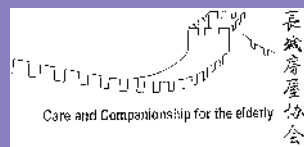


Proposal for a Chinese Extra Care Home in London

April 2004



PRIAE Policy Research Institute on Ageing & Ethnicity
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Foreword

This proposal for a Chinese extra care home in London has been put together by the Policy Research Institute on Ageing and Ethnicity (PRIAE) in light of the ongoing campaign by Mrs Shu Pao Lim MBE and colleagues of the Great Wall Society Limited¹ to secure such a facility in London.

She has been seeking such a development for a number of years and we at PRIAE believe the case has been made more urgent by the impending increase in the number of Chinese elders in Greater London. The joint enterprise with Hanover Housing Association makes the development an important one for both organisations working with PRIAE to support Chinese elders' housing and care needs.

Older people from black and minority ethnic communities have been on the margins of policy making for too long, all too often excluded from mainstream discussions of old age and ongoing discourse on race relations. The coming decades will see a rapid increase in ageing among these communities, as those who participated in mass migration to the UK in the post war years approach retirement. The number of elders in each minority ethnic group in London is set to increase in the next decade, in some cases as much as two fold. For the Chinese community, those who arrived in the UK in the 1950s and 1960s to set up catering businesses are now all reaching retirement age. This population including those in their eighties must have access to appropriate services.

The proposal is also timely as it connects well to recent policy developments, including the drive towards improving community cohesion in light of the race riots in 2001. Older people are crucial to the bid to overcome social exclusion and ameliorate civic participation. In addition, health and social care practitioners are now recognising the importance of choice in providing services to elders.

The proposal looks firstly at the current policy climate, before examining the demography and experiences of the BME population in general. The proposal then looks more specifically at the Chinese group, concentrating on Chinese elders and those living in the London area. The final section of the proposal examines what a Chinese extra care home would be like and why it is so important.

While this report makes the case specifically for an extra care home targeted at the Chinese community, it is important to emphasise that the proposal does not seek to exclude any groups. While Chinese people from around the world are the target audience, the scheme may be well suited to all elders of South East Asian origin and beyond

The support from Housing Corporation is critical in ensuring that this proposal now gains momentum to actual development to meet the needs of Chinese elders.

Executive Summary

The Context

1. Current legislation, including the Race Relations (Amendment) Act, has underlined the importance of equality

in public services. Recent inquiries have demonstrated that social inclusion and civic participation are essential to community cohesion.

¹The Great Wall Society is a sheltered home for Chinese elders situated in Camden, London. It was founded in 1994.

2. The number of black and minority ethnic (BME) elders is set to increase rapidly in the UK in the coming decades, as those who migrated in the post war years age *en masse*.

services in the BME elderly sector, with a concentration of under-funded and unsupported community and voluntary organisations. They have become the primary providers of information and services to BME elders.

3. There is a history of under-developed

The Chinese community in the UK

4. The Chinese are a heterogeneous group, with a number of different dialects and countries of origin.

hand, leaving them outside of the formal employment market for much of working life. This has left them without entitlement to state benefits, including the Basic State Pension.

5. The high prevalence of self-employed Chinese workers involved in the catering industry means that there is fierce competition in the community. This breeds isolation and suspiciousness, damaging the potential for community cohesion.

7. The Chinese are reluctant to admit to health problems as this may mean they are unable to work. They are also likely to be isolated from their family.

6. The reliance on family contacts for employment means that many Chinese workers were paid cash in

8. Divisions within the Chinese community may have adversely affected the ability to secure services for the population through campaigning.

The Chinese elder community

9. The Chinese elderly are likely to have a low income in retirement as they have been self-employed and have had working life curtailed by migration.

10. Chinese elders have poor English language skills and may be illiterate in their own language, impacting on ability to access services.

The Chinese elder community in London

11. More than a third of the Chinese community reside in London, with the number of Chinese elders in London set to double by 2011 compared to 1991.

12. Studies of the Chinese elder community in London have found that they need easy to follow rules, freedom to leave and arrive as desired and a sense of belonging in the places they choose to frequent.

Case for a Chinese extra care home

13. There is currently no extra care provision for the Chinese elderly in London, despite demographic trends.

to be situated with other Chinese elders until they become too frail to meet their own needs.

14. There would be good take up of this facility as Chinese elders are unwilling

15. Action is long overdue.

Model of a Chinese extra care home

16. Extra care housing schemes allow older people independence and access to the support they need.

17. A number of simple adaptations could be made to Hanover's existing model in order to cater for the Chinese community

Conclusion

18. An extra care home is needed to prevent the problems of the current

generation of Chinese elderly from being perpetuated.

The Context

In examining the case for providing an extra care home for the elderly Chinese in London, it is necessary to look at the wider context. As well as providing an important backdrop to the issues under discussion in putting together such a proposal, it is worth noting that the Chinese elderly are very often only examined in conjunction with other black and minority ethnic (BME) groups. Thus, we must look to the experiences of the wider BME community as well as the limited data on the specific experiences of the Chinese. In addition to looking at the experiences

of the Chinese elderly community in relation to how other ethnic minority groups fare, the proposal must be situated in the current policy climate. Arguably, recent changes have made the proposal for an extra care home even more relevant.

The implications of the proposal extend beyond health and social care to wider social policy issues including race relations, civic participation and intergenerational practice.

(i) The Policy Context

The current era of race relations legislation in the UK was ushered in by the explosive 1999 report into the police's handling of the murder of black teenager Stephen Lawrence. Sir William Macpherson identified serious failings in the structure of public authorities, branding them 'institutionally racist', and set the climate for change. The Macpherson report was described by *The Economist* as 'a defining moment in race relations...by exposing the cancer of racism...it has stripped away any complacency that all is well' (27 February 1999, cited in Demirbag and Aldridge, 2003;6).

In the months that followed, the Race Relations (Amendment) Act 2000 was passed by the UK government. It has given public bodies a unique duty to promote racial equality in jobs, training, housing, education and the provision of goods and services.

The duty has three requirements within it; *to eliminate unlawful racial discrimination, to promote equal opportunities and to promote race relations.*

This has implications for housing and social care providers who must ensure that they are meeting the needs of all sections of the community. The duty is enforced by the Commission for Racial Equality.

These themes were also picked up in the Cantle report into the disturbances in England's northern towns in the summer of 2001. The report concludes that the race riots in Bradford, Burnley and Oldham were provoked by a failure of community cohesion and the onset of social exclusion. Among the domains of community cohesion detailed in the report, 'equal access to services and welfare benefits', 'high degree of social interaction within communities and families' and 'strong attachment to place' (Cantle, 2001) are identified as necessary for social harmony.

Social harmony relies on contentment among all sections of the community, and thus it is important that elders from minority communities have access to appropriate services. Past failings by policy makers have demonstrated that BME elders are among the most marginalised groups in society. Although they face many of the same challenges as other elders, they also bear the additional burdens of racism and discrimination (Bhutta 2003b; Demirbag and Aldridge, 2003).

The importance of involvement from older people is also highlighted in the *Preparing Older People's Strategies* document published by the Office of the Deputy Prime Minister, the Department of Health and the Housing Corporation in 2003. The report recognises the importance of joining up services for older people at a local level, linking this to the 'growing numbers of frail older people and those from black and minority ethnic backgrounds' (ODPM, 2003;6).

It goes on to note:

'The Department of Health wishes to encourage the future development of extra care housing which extends the choices available to older people. An increasing number of local authorities and their health partners are starting to make the strategic shift away from residential care and towards a broader range of supported housing models, including extra care housing. This will result in a wider choice, greater independence and control for older people in line with changing aspirations' (ODPM, 2003;7)

Thus, the proposal for a Chinese extra care home in London has important resonance with current policy and legislation. It is in line with the joined up approach to social inclusion and community development being adopted by this administration.

However, PRIAE has long since argued that the current framework of equality legislation does not consider the effects of multiple disadvantage or discrimination, as is often the case with BME elders. This has been summarised as 'the world of race relations is age blind and the world of age relations is race blind' (PRIAE, 1999a).

We remain hopeful that the situation may change as the EU requirement to introduce legislation outlawing discrimination on the basis of race, gender, disability, age, religion or sexual orientation by 2006 is implemented. The measures, adopted under Article 13 of the Treaty of Amsterdam, will lead to the creation of a single equality body in the UK. Policy makers are thus being made more aware of the multiple disadvantages that individuals

can face, for example through gender and sexual orientation, and this may give

more room to ageing and ethnicity on the policy agenda in the future.

(ii) The Wider Context

There are current concerns in policy discussions about an ageing population but, all too often, this discourse fails to take the ageing ethnic minority population into account. The number of BME elders in the UK is set to increase dramatically in the coming decades. PRIAE has identified an 'age bulge' of BME elders currently aged between 45 and retirement age, which can be attributed to the patterns of migration and settlement in the UK in the post-war years. Many workers came over in early adult life and soon established settled black communities in the 1950s and 1960s (Patel, 2003:3).

The most recent and comprehensive data available in this field is the Minority Elderly Care (MEC) project, led by PRIAE, covering France, Germany, Finland, the Netherlands, Spain, Bosnia -Herzegovina, Croatia, Hungary and Switzerland. The study is funded under the European Commission Fifth Framework Research Programme and represents the first such grant awarded in this area.

Covering elders from some 26 minority ethnic groups in ten countries, this work will provide the first baseline of research in this area, from which firm policy recommendations can be made. An initial book from the project called *Minority Elderly Care: Country Profiles in Europe* (PRIAE 2003), detailing the health, income and welfare of these elders was launched at the European Parliament in Brussels in May 2003.

In examining the MEC data for the UK available so far (Demirbag and Aldridge

2003:6), we can see that the ethnic minority population represents some 12 per cent of the total population (see table 1 overleaf). In common with the white majority group, the vast majority of the BME group resides in England. The 2001 census shows a three per cent increase in the BME population, compared to the 1991 census (ONS, 2001).

For the first time, the number of people from BME communities outnumbered the white population in two Census areas, both in London. White people made up 39.4 per cent of the population in Newham, east London and 45.3 per cent in Brent, north east London.

The Chinese group is the smallest of the individually identified groups, and this may explain why there is even more limited data for these individuals than the other minority ethnic groups. Often, the Chinese population is classified with the 'other' BME groups, which will have a direct impact on the ability of policy makers to recognise needs and patterns within the community. It is also worth bearing in mind that Chinese older people may have difficulty with filling in forms and the structure of the Census, making it less likely that their responses will be recorded.

The 2001 Census included information on mixed ethnic groups for the first time, meaning that the Chinese will not be the smallest group in future. Gleaning the position of the Chinese community is made more problematic by the fact that it is the most widely dispersed BME group. In looking at the age profile of the



Table 1: Ethnic composition (2001, thousands)

	UK	England	Wales	Scotland
White				
White British	50,365	42,747	2786	4832
White Irish	692	624	18	50
White other	1423	1308	37	78
Mixed	13*			13*
Mixed white and black Caribbean	238	232	6	n/a
Mixed white and black African	78	76	2	n/a
Mixed white and Asian	189	184	5	n/a
Mixed other	155	151	4	n/a
Black				
Black Caribbean	566	561	3	2
Black African	485	476	4	5
Black other	97	95	1	1
South Asian				
Indian	1052	1029	8	15
Pakistani	747	707	8	32
Bangladeshi	283	275	6	2
Asian other	248	238	4	6
Chinese and other				
Chinese	243	221	6	16
Other	230	215	5	10
Total	57,104	49,139	2903	5062

Source: Census 2001, cited in Minority Elderly Care: Country Profiles, p10

*Scottish ethnic data collected as any mixed rather than individual mixed groups.

current ethnic minority population (see table 2 overleaf), it is clear that the BME group is younger than their white counterparts. Currently, there are a

considerable number of Afro-Caribbean elders due to the fact that settlement patterns were earlier for this group than some of the others. 'The 50th anniversary

of Windrush for those arriving from the Caribbean...marks this age progression' (PRIAE, 1999a;264). However, the data also indicates that the Chinese and the Indian groups are the next 'oldest' in terms of median age, and both groups have an average age that is higher than

that for the ethnic minority population as a whole. This may be due to the fact that these communities have been established for longer in the UK and have links to former British colonies.

The above table confirms that one in five

Table 2:

Proportional distribution of minority ethnic groups by age (%) and median age (1997-99)

	0-14	15-29	30-44	45-64	65-74	75+	Median age
White	19	19	23	19	14	7	37
All Ethnic Minorities	30	25	25	12	6	1	26
Black							
Black Caribbean	22	19	30	14	13	2	33
Black African	31	26	31	9	3	0	
Black other (non-mixed)	41	27	28	2	2	0	18
Black mixed	58	25	13	3	1	0	11
South Asian							
Indian	23	24	27	16	8	2	31
Pakistani	34	31	20	10	6	1	22
Bangladeshi	40	29	18	8	6	0	18
Chinese and other							
Chinese	16	31	31	14	7	2	31
Other Asian (non-mixed)	21	23	34	16	5	1	32
Other	27	23	31	14	3	1	29
Other mixed	52	23	15	7	2	1	12

(19 per cent) of the BME population will reach retirement age in the coming years. This is more acute for some groups than others, and for the Chinese population the figure is 2 per cent of the current population.

These figures confirm that policy makers

are facing a 'time bomb' in terms of their measures to cater for ethnic minority elders. 'The assumption that black and ethnic elders have plans to return home no longer holds true - if it ever was more than an illusion clung to by unseeing planners, policy makers and researchers' (Janet Boateng, cited in Patel, 1999b;4).

PRIAE has long identified a historical under-development of services for BME elders, which can be attributed to a number of factors (Patel 1990, 1999a, 1999b, 2003).

The experiences of the current generation of BME elders can be directly traced to their experiences in working life. As many came to the UK seeking work, they found themselves concentrated in manual labour and in industries no longer favoured by the host country. As well as increasing the potential for accidents at work (Kam Yu, 2000), this also left many BME workers at risk of unemployment. PRIAE (Patel 1999a;266) has identified an incidence of 'early ageing' among the current generation of BME elders. Many economic migrants found themselves unemployed with the decline of traditional manual industries such as foundries and textiles and were then unable to find work. BME men and women in their fifties are accessing day centres and other services targeted at retired members of the community.

There is a tradition of self-help among many ethnic minority communities, with migrants establishing their own communities in certain districts upon arrival in the UK. Although such areas are dotted throughout the UK, they are most prominent in London; with the development of China Town, Southall, Brixton and Brick Lane to name a few. The Chinese community are quite dispersed in the capital, reflected in the fact that there is not a community organisation working with this group in every borough'

Some of this self-help is more formal, with a number of day centres, lunch

clubs, advocacy services and social clubs tailored to specific ethnic minority communities now established in the UK. The importance of these services cannot be overestimated as such organisations are often the only point of contact for information about health, benefits and housing for BME elders.

The current situation is that these voluntary organisations are acting as 'primary providers' (Patel, 1990, 1999a;257) in this arena; they have actually substituted the role of statutory providers. As they have originated from within the community, they are uniquely well placed to meet the needs of their client group, and are often run by individuals from within the same community.

However, the situation is unsatisfactory as the community and voluntary organisations do not have the security of funding to support the elements that have been placed within their remit by the inaccessibility of mainstream services. They are providing services on a shoestring because of the failings of the mainstream.

'Given this continuity of mainstream neglect and/or indifference, we can state that this constitutes de facto racism. In other words, the mainstream services by default are structuring the segmentation of care to minority ethnic elders into a long-term solution' (Patel, 1999a;257-8, emphases author's own).

It is into this overall framework that the needs of Chinese elders must be placed. A case cannot be made for an extra care home for the Chinese elderly in London without reference to the ongoing debates around service provision for BME elders.

The Chinese community in the UK

Whilst important parallels can be drawn between the experiences of the Chinese and other BME groups, it is also essential to note the distinctive characteristics of the Chinese community. These features help to explain why a dedicated extra care home is needed.

Although an extra care home would meet

the needs of Chinese elders, it is important to look at the wider Chinese population in the UK as many traits cut across generations. 'Although age differences are important...many problems suffered by Chinese older people are related to problems faced by other age groups within the Chinese community in the UK' (Kam Yu, 2000;1).

Who are the Chinese?

The current Chinese population in the UK is far from homogeneous. Perhaps more than any other ethnic group, a number of different languages and dialects are spoken in this community, with members originating from a variety of different countries. This marks the Chinese out from other BME groups as they are less likely to have a shared history, for example many Asian families who live near each other in the UK hail from the same home village.

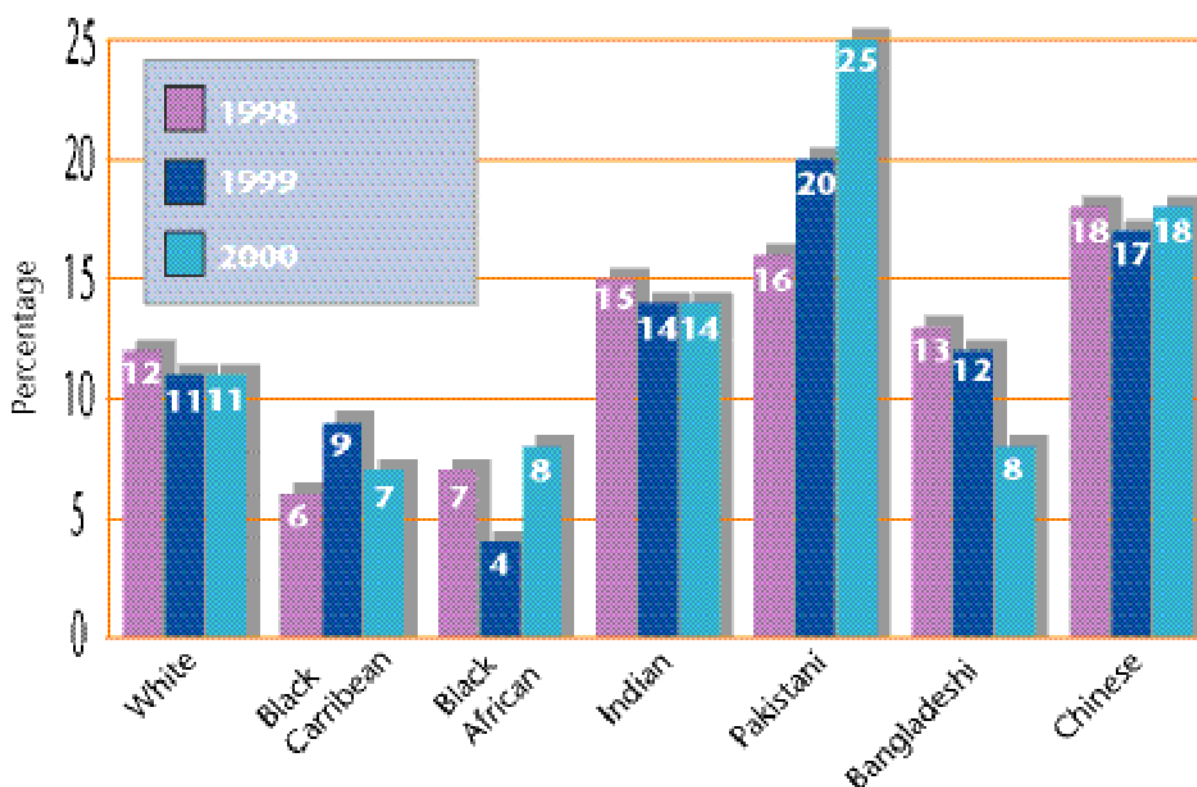
Kam Yu (2000;3) has identified two main waves of immigration in the post-war era, in the late 1950s and the late 1960s, representing the arrival of young male workers and then their families. This suggests that the current generation of middle-aged Chinese men and women may have been born overseas, carrying implications for language barriers and attachment to UK society. Although many Chinese people came to the UK to seek work, the colonial link with Hong Kong should not be overlooked.

Economic characteristics of the Chinese

The economic characteristics of the Chinese are interesting not only in terms of income, but also because they explain a number of social habits among the community. 'The history of Chinese immigrants in the UK is a history of striking out for survival in the private sector' (Kam Yu, 2000;4).

A high proportion of individuals are self-employed (see Table 3 overleaf). The Chinese group has a consistently high proportion of self employed males in its number. Although the Pakistani group has a higher proportion of self employed males, it is unlikely that they are as concentrated in terms of industry as the Chinese.

Table 3: Self-employment levels of male population by ethnicity



Source: Ethnic Minorities and the Labour Market, p25

The 2000 study of Chinese elders by Kam Yu found that 88% of those interviewed who had worked in the UK had worked in the catering trade. However, none of the respondents had worked in take-aways or restaurants before coming to the UK. This suggests that many of the current generation of Chinese elders may have felt that there was no option available to them upon arrival in the UK, and that they were unable to use any existing skills.

The high concentration of the Chinese community within one industry can lead to social problems, as the competition between businesses damages the potential for community development and networks. The need to remain competitive means that Chinese people are unwilling to share personal information with one another, as this could be detrimental to their business. 'The cohesiveness of the Chinese community

is undermined by Chinese people's need to seek economic survival' (Kam Yu, 2000;7).

In addition, a high proportion of self-employed workers may mask overall household poverty, with many catering businesses employing family members who may not be needed to help out. 'It has been long recognised that self-employment particularly in small-scale businesses conceals the under-employment within the family with reduced net income for the household' (Patel, 1999a;266).

The prevalence of self employment in the Chinese community means that the population is less likely to be making adequate provision for retirement. The government's recent green paper on pensions confirms that the self-employed are one of the groups who are losing out under the current system, and this situation can only be exacerbated for the

Chinese community as BME groups are less likely to be able to save for retirement (DWP, 2002).

In terms of overall employment, the Chinese suffer higher unemployment than their white counterparts, which holds true for all ethnic minority groups

(see Table 4 below). Although the new legislative framework to outlaw racial discrimination in employment may help to ameliorate the situation, the fact that unemployment levels among BME groups are higher across all age groups means that the situation will be difficult to equalise.

Table 4: Unemployment rates by age and ethnicity

Ethnic Group	16-14	25-34	35-44	45-59/64	16-59/64
White	13	6	5	5	6
Black	39	18	12	16	19
Indian	18	7	6	7	8
Pakistani/Bangladeshi	29	16	13	26	21
Other groups	22	13	10	8	13
All, ethnic groups	14	7	5	5	7

Source: Labour Force survey, Office for National statistics, reproduced as table 4.22 in ONS (1999) Social Trends

Notes: (a) Unemployment based on the ILO definition as a percentage of all economically active persons; (b) Combined quarters: Spring 1997 to Winter 1997-98; (c) Men up to the age of 64, Women up to the age of 59; (d) Includes those of mixed origin; (e) Includes those who did not state their ethnic group.

Kam Yu (2000) has also identified social consequences of unemployment for the Chinese, with many older people who are no longer able to work feeling that they are a 'burden'. They state that they are not entitled to any help from their family if they cannot contribute to the running

of the takeaway. This attitude is also reflected in the unwillingness of the Chinese to take sick leave, despite the fact that working in the catering industry may leave them prone to ill health and occupational hazards (Kam Yu, 2000;5).

Health of the Chinese

'Elders from most minority ethnic groups tend to be disadvantaged in both employment histories and income. These have consequences for immediate health status and also compound long term effects' (Lowdell, 2000;7).

As already observed, this holds true for the Chinese community as they may be prone to accidents in the catering industry. There is a strong desire not to be deprived of the ability to work among the Chinese population, and this may influence decisions about seeking medical attention.

Analysis of the incidence of limiting long-standing illness and contact with the GP shows that the Chinese community may be reluctant in coming forward for help. They are less likely than any other BME group or the white population to report acute sickness (Demirbag and Aldridge, 2003;21). However, analysis of the Health Survey for England suggests that the Chinese may not suffer as heavily from cardiovascular conditions as other BME groups (cited in Demirbag and Aldridge, 2003;22).

The lack of contact with NHS general practitioners may be due to the inability of Chinese elders to express their problems in English. This view is reinforced by the popularity of Chinese private practitioners which have appeared in London's China

Town and other UK areas where there is a high Chinese population. It seems that Chinese elders are willing to pay around £30 per appointment in order to ensure that they can express their health needs in their own language. This hidden system also allows Chinese elders to project to others that they are healthy.

Although the statistics indicate that the Chinese community do not turn to their doctor for help with mental health problems, such as anxiety or depression, as frequently as the majority population, there is some evidence that they may not be reporting their true state of mind. As with other BME communities, there remains a very real stigma around mental health problems and a reluctance to admit to any such difficulties. Kam Yu (2000) found that 65 per cent of the Chinese elders had a poor self image and often felt low. 'However, they disclosed that it is difficult for them to meet these needs by relying on the mainstream community or their own community' (Kam Yu, 2000;10).

Thus, the failings in the system may be masking the problems experienced by the Chinese community. If statutory providers are perceived as unapproachable, they are immune to approaches from those sections of the community irrespective of the severity of their problem, thus they are led to believe that there is no problem to address.

Other features of the Chinese community

In seeking to distinguish the Chinese from other ethnic minority communities in the UK, it is probably most important to note that they may be likely to experience even less support than other

BME communities. Although most BME groups are marginalised from the mainstream on some level, they are generally able to fall back on their own community for support, be that through family networks or community organisations.

However, the Chinese do not have this support, as the competitive nature of their favoured industry makes them unable to trust each other. The divisive nature of labour market economics means that there is little solidarity amongst the Chinese community as a whole. Kam Yu (2000) has termed this 'detachment in two communities', painting a very isolated picture of the Chinese indeed.

The geographical evidence would also suggest a degree of isolation, as the Chinese group is the most widely dispersed. Again, this may be driven by economic considerations and the need to

remain competitive amongst the Chinese catering industry. The Chinese group does not form the largest ethnic minority group anywhere in the UK (Kam Yu, 2000).

Perhaps most damningly, the Health Survey for England (see Table 5 below) examined the health of minority ethnic groups in 1999, finding that the Chinese were the most likely to experience a severe lack of social support. For Chinese men, the figure was more than twice as high as that for the general population, while for Chinese women the proportion was more than three times as high as the general population.

Table 5: Proportion of people perceiving a severe lack of social support

	Black Caribbean	Indian	Pakistani	Bangladeshi	Chinese	Irish	General population
Men							
Observed %	19	32	29	36	38	12	16
Standardised risk ratio	1.27	2.12	2	2.32	2.54	0.79	1
Women							
Observed %	15	33	27	30	34	10	11
Standardised risk ratio	1.33	3.07	2.28	2.55	2.98	0.86	1

Source: The Health survey for England 1999

Furthermore, this fragmentation may have affected the ability of the Chinese group to organise itself in terms of championing equality and securing better provision for policy makers. As Mrs Shu Pao Lim has commented, 'we are not united, we don't know how to shout and scream' (interview with PRIAE, 2003).

As with other BME groups, there remains a perception that the Chinese community will 'look after their own'. However, there is increasing evidence that Chinese elders are distanced from their children and grandchildren, with many lacking even contact details for their offspring (Kam

Yu, 2000;10). The current generation of Chinese elders have encouraged their children to either become professionals or run their own businesses, both of which lead them to live away from home. If they choose to enter the catering industry, they will often go to a different town in order to ensure that they do not compete with any of their close relatives.

It is not appropriate for policy makers to declare that 'the Chinese must know the needs of the Chinese' (Kam Yu, 2000;6), this community has been left on the margins for too long.

The Chinese Elder community

As previously observed, many of the characteristics of the Chinese community as a whole apply equally if not more strongly to the elderly Chinese. In addition to the traits that have already been discussed, it is now important to look at the distinctive experiences of the current generation of Chinese elderly.

Firstly, they may be adversely affected in terms of income in retirement due to a number of prevalent factors. The high proportion of self employed workers and family run businesses may have led to a reduced awareness of the pension system and the need to make sufficient National Insurance contributions to qualify for the Basic State Pension. There is also thus a reduced likelihood of access to an occupational pension among the Chinese.

This situation is potentially exacerbated by the fact that most of the current generation of BME elders had an insufficient number of years to build up full pension rights due to a reduced working life (Bhutta, 2003a).

Income in retirement may also be adversely affected by ability to save. As previously noted, self-employment may mask overall shortfalls in household income and money that can be used to save for the future. Research commissioned by the Department of Work and Pensions (DWP, 2003) confirms that 'Chinese older people tended to feel very apprehensive about statutory organisations. They were often at pains to say how grateful they were to be receiving a pension or benefits or other help. They had generally had not expected to be given such help' (DWP, 2003; 75). This confirms a reluctance or inability to take up entitlements.

A large number of Chinese elders are unable to speak English, meaning that they are unable to access services and their needs are not 'visible' to policy makers. This can be partially explained by the fact that, unlike other BME groups, the Chinese are unlikely to have needed to speak English in their workplace on arrival: many worked in kitchens or restaurants where orders are placed by number. This may also make them hesitant in using any services that they do know about.

'I am afraid of being sent to an older people's home because I don't know how to speak and understand English. I would be seen as an idiot and soon become an idiot' (Chinese elder, cited in Kam Yu, 2000;13).

In addition, elders are often unable to read or write Chinese, especially women who are less likely to have had advanced education. The situation is made worse by the fact that there are a plethora of different dialects and languages spoken under the umbrella of what is termed the UK Chinese community.

Chinese elders have also been hit particularly hard by the breakdown of traditional family structures. Although the ideal family model where parents continued to live with their sons after they had married has been rare even in the Far East for some years, it is still assumed by policy makers that the Chinese will be receiving this type of assistance. In fact, many are distanced from their family due to economic and other pressures. 'Clearly there is a widening gap between older people's expectation and the actual caring capacity of their families' (Kam Yu, 2000; 24).

The Chinese Elder community in London

As with all BME groups, the Chinese are concentrated in a number of urban centres throughout the UK, most notably in London. The table below (see Table 6) shows that more than a third of the Chinese community in the UK live in London, with the next greatest regional concentration in the South East.

There may be a number of reasons for this, including ability to find work and the likelihood of settling in London on first arriving in the UK. Although it has already been noted that the Chinese do

not have the sense of community common to other ethnic groups, they may nevertheless find themselves living in close proximity to one another due to the demand for Chinese restaurants and takeaways in urban areas.

Although the Chinese are one of the more dispersed BME groups, as previously discussed, they still number more than two per cent of the population in four UK areas. Unsurprisingly three of the four - Westminster, Cambridge, City of London and Barnet - are situated in London.

Table 6: Regional distribution of population by ethnic group (thousands)

	North East	North West	Yorks & Humber	East Midlands	West Midlands	East of England	London	South East	South West
White									
British	2,425.6	6,203.0	4,551.3	3,807.7	4,537.9	4,927.3	4,287.9	7,304.7	4,701.6
Irish	8.7	77.5	32.7	35.4	73.1	61.2	220.5	82.4	32.4
Other	21.1	74.9	57.2	57.1	63.2	136.4	594.8	221.9	81.2
Mixed									
white/black Caribbean	2.8	22.1	18.1	20.6	39.8	19.9	70.9	23.7	13.3
white/black African	1.7	9.8	4.1	3.4	3.7	6.1	34.2	9.5	3.9
white+Asian	4.7	17.2	14.2	11.1	18.1	17.4	59.9	30	11.2
Mixed other	2.9	13.3	8.5	7.9	11.6	14.6	61	22.5	8.9
Black									
Black Caribbean	0.9	20.4	21.3	26.7	82.3	26.2	343.5	27.4	12.4
Black African	2.6	16	9.6	9.1	12	17	379	24.6	6.1
Black other	0.4	5.3	3.3	3.6	9.8	5.3	60.3	4.9	2.3
South Asian									
Indian	10.1	72.2	51.5	122.3	178.7	51	437	89.2	16.4
Pakistani	14.1	116.9	146.3	27.8	154.5	38.8	142.7	58.5	6.7
Bangladeshi	6.1	26	12.3	6.9	31.4	18.5	153.9	15.3	4.8
Asian other	3.2	14.7	12.3	11.8	21	13.4	133	23.5	4.8
Chinese and other									
Chinese	6	26.9	12.3	13	16.1	20.4	80.2	33.1	12.7
Other	4.2	13.3	9.5	7.3	14.1	14.5	113	29.2	9.3

Source: Minority Elderly Care in Europe, PRIAE 2003

While the number of older people in London may be set to reduce overall

(Lowdell, 2000), the number of BME elders in London is set to increase

dramatically over the coming decades. The population projections (see Table 7 below) for London confirm that the number of Chinese elders will have increased by 47 per cent in 2011,

compared to 1991. This is among the higher amounts of increase, although the number of Black African elders will see the most dramatic increase.

Table 7: Population projections by age band and ethnic group (London)

Ethnic Group	1991 persons 65+	2001 persons 65+	2011 persons 65+	Percentage change 2001-2011(%) 65+
White	923.4	782.9	700.0	-10
Black-Caribbean	15.4	35.8	44.6	+25
Black-African	1.8	5.1	10.0	+96
Black-Other	1.1	2.0	2.8	+40
Indian	15.8	30.2	40.4	+34
Pakistani	1.7	5.0	8.6	+72
Bangladeshi	1.1	4.5	6.8	+51
Chinese	2.0	3.4	5.0	+47
Other-Asian	2.9	6.2	10.8	+75
Other	4.5	6.9	9.5	+37
Total	969.7	882.1	838.5	-5

Source: Labour Force Survey, Office for National Statistics, reproduced as table 4.22 in ONS(1999) Social Trends.

Notes: Includes men up to the age of 64, women up to the age of 59, includes those of mixed origin and those who did not state their ethnic group.

Accordingly, London has a number of specific services for the Chinese community, including supermarkets and information centres, although these are largely located near the Chinatown district in Soho. However, evidence suggests that these services are not sufficient to meet the needs of Chinese elders in particular.

Kam Yu's study (2000) of 100 Chinese elders in London found that rather than using any specific centres, the community prefers to create its own opportunities for

social networking. He identified that they spend time in the McDonald's restaurants situated close to London's China Town, in casinos in central London, and in churches.

In examining why the Chinese elderly choose to frequent these locations over others that may be available to them, Kam Yu found a number of common features. Firstly, there were no set entry or exit patterns to these locations, allowing the Chinese elders to feel free to leave as they please. This desire may explain why they are choosing not to use day centres

or lunch clubs for the elderly.

The study also detected straightforward rules to follow in each of the locations, for example Chinese elders feel comfortable asking for a cup of tea in English in McDonalds. In addition, they were aware of any activities that they may be required to participate in, for example, at Church. This indicates that Chinese elders like to know what to expect before accessing a location.

Kam Yu further identified that in each of the three locations, there is something that makes them specifically relevant to Chinese elders. In the McDonalds restaurants, the proximity to China Town means that staff sometimes speaks to them in their own language. The casinos often provide games like mahjong and send birthday cards to their customers,

while many churches celebrate Chinese festivals.

Therefore, in planning any service for the Chinese elderly in London, it is important to bear these common features in mind: easy entry and exit policy, rules that are easy to follow and a sense of belonging. The fact that these common denominators are not difficult to achieve is perhaps a poor reflection on the statutory services that may have been put in place for elders that the Chinese community are not accessing.

Any statutory or voluntary services dedicated to the Chinese community would be best placed in the London area. The creation of a London Assembly and Mayor in 2000 has brought a greater degree of cohesion to services and policy in the capital.

Case for a Chinese extra care home

As we have seen, the Chinese group are vulnerable on a number of counts, and experience a lack of support. While support needs to be put in place for all age groups, it is essential for those who are frail, disabled or mentally ill. Facilitation of an extra care home for the Chinese elderly would assist in overcoming the problems among this client group.

There is currently no extra care provision for the Chinese community in London, and BME voluntary organisations are again having to cater beyond their remit and funding in a bid to meet needs. The Great Wall Society operates in the London boroughs of Barnet, Islington and Camden, but is unable to offer domestic care services. The Camden Chinese

Community Centre provides a home help service to 60 people, of whom 20 need extra care (Mrs Shu Pao Lim, Interview with PRIAE, 2000).

Mrs Shu Pao Lim, Chair of the Great Wall Society, is certain that such a facility is in demand among current and future generations of Chinese elderly, linking this to the needs and dispositions of the community (see Appendix 3). She argues that Chinese elders prefer to live with majority elders in local sheltered homes for as long as possible, due to fear of attracting gossip about the way they have been treated by their families, and will want to access Chinese - specific services once they are particularly frail or unable to live independently.

This resonates with well-versed concerns about the competitive spirit in the Chinese community, which erodes the capacity for community support.

As we have already noted, many Chinese elders feel that they are a 'burden' once they are no longer able to work and contribute to the family business. This means that they are unlikely to seek support and will try to cater for themselves for as long as possible. However, once they become too frail to be able to do this, they would prefer the company of other Chinese elders as this will ensure that their dietary and other needs are met in a culturally appropriate way.

As Chinese elders are unaccustomed to English food i.e. cold sandwiches at lunchtime, an extra care home should allow them to cook traditional Chinese food. There should be a kitchen that Chinese elders who are not too frail to cook should be able to use. As well as increasing independence, this is the most effective way of meeting dietary needs.

The language needs of Chinese elders would be of paramount importance in providing facilities, as we have already noted their reluctance or inability to use services that are solely in English. Thus staff and volunteers would have to be drawn from an appropriate range of linguistic backgrounds.

Based on these qualifications, an extra care home for the Chinese elderly in London would be the most appropriate investment in the ongoing bid to meet the needs of an ageing ethnic minority population. There are currently a

number of schemes, including sheltered housing and local authority housing, that the Chinese community can access in London but there is no direct provision for those who are most in need. Such an extra care home would need to be situated in London, due to the large proportion of Chinese elders residing in London and the fact that there is currently no extra care provision specifically for Chinese elders in the capital. Mrs Shu Pao Lim argues that it does not matter where precisely the new facility is located in London, as long as it is developed. She asserts that the time for talking and negotiation is over, it is now important to secure the support of a local authority in order to make progress.

It may be more appropriate for the Chinese extra care home to be located in central London as this is closer to the amenities provided by China Town. However, if it were located in the suburbs of London, there would need to be good public transport links for users as well as parking spaces to encourage visitors.

Creation of an extra care home would have to take the characteristics noted by Kam Yu into account, in terms of being an environment conducive to use by the Chinese community. The best way to ensure that an appropriate facility is created is to draw on the experiences of voluntary and community organisations, such as Great Wall, who have been working in the field for a number of years.

However, this has often been in spite of a lack of recognition and support from the mainstream.

Model of a Chinese extra care home

(i) overview

Hanover developed the concept of *extraCare* housing in the mid - 1990's and now has 24 such schemes in operation throughout England and another 12 under construction.

An *extraCare* Housing scheme therefore provides self contained one or two bedroomed flats and a range of communal facilities and services to support independent living.

Hanover recognised that many older people could continue to live independently in their own home if that home was designed specifically for frailer elders and if support was provided when needed.

extraCare Housing has the capability of being appropriate for the housing needs of all ethnic communities. It certainly can meet the requirements of the Chinese community as previously outlined in this report.

(ii) the scheme

An *extraCare* scheme consists of a 2 or 3 storey building containing a number of one or two bedroomed flats (typically 30 to 40) and a wide range of communal facilities.

- Art and craft rooms
- Medical treatment room
- Exercise room
- Internet café

The following facilities are always provided:

- Communal lounge
- Restaurant
- Laundry
- Assisted bathrooms
- Hairdressing salon.

The schemes are designed with level access throughout with upper floors reached by lift. Thus elders with mobility problems or those who use walking frames or wheelchairs are not disadvantaged.

Many schemes include additional facilities such as:

- Electric buggy charging area
- Shop
- Library

The schemes will have a garden area and there will be a door entry system so that residents can feel secure. The door entry system also helps to ensure that residents who might suffer from dementia or other forms of disorientation do not 'wander' far from their home.

(iii) service and support

Each flat is self contained with a lounge, bedroom, kitchen and shower-room/toilet. The shower-room-toilet can be accessed from the hallway and the bedroom. In the standard design the kitchen leads off the lounge and is provided with a fridge/freezer, an oven and hob and a

microwave as well as a range of storage cupboards.

Each Hanover estate is managed by an Estate Manager (sometimes referred to as a Warden) dedicated to the scheme with support from both local and regional housing management and administration support teams.

The Estate Manager is responsible for:

- Promoting the general welfare of residents
- Facilitating social and communal activities
- Developing links with services and resources in the wider community
- Overseeing estate contracts such as domestic cleaning, gardening and catering
- Monitoring the care provision in conjunction with care providers and Social Services
- Acting as advocate to residents where

appropriate

- Managing the 'bricks and mortar' of the scheme from security to repairs
- Marketing the estate

Social Services will arrange for a team of carers to be on duty 24 hours a day.

This team will provide care support to those who need it. The carers will, for example, help residents dress or bathe.

In addition one meal per day is usually provided in the restaurant and a cleaning service might be offered.

(iv) suitability for Chinese residents

The basic concept of *extraCare* and the basic design criteria should be acceptable and appropriate to Chinese elders.

Simple adaptations might help to tailor an *extraCare* scheme more specifically for the Chinese community. Examples of such adaptations might include:

1 Flats

- Kitchens might be fitted out with:
 - microwave;
 - fridge;
 - rice cooker;to enable residents to cook a range of Chinese style meals in safety.
- Kitchen work surfaces and cupboards would be fitted at lower than normal height.
- Provision to be made for a small 'shrine' area in the bedroom (niche or shelves).
- Shower-rooms are ideally suited to Chinese bathing methods.

2. Main Scheme

- Possible provision of an 'open' room which can variously be used as an exercise room or meditation room.

- The garden areas should be enclosed to allow dementia sufferers freedom to exercise without a security fear.

- The garden area should be designed to facilitate a range of activities:

- A flower garden for quiet relaxation with ground and raised flower beds.
- An exercise area for tai-chi etc - ideally with some partial cover for inclement weather.
- An area marked out as small plots for residents to grow their own vegetables.
- A greenhouse.

- Signage in the scheme would be provided by Chinese script.
- Digitised voice messages (e.g. in lifts) would be in English and a Chinese dialect (Cantonese or Mandarin).
- Décor and colour schemes, furniture etc. would be tailored to meet Chinese elders needs.
- There would be sufficient storage space provided for items/materials required for Chinese festivals e.g. New Year.

3. Services

- Information about the scheme and living in the scheme would be provided in Chinese.
- The range of meals provided in the restaurant would reflect Chinese tastes.
- Contact would be made with a Chinese supermarket to ensure that the scheme shop stocked appropriate Chinese oriented products.
- Scheme activities would not be restricted to bingo etc. but would include mah-jong, Chinese chess, Chinese painting, calligraphy, cards etc.
- Scheme services and activities would be extended to the external Chinese community.

(v) ownership and management

It is anticipated that the project would be regarded as a joint venture between Hanover Housing Association and the Great Wall Society.

Funding will be a mixture of public sector and equity investment from both Hanover Housing Association and Great Wall Society and the Policy Research Institute on Ageing and Ethnicity (PRAIE). One of the partners will become the property owner and the other will take a charge on the property in return for its equity investment.

One or more of the Hanover Group subsidiaries will be commissioned to

develop bid proposals, project manage the construction of the scheme and act as

Managing Agent following the completion of the scheme. The knowledge and skills of both partners will be utilised to ensure that the needs of current and future Chinese elders are identified and met.

During the detailed discussion on ownership and management arrangements consideration will be given to potential opportunities such as:

- Great Wall Society offering a seat on its Board to Hanover Housing Association;
- Great Wall Society becoming an autonomous subsidiary within the Hanover Group.

(vi) costs

It is not possible to provide an accurate cost estimate as there are many variables. However it is reasonable to assume that a 35 to 40 unit *extraCare* schemes which has specific design features for the Chinese community will cost from £2.5m to £2.8m to build (including on-costs and VAT). To this cost needs to be added the cost of land (which is, perhaps, the biggest variable).

However a successful bid for Social Housing Grant will reduce the total amount required by way of funding. The amount to be funded can be met by:

- Raising capital finance by securing a loan on the building. (i.e. the equivalent of taking a mortgage).
- Disposal of existing assets and using the funds to subsidise the new *extraCare* scheme.

(vii) conclusion

Hanover believes that its standard *extraCare* model is capable of modification to enable it to be suitable for the Chinese community. We also believe that Great Wall and Hanover

can develop working arrangements that will enable an *extraCare* scheme to be jointly funded and managed.

Conclusion

The case for an extra care home for the Chinese elderly in London is a strong one. This is a detectable gap in service provision that is unlikely to be filled unless concerted action is taken.

The current population of Chinese elders would benefit from such a service, as there is presently no way of catering for those who have become frail and dependent. However, the fact that the number of Chinese elders in London is set to grow in the coming decades means it is essential that such provision is in place now. 'I've been banging on the door for so long' (Mrs Shu Pao Lim, interview with PRIAE, 2003).

If the current policy climate on race relations and inclusion of older people in the community development agenda are to come to fruition, dedicated services for black and minority ethnic elders must be put in place. The only way to prevent the cycles of poor housing, poor jobs and poor health among this client group is to put interventions in place.

The Chinese elder community is particularly disadvantaged in terms of inability to connect with the mainstream and inability to connect with Chinese peers. Although there have been recent attempts to rectify this through the creation of the London Chinese Community Network and the Chinese in Britain Forum, the services that are

required are still not there.

If the commitment to choice for older people described in *Preparing Older People's Strategies* is to become a reality, there must also be a choice for the BME elder community. 'Research has repeatedly shown that BME elders would use a range of social and health care services if they were appropriate, accessible and adequate to their social and cultural needs, for such needs arise out of the very essence that makes our identity, makes us who we are.' (Demirbag and Aldridge, 2003;31).

The proposal for an Extra Care Home for Chinese Elders is not only needed urgently but is timely. The 'age bulge' facing the Chinese community is almost upon us. If action is not taken now, it will be too late to meet the needs of impending generations.

The history of BME elderly developments show that often initiatives come from individuals in the community who are familiar with the issues and experiences on the needs of Chinese elders as in this case. This report has shown the importance of considering Chinese Elders' housing needs as being particularly worthy of targeted investment so that they live in old age with the respect, dignity and care that they need and deserve.

About PRIAE

The Policy Research Institute on Ageing and Ethnicity was established in 1998 after it became clear that there remains a lack of developments in this area and that fragmentation would continue unless a national 'umbrella' body was set up to support work with black and minority ethnic elders.

PRIAE is an independent registered charity working to improve pensions, health, social care and housing, and quality of life for black and minority ethnic older people in the UK and in Europe. The institute aims to influence national and European policy and increase and encourage good practice in work with black and minority ethnic elders. PRIAE does this through creating and leading on research projects, information, service develop-

ments and consultancy.

In its short history, PRIAE has developed an impressive track record and established itself as the leading UK and European body in the ageing and ethnicity field. Recent contributions to policy include input to the UK Pensions green paper and the House of Lords inquiry on an ageing population.

In 2003, PRIAE launched the *Minority Elderly Care: Country Profiles* report at the European Parliament in Brussels, comprising the first publication from this landmark research project.

The study examines elders from some 26 minority ethnic groups in 10 European countries, and represents the first baseline of research in this area.

Acknowledgements

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from Eddie Chan, Director of the Chinese National Healthy Living Centre, and Chair of the London Chinese Community Network, Teresa Waters and Barry Hindson of Hanover Housing Association.

About this report

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Appendix 1

Chinese Population in London

Borough	Total population	Chinese population	Chinese population as %age
Camden	198011	3469	1.75%
City of London	7183	144	2.00%
Hackney	202821	2377	1.17%
Hammersmith and Fulham	165239	1301	0.79%
Haringey	216501	2445	1.13%
Islington	175796	3074	1.75%
Kensington and Chelsea	158921	2592	1.63%
Lambeth	266168	3361	1.26%
Lewisham	248921	3431	1.38%
Newham	243882	2349	0.96%
Southwark	244863	4490	1.83%
Tower Hamlets	196116	3573	1.82%
Wandsworth	260376	2225	0.85%
Westminster	181288	4079	2.25%
Outer London	4405978	41283	0.94%
Barking and Dagenham	163951	776	0.47%
Barnet	314568	6380	2.03%
Bexley	218300	1555	0.71%
Brent	263462	2813	1.07%
Bromley	295538	1803	0.61%
Croydon	330584	2212	0.67%
Ealing	300944	3596	1.19%
Enfield	273557	2010	0.73%
Greenwich	214410	2540	1.18%
Harrow	206816	2567	1.24%
Havering	224256	886	0.40%
Hillingdon	242986	1882	0.77%
Hounslow	212335	1842	0.87%
Kingston Upon Thames	147276	2027	1.38%
Merton	187915	2482	1.32%
Redbridge	238638	1963	0.82%
Richmond Upon Thames	172342	1300	0.75%
Sutton	179768	1210	0.67%
Waltham Forest	218341	1445	0.66%

Source: Housing Corporation adaptation of ONS (2001) Census

Appendix 2

Projected Increase in Chinese Persons Aged 65+ in London

Borough	Projected Change (%) 1991-2001	Projected Change (%) 1991-2011
City of London	100%	900%
Barking & Dagenham	140%	287%
Barnet	65%	125%
Bexley	50%	138%
Brent	34%	127%
Bromley	136%	194%
Camden	29%	56%
Croydon	55%	147%
Ealing	47%	111%
Enfield	183%	383%
Greenwich	66%	158%
Hackney	58%	97%
Hammersmith & Fulham	67%	147%
Haringey	83%	121%
Harrow	99%	230%
Havering	176%	345%
Hillingdon	68%	236%
Hounslow	172%	266%
Islington	49%	121%
Kensington & Chelsea	139%	267%
Kingston Upon Thames	71%	166%
Lambeth	20%	66%
Lewisham	58%	81%
Merton	79%	205%
Newham	169%	318%
Redbridge	62%	149%
Richmond Upon Thames	-13%	16%
Southwark	67%	154%
Sutton	150%	273%
Tower Hamlets	2%	-2%
Waltham Forest	148%	272%
Wandsworth	60%	144%
Wesminster	119%	162%
Inner London	65%	125%
Outer London	79%	174%
Greater London	72%	147%

Source: PRIAE adaptation of London Research Centre figures, cited in Lowdell et al (2000)

Appendix 3

Camden Chinese Community Centre Data

Chinese elders eligible for Extra Care Housing
Numbers taken from referral data at April 2004

Total: 26

Current accommodation:

Private sector	2
Living with family	2
Sheltered Housing	14
Council housing	8

Occasional Social Networks*

Family care	17
Friends	4
No support	5

Age profile

50-60	1
60-70	2
70-80	10
80-90	11
90-100	2

Gender profile

Female	18
Male	8

*Although these elders may have family or friends that they can turn to, this does not mean that they receive care from them, there is no substitute for formal care

Appendix 4

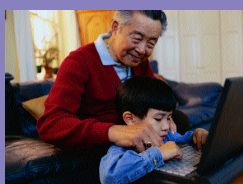
This proposal was formally launched at a joint event hosted by Hanover, with Great Wall and PRIAE at Hanover's flagship Extra Care Scheme, Harp House, on 1st April 2004.

The proposal was warmly received by attendees, comprised of local authority representatives, housing sector representatives, researchers, campaigners, voluntary sector representatives and the media.

A proposal for Chinese ExtraCare in London is being launched on 1 April 2004

Agenda for the day

- Jeremy Porteus (Housing Network lead change agent team) will introduce extra care for ethnic communities.
- Naina Patel OBE (Director of PRIAE) will highlight the key elements of the research.
- Shu Pao Lim MBE (Chair Great Wall Society & Chair Camden Chinese Community Centre) will explain why an extra care scheme for Chinese elders is needed.
- Barry Hindson (HHA - Group Director Strategic Business Development) will explain how an *extraCare* scheme can be adapted to meet the needs of Chinese elders.



Proposal for Chinese extra care in London by the Policy Research Institute on Ageing and Ethnicity (PRIAE) in light of the ongoing campaign by Mrs Shu Pao Lim MBE and colleagues of the Great Wall Housing Association.

Introduction

- ☉ Chinese Elders are one of the 'invisible minorities' living in London. They are often isolated as a result of their inability to speak English, their economic inactivity and their unwillingness to seek assistance from traditional support agencies.
- ☉ There are however some specialist organisations trying to offer support. Organisations such as the Great Wall Housing Society which provides sheltered accommodation for a small number of elders and the Camden Chinese society that provides day care and domiciliary support.
- ☉ Shu Pao Lim the founder of Great Wall Society believes that more specialist housing is required for Chinese elders. She believes that extra care housing offers independence but with high levels of support and is determined to work with local authorities, funding agencies and care and housing organisations to develop an extra care scheme for the Chinese community.

Summary of research

- ☉ Current legislation, including the Race Relations (Amendment) Act, has underlined the importance of equality in public services. Recent inquiries have demonstrated that social inclusion and civic partnership are essential to community cohesion.
- ☉ More than a third of the Chinese community reside in London, with the number of Chinese elders in London set to double by 2011 compared to 1991.
- ☉ There is currently no extra care provision for the Chinese elderly in London, despite these demographic trends.

The next step forward

- ☉ Extra care housing allows older people independence and access to the support they need.
- ☉ A number of simple adaptations could be made to Hanover's existing well established extracare model in order to cater for the Chinese community.
- ☉ Support has been received from the Housing Corporation to develop such a scheme.
- ☉ Commitment is now needed from Local Authorities to assist in the creation of London's first extra care scheme for Chinese elders.

Take the plunge and be one of the first local authorities to join in a partnership to develop a unique scheme for the Chinese community.

**Come along on Thursday 1 April 2004 to find out more about the research,
and how you can help to make a difference to Chinese elders.**

References

- Bhutta, M (2003a) PRIAE summary and response to the Pensions Green Paper, PRIAE, London
- Bhutta, M (2003b) Submission to House of Lords Economic Affairs Committee, Aspects of the Economics of an Ageing Population, PRIAE, London
- Cantle, T (2001) Community Cohesion: A Report of the Independent Review Team, Home Office, London
- Demirbag, M & Aldridge, M (2003) 'Minority Elderly Care in the United Kingdom' in Patel, N (ed) Minority Elderly Care in Europe: Country Profiles, PRIAE, Leeds
- Department of Work and Pensions (2002) Family Resources Survey 2001-2, DWP, London
- Department of Work and Pensions (2002) Simplicity, Security and Choice: Working and Saving for Retirement, HMSO, London
- Kam Yu, W (2000) Chinese older people: A need for social inclusion in two communities, Joseph Rowntree Foundation and Policy Press, Bristol
- Lim, Shu Pao (2003) Interview with PRIAE, 14th July 2003
- Lowdell et al (2000) Health of Ethnic Minority Elders in London, Respecting Diversity, Health of Londoners Project, East London and the City Health Authority, London
- Macpherson, W (1999) The Stephen Lawrence Inquiry, HMSO, London
- Office of National Statistics (2001) Census 2001, HMSO, London
- Office of the Deputy Prime Minister (2003) Preparing Older People's Strategies: linking housing to health, social care and other strategies, ODPM, London
- Patel, N (1999a) 'Black and Minority Ethnic Elderly: Perspectives on Long-Term Care of the Elderly' in With Respect to Old Age, Volume 1, Royal Commission on Long Term Care of the Elderly, HMSO, London
- Patel, N (1999b) 'Ageing Matters, Ethnic Concerns' as part of the Millennium Debate of the Age, Age Concern England, London
- Strategy Unit (2003) Ethnic Minorities and the Labour Market, HMSO, London
- Department of Work and Pensions (2003) Delivering Benefits and Services for Black and Minority Ethnic Older People, CDS, Leeds.

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