

PRIAE *Policy Research Institute on Ageing & Ethnicity*

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PRIAE POLICY RESPONSE
to the *National Strategy for*
Housing in an Ageing Society
pre-strategy document

Submitted to the Department for
Communities and Local
Government

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Introduction

PRIAE is the leading organisation specialising in ageing and ethnicity in the UK and across Europe. Established as an independent charitable institute in 1998, PRIAE seeks to improve health, social care, housing, income and pensions, employment and quality of life for current and future generations of black and minority ethnic (BME) elders at the national and European level.

A note on terminology: For this submission we use in most cases the term 'minority elders' to refer to those who have worked, lived, aged and are ageing in Europe due to being a traditional/national minority; as a result of economic migration within the Union; as a result of colonial connection and/or refugee background.

Discussion of the needs of BME elders cannot be undertaken without reference to the voluntary organisations based in these communities. They play a crucial role in identifying the concerns of BME elders, and in raising awareness of and communicating possible solutions. PRIAE as a national umbrella body represents their issues and views and as these organisations are voluntary and exist often on temporary and short-term budgets, PRIAE has

proposed that they should be adequately supported to carry out such a function. (Further information about PRIAE is detailed at the end of this document.)

Sources of information drawn upon for this submission

PRIAE recently launched the **Minority Ethnic Elders' Policy Network (ME²PN)** in April 2006. This National Policy Network, funded by the UK's Big Lottery Fund, will develop an information link between BME elders, BME age organisations, mainstream age organisations and policymakers. ME²PN aims to empower BME elders and age organisations and will work to normalise BME elders' issues in the mainstream policy making process.

ME²PN has recently delivered two regional conferences for BME elders and BME age organisations in the North and South of England¹. A workshop on '*Housing for BME elders in London*' was held at the South Region Conference. PRIAE also draws on evidence provided by BME elders and BME age organisation representatives in this workshop in this policy response.

This consultation response builds on the following work of PRIAE:

- *Ageing Matters Ethnic Concerns* (PRIAE, 1999b) – recommendations relating to the 'built environment'
- *Proposal for a Chinese Extra Care Home in London* (PRIAE, 2004)

¹ North Region Conference, Leeds Town Hall, Monday 11th December 2006; South Region Conference, Central Hall Westminster, London, Wednesday 7th February 2007

- *Developing Extra Care Housing for Black and Minority Ethnic Elders: an overview of the issues, examples and challenges*, PRIAE (2006b)

In submitting this response, our aim is to draw attention to the particular position of BME elders, and to suggest ways of addressing disadvantage associated with current socio-economic trends. The average weekly income of an ethnic minority male is 32.5 per cent less than his white counterpart between the ages of 60 to 64, a difference that increases to 44.7 per cent over 65. One in six low-income households where adults are in work is headed by a member of an ethnic minority. Our evidence therefore focuses solely on women and men from BME communities and the specific aspects of the pre-strategy document which are of relevance to them. We do however recognise that these concerns are also of relevance to other disadvantaged groups where inequalities also persist. During this response, unless otherwise stated, the examples mentioned and recommendations refer to policy in the UK.

Summary of recommendations

PRIAE made a number of recommendations relating to 'The Built Environment' in *Ageing Matters Ethnic Concerns* (PRIAE, 1999b). These recommendations should form part of the *National Strategy for Housing in an Ageing Society*:

- Current and future housing policy and planning should address the anticipated sharp increase in housing demand by future generations of black and minority ethnic elders – and seek methods of **engagement** and **participation** with them to contribute to the future shaping of *their* built environment.

- Housing demand should be urgently mapped since for some communities, no **provision** exists and where it does, the demand outstrips supply.
- Decisions concerning housing developments to minority ethnic elders should have participation methods to ensure that other resources which elders need, and depend upon, are within close **proximity** of their housing.
- Recognition and support should be given to black and minority ethnic housing associations providing **culturally responsive housing services**, particularly when their price differential may be greater due to the service offered.
- The development of 'Balanced Communities' must ensure that minority ethnic communities and elders are not only consulted but have participation and **negotiation potential**.
- *Healthy ageing by implication must have healthy living and safer neighbourhoods.* Targeted programmes of work should be developed to ensure that the **quality of environment** in which black and minority ethnic elders live contains good transport, amenities and is free from racial harassment and age-related attacks.

Independence is another element that must be central to the National Strategy. As PRIAE stated in its *Submission of Evidence on Aspects of the Economics of an Ageing Population for House of Lords Economic Affairs Committee*:

Prolonged retirement for black and minority ethnic elders will have implications for future housing. It is too simplistic to expect minority communities to uphold the extended family system. Although the 1991 Census indicated that 1 in 6 Indian households remains multi-generational, older people

are increasingly expressing a desire to remain independent (PRIAE, 2003b: 4)².

PRIAE strongly supports greater **choice** and **diversity** in the housing market, including greater support for **extra care housing for BME elders**.

PRIAE has observed little progress to date with regard to funding for BME extra care housing which we consider to be unacceptable.

The *National Strategy for Housing in an Ageing Society* should advise specifically on **funding for BME extra care housing**.

Background information

Any response to the demographic shift in the UK must take sufficient account of the experiences of BME elders who have largely arrived in the UK as migrants. As migrants they tend to have had shorter working lives than their UK-born counterparts which impacts on their ability to build up adequate rights to a Basic State Pension. This is further compounded by the under-claiming of benefits among BME elders (PRIAE, 1999a).

More detailed information about the socio-economic position of BME elders in the UK is provided below, particularly as this relates to housing.

² Cited by Naina Patel, Founder and Director of PRIAE, on BBC Radio 4's 'Women's Hour', 25th February 2003

Priorities you have outlined for the *National Strategy for Housing in an Ageing Society*

To improve quality of life for all older people now and in the future, through

- **Housing that meets basic standards** – reduce the percentage not satisfied with housing or increase the percentage who say housing meets their needs. Increase the number of inclusive, mainstream and specialist housing appropriate for older people in areas of under-supply. Reduce the percentage of older people living in non-decent homes to the national average.
- **Better health** – reducing morbidity and mortality. Reduce the number of preventable deaths of older people, including ‘excess winter deaths’ and fire deaths. Increase life expectancy.
- **Greater independence** – increase percentage and numbers of people over 80 living safely in own homes. Increase number of older people supported to live in own homes.
- **Sustainability** – increase percentage of houses meeting Lifetime Homes Standards. Reduce percentage of older people in housing failing decent homes thermal standards.
- **Preventing crisis** – increase the number of people receiving preventative Home Improvement Agency services. Increase the percentage of people in adapted homes where they require adaptation.
- **Reducing inequalities and promoting culture of age equality** – close the percentage gap between older and younger people in non-decent homes.

- **Stronger communities** – increase the percentage level of trust. Reduce percentage not satisfied with their community. Increase community participation and involvement.
- **Better use of housing resources** – increase the numbers of inclusive houses built. Increase the numbers taking up equity release products.

Priority areas for action in the strategy

- **Setting a direction of travel** by giving leadership on planning, designing and building new housing and new communities, including growth areas, such as Thames Gateway; and by encouraging innovation and new models of inclusive mainstream and specialist housing.
- **Making the most of existing housing** in both the public and private sector and across the full spectrum of mainstream and specialist provision, including sheltered housing and residential and nursing care homes, we want to ensure that existing housing meets decent standards and is suitable for the person who lives there. This will require private investment and development of new options such as equity release.
- **Meeting individual needs** through enabling independence, choice and control at home, supported by coherent preventative services, including information, advice and advocacy, Home Improvement Agencies, Supporting People and housing options services. We want to promote a range of innovative service models such as Linkage Plus and individual budgets. We also want to ensure housing services meet the needs of diverse communities including those in rural areas, and in black and minority ethnic communities, and those from the most excluded groups such as homeless people.

Consultation – you have asked for views on the following questions:

- 1. What should the vision be for the National Strategy?**
- 2. Have we got the proprieties right?**
- 3. Is anything missing?**
- 4. How can government take action in the short and long term?**
- 5. Is there anything else we haven't covered that you would like to tell us about?**

1. What should be the vision for the National Strategy?

PRIAE made a number of recommendations relating to 'The Built Environment' in *Ageing Matters Ethnic Concerns* (PRIAE, 1999b). These recommendations should form part of the *National Strategy for Housing in an Ageing Society*:

- Current and future housing policy and planning should address the anticipated sharp increase in housing demand by future generations of black and minority ethnic elders – and seek methods of **engagement** and **participation** with them to contribute to the future shaping of *their* built environment.
- Housing demand should be urgently mapped since for some communities, no **provision** exists and where it does, the demand outstrips supply.
- Decisions concerning housing developments to minority ethnic elders should have participation methods to ensure that other resources which elders need, and depend upon, are within close **proximity** of their housing.

- Recognition and support should be given to black and minority ethnic housing associations providing **culturally responsive housing services**, particularly when their price differential may be greater due to the service offered.
- The development of 'Balanced Communities' must ensure that minority ethnic communities and elders are not only consulted but have participation and **negotiation potential**.
- *Healthy ageing by implication must have healthy living and safer neighbourhoods.* Targeted programmes of work should be developed to ensure that the **quality of environment** in which black and minority ethnic elders live contains good transport, amenities and is free from racial harassment and age-related attacks.

Independence is another element that must be central to the National Strategy. As PRIAE stated in its *Submission of Evidence on Aspects of the Economics of an Ageing Population for House of Lords Economic Affairs Committee*:

Prolonged retirement for black and minority ethnic elders will have implications for future housing. It is too simplistic to expect minority communities to uphold the extended family system. Although the 1991 Census indicated that 1 in 6 Indian households remains multi-generational, older people are increasingly expressing a desire to remain independent (PRIAE, 2003b: 4)³.

³ Cited by Naina Patel, Founder and Director of PRIAE, on BBC Radio 4's 'Women's Hour', 25th February 2003

PRIAE strongly supports greater **choice** and **diversity** in the housing market, including greater support for **extra care housing for BME elders**.

Overview of PRIAE's work on extra care housing

Proposal for a Chinese Extra Care Home in London

PRIAE put together a *Proposal for a Chinese Extra Care Home in London* in April 2004 in light of the ongoing campaign by Mrs Shu Pao Lim MBE and colleagues of the Great Wall Society Limited⁴ to secure such a facility in London. This would be a joint enterprise with Hanover Housing Association.

Background

- 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 case for a Chinese Extra Care Home in London

- More than a third of the Chinese community reside in London.
- Extra care housing schemes allow older people independence and access to the support they need. A number of simple adaptations could be made to Hanover's existing model in order to cater for the Chinese community.
- 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. She argues that Chinese

⁴ The Great Wall Society is a sheltered home for Chinese elders situated in Camden, London. It was founded in 1994

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 capacity for community support (PRIAE, 2004: 20-21).

- 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 (PRIAE, 2004: 21).
- The language needs of Chinese elders would be of paramount importance in providing facilities, as PRIAE 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 (PRIAE, 2004: 21).
- 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 (PRIAE, 2004: 21).

Developing Extra Care Housing for Black and Minority Ethnic Elders: an overview of the issues, examples and challenges, PRIAE (2006b)

The above report was prepared by PRIAE for the Housing Learning and Improvement Network (LIN). It focuses on issues around providing specific extra care housing to BME elders as well as improving access more generally. It also offers a self-assessment checklist for commissioners and providers to consider when developing their extra care housing strategies and delivery plans.

Survey details

- To gain a better understanding of the issues faced by those actively involved in the provision of housing to BME elders, PRIAE conducted a survey of commissioners and providers of housing with care for older people. The majority of commissioners who responded were Local Authority based, whilst two thirds of providers were mainstream with no BME specific provision, and 7% were specifically BME housing providers. Two key issues emerged from the survey: (1) supply and demand for extra care housing; (2) understanding and awareness of BME communities (PRIAE, 2006b: 9).

Supply and demand

- At present the number of BME elders in the UK is relatively small, but is expected to increase substantially over the next twenty years. However numbers should not mask the level of demand which is currently high [and outstrips supply]. BME elders, like majority elders, look for housing solutions that best meet their needs, aspirations to autonomy and quality of life. As they continue to age there will be an increasing

demand from BME communities to better and more flexible forms of care, including extra care housing (PRIAE, 2006b: 4).

Understanding BME communities

- As PRIAE's survey suggests, housing providers know that there is demand, but they lack in-depth information on the needs and dependency levels of BME older people, and often lack the experience of working and communicating with this group. At the same time BME elders and BME housing providers are not fully aware of what exactly constitutes extra care housing, who needs it, how it is funded and provided. Commissioners and Care providers can do much to overcome these issues, by promoting services through appropriate channels, by providing outreach and culturally appropriate care and facilities, and by having better understanding and communication of the issues. The AT HOME toolkit commissioned by the HOPDEV group at the ODPM will be useful in gauging one's understanding and skills needed for its application to support housing for BME elders including extra care (PRIAE, 2006b: 8).

What is important in extra care housing for BME elders?

- Awareness of the importance of 'social ambience' is essential. This cannot always be reduced to design elements but rather to the management of the scheme, staff and resident relations within it, which help to create a sense of atmosphere of any well managed home. Providers should take care to provide an environment of trust, safety and friendliness, where the individual feels able to express themselves and their culture (PRIAE, 2006b: 21).
- Having people who speak the same language as residents, be able to understand BME elders' specific needs as well as

common needs in old age, where interpreters and translators can facilitate communication are all important (PRIAE, 2006b: 21).

- Physical and social features (e.g. accessibility etc.) are an essential aspects but so are the constituent parts that make up a home: what some elders call **'the soul of the house'**. Care is an essential aspect of this 'soul' since entry into extra care housing for BME elders is determined by a least five factors: (1) levels of ill health, mobility and dependency; (2) changing pattern of family care, from absence to low level; (3) acceptance by the elder/family that extra care is an appropriate option; (4) supply of appropriate extra care housing and assessment; (5) as a lifestyle choice (PRIAE, 2006b: 22).
- Common room areas that provide access to ethnic media, programmes that allow for both intellectual activities beyond cards or games and physical exercise and/or outings to places of interest rather than just prayers are important in creating that 'atmosphere' but also in developing good staff and residents' relationships (PRIAE, 2006b: 22).

General recommendations on extra care housing for BME elders

- Requiring culturally appropriate housing conditions is not asking for special treatment, merely different to suit different needs (PRIAE, 2006b: 27).
- BME elders cannot just 'fit into' existing majority designed extra care – just as the reverse would not be possible. Why? Cultural considerations are important to all of us, not just BME elders. This includes communication and an ability to regard formal housing as one's own (PRIAE, 2006b: 27).

The need for policy on extra care housing for BME elders

- Despite the importance placed by the Government on extra care housing, and promoting diversity in housing, no policy framework exists for the provision of extra care housing for ethnic minority elders and provision as yet is piecemeal. A number of extra care housing projects have been developed, usually driven by BME voluntary organisations, and some have been funded by the Department of Health or by the Housing Corporation Approved Development Grant Programme. However PRIAE's survey of Housing Commissioners and providers suggests that current demand for BME extra care housing far outstrips provision, and that both policy makers and providers of social and private sector housing with care for older people need to urgently stimulate the housing provision for extra care to BME elders (PRIAE, 2006b: 4).

The role of BME voluntary organisations

- It is clear that BME voluntary organisations could do more if supported appropriately. Hence the necessity and importance of engaging and/or co-working with such organisations when developing extra care housing developments (PRIAE, 2006b: 19).
- Partnership with BME organisations in modelling the development and management of a scheme is an effective way of being flexible in using streams of funding. Smaller BME organisations often have the trust, expertise and experience of providing solutions to the needs of BME elders but do not necessarily have the internal resources or fit the criteria to compete for large statutory funds. In such cases, we see that it is these agencies that can often provide innovative solutions by bringing in funding from the charitable

sector and BME private sector to complement the funding mix (PRIAE, 2006b: 24).

Housing associations

In addition to playing a role in extra care housing developments, it is also important that policymakers and commissioners understand and provide adequate support for the essential role that BME housing associations currently play.

Unity, Ujama, ASRA, Eastwards Trust, Aashiana, Sadeh Lok, Pine Court are some examples of Black and Chinese housing associations confidently responding to a growing need. Such housing associations like BME elder care centres have emerged as a direct response to BME elders' needs in the absence of mainstream housing provision. They are meeting key considerations of BME elders viz. home location, composition of staff and residents, appropriate food, language, religious and spiritual practices and countering prejudice and racism (often the residents are from multifaith, multilingual backgrounds since categories of Asian, Caribbean, Chinese disguises vast differences) (PRIAE, 1999b: 41).

The general experience of excess supply in residential care is not a feature for BME housing associations. Indeed it is the reverse. This indicates that the demand for housing expressed by BME elders is not satisfied. There is also diversity in demand and supply within the situation outlined above. Some groups are better catered for than others (PRIAE, 1999b: 42).

Funding for BME extra care

In 2006 PRIAE wrote:

“It is necessary for the commissioning bodies to develop clear strategies for BME elders and to agree to allocate scarce resources according to those in greatest need, and not by numbers. Since extra care housing of BME elders is a recent issue, as with any new developments, strategic leadership would suggest that for example, the current standard size of housing units required as being viable may not be the best yardstick for measurement by commissioners when considering extra care for BME elders and/or any other group such as people with dementia. BME elders’ housing therefore cannot be treated on the same basis as the majority who have had a longer history of developments, awareness and infrastructure, resulting in extra care being better established. This is not asking for ‘special’ treatment but to simply recognise the need to employ a basic investment principle for non-established groups” (PRIAE, 2006b: 23-24).

PRIAE has observed little progress to date with regard to funding for BME extra care housing which we consider to be unacceptable.

The *National Strategy for Housing in an Ageing Society* should advise specifically on funding for BME extra care housing.

2. Have we got the priorities right?

Housing that meets basic standards

This is an important principle for all housing provision and a particularly urgent priority for BME elders.

There is considerable evidence that black and minority ethnic communities are less likely to live in housing that meets basic standards.

Black and minority ethnic communities in general are less likely to live in decent homes – the English Housing Conditions Survey 2001 reports that 40% live in non-decent homes compared to 32% of White households – which will have implications as these communities age (Age Concern, 2006: 60).

Many Asian older people, particularly members of Pakistani and Bangladeshi communities, live in the worst housing in terms of size of home, lack of adaptations, poor design, poor insulation, disrepair, inconvenient location, poor access, overcrowding, problems with neighbours, isolation from family, religious and cultural institutions, and poor health and safety. In a 2001 survey carried out by Age Concern, 78% of Bangladeshi householders said that they lived in households with five or more people, while none contained five or more bedrooms. 55% of Pakistani respondents said that they lived in households with five or more people, but only 3% of households contained five or more bedrooms (Age Concern, 2002: 5).

Housing status and owner occupation varies between ethnic groups, but on the whole BME groups are more likely to live in poorer

quality and overcrowded accommodation, regardless of tenure, and are also more likely to live in deprived areas, with higher than average crime rates and poorer access to facilities (PRIAE, 2005c: 4).

Delegates at the ME²PN South Region Conference on Wednesday 7th February 2007 told us in the workshop '*Housing for BME elders in London*' that:

"policy needs to change dramatically and since it is difficult to raise standards for older people of the general population, it is more the case for BME elders within that population. Need to lobby councillors to the point of 'making a nuisance of oneself!'"

Better health

Preparing Older People's Strategies: Linking Housing to Health, Social Care and Other Local Strategies, was published by the Office of the Deputy Prime Minister (ODPM) in 2003 and represents a very clear statement by the Government on the importance of linking housing to health and social care in particular:

"It is equally important that links are made across strategies and policies, particularly between housing, social care and health. The importance of these links is highlighted with the publication of the National Service Framework (NSF) for older people, and the implementation of the *Supporting People* programme throughout all English local authorities from April 2003" (ODPM, 2003: 6).

PRIAE agrees with the position that housing needs to be a central part of health and social care strategies, and vice versa.

Greater independence

PRIAE has also emphasised the importance of promoting greater independence in its response to question one above.

Sustainability

Sustainability must be central to the strategy to ensure that housing meets basic needs. For too long in the post-war years did housing policy focus on addressing the shortage of housing at the expense of quality and sustainability. Quality, safety, sustainability (including ecological sustainability) and adaptability need to be central to housing strategy in the twenty-first century.

Preventing crisis

The pre-strategy document discusses increasing the number of people receiving preventative Home Improvement Agency services and increasing the percentage of people in adapted homes where they require adaptation.

Adaptability is vital if independence in old age is to be made possible for the majority of older people.

Reducing inequalities and promoting culture of age equality

PRIAE supports measures to promote age equality. PRIAE recently participated in the *Help the Aged Mass Lobby for Age Equality* at Central Hall Westminster on Wednesday 18th April 2007 and enabled

BME elders to meet with MPs to call for an end to all forms of age discrimination. Currently age equality legislation only applies to employment and training, although a Single Equality Bill is due to be forthcoming further to the Discrimination Law Review. PRIAE would support effective age equality legislation relating to housing provision and services. It is also important to remember however that BME elders are often disadvantaged through the combined effects of age and 'race' (multiple discrimination) and frequently cite race over age as the primary reason for discrimination.

Stronger communities

The pre-strategy document states that this priority is about increasing the percentage level of trust and reducing the percentage not satisfied with their community, and increasing community participation and involvement.

PRIAE would argue that the relationship between community participation and trust needs to be made explicit in the strategy. Social capital theorists and researchers have demonstrated convincingly the relationship between civic and other forms of participation and social trust. Participation is therefore the glue that binds communities both physically and psychologically.

Better use of housing resources

The emphasis on increasing the numbers taking up equity release products is particularly welcome.

Housing assets are thought to be more evenly distributed than pension assets and financial wealth. BME elders are therefore more likely to own property than to have adequate pension contributions

for retirement and this conclusion has been borne out by research. Further investigation is needed on the options and possibilities surrounding home ownership amongst BME elders and their use in old age, to anticipate the potential benefits of using housing assets as a resource in retirement. We would welcome the targeted provision of information to BME elders on the various possibilities of using housing assets to support retirement and their costs, such as equity release.

Age Concern has noted that the equity release market is not yet fully regulated (Age Concern, 2006: 20). The Government would need to explore how to better regulate the equity release market, taking into consideration the needs of BME elders.

- 3. Is anything missing?**
- 4. How can the government take action in the short and long term?**
- 5. Is there anything we haven't covered that you would like to tell us about?**

PRIAE's response to questions one and two outline where we feel improvements need to be made to the proposed *National Strategy for Housing in an Ageing Society*.

Regarding how the government can take action in the short and long term, action must be taken in collaboration with BME elders, BME voluntary organisations, and BME housing associations, who are frequently disengaged from mainstream policy making. Efforts must be made to work in partnership with all stakeholders.

As an umbrella organisation for BME organisations in the UK and Europe PRIAE would be interested to work closely with the

Department for Communities and Local Government in further development of the *National Strategy for Housing in an Ageing Society*.

ENDS/PRIAE – PRIAE response to *the National Strategy for Housing in an Ageing Society* pre-strategy document

This PRIAE submission was prepared by: Ian Smith, Information and Policy Manager, PRIAE; and with contributions from members of ME²PN Minority Ethnic Elders’ Policy Network.

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Further Information about PRIAE

PRIAE is itself an international NGO set up to support grassroots minority age organisations in the civil sector, acting as an ‘umbrella organisation’. The Institute therefore works with minority elders and age organisations, with clinical and non-clinical professionals and researchers, across sectors to influence, inform, develop and

strengthen the knowledge base, capacity and practice in ageing and ethnicity. PRIAE welcomes the opportunity to respond the *National Strategy for Housing in an Ageing Society* pre-strategy document.

PRIAE is recognised as having helped to increase awareness of policymakers on the combined effects of age and ethnicity. Claude Moraes MEP states 'PRIAE is the only body I know that looks at multiple discrimination brought about by age and ethnicity'. Stephen Hughes MEP regards PRIAE's work as a 'wake up call for policymakers' (**MEC minority elderly care** launch, 2004). PRIAE carried out the largest European research into health and social care of 26 ethnic groups in ten countries where 300 civil society organisations supplying age services were researched – a first of its kind research and provides European societies with important insights. The research award was given by DG Research at the EC – a first such grant to a civil society organisation in the area. The results were launched at the European Parliament (www.priae.org).

PRIAE has undertaken a number of projects and initiatives which are relevant to the housing needs of BME elders, including:

- a) *Ageing Matters Ethnic Concerns* (PRIAE, 1999b) – recommendations relating to the 'built environment'
- b) *Proposal for a Chinese Extra Care Home in London* (PRIAE, 2004)
- c) *Developing Extra Care Housing for Black and Minority Ethnic Elders: an overview of the issues, examples and challenges*, PRIAE (2006b)

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