

আমার বাড়ি, আমার জীবন

Amar bari, amar jibon

MY HOME, MY LIFE

Developing suitable living environments for Bangladeshi elders
in East London
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, eleven percent are in specialist housing, and five percent 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, eighty percent 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,

assessing which households are disproportionately in functionally inadequate housing despite 'adequate' bedroom counts.

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 support adaptation practitioners in interpreting equalities and 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
- 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


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Link to the main report

 Executive

summary: <https://www.housinglin.org.uk/amar-bari-amar-jibon-executive-summary/>

 Report: <https://www.housinglin.org.uk/amar-bari-amar-jibon-final-report/>

