e. Introduce Census questions on housing adequacy that capture space constraints and facility adequacy (functional overcrowding) beyond bedroom-based measures

Justification

Focusing on Bangladeshi elders, this research serves as an illustrative case study revealing systemic barriers, a critical one being absence of adequate data. Our research demonstrates that when housing experiences are examined by ethnicity and age, profound inequities become visible ranging from poor and overcrowded housing conditions to systematic failures in adaptation provision. Nearly half of our sample reported requiring home adaptations but faced multiple intersecting barriers to access, yet without ethnic and age disaggregation, this unmet need remains hidden. Similar systemic barriers affect other minoritised communities across England, as reported in recent national research examining housing quality, tenure patterns, and service access among older adults from diverse ethnic backgrounds (169).

Current bedroom-based overcrowding measures and housing assessments designed around nuclear family norms fail to capture the realities of probins in inter and multigenerational households; cultural and faith practices; spatial inadequacies and how probins actually live.

Our findings validate arguments from Centre for Ageing Better (2024) which notes that current data collection uses aggregated categories and without disaggregation by ethnicity and age, the distinct housing experiences across diverse minority ethnic communities with varying household structures, living arrangements, cultural and faith practices, and needs go undetected and unaddressed. The above recommendations call for creating the evidence base necessary to address inequitable housing conditions and policies. This study for Bangladeshi elders highlights that disaggregation by

ethnicity and age reveals hidden and unmet needs that would otherwise remain invisible

2. Eliminate barriers to home adaptations

Aimed at: National Government Bodies, National Sector Bodies (Foundations, Royal College of Occupational Therapists, National Housing Federation, BME National , Greater London Authority and other mayoral authorities, MHCLG, DHSC, local authorities, housing providers, *Regulator of Social Housing, Housing Ombudsmen)*

Overarching recommendation

Build greater confidence amongst older Bangladeshi and other minoritised communities through institutional culture change to ensure a more equitable access to home adaptations, addressing barriers that disproportionately affect minoritised older adults, regardless of where they live and with regulatory oversight and inspection.

Sub-recommendations

a. Establish a national working group to support development of a national code of practice or charter that also reflects the needs of Bangladeshi tenants in social and private tenures and help inform subsequent revision of DFG guidance.
b. Strengthen regulatory oversight and inspection regimes to eliminate inequitable access to home adaptations
c. Ensure private landlords avoid discrimination in the provision of home adaptations by following obligations set out in the Equality Act 2010 and the Renters' Rights Act 2025
d. Develop toolkits and a national training programme that goes beyond cultural competency to drive institutional change, supporting adaptation practitioners in translating equalities and interpreting cultural needs into practice based on how older people actually live in diverse household structures.

Justification

Our study evidences unmet need for adaptation across all tenures revealing systemic barriers that prevent equitable access. While financial, administrative, information and knowledge barriers arising from current adaptations delivery systems affect most older adults , our research aligns with recent Centre for Ageing Better research (2025) demonstrating how these barriers are intensified for minoritised older adults through intersecting disadvantages of residing in poorer housing conditions, cultural and language challenges and systemic discrimination (e.g. digital barriers).

Despite poorer health outcomes, data on lower home adaptation uptake (158) among minority ethnic groups is not systematically captured (169). Currently, only 42% of councils that report Disabled Facilities Grant (DFG) data nationally record the ethnicity of applicants (167). Only 7% of homes in England have basic accessibility features (168), and barriers to adaptation provision including outdated grant limits, means testing, and complex delivery processes documented as creating systematic failures (60). For minoritised older adults, these structural barriers compound with poverty, language barriers, and digital exclusion.

Crucially our research reveals that water-based hygiene and faith practices raise distinct accessibility challenges in housing stock designed for mainstream cultural norms - exacerbating severity of mobility impairments while creating additional care burdens for older spouses and female members of the household. Given the limited research on home adaptation needs of minoritised older adults and how they actually live in diverse household structures, we contend that assessment frameworks fail to systematically identify how housing designed for mainstream nuclear family living patterns creates accessibility barriers, exacerbates disability,

and intensifies care needs for older adults whose cultural, faith, and household practices differ from these norms.

3. Address functional overcrowding and poor housing conditions

Aimed at: MHCLG, National Government Bodies, Regional Government Bodies (GLA), Housing Associations, and Local Authorities

Overarching recommendation

Identify *functional overcrowding* as distinct from statutory overcrowding measures and invest in improving existing housing stock that disproportionately houses minoritised tenants.

Sub-recommendations

a. Identify 'functional overcrowding' as a distinct category in national housing policy to capture how inadequate space and facilities affect households that do not conform to mainstream nuclear family norms
b. Leverage the Decent Homes Standard to improve existing social and private rented housing stock, integrating accessibility and energy efficiency
c. Create home extension and space optimisation programmes to relieve (functional) overcrowding in situ where structurally feasible and explicitly acknowledge and account for older adults' presence and accessibility requirements in current and new overcrowding interventions
d. Identify multigenerational living arrangements as a distinct category and as a diverse housing choice in housing policy, separate from but not exempt from overcrowding assessments
e. Increase the proportion of larger family homes in social housing in current new build targets through financial incentives to housing providers.

Justification

Our research reveals that minoritised probins in social and private tenures variably and disproportionately experience both statutory and functional overcrowding. Functional overcrowding has intensified impacts on health and wellbeing for probins who are primarily home-based and are experiencing declining mobility and health conditions. Critically, it has also positioned their needs against those of household members at different life stages, creating stress and ambivalence that probins experience given their dual roles as care givers and recipients.

Statutory and functional overcrowding results in part from housing systems designed for nuclear family structures and home ownership with spatial separation by generation which structurally disadvantages those older adults who have followed different pathways shaped by migration histories, labour market discrimination, and exclusion from home ownership.

While this research focuses on Bangladeshi probins, it suggests cumulative disadvantage across the life course intersecting with discriminatory housing systems likely affecting other minoritised older populations in diverse household structures, although manifestations and experiences may vary. Acknowledging that living this way may reflect necessity (lack of alternatives) as much as choice, the research nevertheless demonstrates complexity where inter and multigenerational living reflected both a valued cultural practice and a response to structural housing barriers.

Revised decent living standards and Awaab's Law (159, 160) will improve existing social and private rented housing stock disproportionately occupied by minoritised older adults. However, without systematically integrating accessibility requirements that recognise how ageing in diverse household structures and in already inadequate housing conditions creates distinct needs, these improvements will not address older adults' specific barriers. Ethnic disaggregation is also

essential to identify which groups are disproportionately affected and ensure interventions address their compounding disadvantages.

Current overcrowding interventions and programmes do not systematically recognise older adults in overcrowded households. Ongoing and new programmes for extensions and space optimisation must explicitly account for older adults' presence and integrate accessibility requirements. This would address the legacy of structural racism in housing by ensuring that inadequate physical conditions do not compound the constraints older adults already face, whether they are living in diverse households by preference, necessity due to lack of affordable alternatives, or some combination. Data collected under the strictures of Recommendation 1 will provide comparable evidence of non-decent and overcrowded housing as living environments for older people from minoritised communities.

4. Establish accessible and culturally responsive housing infrastructure

Aimed at: Regional Government Bodies (GLA), Housing Associations, Local Authorities, and Minority Group-Led/Faith-Based Organisations , Elderly Accommodation Counsel (EAC)

Overarching recommendation

Dismantle structural barriers that exclude minoritised older adults
from accessing housing
services information through proactive, face-to-face engagement and community-led support.

Sub-recommendations

a. Pilot community-led physical housing hubs funded directly to community organisations as the primary mechanism for housing support and advice, information and advocacy across all tenures, effectively reaching all communities, including minoritised people, delivered through trained, culturally matched Community Champions.
b. Establish ring-fenced, systematic multi-format communication strategies avoiding reliance on digital and English-only systems, with regular direct engagement with senior leadership.
c. Partner with faith-based and minoritised community organisations to understand the impact of prior experience of discrimination and/or the cultural norms of such communities, create clear, reliable pathways for people to get the help they need and develop and provide accessible information about housing options and rights in later life.
d. Drawing on examples of good practice such as ‘the good landlord charter in Greater Manchester’ encourage other local authorities to adopt/develop similar charters to improve their housing services, quality and standards.

Justification

While digital exclusion and closure of face-to-face local services affect many older adults, minoritised older adults face intensified exclusion through intersecting barriers of limited literacy and
English proficiency. This compounds institutional distrust rooted in experiences of racial discrimination as well as poor service and intensifies knowledge gaps due to English-only and digital-only channels.

Our research documented high levels of adjustment to poor living conditions, widespread mistrust of formal services rooted in experiences of discrimination and poor treatment, and limited knowledge about housing alternatives beyond what probins currently experience. Many held negative stereotypical views of residential care and were unaware of other specialist housing

options such as extra care housing or culturally adapted sheltered schemes. The research demonstrates the importance of trusted community networks for probins, though reliance on informal word-of-mouth creates within-group inequalities depending on social connections.

Housing support delivered through formalised community infrastructure, such as physical community-led housing hubs with trained Community Champions, would provide systematic access through trusted channels while reducing dependency on individual social capital, making support more accessible and equitable than current service models that exclude older adults more widely through linguistic, digital, and institutional barriers.

The above recommendations build on but also extend the Centre for Ageing Better and Race Equality Foundation (2025) Good Home Hubs model (124). Their approach establishes locally rooted, trusted points of access for housing advice and support, recognising that minoritised communities face specific barriers including poverty, communication challenges, uncertainty about where to turn for support, and lack of culturally inclusive services. Our research provides evidence from Bangladeshi probins validating this model's necessity while identifying the significance of community led delivery.

A community led approach can potentially address the mistrust of formal services rooted in experiences of discrimination and poor treatment, ensures cultural and linguistic competence through lived experience rather than training alone, and builds community capacity by creating employment and leadership opportunities within minoritised communities. The Government Older People's Housing Taskforce (2024) similarly recognised the need for culturally sensitive housing support infrastructure, noting that current provision systematically fails minoritised older adults.

5. Integrate housing into health and social care assessments and response

Aimed at: Aimed at: Local Health and Wellbeing Boards/Integrated Care Systems and Partnership Boards, Adult Social Care Practitioners, Public Health practitioners, Local authority ageing well strategies and VCSE organisations offering services to minority older adults.

Overarching recommendation

Systematically identify how inadequate housing intensifies care needs and undermines wellbeing, with cross-sector joined up responses.

Sub-recommendations

a. Include health and wellbeing impacts of overcrowded and inadequate housing on older adults aged 50+ and informal carers in Health and Wellbeing strategies and Joint Strategic Needs Assessments, disaggregated by age, ethnicity, and gender.
b. Under the Care Act update adult social care assessment templates to assess how inadequate housing and discriminatory design compound disability and care needs based on older people's daily routines/practices and how they actually live in diverse household structures.
c. Establish neighbourhood-level mechanisms that include proactive early screening to identify those at higher risk of housing-related health issues, and to coordinate response from health or care services with housing services when assessments identify housing conditions that intensify health or care demands or undermine family carers' capacity.

Justification

Housing is a well-established social determinant of health, with poor housing conditions directly contributing to poor physical and mental health, increased healthcare utilisation, and preventable

morbidity (161). This study demonstrates how inadequate housing actively generates health problems for probins and intensifies care burdens which falls disproportionately to women.

Research already demonstrates that housing improvements reduce healthcare costs, GP visits, and hospital admissions while improving mental health and quality of life (49). Housing interventions offer significant preventative potential (29) with housing adaptations as key interventions. However, system coordination is essential because housing, health, and care are deeply interconnected. Integration of housing and health services is therefore critical, particularly for minoritised older adults experiencing multiple disadvantages.

Including the health and wellbeing impacts of overcrowded and inadequate housing on older adults aged 50+ and informal carers in Joint Strategic Needs Assessments would make visible the scale of housing-related health and care needs, supporting strategic planning across housing, health, and care systems. Disaggregation by age, ethnicity, and gender would reveal disparities such as the documented higher rates of musculoskeletal conditions among older Bangladeshi women, or the concentration of Bangladeshi households in overcrowded, poor-quality housing enabling targeted interventions.

Updating care assessment templates would ensure individual care and support planning recognises housing as an active generator of need rather than a passive backdrop, enabling appropriate support for both care recipients and family carers whose capacity is undermined by inadequate housing.

Recommendation 5 and related sub-recommendations align with the NHS Neighbourhood Health Programme, launched in September 2025. This programme offers a systems opportunity providing critical infrastructure for integrating housing interventions into preventative health pathways (170). The programme explicitly recognises housing as a social determinant of health and establishes multidisciplinary neighbourhood teams designed to address health outcomes impacted by wider social health determinants.

Such alignment is particularly urgent for older adults from minoritised communities, who experience poor health a decade earlier than their White British counterparts with 10% of Pakistani people reporting bad or very bad health by age 53 and 10% of Bangladeshi people by age 51, compared to age 65 for White British people (169). Early screening and proactive identification through the NHS Neighbourhood Health Programme's can support those at higher risk of housing-related health issues.

Notes

1. Household reference person: the term refers to that member of the household in whose name the accommodation is owned or rented . Where there is a family, multiple people or family groups in a household, the household reference person is selected depending on economic activity (164)

2. Housing deprivation: refers to a household experiencing either one of the following: overcrowding, lacks central heating or is in a shared dwelling (163)

3. 'Section 325 of the Housing Act 1985 provides that overcrowding exists where there are so many people in a house such that any two or more of those persons, being ten or more years old, and of opposite sexes, not being persons living together as husband and wife, have to sleep in the same room. For these purposes, children under ten may be disregarded and a room means any room normally used as either a bedroom or a living room. A kitchen can be treated as a living room provided it is big enough to accommodate a bed' (pg. 7, 166).

4. This approach recognises longstanding sociological debates on structure-agency relations (171), while remaining grounded in the empirical realities facing minoritised older adults.

5. Forthcoming: Analysis and a separate report bringing insights from different family members from an additional eight interviews conducted with multigenerational families in the Bangladeshi community in East London, alongside this study.

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