PERSPECTIVES ON AGEING AND ATTITUDES
TOWARDS FINANCIAL PLANNING FOR
CARE IN OLD AGE IN THE SOUTH ASIAN
COMMUNITIES IN THE EAST MIDLANDS

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CHAPTER 1
INTRODUCTION

Background
This research is an exploratory study of the meaning and expectations of old age, and the attitudes and behaviour towards planning for care in old age, of a middle-aged cohort of South Asians of people, namely the Gujaratis and Bangladeshis in the East Midlands.

In recent years, there has been a great deal of debate about the role of the state in providing and paying for the long-term care needs of older people. Doubts about the ability and willingness of the state to meet the long-term care needs of older people have been heightened by changes in the demographic, financial and social profile of the population and to the politics of social welfare in Britain. Much of the recent debate about the provision and financing of long-term care has concentrated on the care needs of elderly people in the majority white population. Although the profile of Britain’s ethnic elderly people is both comparatively more youthful and less numerous than the majority white population, the demography of the minority ethnic population has undergone rapid changes in recent years. This is likely to have major implications for the provision and financing, of long-term care needs in old age in the short and medium terms.

The report of the Royal Commission on Long-Term Care has drawn attention to the challenges facing the state, service providers and individuals in meeting the costs of long-term care in Britain (Royal Commission on Long-term Care 1999). The Commission made several recommendations about how the costs of residential and nursing care and of domiciliary personal and ‘practical’ care should be met in the future. With the exception of support for the provision of free nursing care, the Government has rejected most of the Commissions’ recommendations and has instead opted to make modest changes (the Scottish Parliament, however, has made a commitment to free personal care). This leaves many issues about paying for long-term care unresolved and on the policy agenda. This report draws similar attention to the needs of ethnic elders and the impact of policy on long-term care.

There is a growing volume of literature on the needs and experiences of British South Asian elders. Much of the earlier research is descriptive in nature, providing biographical accounts of the lives of elderly people (Blakemore and Boneham 1994; Phillipson et al 2001; Qureshi
1998; Gadher 1991). More recent research has extended knowledge about ethnic elders’ experiences of ageing, and the consequences of social, environmental and economic factors on quality of life in ethnic minority groups (Grewal et al 2004; Moriarty and Butt 2004; Afshar et al 2002; Warren et al 2000). There is also a small amount of literature on ethnic elders’ experiences of health, housing and social services (Ahmad and Walker 1997; Jewson and Jeffers 2000). These studies indicate a high level of deprivation experienced by ethnic elders due to poor access to services, isolation, poverty and a lack of security in old age.

Policymakers’ increasing preoccupation with the ability and willingness of the state to meet the health and social care needs of older people has, implications for both formal and informal care (SSI 1998; DOH 1999; DOH 2001b). Whilst recent developments in research are beginning to fill the gap in the literature on attitudes towards ageing, beliefs about independence and dependence, inter-generational responsibility and social networks of minority ethnic older people (Moriarty and Butt 2004, Chatoo et al 2004; Phillipson et al 1998, 2001, 2003; Scott and Boneham 1998), we still understand little about the relative roles of the individual, the family and the state for care in older age in British South Asian communities. In particular, there is a dearth of knowledge about the impact that rapid change in household and family structure. The need for research in this area, therefore lies in demographic, social and financial factors which may affect the ability of British South Asian elders to meet their needs for care in old age.

Demographic characteristics of South Asian communities in Britain

The term “South Asians” refers to people whose ancestral roots can be traced back to countries in the Indian sub-continent: chiefly, India, Pakistan and Bangladesh. It also includes those who arrived in Britain via East and Central Africa. According to the latest figures from the 2001 Census, nearly 8% (or 4.6 million people) of the total population of Great Britain is made up of people of minority ethnic origin. Between 1991 and 2001 the number of ethnic minorities in Britain increased by 53% - that is to say, the total number went up from 3 million to 4.6 million people in 2001, and people of South Asian origin make up almost half of the total minority ethnic population, with those of Indian origin making up 1.8%; Pakistani 1.3%; and Bangladeshi 0.5% and Other Asian 0.4% of the total population (ONS 2004)
Migration histories

Although the presence of South Asians in Britain is not a recent phenomenon (Visram 1986), the bulk of the South Asian population comprises people who arrived from the Indian subcontinent in three key waves. The first wave in the early 1950s was in response to labour force shortages in the manufacturing industry. This was followed by a second wave of immigration from East and Central Africa during the 1970s, and later from Bangladesh, as a result of political turmoil in these countries (Ballard 1994).

A majority of people of Indian origin in Britain are either Gujarati Hindus or Punjabi Sikhs, migrated from the states of Gujarat and Punjab in India. A majority of migrants from Pakistan come from Punjab, the North West frontier province, and the Mirpur District of Azad Kashmir. A vast majority of Pakistanis are Muslim. The majority of Bangladeshis in Britain come from the district of Sylhet in the North East region of Bangladesh. A vast majority of Bangladeshi are also Muslim. In most South Asian communities, the male members of the family migrated first and were joined within a very short period of time by their wives, children and elderly dependents. The migration and settlement of families from Bangladesh, however, followed a slightly different path. Although Bangladeshi men have lived in Britain for many years, their wives and other dependants have joined them only in the last ten to fifteen years (Gardner & Shukur 1994). In most cases, the families were not united for many years because the men had intended to go back but then, when the immigration policy changed they brought their families over. Whilst most Pakistani and Bangladeshi families have been reunited, many Bangladeshi and Pakistani elderly dependents have remained behind in their country of birth (Modood et al 1997).

Changes in age structure

Figures from the 2001 Census suggest that the overall demographic profile of South Asians is relatively young compared with the general population, for example, in England and Wales 16.2% of the general population were aged 65 and over whereas only 6.6% of the Indian, 4.2% of the Pakistani and 3.2% of the Bangladeshi populations were aged 65 and over (ONS 2001). This reflects immigration and fertility patterns. Evidence from 1991 and 2001 Census data and the National Survey of Ethnic Minorities in Britain (Owen 1994; Modood et al 1997; ONS 1991, ONS 2001) not only highlights the enormous diversity between and within older people in British South Asian communities, but also points to the dramatic changes in demography that have taken place in the last two decades. Some of the most significant changes relate to the imminent increase in the numbers of older people, as the cohort of
younger people who migrated to Britain in the late 1950s and 1960s approach retirement age. Between 1991 Census and 2001 Census, the population of South Asian people over 65 years in England and Wales increased from 3.0% to 5.3% whereas the percentage of people aged 65 and over in the total population has remained around 16% (ONS 1991, ONS 2001).

Smaller differences exist between the proportions of the South Asian and general population that are aged 45-65 than between those that are aged 65 and over. For example, in England and Wales 23.8% of the general population, 20.3% of the Indian, 12.2% of the Pakistani and 10.1% of the Bangladeshi populations are aged 45 and 64 (ONS 2001). In the coming years, the South Asian 45-64 cohort will swell both the numbers and proportions of older people in the South Asian population. It can therefore be expected that their need for care in older age may change both proportionately and absolutely. Of the three main South Asian groups in England and Wales, the Indian cohort 45-64 has increased significantly, rising from 17% in 1991 to 20% in 2001. However, the Pakistani and Bangladeshi 45-64 cohorts do not show similar increase (ONS 1991, ONS 2001).

In South Asian communities as a whole, there are small age gaps between spouses, with husbands, as in the majority population, tending to be a few years older than their wives. However, in the Bangladeshi community there tends to be a much larger age difference between married couples partly because of their marriage practices and partly due to their unique history of migration and settlement patterns. Many Bangladeshi men arrived in Britain as single men and were not able to arrange a return journey to Bangladesh to get married until many years later. Consequently, it is not unusual to find that men tend to be a lot older than their wives (Adams 1987; Eade et al 1996; Berrington 1996). Analysis of marriage patterns in the 1991 Census suggests that Bangladeshi husbands tend to be 10 years older than their wives; and that Bangladeshi females aged 20 to 24 are three times more likely to be married than Bangladeshi men of the same age (Berrington 1996; Eade et al 1996; Phillipson et al 2003).

**Health of South Asians**

Ethnic minorities in Britain generally experience a poorer quality of health than the general population, as has been highlighted in numerous publications (DoH 2001a; DoH 1998; Nazroo 1997; Smaje 1995; HEA 1994). According to the Health Survey of England 1999 (DoH 2001a), South Asians as a group were more likely to report poor health than their counterparts in the general population. Bangladeshi and Pakistani men and women were three
to four times more likely than the general population to rate their health as bad or very bad. Bangladeshis had the highest risk ratios for self-perception of poor health (3.9 men and 3.3 women), followed by Pakistanis (2.9 men and 3.6 women) and then Indians (0.82 men and 1.0 women). Similar concerns have been raised about the incidence of limiting long-term illness in these communities. The findings of surveys (DoH 2001a; DoH 1998; Nazroo 1997; Smaje 1995; HEA 1994) reveal that the age-corrected rate of limiting long-term illness was higher in ethnic minority groups than in the general population. Further differences between and within ethnic minorities were also found, suggesting that some groups, such as the Bangladeshis and Pakistanis were more at risk than others.

Evidence also suggests that the age-corrected rates of morbidity and mortality associated with long-term chronic conditions, such as heart disease, high blood pressure and diabetes were worryingly high in ethnic minority groups (DoH 2001a; DoH 1998; Nazroo 1997). However, some groups were more at risk than others. For example, the Independent Inquiry into Inequalities in Health (1998) and the Health Survey of England 1999 (DoH 2001a) reported that overall, South Asians as a group were at higher risk of heart disease, diabetes and raised blood pressure than the general population. For example, after standardising for age, Bangladeshi men and women were nearly six times more likely to have diabetes the general population. Pakistani men and women faced a similar risk to the Bangladeshi group. Indian men and women were almost three times as likely as the general population to have diabetes. Apart from diabetes, South Asian and Black Caribbean groups were also at an increased risk of coronary arteries disease, arthritis, stroke, and respiratory disorders and higher levels of limiting long-term illness (Dunnell 1993; Charlton et al 1994). However, Bangladeshi and Pakistanis faced a considerably increased risk of morbidity and mortality from these conditions than Indians.

**Social change**

Another influential factor in securing care in old age is the role of family, and in particular the responsibility one generation has to care for another. The quality of family-based care giving is shaped by a family member's ability and willingness to provide care for his/her dependent relative, which in turn is determined by the structure of the family and the support system within and without the family following migration from the subcontinent (Katbamna et al 2004; Atkin and Ahmad 2000; Adamson and Donovan 2005).
The growth in the older South Asian population is taking place against a backdrop of substantial social change, which has consequences for family-based care.

Family and household sizes and structures are changing, as are expectations about marriage and the responsibilities that different generations have towards each another (Owen 1994; Modood et al 1997; Butt and Mirza 1996; Katbamna et al 1997). The analysis of the 1991 Census, for instance, suggests that on average, Bangladeshi, Pakistani and Indian households contained 5.3, 4.8 and 3.8 persons (Owen 1994). The reason for the larger than average size of households amongst all three Asian groups is that extended households consisting of adult relatives are still a common feature within these communities. The findings of the Labour Force Survey conducted in 2002, suggest that while large households remains a common feature, there has been a slight decline since the 1991 Census: on average Bangladeshi, Pakistani and Indian households contained 4.7, 4.2 and 3.3 persons respectively (ONS 2002). Changes in the labour market, immigration legislation, a lack of suitable housing, social pressures on young families to set up nuclear households, and changes in marriage patterns can undermine the tradition of two or more generations living under the same roof (Ahmad 1996).

Evidence from the 1991 Census also indicates that the structure of South Asian families is more diverse than it would appear on the surface. For instance, the number of families headed by a single parent in Bangladeshi and Pakistani communities is much higher than in the Indian community (Owen 1994). The increase in the number of lone parent families, headed by widows, widowers, or by people who are separated or divorced has clear implications for the future care needs of individuals who may not be living in extended households. Research on informal care within the South Asian communities has highlighted a considerable mismatch between the expectations of the care provided and that received (Katbamna et al 1998; Adamson and Donovan 2005). Although the changes in family structure is most evident in the Indian and African Asian households than in either Pakistani or Bangladeshi households, the potential for affecting family based care for older people in the future are likely to be immense.

**Education employment and income**

Another influential factor in securing care for older age is the role of the state and the individual, particularly, the financial resources, people take with them into later life. Evidence suggests that there is a strong correlation between educational qualifications, employment status and income in retirement (Arber and Ginn 1991; Ginn 2003; Berthoud et al 1997).
There is a huge diversity in educational attainment levels among the South Asian groups. In the last two decades, the level of educational achievement, particularly amongst Indians and African Indians, has exceeded or matched the success rates in the white population. However, major differences in educational qualifications still persist between and within South Asian groups and across gender groups.

Fluency in English is a key factor in determining income in retirement because it acts as a gateway to higher qualifications and employment opportunities. The findings of the Fourth National Survey of Ethnic Minorities in Britain (Modood et al 1997) suggests that the level of fluency in English is generally high amongst men and women aged 25-44 years in the three South Asian groups – except amongst the Pakistani community and Bangladeshi women. A similar pattern is repeated amongst people in the 45-64 age group but here differences in the fluency rates were most marked between African Asians and Bangladeshis, with Bangladeshi women having the lowest fluency in English.

The age of entry into Britain was also a factor. For example, of those who arrived in Britain aged 25 and over and African Asians were more likely to be fluent in English than those who arrived from India, Pakistan and Bangladesh. Bangladeshi women aged 25 and over were again the least likely to be fluent in English.

Since Asians in Africa were educated under the British colonial system, they had a clear advantage over other Asians from the Indian sub-continent. This advantage is reflected not only in their attainment of higher level educational qualifications, but also in their higher socio-economic status. Analysis of the 1991 Census (Owen 1994) indicates that the level of professional or higher educational achievement was generally higher among Indian and African Asian men than Pakistani men; Bangladeshi men tended to be least well qualified. A similar pattern was also repeated amongst South Asian women. Indian women were generally better qualified than Pakistani women; Bangladeshi women were amongst the least well qualified. Although the proportion of students from minority ethnic backgrounds in higher education has increased sharply over the last few decades, differences in the attainment of higher educational qualifications between the South Asian groups have persisted in the South Asian groups (ONS 2004).
However, the relatively high number of highly qualified people within the South Asian community is poorly reflected in employment opportunities: unemployment rate remain considerably higher amongst the Indian and Pakistani groups than among their contemporaries in the white community. Trends in employment prospects for the three South Asian communities have shown little change over the last ten years, and employment patterns continue to contrast sharply between and within the three South Asian communities (Owen 1994; Modood et al 1997; Berthoud 2002). For example, figures from 2001/02 Labour Force Survey (ONS 2002) suggests that in the working age population of South Asians, with the exception of Indian men and women, Pakistani and Bangladeshi men and women had the highest rates of unemployment. However, overall unemployment rates in South Asian men were higher than that in White men. Bangladeshi and Pakistani women had the lowest rates of participation in the labour market because they were mostly housewives.

Evidence suggests that there are significant differences in the types of paid work undertaken by men and women in the white and men and women in the ethnic minority communities. Differences are also apparent within the three South Asian communities. With the exception of professional workers, the majority of Asians are over-represented in non-manual skilled and semi-skilled occupations in the textile, distribution and service industries (Owen 1994; Modood et al 1997). Low status industrial employment for Asian men, with limited access to occupational pensions, may thus have an impact on their ability to remain independent in old age. Some older Asian women, as well as younger women in some communities, remain outside the formal labour market, which has an obvious impact on occupational pensions, savings and contributory benefits (Ginn and Arber 2001, Berthoud et al 1997; Berthoud 1998). In the recession of the late 1980s and 1990s, a great many job losses occurred within the manufacturing sector, where a majority of South Asians were employed (Modood et al 1997; Berthoud 2000). Modood et al (1997) reports that unemployment amongst Asian industrial workers rose by 50%. Gardner (1999) reports that economic recession from the 1960s onwards has had a major impact on Bangladeshi workers, with many losing their jobs as labourers in the manufacturing and textiles industries. It thus, seems likely that many middle-aged people who bore the brunt of the last recession will be approaching retirement age in the next ten to fifteen years under financially reduced circumstances, yet we know very little about how this will affect them or those who might ultimately assume the responsibility for caring for them.


Housing assets

The assets attached to the family home have in recent years acquired added significance as house prices have shot up in value. Using housing equity to pay for care in old age has become controversial, since it clashes with the individual's freedom to bequeath the assets from their property. The level of home ownership amongst South Asians reflects the general trends in the housing market. For instance, a vast majority of Indians (76%) and Pakistanis (75%) own their homes. In the Bangladeshi community, owner-occupancy is much lower (46%), with most families tending to rent from local authorities (Owen 1994; Modood et al 1997). However, the level of homeownership is not a true indication of affluence since assets attached to homes tend to vary with locations. Even amongst owner-occupiers, the location and choice of property is limited to poorer parts of inner-city areas where the housing stock, dating back to the Victorian era, is in a poor state of repair, has a smaller living space and lacks adequate facilities, such as central heating (Owen 1994; Modood et al 1997).

Despite the fact that African Asians have generally improved their situation after settling in Britain and have achieved generally greater prosperity, disparity in incomes within the group still exists. The situation of Pakistanis and the Bangladeshis has not altered a great deal and Bangladeshis in particular continue to experience high levels of social and material disadvantages. The latest figures from the Annual Labour Force Survey 2001/2002 indicates that Pakistani and Bangladeshi households are heavily reliant on welfare benefits, which constitutes almost a fifth of their incomes. As a result of low wages their income from earnings amount to around a third of their total income (ONS 2004).

Anecdotal evidence suggests that financial norms such as home ownership, and the tradition of sending remittances to families overseas are likely to have a substantial effect on personal savings and the ability of people to meet their future care needs (Patel 1999; Phillipson et al 2003; Khanum 1994). Emerging formal evidence also suggests that the attitudes of Bangladeshi and Pakistani men to retirement pensions are affected by their lack of knowledge about different types of pensions, their inability to make contributions and their expectation of financial and social support from family members in old age (Nesbitt and Neary 2001). However, important questions about the attitudes of women in these or other South Asian communities remain unanswered.
There is a particular gap in the information about how people in the South Asian community are planning financially for old age. Existing research has not systematically investigated these issues in relation to older South Asian people. Some have attempted to seek the views of minority ethnic people on long-term care but the evidence remains largely tentative due to the under-representation of respondents from relevant groups, particularly non-English speaking respondents (Diba 1996; Deeming and Keen 2000). Similarly, research on the cost of long-term care and attitudes towards financial planning for care in old age (Parker and Clarke 1997), because of the need to be representative of the country as a whole, has provided limited information about minority ethnic groups. As a result it is difficult to assess the heterogeneity of attitudes amongst the non-white population to take into account different migration histories, family networks and cultural norms.

All these factors suggest that the status of South Asian older people may be in a state of considerable flux. Questions thus arise about the strategies people have developed and will develop to cope with these changes in order to secure adequate care in older age. In particular, we need to understand the impact of rapid change in household and family structure and in family beliefs and values on different generations because this has implications for both policy and practice.

The structure of the report
The report is divided into seven chapters. Chapter one provides a brief overview of the research project and sets out the need for research in the field. This chapter includes a brief overview of selected literature on demographic, social and economic position of South Asian in Britain to provide a contextual background for the empirical chapters.

Chapter two, covers our methodological approach, describing the rationale for using for using a qualitative and semi-quantitative approach, and outlines how focus groups and semi-structured in-depth interviews were used for gathering material. The chapter also includes how we selected and recruited the sample, background details about the sample size and characteristics and how the material was translated, transcribed, interpreted and analysed.

Chapter three describes participants' understanding of the meaning of old age, their aspirations and expectations for growing old and their concerns about health, social welfare
and financial independence and dependency in old age. This chapter also discusses how age, gender and ethnicity impact on participants’ attitudes and expectations of ageing.

Chapter four focuses on participants’ expectations of personal and practical support from ‘close’ family members and the state. Their expectations of support are examined in the context of intergenerational responsibilities and obligations, potential difficulties and barriers which participants believe people in their age group are likely to encounter in negotiating support from their family. The last section of the chapter examines participants’ attitudes to, and justifications for, expecting personal and practical support from the state, and the impediments they feel they are likely to face in negotiating support.

Chapter five examines participants’ attitudes and plans for financing retirement in terms of pensions and savings, and in terms of their expectations of financial support from state and family. We also examine the issues they believe will prevent them from living a financially secure and comfortable old age.

Chapter six discusses participants’ attitudes to saving, inheritance and the use of personal financial resources to pay for care in old age. The last section of this chapter examines participants’ attitudes to funding long-term care through general taxation or long-term care insurance.

The final chapter of the report, Chapter seven, concludes with a summary of issues highlighted by participants. We also examine the implications of these issues, and the impact they may have on future generations of older people, their families and the state.
CHAPTER TWO
METHODS

Aims of the study
The aim of this study is to provide an understanding of how middle-aged people approaching retirement from the British South Asian communities, perceive old age, dependence and independence, inter-generational responsibilities and the relative roles of the individual, the family and the state for providing and paying for care older age. In particular, it examines:

- participants’ notions of growing old and how they perceive their own anticipated old age
- variations in attitudes and behaviour towards planning and paying for care in old age with respect to gender, age, employment history, health, family organisation, social life, family responsibility, financial commitments
- beliefs about appropriate levels of dependence and independence in old age, the role of inter-generational responsibilities and expectations of social and financial support from the family and state
- the ability and willingness of people to save or insure themselves or other elderly dependants against the need for care, whether residential or domiciliary, in old age.

Proposed outcome
- The proposed study will fill some important gaps in the existing literature.
- The project also has the potential to make an important contribution to the development of policy for long-term care.
- It will contribute to the understanding of how people within South Asian communities perceive ageing and their ability to secure care in older age.
- The findings will also have policy and practical relevance for policy makers and providers of health and social care agencies about current unmet needs and planning for the future care needs of the elders of tomorrow.

Research strategy and study design
This exploratory study is modelled on a national survey of attitudes and behaviour towards financial for care in old age that was carried out by colleagues in the Nuffield Community
Care Studies Unit (Parker and Clarke 1997). Our study is essentially a small-scale qualitative study. Many questions used in the large-scale survey have been adapted for our study.

A qualitative research approach was used throughout, with focus groups and in-depth interviews as the chosen methods of data collection. A qualitative methodology was thought to be the most appropriate because it was best suited for gathering information on a topic where knowledge is limited, where complex and sometimes sensitive issues are being explored, and when diverse views on a range of issues need to be analysed and synthesised (Bryman and Burgess 1994; Silverman 2000). These methods offer several advantages for exploring complex and sensitive issues allowing participants to engage in a dialogue in their own language, drawing on their life experiences to explore the issues of importance to them (Clarke et al, 1996; Kitzinger, 1995).

Focus groups are becoming more widely used as a data collection technique and have several advantages when conducting research involving minority ethnic groups (Twinn 1998; Chui and Knight 1999; Waterton and Wynne 1999). Firstly, they give opportunity for participants to talk to one another and to comment on each other ‘s views and experiences. The other advantages of using focus groups is that they provide opportunity for participants to speak more freely and openly about their negative experiences and encourage participation from people reluctant to be interviewed on their own (Kitzinger 1995). We have successfully used this method in earlier research on informal care giving in the South Asian communities (Katabamna et al 1998). In this study a similar technique has been used to gain a broad understanding of the meaning and values middle-aged people within Gujarati and Bangladeshi communities attach to growing old and to explore sensitive issues concerning personal finances, financial security in old age and the role of family and the state in supporting elderly people. However, views expressed in focus group discussions involving sensitive and complex issues are necessarily limited, as they tend to be what would be understood as the ‘public’ accounts. In addition, it is important to stress that the opinions and experiences recounted in the focus groups will only reflect the views of ‘sub-set’ of those in the wider community (Chui and Knight 1999) and that particular attitudes are ‘developed and defined interactively’ in the discussion (Waterton and Wynne 1999).

The use of in-depth interviews also is also appropriate if the subject under investigation is particularly sensitive, as the use of this technique enables researchers to gain an insight into
'private' as opposed to 'public' account. In-depth interview also offers several other advantages: they enable researchers to build up a rapport with a participant and give the participant confidence to speak freely without the fear of having their opinions or circumstances known to the wider community. In-depth interview are particularly suited to an investigation that requires particular sensitivity in exploring details about a participant’s personal circumstance, his/her personal finances and factors determining decisions about the arrangement of and management of personal finances and assets. Since the study was designed to be exploratory in its approach, a semi-structured interview technique was used to allow participants more freedom to influence the discussion whilst allowing the researcher to cover key issues or questions around the topics (Bryman 2001).

The project was based on middle-aged Bangladeshi and Gujarati people in three geographical areas in the East Midlands began in September 2002. The project included two separate but linked phases. Phase one of the project included a series of separate focus group discussions with male and female participants aged 40-50 and 50-65 years. This phase began in January 2003 and was completed in April 2003. The material generated from the discussions was used to inform the design of the second phase of the study and also to help to devise sampling frame for subsequent individual interviews. Phase two consisted of in-depth interviews with a selected group of participants from both communities and also included some participants who had also taken part in the discussion groups. Phase two of the study began in October 2003 and was completed in January 2004.

**The research team and advisory group**

The research team consisted of a Gujarati speaking principal investigator; two bilingual interviewers and a research associate to assists with the analysis of quantitative data from in-depth interviews. Two bilingual interviewers were appointed to ensure that group discussions and interviews were conducted in the participants' preferred languages, thereby safeguarding against cultural misunderstanding or sensitivities. The bilingual interviewers’ responsibilities were to help the principal researcher publicise the project and to assist with the recruitment of participants. They were also required to assist with the design of the research tools, carry out or co-facilitate focus groups and in-depth interviews; carry out translation and interpretation of focus and in-depth interviews groups from Gujarati and Bengali into English and assist with analyses of material from the study.
Two female part-time bilingual interviewers fluent in their mother tongue were appointed for eighteen months to assist with outreach work, data collection and analysis. One was fluent Gujarati speaker and the other a fluent Bengali speaker. Both had considerable knowledge about their respective community and had previous experience of working as interpreters for their community. Although it is preferable to match the gender of the interviewer and participants, this is not always possible to achieve and our previous work with South Asian communities suggests that a skilled female interviewer with understanding of cultural sensitivities can overcome the inhibition of participants.

A series of training sessions were organised for the interviewers to familiarise them with the project's aims and objectives. They were given detailed instructions about the process of organising and facilitating focus group discussions and in-depth interviews. They were also given additional training in the use recording equipment and the translation and interpretation of the taped interviews in Gujarati and Bengali into English. The interviewers worked closely with the principal researchers throughout the data collection, translation and interpretation and analyses stage. Both interviewers were then re-appointed for a short period to help with the dissemination phase.

An advisory group for the project was set up to assist the research team and provide advice and give feedback on the progress of the project. The members of the advisory group were drawn from community and voluntary organisations, expert researchers in the field and representatives of the Department of Works and Pension, Association of British Insurers and representatives of older and middle-aged people from the two communities (Appendix I). The advisory group met on five occasions.

**The fieldwork: phase one**

**Publicity and outreach in Leicester, Nottingham and Derby**

The first few months of the project was devoted to establishing links, making contacts and informing people and organisations about the proposed study. This was done by speaking to people over the telephone and writing letters to voluntary and community organisations such as temples and mosques, luncheon clubs, adult education institutions, community centres, informal carers’ groups, organisations for sensory and physically impaired people. Publicity leaflets in Gujarati/English and Bengali/English were produced giving a brief outline of the study, its aims and objectives, the recruitment process and how to register interest in the
project. The leaflets together with a reply slip and pre-paid envelope were sent to community and voluntary organisations; temples and mosques and adult education and recreation centres in Leicester, Derby and Nottingham. Leaflets were also distributed via newsletters of community organisations and societies in the three main locations. Participants were asked to complete a short questionnaire giving their names, address, telephone number, marital status, their employment and health status and their availability and preference for taking part in group discussions and in-depth interviews. The distribution of leaflets was followed up with personal visits to key workers in various organisations in the three locations. Members of advisory group who had intimate knowledge of local communities were particular helpful in making contacts with individuals who were not in regular contact with any organisations.

Criteria for selecting participants for focus groups
A total of 170 completed reply slips were returned from participants to register their interest in the project. A total of 102 completed reply-slips were returned by Gujarati and 86 by Bangladeshi participants. Given the relative size of the Gujarati and Bangladeshi population in the East Midlands the response was very encouraging. Most reply slips were returned from participants living Leicester than then by those living in Nottingham. The response from Derby was somewhat disappointing, as a lot effort had gone into publicising the project.

A separate database was created for Gujarati and Bangladeshi male and female participants aged 40-50 and 50-65. For each participant personal detail such as their title, address, occupation, employment history, disability and availability to participant in discussion group were entered. This information is used as a basis for selecting a range of participants for group discussions. Eight shortlists male and female participants from the two communities and in the two age bands were drawn up, ensuring that those who were married, single, divorced or separated, frail or disabled as well as those who were physically active. The other selection criteria were participants’ employment history and occupation. Participants who had retired early from work, those who were working full-time or part-time or causally in different types of occupations were selected, as were participants who were unemployed and those who had never worked.

The much better response from the Gujarati community has allowed us more choice in the range of participants who have been invited to take part in discussion groups. Although the response from Bangladeshi community was better than we had anticipated, our choice in the
selection participants was limited to a narrow range occupational class. Since restaurant work is often the only employment opportunity available for Bangladeshi men and the fact that economic activity amongst Bangladeshi women is generally low, it is not surprising that our choice was limited. We endeavour to make extra effort to ensure that the choice of participants for inclusion in the second phase of the study was improved. We have created a separate list of participants from the two communities who preferred face-to-face interviews.

**Research tools**

The aim of the focus group discussions was to explore the social meanings of old age, aspirations and expectations of life in old age and attitudes towards financial planning for care in old age among middle-aged people in Gujarati and Bangladeshi communities. These issues were covered over two separate discussion sessions so that participants had opportunity to explore their attitudes to and expectations of growing old. It was hoped that the first session would provide participants opportunity to get to know other participants in the group and feel comfortable about sharing their opinions and experiences so that in the second session they would feel comfortable discussing issues concerning personal finances and explore their attitudes to saving for retirement and paying for care in old age. The topics guides were developed in close consultation with the advisory group and the issues to be covered were informed by literature and instruments devised by other researchers in the field (Parker and Clarke 1997; Moriarty and Butt 2004). The first topic guide for the session included questions about perceptions of ageing; strategies for negotiating dependence and independence in the context of gender, age, employment history, health, family organisation, social life. The second topic guide covered questions concerning financial commitments and inter-generational responsibility; and attitudes towards planning and paying for care in old age. The guides were devised to be flexible tools in which some broad themes were covered, but into which new and emergent themes for discussion could be incorporated.

A separate mini-questionnaire was developed to collect personal details about participants (Appendix II). This was because we felt that it would be inappropriate to ask participants to give personal details in the focus group and it would be inappropriate use of time allowed for the discussion session. The mini-questionnaire was translated in English and Gujarati and included questions about age, marital and health status, employment history, age at entry into Britain, family and household details and housing tenure. The topic guides and mini-questionnaire were circulated to the members of advisory group for their comments and their
suggestions were incorporated in the final design (copies of guides included in Appendix III). The focus group guides were first piloted with bilingual interviewers as part of their training and then with colleagues and neighbours to check for errors and order of questions.

**Recruitment of focus group participants**

The aim of the focus group discussions was to explore meanings, aspirations and expectations of life in old age and attitudes towards financial planning for care in old age. Participants invited to take part in the focus groups were male and female, aged 40-65 in the Gujarati and Bangladeshi communities in Nottingham, Leicester and Derby. Division by age is always somewhat arbitrary but, for the purposes of this project, we distinguished between people at different stages in the life course: those who were of an age where they could have responsibilities for adolescent and young adult children or were clearly in the middle of their working lives, and those who had largely moved beyond that point and were starting to think about retirement and their own older age. It is important to stress that the sample of participants selected was not truly representative of the two communities or individuals in the three locations; however, efforts were made to ensure that participants from a variety of social and economic background were included.

Participants identified for inclusion in the focus groups were sent a letter of invitation informing them of the dates, times and location where the group would meet. Participants were expected to attend two separate sessions in Leicester. Since majority of participants were from Leicester, it was felt that Leicester was most appropriate location to hold all group discussions. The venues chosen were community centres that were frequented by South Asian people. We were successful in persuading participants from Nottingham and Derby to attend focus groups in Leicester and all participants had their travel expenses reimbursed. Some groups were organised in the daytime to suit the needs of women with young children and for those who worked night shifts and others were organised in the evening to enable participants with daytime commitments. Some light refreshments were provided at the start of each session which helped to break the ice.

The optimum number of participants for group discussions is between six to eight people. We had planned to conduct eight single sex groups, for each of 40-50 and 50-65 age groups with eight to ten participants in each. We sent out letters of invitation to fifteen potential participants with the hope that at least six to eight would attend. The number of Gujarati and
Bangladeshi male and female participants in the two age bands who took part in the discussion groups is set out in Table 2.1.

Sixty-four participants, 32 from each community took part in the discussion sessions. The number of participants in the two age bands was unevenly distributed. In some groups we were overwhelmed by the response as almost everyone invited turned up on the day. The women’s groups proved to be most popular, and in some groups we had more than ten participants though others were slightly smaller. The discussion groups for men tended to be smaller with six to eight participants. With one of two exceptions, a majority of participants attended both sessions. Further details about participants’ migration and settlement patterns, employment histories, marital and health status can be found in the Appendix IV.

Conducting the focus groups
The discussions were carried out in preferred language of the group. At the start of the discussion session, participants were assured confidentiality and reassured that any personal details would not be disclosed. The discussions with Bangladeshi groups were carried out by a Bengali-speaking interviewer. The principal researcher assisted where necessary with clarification of points rose by participants and took notes of the interactions. The discussions with Gujarati participants were shared equally between the principal researcher and the Gujarati-speaking interviewers. The principal researcher took a lead role in half of the sessions and in other she acted as co-facilitator- this role was reversed for the other half. Although many Gujarati participants were fluent in English, the discussions were conducted mainly in Gujarati to ensure that all participants were able to participate fully in the discussion. The discussion sessions were one and half to two hours in duration. All discussion groups were tape-recorded with prior permission of participants. Male and female participants in the two age groups, who attended the first focus group, were requested to complete the mini-questionnaire. Participants, who were unable, were assisted by a member of research team. From the initial interactions between group members, it became apparent the idea of growing old and financial planning for old age was not uppermost in the minds of most participants. Indeed, for many Bangladeshi participants more immediate concerns about coping with stresses of life, so thinking ahead to life in ten to twenty years time were difficult. However, as discussion progressed the interactions became very lively when the issue surrounding expectations of support from family and state were raised.
Translation and interpretation

After each session, the research team met to talk over problems or issues identified in the discussion session. This briefing and debriefing sessions were necessary to ensure consistency of approach across the groups. The original tape-recorded discussions were interpreted and translated verbatim into English onto second set of tapes. The bulk of this work was undertaken by the interviewers and supervised by the principal researchers. In the interpretation and translation of taped discussions care was taken to avoid literal translation. The translated tapes were then professionally transcribed and the transcriptions were checked against the translated tapes. The principal researcher double-checked all Gujarati transcripts against the tapes and the Bengali transcripts were rechecked several times to make sure that meaning of what was originally said was not lost in the interpretations. The lack of resources meant that we were unable to employ another Bengali-speaker to check our interpretation and translation.

Each transcript was read through several times to identify emerging issues and themes which would inform the next phase of the project. The preliminary findings from the discussion groups were circulated in advance of the advisory group meet for comments and suggestions.

Phase two: in-depth interviews

The more general and shared issues raised in the discussion groups were followed up in face to face interviews with a small number of participants, from both communities, to provide opportunities for the discussion of sensitive issues and the exploration of public and private accounts. We were aware that there is general reticence on the part of individuals to disclose information concerning personal and particularly financial details. We felt that the trust and confidence we had gained through extensive outreach work and in running focus groups would enable us to overcome this inhibition to talk about personal financial matters in face-to-face interviews.

A semi-structured aide memoire was developed for this stage in consultation with advisory group. The topics to be explored in the in-depth interviews were informed by issues identified in the focus groups. Many questions included in the focus group guides were repeated in the semi-structured interview guide and additional questions concerning financial status, retirement pensions and savings plans, meaning of home ownership, attitudes to inheritance and background details such as age, marital, household structure, employment and income and housing tenure were also included. The focus group guides were first piloted with
bilingual interviewers as part of their training in conducting in-depth interviews and then with colleagues and neighbours to check for errors and order of questions (a copy of semi-structure guide is included in the Appendix V).

**Recruitment and selection of participants for in-depth interviews**

We had planned to carry out forty in-depth interviews with roughly equal number of male and female participants in each age band from both communities. Identification and the recruitment of participants for in-depth interviews was an on-going process. Participants for in-depth interviews were purposively selected to ensure that the categories of participants who were absent in the focus groups were included. We made a particular effort to recruit participants from Nottingham and Derby through further visits and local contacts to boost the number of participants from these locations. Similar effort was also made to recruit Bangladeshi participants from occupational categories not covered in the focus groups. Other categories of participants purposively selected were in the older age group and those who were disabled, widowed, single, divorced or separated from their spouses. Participants from the initial recruitment campaign who had indicated a preference for taking part in-depth interview were included. A few participants from each community who had taken in the focus groups were re-selected for in-depth interviews in order to explore whether there were any differences between participants’ ‘public’ and ‘private’ accounts. We successful recruited thirty-nine participants who fulfilled out selection criteria.

**Conducting in-depth interviews**

The procedure adapted for negotiating and arranging date and time for focus groups was followed for arranging in-depth interviews. Participants who had indicated their willingness to take part in depth-interview were sent a letter to arrange date and time of interview with a brief explanation about the purpose of the interview. All interviews took place in participants’ homes. Three interviews were conducted in the participant’s place of work because it met the requirement of participants and one was conducted on a university premises because the participants wanted to avoid giving interview in the presence of family members.

Interviews with Gujarati participants were conducted by the principal researcher and bilingual interviewer, each taking turns to conduct the interview and makes notes. Before interview commenced, participants were reassured about confidentiality. The majority of in-depth interviews with Bangladeshi participants were conducted by the bilingual interviewer. The
principal researcher observed the interaction and made notes. A small number of interviews with Bangladeshi participants were carried out by the principal researcher. All interviews were tape-recorded with the permission of the participant and notes were taken of the interaction. We were pleasantly surprised that most participants were willing talk about their financial affairs and disclose personal information. Our observations suggest that although most participants attempted to answer all questions, responses concerning pensions arrangements and savings plans, management of household finances in some cases ambiguous or incomplete. Female participants who had limited exposure to paid work and those who were not involved in making financial decisions were unsurprisingly unable to give full responses. We also noticed that although many participants were unconcerned about revealing information about their financial circumstances, some were not keen to answer the questions. We felt that participants were anxious to understate their income and their assets.

**Characteristics of participants interviewed**

We carried out thirty-nine in-depth interviews, one short of our original plan. This included twenty interviews with Gujarati participants and nineteen interviews with Bangladeshi participants (Appendix IV). The two age groups contained equal number of male and female participants, with the exception of older age which contained four Bangladeshi female (Table 2.2). Almost all Bangladeshi participants were born in Bangladesh although some had spent most of their early childhood and adult life in Britain. In contrast, just under half (8/20) of participants were born in India, one had been born in Aden, South Yemen and the rest (11/20) were born in countries in East Africa. Many Gujarati participants had also spent most of their early childhood and adult life in Britain (Table 2.3)

The majority of participants in the Bangladeshi community were either currently married or had been married previously but were now divorced or separated and one had been widowed. In the Gujarati sample, a majority of participants were currently married with three exceptions. Of these, one was single, one had been separated and one was widowed. The pattern broadly reflects the general pattern of marriages in the South Asian communities (Appendix IV and Table 2.4).

Overall more Gujarati men and women across both age bands were professional occupation than Bangladeshi participants, however, a majority of Gujarati and Bangladeshi participants were engaged in non-manual skilled and semi-skilled occupations. Amongst female
participants, a large proportion of Bangladeshi women were economically inactive compared with their counterparts in the Gujarati community. The differences in economic activities were reflected in the income of participants: Gujaratis were relatively better off than Bangladeshis.

The household structure of participants in both communities was typical of their communities in Britain (ONS 2002). Bangladeshi households contained on average six people whereas Gujarati contained an average of four people. The Gujarati households were more likely to have a person needing care from a family member than the Bangladeshi households. Although home ownership was generally high in both groups, more Gujarati than Bangladeshi participants owned their homes. Just over half of Gujarati participants (12/20) were caring for at least a disabled relative and in some cases more than two dependents. In contrast, only a small number of Bangladeshi participants (5/19) were providing care for disabled relative.

Translation, interpretation and transcription of in-depth interviews
The procedure adopted for translation and interpretation of focus group interviews was followed again for in-depth interviews. The translated tapes were professionally transcribed.

Data analysis
The analysis of focus groups and in-depth interviews were carried out using the process of thematic coding. The data from focus groups and in-depth interviews were analysed to identify and generate broad themes, categories and concepts from the transcripts of focus groups and in-depth interviews (Bryman and Burgess, 1994). Each transcript was read through carefully to identify broad analytical categories and subcategories, suggested by the original topic guides and new categories which emerged directly from the participants' accounts. The initial analyses were undertaken by the principal with regular input and advise from members of advisory group with expertise in the field. The themes and sub-themes were refined several times which resulted in a framework chart containing 14 main themes and 67 sub-themes (Appendix VI). Once the framework for analysis was agreed, each transcript was coded according to key themes and sub-themes. A summary of key points was transferred onto charts. The key points, which reflected the range and the frequency of participants' views, formed the basis for generalising and comparing their experiences. The comparative analysis provided a basis for interpreting and explaining differences between and within groups, between age groups and between sexes as well as differences due migration and
settlement patterns and socio-economic status. Further analysis and interpretations allowed patterns, associations and concepts to be identified.

The information captured on the questionnaires that were completed during the in-depth interviews were entered on to a database. Frequency calculations were carried out along various dimensions and tabulated (see Tables).

Abbreviations used in the text
BM  Bangladesh Male
BF  Bangladesh Female
GM  Gujarati Male
GF  Gujarati Female
FG  Focus group
ID  In-depth interview
P  Focus group participant
R  In-depth interview respondent
I  Interviewer
CHAPTER 3
PERSPECTIVES ON AGEING: MEANING, ASPIRATIONS AND CONCERNS

Introduction
As the number of elderly people in the population increases, so has interest in understanding the experiences of old age from the perspectives of older people. There are vast volumes of medical, gerontological, sociological, and psychological literature, all examining old people’s perceptions of ageing often in the context of successful ageing and quality of life (Fisher 1995; Bowling 1993; Bryant et al 2001; Kaufman et al 2002).

The research literature in these areas has tended to examine western cultural perspectives and the experience of ageing in non-European cultures in the West has received relatively little attention (Keith et al 1994; Torres 1999; Mehta 1997). Research that has been carried out on the experiences and attitudes of minority ethnic elders has tended to be largely descriptive in nature, giving biographical accounts of the lives of elderly people (Blakemore 1994; Phillipson et al 2001; Qureshi 1998; Gadher 1991). Some research has also focused on the nature of difficulties ethnic elders encounter when negotiating access to health and social care services (Lindesay et al 1997; Askham et al 1995; Pharoah 1995; Katbamna et al 1997).

This situation is, however, beginning to be remedied, and there is now a small but growing volume of British literature on experiences of ageing and quality of life in ethnic minority groups. Some recent examples of research include studies funded by the ESRC Growing Old Programme which examines the experiences of ageing and factors contributing to inequalities in quality of life (Grewal et al 2004); variations in social support and quality of life in old age (Moriarty and Butt 2004), the relationship between quality of life and strategies ethnic minority women use to achieve a satisfactory life in old age (Afshar et al 2002) and factors which determine the quality of life of older women in ethnic minority groups (Warren et al 2000).

There are also examples of work that has been undertaken in other countries which look at attitudes towards ageing from the perspectives of middle-aged people in ethnic minority groups (Barnett 1999; Keith et al 1994). There is, however, a dearth of information about how middle-aged people from the South Asian communities in the UK perceive their impending old age and the kinds of aspirations they might have of life in old age.
An insight into how middle-aged people perceive old age is particularly important, as it reveals the kind of life they expect to lead in old age and provides an insight into their level of preparedness to meet the challenges of old age. It also highlights the need to better understand the cultural differences in the meaning of old age and that the notion of old age does not necessarily fit with chronological age or retirement. With the current preoccupation about state provision and concerns about state and private pensions, the definition of retirement age is under review. This will have implications for people who are both inside and outside of the labour market, and their ideas about ageing.

To gain an insight into the factors, which shape the attitudes and aspirations of middle-aged people in the South Asian communities, and the extent to which they may be changing, we conducted focus group discussions and in-depth interviews with a sample of middle-aged people in the Gujarati and Bangladeshi communities living in the East Midlands.

**What is old age?**

Evidence suggests that the perception and expectations of life in old age are socially constructed and vary according to the prevailing cultural norms and traditions of society or community (Keith et al, 1994; Torres, 1999; Barnett, 1999). This was broadly confirmed by the accounts of participants in our study.

Attitudes to ageing were broadly contrasting between the Bangladeshi and Gujarati community. Despite the fact that many Bangladeshi participants had lived in Britain for many years, they maintained very close ties with their country of birth and it was clear that the cultural norms of Bangladesh, rather than chronological age or cultural norms of the UK, were the most important in defining old age.

In contrast, many Gujarati participants had come to the UK via East Africa (see Appendix IV and Table 2.2); as a result they tended to have a less direct relationship with India and a British education and fluency in English and therefore better employment prospects in the UK. As a result they were in general more integrated into British culture: necessarily, most Gujarati participants' definitions of old age tended to be influenced by British culture.

The participants in the focus groups and in-depth interviews were asked to describe what old age meant to them and how they perceived their own old age. The accounts of participants
indicated that old age was perceived as a multi-layered concept, defined in the context of prevailing social and cultural norms and attitudes, life-course, personal circumstances, mental and physical well being, the personal significance of chronological age and economic activity or productive life.

**Mental and physical frailty**

Most participants regarded the increase in physical and mental frailty as the most obvious features of ageing. They were often concerned about how their health would be affected, and acknowledged that the rate of decline in physical and mental faculties varied from individual to individual and did not have to coincide with chronological age:

I think the day we feel our body is unable to do all normal activities and we have to depend others, from that day we are old. No matter what your age is (P4 Gujarati Male 50-65, Machine Operator-FG)

I feel I am getting older because I feel it in a physical way. There is not much speed. When I am working I am slower than I used to be when I was a young man. You don’t remember as well as you need…but that’s happens to everyone one day (P1 Bangladeshi Male, Restaurant Worker-FG).

Nobody can stop the ageing process, so we’re all going to become physically weak. We are all going to need walking sticks and glasses and stuff like that I think the process of ageing is such that you will slow down and we will become more forgetful. I think one should carry on doing as much as one can for as long as one can (P3 Gujarati Female, Clinical Scientist- ID).

Participants who were physically disabled from birth or those who were affected by debilitating chronic conditions also associated old age with the loss of physical agility, but several participants with physical impairments pointed out that ageing was more to do with a person’s mental attitude and general outlook on life. A Gujarati female participant who had contracted poliomyelitis in her early childhood argued that despite her physical limitations, she felt just as young as other people in the same age group:

With me, my mind isn’t ageing but because I contracted polio my body is not strong. I have problems with my legs but I feel am just like everyone in this group. I want to remain young in my mind. I am physically disabled but my mental faculty remains intact. I don’t see myself as old (P9 GF 50-60, Polio Survivor- FG)
In contrast, participants who were caring for a disabled relative tended to associated old age with their personal circumstances and it was not uncommon for participants to refer to their
time...I feel so horrible (P3 Bangladeshi Female, Housewife/Carer - FG).

Retirement at 60 or 65

The statutory retirement age also had a powerful impact on the perception of old age. Unsurprisingly, attitudes towards the statutory retirement age and old age varied according to employment status. Participants who were in paid employment also associated the statutory retirement age with the beginning of old age whereas participants who were self-employed rarely linked old age with the statutory retirement age: “Actually, I have not thought about old age because I’m still running my own business.” (R36 BM 50-60, Restaurant Proprietor - ID).

It was also apparent that the relationship between old age and productive life were beginning to change with aspirations of life in old age. The change in attitude towards the statutory retirement age was most apparent among participants who were in professional occupations. They regarded statutory retirement not as an end to productive life but as an opportunity to improve their quality of life:

People in our age group have more opportunities than the people in the previous generation. We do not see old age as a time to sit at home and do nothing. I for one am planning to set up a private consultancy when I retire (P6 GM 40-50, Health and Safety Officer - FG)

I don’t like the thought of giving up my work and not doing anything. I don’t think I can stay at home on a full time basis. I think I will only stop working when the Government tells me that I can’t work anymore (P10 GF 50-60, Teacher - FG)

The impact of culture

Many participants defined old age in cultural terms, citing both social constraints on behaviour, as well as “life stage” and marriage patterns as factors that influenced what it meant to them to be old. Our findings suggest that cultural differences in the understanding of “how old” someone is had a major impact on perceptions of old age.

Many Bangladeshi participants had an active, rather than nostalgic, connection to Bangladesh (as a result of close relatives who still lived in Bangladesh, or through a stake in the family’s

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land) and their values and beliefs remain shaped by those influences. Our discussion with male participants from the Bangladeshi community revealed that their perceptions of and aspirations for old age seemed to be much closer to the prevailing cultural norms in Bangladesh:

P3: Everyone when they are 50 feel they are old but probably won’t say it out aloud. They would not tell people I am still young or I can still work. I think in my opinion when people are past 50 they are old.

P2 Yes I think so you are old when you are 50.

I: Why do you say you are old at 50?

P2: Because your feelings and your strength and your spirit [go down]. Everything goes down when you are 50.

P4: I agree it is because in Bangladesh at the age of 45 to 50 people begin to feel very old
(BM 50-60 - FG)

For the Bangladeshi sample, life stage was also a very important factor in determining “old age”, and often more important than chronological age. In the Bangladeshi community, marriage practices favour marriages contracted at an early age, and it is not unusual to find couples married by their late teens – indeed, many couples find that they are parents and grandparents by the time they are forty. Analysis of trends in marriage patterns from 1991 Census indicated that Bangladeshi women were more likely to be married by their late teens than other group of women in the South Asian population (Berrington 1996). In our sample, almost a third of Bangladeshi participants aged 40-50 had children who were already married, and almost all these participants were grandparents at the time of interview. This had a significant impact on how they perceived old age:

I got married when I was seventeen and straightway I had a child, who is [now] married. Now I have grandchildren. It is not a laughing matter but when my grandchildren call me nana (grandfather) I feel old - and you have to feel old and behave accordingly
(P2 BM 40-50, Waiter - FG)

It is normal that once you have grandchildren you don’t feel young anymore. You see your children growing up and then your grandchildren growing up and you can see your life has moved on
(P9 BF 40-50, Housewife - FG)
The idea that 'you have to feel old and behave accordingly' to the rules and code of behaviour appropriate to your station in life was an important consideration for many participants in the way they defined old age, as this comment illustrates:

Some people when they are forty they still think that they are young they think of themselves as young and other people would look at them and say to them: 'You are forty now, so why are you acting like this? Even if you feel young inside, the outside environment makes you feel old: that automatically enters your mind (P5 BM 40-50, Waiter - FG)

Attitudes and behaviour of female participants in the Bangladeshi community were also shaped by the age difference between spouses. For example female participants in the Bangladeshi community who married men a lot older than themselves claimed that they considered themselves old, even though some had just turned forty. The age difference between spouses in the Bangladeshi sample was on average approximately nine years, and four years in the Gujarati sample. The overall age differences between spouses ranged between 1 to 35 years for the Bangladeshi couples but only 0-8 years for the Gujarati couples (see Appendix IV and Table 3.1)

The large age difference between spouses clearly affected some participants' attitudes and behaviour towards old age:

I am almost 30 years younger than my husband and I am his second wife. I have changed the way I see myself. I started to think and behave in such a way that was similar to his [husband's] liking and beliefs. The way he thinks and behaves I have lived that way even to this day (P9 BF 40-50, Housewife - FG)

When I got married I changed. When I got married I was young. My husband is 12 years older than me. I have changed according to the way my husband behaves. If my husband is ill then I am ill - therefore if he is old then I too am old (P6 BF 40-50, Housewife - FG).

It was striking that Gujarati participants rarely explained their ideas about old age in the context of Indian culture. In fact, from the examples of explanations offered, it seemed that their ideas about old age were beginning to mirror the norms and values of the British culture. A view widely shared by many Gujarati participants was that chronological age was not a good benchmark for judging old age as people had many opportunities to improve their health, old age should therefore be regarded as a maturing process:
We say we are old because we are tired or stressed, or whatever, but it is a growing process, we are maturing. You are not getting old you are maturing. It is up to us to remain healthy and enjoy life. These days there are many opportunities for people to improve their health so it is up to us really.

(P5 GF 40-50, Clerical Assistant - FG)

If you allow yourself to think that you are old then old age will set in from then onwards. Some people at the age of seventy are still working because they don’t allow themselves to think that they are old. These people don’t even consider getting old in the future. They lead very free and active lives. That is what I am planning to do.

(P6 GM 40-50, Unemployed Design Engineer - FG)

In addition, participants in the Gujarati community in the 50 plus age group whose parents or older siblings were still alive, claimed that they felt a lot younger than their chronological age because other people treated them as if they younger:

The problem is that they (siblings) don’t see that we are getting old, because they think we are still very young. My husband has got the eldest brother who is 75 and he’s also a great grandfather, so for them we are very young, so they don’t see us as old at all! And when we say we can’t drive to London because we have the back problems they say “Oh you are young! You can come to London!”

(R32 GF 50-60, Librarian – ID)

My mother is 94 years old and she is fit and healthy. She doesn’t allow anyone to help her. So when I look at my own mother I don’t think or feel that I’m old.

(P3 GF 50-60, Unemployed Machinist - FG)

It is likely that these attitudes were the result of a combination of both greater relative affluence, and Gujaratis’ greater level of integration into mainstream British society and culture. Another factor may be that the majority of Gujarati participants are East African Indians – Indians who have moved from India to Africa and then Britain – who are necessarily ‘once removed’ from the cultural norms of India. Although a number of Gujarati participants were originally from India, their attitudes to old age were not dissimilar to those who had come from East Africa because they too had acquired western cultural values. On the other hand, from the examples of explanations offered by participants in the Bangladeshi suggested that their perceptions of ageing were lot closer to the norms in Bangladesh because their ties with the country of birth were still very strong. In addition, it is also possible that their marginalised position in the British society, combined with the poor perception of health and life expectancy of Bangladeshis in the UK may have had a significant impact on their attitude to old age in Britain.
Aspirations for ageing: socio-economic factors

Aspirations for old age were also shaped by health, cultural and religious beliefs, notions of independence and dependency and family relationships, and varied between the optimistic, the pessimistic and the fatalistic. Although there were representatives of all three types in both communities, in general, Gujaratis (both men and women) were more likely to be optimistic, and Bangladeshis were, in general, more likely to be pessimistic or fatalistic. Personal circumstances, particularly socio-economic status, marital status, disability, family responsibilities and financial independence and a sense of self-worth in the society influenced attitudes and expectations of old age: however, attitudes and expectations of life in old age seemed to divide along gender, age and ethnicity.

It is important to note that the most important factors governing participants’ attitudes and aspirations for ageing tended to be socio-economic. The most optimistic participants tended to be those who had both recognised skills or qualifications and relatively secure employment, those who were aware of the financial power they had or had acquired to make independent decisions and those who felt well-integrated into mainstream society and able to take advantage of the opportunity to better themselves. For example, irrespective of ethnicity, participants in the younger age group (40-50), who were financially secure, and particularly those who believed that they had the power to influence their own destiny, were more likely to feel optimistic about old age:

But myself, I am really trying to look after my health. When I am 70, 75 I will still be walking about and managing my own affairs
(R11 GM 40-50, Warehouse Clerk - ID)

I believe that because I am able to work and I will make my own decisions in my old age. I will free to spend my own money the way I want to and would be living and leading the kind of life that suits me
(R8 BM 40-50, Baker - ID)

In addition, irrespective of age and gender, most participants believed that what you could expect of old age depended on your attitudes and personal circumstances. However, whilst most participants focused initially on physical health and attitudes to retirement in general, further questioning revealed a number of other culturally specific issues related to ageing and aspirations for a successful old age.
Aspirations for ageing: religion

It is important to note that the majority of issues identified in the qualitative elements of the focus group discussions and in-depth interviews arose organically and this includes the importance participants attached to the role of religion in their lives.

In the Indian subcontinent perceptions of dependency and independence are strongly influenced by cultural and religious beliefs. It has been argued that attitudes towards ageing in India are rooted in Vedic, Buddhist and Brahminic precepts which stress the importance of remaining physically active in old age, renunciation and withdrawal from worldly life and adoption of behaviour which is appropriate to age (Thomas 1992; Kalyanpur 1996). It was therefore particularly interesting that Gujarati participants did not spontaneously make reference to religion when talking about their aspirations for old age. It is unclear whether this was because they did not consider it to be relevant or because religion was not considered an appropriate aspiration to talk about. There is evidence to suggest that other researchers have also found that had similar experiences. Blakemore and Boneham (1994) investigation of experience of old age in the South Asian community revealed that despite the fact that in Hindu religious philosophy old age is associated with increase spirituality, Gujarati Hindu participants did not link their experiences of old age with religious belief.

In contrast, many Bangladeshi participants made reference to Islam to explain their attitudes and expectations of life in old age. Bangladeshi participants were particularly reluctant to express opinions about the kind of aspirations they had for life in old age and explained their reticence in religious terms. For some, this reflected a sense of being powerless to influence the course of their life, but others believed that it was futile to have set ideas about the future because it should be left in the hands of Allah:

In our religion it says we cannot think about the future, we have to think about the day that we are in.  
(R12 BF 50-60, Sari Shop Owner - ID)

You see I wouldn’t benefit from thinking what my expectations for old age in the future now - Allah knows that I may become weak, or I may not….it is best not have expectations… when the times comes you don’t know what how your things will go so I leave that to God  
(R5 BF 40-50, Housewife - ID)
Aspirations for ageing: independence
Participants who had a positive attitude to the prospect of life in old age and retirement regarded independence, particularly financial independence, as a pre-requisite for leading a satisfactory life in old age.

Across the whole sample, attitudes tended to correlate to age – those who were younger (and relatively financially independent) tended to value independence more highly than the older cohort. However, Gujarati female participants stood out as a group who were beginning to change their expectations of old age. Their accounts suggest that they had high expectations of life in old age and were particularly keen to emphasise that they would not be content to lead the kind of life they perceived the current generation of older women in their community to be leading. These views were not restricted to women in the younger age cohort (40-50) but were also shared by women who were approaching retirement age. Participants in paid employment appeared most certain about the kind of life they expected to lead in old age:

Most of the women in my generation have worked so our expectations of old age is different from those people who are old now. Whereas I have gone out and worked so I think I wouldn’t expect anything from anybody
(P4 GF 40-50, Legal secretary - FG)

I think it depends on your culture and the country you come from and how you see old age. In this country, women are not dependent on men. Women in our generation do not have language problems so our views and expectations are different
(P10 GF 50-60, Teacher - FG)

The fact that Gujarati women in the older age group were just as likely as women in the younger age group to aspire to live an independent life and enjoy a better quality of life in old age marks a new trend for the future, which will have implications for home based care in Britain:

Because I am not the kind of person to just sit around at the day-centre and just chat and do bhajan (religious hymns), watch religious films and then eating and then go home. It’s not me – I would like to do something creative
(P10 GF 50-60, Teacher - FG)

I think women in our age group will not be satisfied to sit at home and look after grandchildren. I enjoy going to gym and doing outdoor activities with my friends. I think in old age I will hope to carry on with these activities. I wouldn’t allow anything to stop me
(P5 GF 40-50, Clerical assistant - FG)
Many participants talked about independence in terms of the kinds of activities they were looking forward to in retirement and old age. This was thought particularly important by participants who had a positive attitude to the prospect of life in old age and retirement. Naturally the types of activities participants looked forward to were intimately connected to their expectations of financial security. Participants who were currently in paid employment, those who had taken early retirement, and those who were self-employed had high expectations of leading a life which would be free from financial worries. A majority of these participants believed that after working hard for so many years, they could expect to enjoy life in old age as a reward for their years of hard work. They also expected to have more leisure time to pursue hobbies, to give more time for religious activities and voluntary work:

I have spent a lot of time running around, chasing for money or work and career. I look forward to sit down and enjoy life
(R10 GM 40-50, Hospital Consultant – ID)

I have been working very hard for last 30 years to run my restaurant business so I should have time to rest and enjoy life in retirement. I want to help my community if I can. I don’t want to take full rest. I want to do some voluntary work in the mosque
(R1 BM 40-50, Restaurant Proprietor - ID)

I am really looking forward to my old age pensions. I am hoping to get my bus pass and then I will be going to the day centre on a regular basis. When I retire I want to go to library more often and I want to learn to swim and learn to use the computer that is what I think I would do in retirement. I don’t want to sit at home when I give up work
(P2 GF 50-60, Shoelace Maker - FG)

In marked contrast, a majority of female participants in the Bangladeshi sample who had never participated in paid work outside their homes, hoped for more time for religious activities and, more importantly, maintaining close family ties:

Well I want to pray, read my Koran and I hope to live a peaceful and enjoyable life with my children
(R30 BF 50-60, Housewife - ID)

**Aspirations for ageing: family relationships**

Irrespective of gender and ethnicity, most participants expressed a desire to maintain a close relationship with children and grandchildren. However, participants in the Bangladeshi community tended to express this desire unequivocally reflecting the importance they attached to maintaining the tradition of living in a joint family:
In my old age I'll be with my children. I've got three sons, three daughters, and I'll be living with them. In my culture old people expect to live with their family...that's what I want as well
(R12 BF 50-60, Sari Shop Owner - ID)

I expect that I wouldn't be living on my own. I want my children to live with me. If one of my children stays with me, then I will probably stay with that child
(R14 BM 40-50, Waiter - ID)

Participants who were caring for a relative and those who were single, divorced or separated tended to have the most pessimistic attitudes to the future. Although some female participants were living with married children, the break up of marriage had affected their sense of security and social status. Those without a private income could only envisage a life of dependency. This feeling was most intensified in the case of participants who were living with their married children. Female participants in the Gujarati community who were in similar situation also were cautious to express high hopes for the future despite the fact that they had more control over their lives because they were able to work and therefore support themselves financially:

I don't see anything better for my life in the future. In one word I can sum it up is that I feel helpless, as I have to rely on the good will of my children... I'm dependent on them
(R26 BF 50-60, Separated - ID)

I have to take my life as it comes. My husband died when my children were young. I have had to work to support my family. I don't want to set my hopes on my children because they will get married. My life is already hard now and I feel it is best not have too much hope for the future
(R13 GF 50-60, Widowed - ID)

Health, illness and growing old

Whilst the high rates of self-reported poor health are based on subjective experiences, when taken with the evidence of actual rates of ill health, they provide a general indication of the burden of illness and disability that is borne by certain groups in the South Asian communities (DoH 2001; DoH 1998; Nazroo 1997). Although disability associated with specific conditions affects a relatively small section of the ethnic minority population, the increase in physical and mental impairments in old age can have far reaching implications for need of support from formal and informal sources in old age.

Current health status

In order to obtain a general idea about how participants in the focus group felt about their
health, they were asked to complete a short questionnaire about their personal circumstances including a question about their current state of health. Participants who were interviewed individually were also asked the same questions (results from the focus groups are presented in Appendix IV and Table 3.2).

In the Gujarati community, female participants in the younger age group generally described their health as being good, although some had sensory impairments or were affected by joint problems. In marked contrast, almost half the female participants in the older age group in the same community reported that their health was poor. In most cases their assessment of their health was based on the amount of pain they were suffering from musculoskeletal problems. Male participants in the Gujarati community on the whole reported fewer health problems and considered their health to be good.

In the case of female participants in the Bangladeshi community, irrespective of age, a worryingly high proportion of women described their health as poor or very poor. Some participants were afflicted by more than one serious long-term illness such as heart disease, hypertension or diabetes, and others were affected by musculoskeletal conditions and depression. Bangladeshi male participants in both age groups, on the whole, described their health as being good.

Analysis of self-reported health status of participants in in-depth interviews suggested that of the two communities, participants in the Bangladeshi community were more likely to say that their health was fair or poor than the participants in the Gujarati community as is evident from Table 3.2.

A similar pattern was also found in the in-depth interviews concerning long standing illnesses and disability (Table 3.3), with almost half of Bangladeshi participants reporting that they found it difficult to perform basic activities of daily living because they were suffering from chronic conditions such as heart disease, diabetes, hypertension or musculoskeletal problems. In contrast, just under a fifth of Gujarati participants in the in-depth interviews claimed that their ability to perform activities of daily living was compromised by long-term illnesses. Diabetes, thyroidism and joint and musculoskeletal problems were often cited as a source of concern.
Participation in the focus groups and in-depth interviews was mostly through self-selection although we had made a particular effort to recruit Gujarati and Bangladeshi participants from a variety of social and economic backgrounds including people who were disabled. Although the size of the sample is too small to draw any firm conclusion, nevertheless, it is possible to detect a trend in the self-reporting of health in the two communities which mirrors the findings of recent surveys (DoH 2001; Nazroo 1997).

Quality of health in old age

Participants in the Gujarati and Bangladeshi communities who considered themselves to be in generally good health were, nevertheless, concerned about the quality of health in old age. Many believed that the loss of ability to perform daily tasks and loss of memory were an inevitable part of the ageing process and they would have to learn to cope with it:

But the wear and tear in our body because of our current lifestyle, no matter what precautions we take, or how much we are prepared, the wear and tear is going to affect our body. I think naturally you start doing less and less and less so slowly we may not be able to see very well, we may not be able to hear properly. I think even our memory will be less. Although we may not think so, changes are definitely going to happen and will affect everyone as we grow old
(P3 GF 50-60, Machinist - FG)

I think you might have to rely on somebody. I am going to become weaker, frailer and the health is not going to get better and that is natural. I won’t be able to look after myself, as I will not have the same ability as now
(R8 BM 40-50, Baker - ID)

However, in the light of the evidence (above) about the relatively poor health outcome for people from the South Asian community, it is perhaps unsurprising that concerns about quality of health, particularly the fear of becoming physically and mentally frail, were frequently mentioned by participants, irrespective of age, gender and ethnicity.

Some Bangladeshi participants claimed that although their expectations of old age were very modest, the need to remain physically able to perform daily activities was high on the list of expectations:

You know when we are old there is no value in old age. All I pray is that when I am old Allah gives us a little bit of strength so that I can pray five times a day and manage my daily tasks so that I am not a burden to anyone, That’s my main wish when I am old
(P2 BM 50-60, unemployed - FG)
The end of the NHS

In addition, many believed that health would pose a major challenge for people in their community in the future. Although they accepted that as a part of the ageing process they may not enjoy good health and in this respect, their concerns were similar to those faced by present and previous generations of older people, many believed that outlook for older people in their generation was likely to be worse for them than their predecessors. They believed this because British society was undergoing rapid change and access to publicly funded services could not be taken for granted. Participants singled out the National Health Service and higher education as prime examples of the way state provision had changed and they feared that this trend would set pattern for the provision of services for older people:

My own experience of caring for my mother is that the facilities are reducing and it will reduce to zero – then we won’t get anything at all in twenty, thirty years time. Yes, like look at the BUPA which is a substitute for the NHS, if you’ve got money then you can go – and if NHS starts charging then we will not be able afford it
(P2 BM 40-50, Waiter - FG)

I think the system is changing. We have to pay for the children’s education when they go to university these days. You know we didn’t have to pay for the dental care in early years but now we have to pay for it ….came as a shock to us. I think when we grow old most of the benefits would be reduced and people in our age group will lose out
(P5 GF 40-50, Clerical Assistant - FG)

Just a few grey hairs or a grim old age?

Almost all participants, including those with the most optimistic outlook, were aware that not all their aspirations would be realised because future life events were unpredictable. Many participants in the Gujarati community, particularly those in the age cohort 40-50, were expecting to live a long and healthy life:

I think people these days have expectations of living longer. The average age when people die is going up. I’m expecting to remain physically and mentally active as long as possible and hopefully to live a long life as well
(P3 GM 40-50, Health and Safety Officer - FG)

These optimistic attitudes were based on a number of expectations, which included good health and a disability-free life, financial independence and significantly, the freedom to live separate lives from their children. Those with the most optimistic attitudes prioritised their expectations, placing most importance on the ability to lead a healthy and disability-free life.
This desire was particularly strong amongst participants who associated an active life with better quality of life:

I am expecting to remain physically active as long as possible but mentally as well. If you are active you are mentally stimulated. It improves the quality of your life
(P6 GM 40-50, Unemployed Systems Design Engineer - FG)

However, some participants reported that they had very little to look forward in old age. Several participants from the Bangladeshi community believed that their chance of surviving to ripe old age were lot less than their counterparts in the white community:

After 50 people start to get old. I think that our people will be lucky to reach the age of 70. It is only with some exception, in very rare cases, that our people will live past the age of 70
(P3 BM 50-60, Unemployed waiter - FG)

People who are born in this country live long and they receive pension and stay alive for quite awhile, but quite a lot of our people die before pension and even if they do receive their pension they don’t live long to enjoy their pension
(R8 BM 40-50, Baker - ID)

Participants whose financial position was weak, those who were childless, single or whose marriage had broken down were also likely to predict a grim old age.

I have worries about my old age – would my children put the linen over me, would they feed me when I’m alive, will they look after me, will they do things for me. There is a lot of people who get neglected by their children. After seeing that I wonder who is going to look after me. I think it is going to be getting worse, because how am I going to be able to get an income? I am not going to be able to work
(R26 BF 50-60, Separated - ID)

We have insufficient information to account for the differences in expectations of longevity and aspiration between the Gujarati and Bangladeshi communities, though the most likely explanation is the very different socio-economic composition of the two communities, and Bangladeshi participants’ awareness of their social and economic situation. This supposition is supported by the findings of the Whitehall Study II (Kuper and Marmot, 2003). Kuper and Marmot reported that ideas about onset of old age and life expectancy was associated with socio-economic status, self rated health, employment, social networks and the degree of control over one’s life. They found that people with poor self-rated health and poor socio-economic positions tend to estimate the beginning of old age at an earlier age those with excellent self-rated health and higher socio-economic status.
Participants who had physical impairments or who had limiting long-term illnesses, irrespective of ethnicity and age group, were least likely to express optimism about their future life:

I live by myself and you know if your health is affected by your disability then it really makes you feel depressed. My mind isn’t ageing but my body is. As long as you have your health you don’t notice you are getting old but once your health goes you start to feel old. If you are disabled then you look older than someone of your own age (P11 GF 50-60, Unemployed, Chronic Arthritis - FG)

These participants also accepted that their need for support was likely to increase because they expected their condition to get worse with old age. Participants who had contracted poliomyelitis in childhood and those who had cardio-vascular diseases and related conditions were acutely aware of the level of support they were likely to need in old age:

I’ve got breathing problem at the moment because my lungs were affected when I got polio. My breathing difficulties will get worse. I have disability in my legs, so in old age I might become totally immobile. I am dependent on home help and my mother also helps me. I will definitely need more help from social services in the future. My mother may not be around to look after me (R37 GF 50-60, Polio survivor - ID)

Similarly, participants who had serious chronic conditions or were mentally unwell, reported that they were already heavily dependent on their families and if they survived their need for help was likely to increase as their physical and mental faculties declined:

I’m also concerned about my health because in old age I will be more vulnerable because I am diabetic. In a few years’ time, my health will not be the same as now, definitely not. Although I have good healthcare, my health will get worse physically and mentally. But for a diabetic person like me, definitely the signs are not good. You cannot control it, even if you try it. I will have to rely on my family and on the NHS (R25 BM 40-50, Teacher - ID)

Well you see my health at this present situation is giving me a lot of problems. I am feeling depressed all the time. When I get older, my illness would only get worse. It would affect my every day life. I wouldn’t be able to be mobile, doing things for myself. I live by myself and I hope the government will help me, as I have no one else to help me (R35 BF 40-50, Housewife, Divorced - ID)

My health is going to deteriorate a lot. At present I am having a few problems like muscle weakness, which is caused by a disease call myasthenia gravis. I am also suffering from thyroid problems and arthritis. I am worried that in future mentally I won’t be that strong. These problems will obviously get worse with age and I will need
help and hopefully my husband will be there to help me  
(R32 GF 50-60, Librarian - ID)

Many participants, irrespective of age, gender and ethnicity, reported that they were reasonably satisfied with their health, but because of a family history of diabetes, hypertonisations or heart disease were concerned that they might also succumb to the same illnesses:

My father is diabetic, my mum is asthmatic, so there is a good chance I may develop that. My father had a by-pass surgery so yes, I know, I may be heading for a by-pass. Although I’m mentally prepared to face the risk, I know these diseases will place limitations on my life. I wouldn’t like to become a burden on my family. I suppose I’ll just have to swallow my pride  
(R10 GM 40-50, Hospital Consultant - ID)

When you think of old age I see my mum who is suffering from diabetes. I get worried sometimes, thinking I might end up having it. I can’t imagine what it would be like not to be able to move, dress, and take care of ones own needs. That’s a worry isn’t it? But if there’s something physically wrong with your leg and you couldn’t walk properly what can you do? You have to ask somebody to help you  
(P1 BF 40-50, Community Liaison Officer - FG)
CHAPTER 4
PERSONAL AND PRACTICAL CARE: EXPECTATIONS OF SUPPORT
IN OLD AGE

Introduction
In all cultures, informal care giving for disabled and frail elderly people takes place within the context of social relationships. Within the family, the meaning of and attitude to care giving and care-receiving is shaped by cultural traditions and structural factors such as socio-economic circumstance, family size and structure and availability of carers and their willingness to provide care.

Until very recently, it was taken for granted that most South Asian people lived in joint families and that there was therefore an unlimited reservoir of help to meet the care needs of disabled and frail elderly people. This is not supported by the evidence (DoH SSI 1997; Katbamna et al 2004; Yee 1995; Atkin and Rollings 1996). Moreover, the status of older people in South Asian communities is not as secure as is often assumed (Ahmad and Atkin 1996; Gadher 1991). In fact, the caring relationship – and particularly the ability and willingness of family members to look after the needs of elderly dependents - is undergoing rapid transformation due to changes in the social and economic climate in Britain. The increase in the participation of women in the labour market, changes in marriage patterns and the desire of young people to set up their own homes, have all had a significant impact on the care giving relationship (Singh Ghuman 1994, Berrington 1996; Westwood and Bhachu 1988).

Although the welfare state in Britain has some responsibility for providing care for disabled and frail elderly people, their care remains primarily the responsibility of the family (DoH 1990). In all societies, care-giving and receiving is negotiated on the basis of obligations and reciprocities between individuals, and in countries where a state funded welfare system is non-existent or very rudimentary, inter- and intra-generational exchange of resources, both practical and financial, remain the mainstay of social support for older people (Mehta 1997). On the Indian sub-continent, despite the diversity of languages, religions and cultures, a fairly uniform system of obligations and reciprocities exists. Variousy described as 'Len dan' (Gujarati), 'Vartan bhanjii' (Punjabi), 'Biraderi' (Urdu) and 'Adhan-prodhane' (Bengali) this system facilitates the intra- and intergenerational exchange of support between members of
families and across kinship networks (Ahmad 1996).

While there is a growing body of literature on inter-generational differences in the negotiation of family responsibilities within the white community (Qureshi and Walker 1989; Finch 1989; Finch and Mason 1993), and a large body of literature on the pattern of care-giving in the South Asian community (Katbanna et al 1997; Atkin and Ahmad 2000; Chamba and Ahmad 2000; Shah and Hutton 1999; Moriarty and Butt 2004), the literature on inter-generational obligations and the extent to which the tradition has survived or changed in the ethnic minority communities after migration to Britain (Ahmad 1996; Chatto et al 2004) is relatively sparse. Information about attitudes to receiving care and the extent to which the tradition of obligations and reciprocities may be affecting the attitudes and behaviour of South Asian people who arrived in Britain as young adults in the 1970s and 1980s remains largely unknown.

In this section we present the analysis of focus group discussions and in-depth interviews to provide an insight into participants’ expectations of support in old age. We discuss the source and nature of the support participants wanted and hoped to receive from their spouses, family and state, and the kinds of obstacles they thought were likely to prevent them from getting such support.

Participants were asked to think about their care needs in old age and what they would do if they needed help with personal care tasks such as bathing, dressing and feeding or help with practical care tasks such as cooking, shopping and household tasks. They were also asked to consider which specific member or members of their ‘close’ family would they expect to help if they needed financial support.

Participants’ attitudes to and expectations of support in old age were shaped by cultural traditions, particularly by the notion of filial obligation or duty of family members to look after the needs of elderly people. The expectation of support in old age from ‘close’ family was seen as an important aspect of family relationship, irrespective of age, gender or ethnic origin. With the exception of participants who were unmarried or divorced, spouses and children were identified as the most likely source of support in old age by almost all participants.
Support from the spouse: personal care

It was widely accepted that marriage placed an equal moral obligation on both partners to care for each other in old age (Parker 1993). Most married participants were confident that they would be able to rely on their spouse for support in old age and this confidence did not vary with age or ethnicity. They described their entitlement to support from their spouses as a form of inter-dependency:

If my husband is alive then I am hoping we two will be together. There is no question of us splitting up so that's all. I hope that if my husband is ill I'll look after him, and if I'm ill then I think he will look after me
(P2 GF 40-50, Legal Secretary - FG)

I hope my wife will look after me, and I will look after her if she is ill. That is the only guarantee we have that we will care for each other. It is known around the world that when a couple gets married they take on the responsibility for each other
(P1 BM 50-60, Restaurant worker - FG)

My husband will be supportive all the way, and I'll support him all the way. When we are both old, we will do things together, struggle through together, be close together, give each other as much support as we can do, health and wealth allowing
(R20 GF 50-60, Clerical Officer - ID)

Moral obligation and a sense of interdependency were often cited as the reason for married couples to choose their spouse as the person from whom they wanted to receive care. Support from a spouse was invariably preferred to support from anyone else; however many participants recognised that the health of their partner might affect their ability to care:

Obviously, he [husband] would help me. He would be the first person I would expect [to help]. If his health were better than mine then he would be the first person I would turn for help. Initially I think you rely on your partner, but again, how much he can do, or the level of care you need, will vary greatly. There will be a time where you will need external care, and that's when we would be looking for social services to provide additional care
(R3 GF 40-50, Clinical Scientist - ID)

My first option would definitely be my wife, that is if her health is good - and then family members who are around me. If my wife or family can't look after me, then [I would] probably ask social services to help me
(R15 BM 40-50, Waiter - ID)

Male participants, irrespective of age and ethnicity, were particularly anxious to ensure that their wives would care for them. They explained that they would find it morally unacceptable
to receive help from anyone in the family apart from their wives.

P2: I think most people feel uncomfortable if they have to rely on other people if they need help with bathing and toileting and so on. Your dignity and privacy are gone for good. I would do everything to avoid getting into that situation and if it becomes unavoidable then I would rely on my wife. If my partner can't do it then life would become unbearable.

P4: I think that seriously I would expect my wife to look after my personal care needs. I wouldn't feel comfortable with anyone else not even my children. It is the way we have been brought up.

P5: Help with the bathing, dressing and feeding I probably expect my wife to look after my personal care needs. I think morally it will inappropriate to expect personal care from anyone else except your wife. I don't think in our culture it would be acceptable. It will be a mental block. (GM 40-50 - FG)

However, there were some exceptions. Some Gujarati male participants stressed that whilst they would find it acceptable to rely on their wives for practical and emotional support, they would be unwilling to rely on their wives to assist them with personal care tasks. If they were unable to look after themselves and needed a lot of help with personal care, they would rather pay someone to look after them. Participants who had witnessed the amount of distress their disabled parents had suffered or were suffering, stressed that they would be unwilling to go through the same experience themselves:

I would expect her [wife] to give me the moral support, but not help me out with personal hygiene. I have seen that with my mother before she died of stroke. It was humiliating experience for my parents. After my first hand experience, I wouldn't expect my wife - I wouldn't want my wife to be there (R17 GM 50-60, Education Officer - ID)

I think people don’t expect to help with personal hygiene. Some people don’t have any choice. For example my mother often falls down in the bath or when she goes to the toilet. My father tries to help and sometimes he phones me because he can't manage it himself. It is whole lot worse for my mother because she hates to depend on us. I hope I never find myself in my mother’s situation and if I do I would try and get some help from outside. (P5 GM 40-50, Community Worker - FG)

In contrast, Bangladeshi female participants, and Gujarati female participants were generally less explicit about the role they expected their spouse to play if they needed help with personal care. Some Gujarati participants were dismissive about their spouses' capability to provide intimate care and others suggested that their spouses would probably pass on the
responsibility to other female members of the family or would buy in care from outside rather then provide care themselves:

No, never, if it would be impossible for them (husbands). They [husbands] can’t do anything if it means they have to dirty their hands. When our children were young, he couldn’t manage simple thing like feeding or change their nappies. He wouldn’t be able to prepare a simple meal let alone feed me. If he can’t do anything now how can I expect him to help me at the age of sixty!
(P6 GF 40-50, Unemployed chiropodist - FG)

They [husbands] would probably expect our daughters or daughters-in-law to do all that is necessary. If not, they [husbands] would pay someone from social services to come and look after us. I don’t think they would be able to look after us
(P4 GF 50-60, Cook - FG)

Many participants also acknowledged that they could not take it for granted that their spouses would be able to or willing to provide this support because they would also be ageing. Participants whose spouses were nearly the same age, believed that it was unrealistic for them to rely exclusively on their spouses to meet their needs:

I would expect support from my wife, but then when I am 65/70, obviously my wife too would be aging with me, so we would both need the help, so I would not be able to rely on her support
(R8 BM 40-50, Baker - ID)

My husband, I can rely on, but he will be old too. He might have some illness or we both may have difficulties doing ordinary tasks around the house. I will have to think about his needs so it is difficult to see how he will be able to help me
(R7 GF 40-50, Shop Assistant - ID)

In fact the same logic applied when the age gap between spouses was large, and was generally perceived as an advantage by the older partner and as a disadvantage by the younger partner. Male participants who were lot older then their wives were confident that they would be able to depend on their wives to care for them in old age (see Table 3.1). This level of confidence expressed by some Bangladeshi men is not surprising given that the average age difference between spouses in the Bangladeshi sample was nine years.

Firstly I would ask my wife, because it would take time for her to grow old, because she is quite young at the moment
(R14 BM 40-50, Waiter - ID)

In contrast, female participants in the Bangladeshi community believed that in relying on their
husbands they were setting themselves up for disappointment. These women pointed out that their husbands would be too old to help them, and so it was unrealistic to expect help. Others believed that it was likely that they would be widowed by the time they reached old age:

P6: Sometimes the husbands are much older than their wives and they [husbands] may not be fit enough to look after their wives. The age difference is big, so if the wife is stronger than the husband then it is the wife’s duty to look after the husband.

P4: There is no guarantee that my husband would be alive to look after me because he is older than me (BF 50-60 - FG)

Female participants in the Bangladeshi community also suggested that a large age difference between spouses had other implications for their old age. For example, several participants pointed out that they could not discount the possibility that their older husbands might return to Bangladesh to retire, leaving them behind in Britain. This was evident from the deep sense of disappointment felt by some participants whose husbands had in fact returned to Bangladesh to retire, and others feared that the same thing might happen to them, as the following conversation illustrates:

P4: If I can’t reach out and take out the water jug in the bathroom because my hands and feet ache then my husband can help me. My daughter or my son will not be there to help me. They [children] might help occasionally, as they would not be living with us.

P1: Why are you [P8] shaking your head at this?

P8: I don’t think women can always rely on their husbands. She [P4] believes that husbands will always be at hand to help with personal care. In my experience, our Bangladeshi men, they just go back to Bangladesh leaving the wives here [in this country]. Isn’t that going to be a problem for us? This is what our auntie [P4] does not want to acknowledge.

P1: Why do you let them go? Don’t let them go.

P6: There are a lot who just leave.....she is not letting him go purposefully.

P1: I think [P4] you should go and talk to him and make him understand.

P4: What about my children’s education? The children would miss out on their education here. Well the law says that we have to let them [husbands] go. We can’t stop them.

P6: That is not only about her but many Bengali men do go back [to Bangladesh].

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P3: There is no power in a woman to keep her husband here. What can a woman do? She has to give in.
(Bangladesh Female 50-60 FG)

The above conversation raises important questions about the level of support, both financial and practical; Bangladeshi women can expect to receive from their spouses in old age. The concerns highlighted by participants in our study have also been reported by other researchers (see for instance Khanum 2001).

Support from the spouse: practical care

When participants were asked to consider the help they might need with cooking, cleaning, household tasks and other practical tasks and how much support they hoped to get from their spouses, opinion was again divided along gender lines. Male participants were confident that their wives would help with these tasks:

If I need to go to hospital or if I need to take money out of my bank, then obviously my wife [could do it] but most probably my sons would take me. At least, that is what I hope but then you cannot think so far ahead
(R14 BM 40-50, Waiter - ID)

Female participants were generally more doubtful about their husbands’ ability to look after them with household tasks. However, several participants pointed out that although they did not have high expectations of help with practical tasks, they expected their spouses to give them moral support:

I think it is a question of mental peace and security. It doesn’t matter if my husband can’t look after me. If I am mentally and physically disabled and have to spend my old age in a residential home then I would expect my husband to visit me regularly. I wouldn’t expect anything else
(P5 GF 40-50, Clerical Assistant - FG)

Support from children and the state

One of the most common examples of reciprocal exchange exists between parents and children. Parents are responsible for raising their children, and in return, as adults, children are expected to look after the needs of parents in old age.

On the Indian sub-continent, the absence of comprehensive state welfare means that individuals bear the almost all responsibility for providing care and support to immediate members of family and to others in their kinship network. In societies where the transfer of
inheritance traditionally takes place through the male line, the care of elderly parents usually falls on the male children. The care-giving and receiving arrangement is regarded as a system of exchange between parents and sons.

In Britain, participants potentially have access to support from both their children and from the state, and although most participants placed a great deal of emphasis on the cultural duty of children to care for their parents, in practice expectations were not quite so straightforward. After spouses, most participants preferred to have close family provide personal care, but surprisingly, most chose the government or social services to provide practical care. They defined the obligations of family and state in contrasting ways.

**Children: the “moral” obligation**

A view widely shared by all participants was that they were *morally entitled* to claim the support of their children (even if in practice they would not choose to be cared for by their children). Many referred to a tradition of obligation and reciprocity between parents and children. Participants often explained this tradition through the belief that children want to help simply out of affection for their parents. Indeed, several participants gave examples of the way the system of obligation had operated for the benefit of family members, which they hoped would also benefit them:

> We live in an extended family with my grandparents, my parents and myself and the children so I’m hoping that my children would see or learn from the way we look after our parents that they will in turn also look after us because they’ve been set a good example
> (P2 GM 40-50, Community Development Worker - FG)

> Our obligation to look after parents in old age is linked to our blood ties. My grandfather took responsibility to raise my father and in turn, my father looked after my grandfather. My father then raised me and passed the duty to me. Maybe they (English) people they don’t expect so much from their children but we give everything to our children. My son he is not earning very much so I look after him but I expect to get some sort of, you know, a return out of him in my old age
> (R1 BM 40-50, Restaurant Proprietor - ID)

Traditional attitudes to the relationship between parents and sons remained deeply entrenched. Participants who were parents believed that they it was their moral right to expect support from their children, and saw their children’s support of them in old age as a “maturing” of an emotional and financial investment. This was most strongly expressed by participants in the
Bangladeshi community. Participants, who believed that they had sacrificed everything for the good of their children, equated the costs of raising children as a form of investment for old age. Indeed, some participants felt that the continuation of this system of obligations and reciprocities was a form of "compulsory altruism" and essential to surviving old age in Britain.

We just want love and respect from our children. As parents, we have done everything for them when they were small and so when we grow old they should think that we have become their children and to love us and to care for us as long as we live. If family stays united then I would be depending more or less on my children. That is the reason why we invest in our children for our security in old age
(P2 BM 40-50, Waiter -FG)

I have a right to ask my children for their support when I am old. We have saying that whatever you do for others, you will get something back in return. We have looked after our elders, our parents, and that's why we want our children to care for us and value us. We want them to follow our example
(R30 BF 50-60, Housewife - ID)

Unsurprisingly, many Bangladeshi women who had devoted their energies to looking after home and family and so had no independent means of supporting themselves, were particularly likely to think that their children were under obligation to care for them in old age:

I spent my young age looking after them [children]. I've brought them up, loved them and cared for them. I just want my children to do the same for me in return. Other people can demand a pension from the government because they have worked and paid something to the government. I want my pension from my children because I have worked for them. I have given my life for them
(R28 BF 40-50, Carer of daughter with complex disabilities - ID)

You see we worked very hard to bring our children up with good morals so they become a good person in this world. We did everything for our parents and in-laws, and hope that our children also do the same for us. We paid off our debts by caring for our parents. In the same way, I want them [children] to pay me back for what I have done for them
(P7 BF 40-50, Housewife - FG)

However, the expectations of some Bangladeshi women, particularly those in the younger age group, were changing. Although the following comment is atypical, it demonstrates that aspirations and attitudes of people in the Bangladeshi community are also in transition, admittedly at a slower pace:
If my son felt that “No, I’m married and I am able to look after my mother.”. That’s fine, but I don’t want him to feel that he has to look after me and support me in my old age just because he is my son. I don’t agree with the kind of relationship my mum has with my brothers. When I give something to my mum she appreciates but she doesn’t expect anything for me, whereas she expects the boys [brothers] to look after all her needs. I don’t want to be like my mum
(R16 BF 40-50, Community Liaison Worker - ID)

In contrast, Gujarati participants appeared more reluctant to make similar claim on their children although they hoped their children would support them if it were necessary. An important factor to take into account is that those with social advantages, such as those in professional classes were more likely to have lower expectations of their children:

If we were desperate, nothing would hold me back to go to him [son] to help us out. But I don’t think he [son] should, as he doesn’t owe us anything. If he decides that he wants to look after me then that’s good. But if he doesn’t then that’s fine as well
(R3 GF 40-50, Clinical Scientist - ID)

I think people in my age group probably have less expectation than our parents did. The circumstances of people have changed to the point that people don’t expect as much from their children as our parents did from us
(R17 GM 50-60, Qualified Chartered Engineer - ID)

I think that attitude has changed. I think previously ownership, whatever the parents had was handed down to the eldest son with whom they usually lived and so they were like under an obligation to look after their parents. Whereas what has happened in this country is that somebody of my age, nothing has been handed to me, I’ve earned everything myself. Why should I be responsible for my mother? So I think the attitudes are changing but not the circumstances
(R24 GM 50-60, Higher Executive Officer - ID)

The importance that Bangladeshi participants attached to this form of reciprocal arrangement suggests that their ties with the cultural traditions of their country of birth may be relatively stronger than those in the Gujarati community. It is also likely that the preservation of this form of exchange between parents and children was also a reflection of their socio-economic position. Gujarati participants often assumed that their children would operate as independent financial entities, a majority of Bangladeshi participants, particularly women, ran their households on pooled resources.

As we have seen, the concept of obligations and reciprocity was strongly rooted in both communities. However, whilst most participants identified the moral obligation of their
children to care for them as an entitlement, not all were convinced they would receive it.

Participants were uncertain that children would honour this tradition or attach the same significance to it. Participants frequently mentioned the negative influence of western culture, social and economic factors, access to state-funded welfare and changes in the attitudes and aspirations of the future generations of younger people as major threats to parent-child reciprocity.

Participants from both communities were extremely aware that although they felt they had remained loyal to their cultural heritage, their children - who had been born and brought up in Britain - would not necessarily observe the same cultural traditions and practices. Participants' main concern was that their children would be unwilling to take on the responsibility of looking after them because they would be influenced by their peers in the white community. They feared that their children would become less family-orientated and would either ignore their parents or would not hesitate to place them in a care home:

Although you try to put in as much culture into them [children] while they are young, they are torn between the cultures, English and our culture. They spend more time out in the schools and in the working environment than they do with the family. They will be pulled more towards the western culture. I mean I can't even blame them. Their attitude would change because they will want to live like their friends. Their attitudes towards our way of living and behaving would definitely change. We have no guarantee for the future. They may not be even aware of their duty to their parents
(R20 GF 50-60, Clerical Officer - ID)

The attitudes of our children will change because they learn from the examples of [non-Asian] friends who don't even visit their parents except at Christmas. Our children would do the same. Our children would say, "Oh let's just put them away in a home [care home]". They [children] would see that we no longer have an income so we would become a burden to them
(R15 BM 50-60, Chef - ID)

Well because these children born and bred in this country. They have seen a lot of things happening they might say "Oh well this man is not helping their parents or their grandparents so why should we have to bother?"
(R1 BM 40-50, Restaurant Proprietor - ID)

Social change was identified as a factor which could undermine access to support from children. Contemporary lifestyles, structural changes to family living, the quality of family relationships, the proximity and willingness of children and particularly daughters-in-laws' to
provide care were all cited as impediments to children's willingness or ability to care for their parents. A majority of participants in the older age group argued that the break down of the joint family would create a barrier for them to access the help of their children. As in the majority community, concerns about “modern living” were key: parents worried that sons, daughters and daughters-in-law would be living too far way or too busy with family and careers to be able to care for them:

The situation is changing it would be different if the children were living in the same town but nowadays children are more [mobile], they go and live abroad so they are not in a position to help their parents. Even if they are living in this country most of the time they will spend [time] in travelling so the only time they will be able to provide support would be at weekends. So it would be very difficult for them
(P4 GF 50-60, Cook - FG)

A concern shared by all participants, irrespective of age, gender or ethnicity was that even if their children were living in the neighbourhood, their proximity was not a guarantee that they would be able to seek help. Many feared that access to support was likely to be affected by the pressures of work and family responsibilities. They felt that because of these factors children would resist making a long-term commitment to look after them:

That’s why I am saying that they’ll have their own commitments so how would they able to help us? They’ll only able to look after their own needs. Their life is so hectic and busy it’s difficult to do it even if they wanted to. I think they would help for a short time may be a week, or two months, but if it is going to be on a permanent base I don’t think they would do it
(P6 GF 40-50, Clerical Assistant - FG)

Another significant concern, though not shared by all participants, centred around the fear that children would only be willing to provide care if there was a financial incentive for them to do so:

Well look at us we can’t even help someone. We can’t manage so how can the children manage with their responsibilities? You can’t expect it from a daughter-in-law unless she received some sort of benefit from the government. The daughter-in-law might say if I get money from the government then I am getting some sort of benefit from caring
(P9 BF 50-60, Housewife - FG)

I will expect my family to look after me but it would depend on what they want from me in return. I know several examples of Asian families where children expect a payment for keeping their parents. Parents' are asked to hand over their pension books
(P5 GM 40-50, Community Worker - FG)
Some believed that the state-funded welfare system represented a potential threat to their cultural values and traditions. The provision of benefit, however insignificant in value, was perceived by some to be an unhelpful development as it transferred the responsibility of caring for elderly parents to the state. Many participants were concerned that their children would be unwilling to care for them in the future and would remind them that since the parents had made their contributions through the taxation system, it was no longer their responsibility but that of the government. Participants who had maintained strong ties with India and Bangladesh spoke about the virtue of a informal welfare system based on a tradition of obligation and reciprocity because they believed it worked to reinforce the ties with family and ensured that care of the elderly was rarely questioned:

Because you see, according to our Asian culture, parents feed and care for their children, and when the parents are old then children look after their parents. If our children adapt the values of western culture, then they would say, "Well if the parents have worked and they have given their contributions to the Government then parents have the right to ask the Government. They [parents] should depend on the Government". If I had not contributed, then my son is obliged to take care of me because that is part of our culture. I am Asian
(R8 BM 40-50, Baker - ID)

If the Government is seen to assume the responsibility of providing welfare for elderly people, then the family bond and affection will naturally become weak. We need the involvement of family. We call it "Laagni" (affection) in Gujarati. I think there won't be any "Laagni" within the family because of welfare money from the government
(R2 GM 40-50, Graphic Designer - ID)

The suggestion that the welfare state was challenging the traditional system of reciprocity was unusual. In practice, as we shall see in the next section, whether or not participants wanted to take advantage of state support, all participants felt that they were entitled to it.

The state: "legal" obligation

The negotiation of care and support from members of 'close' family was shaped by a sense of moral obligation. Although the practicality of adhering to this tradition was beginning to be questioned, particularly by participants in the Gujarati community, the expectation that family should be first port of call for support in old age remained. However, at the same time, participants also expected that support provided by the family should be augmented by the state, and that in the absence of family support, the state should bear the final responsibility for their care.
In suggesting that the state had the ultimate responsibility for supporting them in old age, participants were making a clear distinction between 'moral' obligations and contractual or legal obligations. Participants described the relationship between individuals and the state as a type of legal contract. The contract placed responsibility on individuals to pay taxes to the government and in exchange, individuals had a legal entitlement to social and financial support from the state in old age. This perceived contractual arrangement between individuals and the state was taken very seriously indeed as is evident from this discussion between Gujarati women in the older age group:

P4: We expect the support from the Government because we have served this country all of our lives. I think it is the Government's responsibility to support old people.

P7: I think the returns we get from the money we pay into taxes are hardly worth it. You get very little back from all the contributions you make. It is interesting when the benefits are given you have to wait a long time and have to fight for your rights but they [government] is quick to deduct taxes from your wages. I think it is unfair.

P10: We have been led to believe that the taxes we have contributed will help us in old age. I will demand that the government should support me in old age. I would not have the same right to expect support from my children. I can't demand, "I'll never say to my children, why aren't you helping me?"
(GF 50-60 -FG)

Such views were not restricted to any specific age group, ethnicity or gender, and some participants questioned that why anyone should have to justify their entitlement to state support since taxes were deducted automatically at source, they did not have any choice in the matter.

P10: If the government had not collected tax from us, then we would have used that money to save it separately and privately for our own needs. Whether our children help us or not, that's irrelevant. The fact that we have dutifully paid taxes throughout our working life gives us the right to expect some support in return.
(GF 50-60 -FG)

In some cases, the right to state support was asserted within a broader context. Participants who were unemployed and those who had remained largely outside the labour market, justified their right to state support on the grounds that other members of their families were paying for them indirectly from their taxes:

My husband has been paying his taxes for many years. We are also paying taxes in
other ways as well. I feel that my husband is paying taxes for me. I have to stay at home to look after my children. My sons will soon earn money and they will pay taxes. The government gets a lot of money out of the family. I hope I will get something from the government when I am old (P6 BF 40-50, Housewife - FG)

I had to give up my work because of my health but I have paid my taxes because I was working. My husband has already worked for more than forty years and he is still working and giving money to the government. When I am old I’ll expect the government to help me because it is my right (P1 BF 50-60, Machinist - FG)

Similarly, disabled, single or divorced participants felt that they had no other option but to accept state support as their ‘legal’ entitlement. They claimed that given a choice they too would prefer to be cared by family members but since they could not depend on this source of help, only other option was to seek help from the government. Any reservations they might have had were set aside by the knowledge that they had covered themselves for just such an eventuality by many making regular contributions to the National Insurance. The distinction between moral as opposed to legal obligations were again rehearsed to justify the change in attitude towards seeking help from the government:

I was forced to give up my work because I had polio and I have become more disabled with age. Since the age of eighteen I have worked and paid taxes. I think it is their [the governments] responsibility to look after me now that I need help with personal care (R37 GF 50-60, Retired Administrative Clerk - ID)

Despite the emphasis placed on contractual obligations, participants were concerned that people in their age group might encounter particular problems seeking appropriate level of help with personal and practical support at home. Several potential problems were identified by participants, which they thought might restrict their access to home care services. One of their main concerns was that in the future both the range and level of home care services would be drastically reduced. Many feared that access to home care services would be strictly limited to most basic services and only provided to those in most needs. Participants who were currently in receipt of home care services and those who were caring for elderly parents feared that the application of strict eligibility criteria for home care services might be made stricter to reduce the demand for services.

But of course, it will depend on eligibility criteria and whether you are entitled to it and what you are entitled to receive. I think in future all the provision will change. I know
from own experience, services are available but not as much as many people think they are. You have to fight to get any help from them [social services]. They're making it very hard for people to access services by using strict eligibility criteria. It's scary to think that when we are old we may have to manage with even less
(P9 GF 50-60, Polio sufferer - FG)

They [the government] wouldn't give help to everyone just like that. They would only give help to people who are really not independent at all, they are bedridden, or something. I don't think the homecare person would be coming every day to look after you. I doubt if we will be able to get all the services at home in the future. The services that are available now may not be there in the future. It's getting strict now, and it will become even stricter as days go on
(P3 BF 40-50, Housewife, carer of severely disabled daughter - FG)

Another issue raised was the perception that government was attempting to reduce the total amount of provision. Many recent changes in the provision of health and social care services were cited as examples of the ways in which successive governments had attempted to restrict access to hospital, primary health care and social services. These changes were interpreted as a bad omen for the future of welfare provision as a whole. Several participants pointed out that they lacked confidence in the government to be able to meet the needs of older people in the future and feared that the government would privatisse welfare provision so that only those who were able to pay would get services:

They made promises that we will have free access to health. They may continue to provide hospital services but not for older people. They may gradually cut them back. I think they are already looking at other ways of providing these services, which takes away the responsibility from the government. But the writing is on the wall; gradually everything is being reduced. When I first came to this country you could get free dental treatment but now you can't get dental treatment on the NHS
(P3 GM 40-50, Health and Safety Officer - FG)

You can never rely totally on the Government's support, because they can withdraw it, they can cut it or whatever. If the government changes, the new government can reverse everything that was provided by the previous government. You can't trust government because they can change the rules anytime and even if you have paid all your contributions they can still change the rules
(R11 GM 40-50, Warehouse Clerk - ID)

However, opinions were divided between those who were very confident that the government would not renege on promises they had made to tax-payers and a small minority who were not convinced that the government would honour its commitment in the future to the same extent as it was able to now:
The government has duty to look after us when we are old. It's my right to get that. The
government isn't going to give it just like that, or from nowhere, because I have given
tokens [taxes] to the government over many years which they [the government] needs to
return. It is our right. If you are come into a circumstance that your son can't or won't
look after you, you have no one except the government who can help. The government
has given us promise and I'm sure the government will not let us down
(P3 BM 40-50, Restaurant Worker - FG)

Our main point is that all our life we have worked and paid taxes, we should get support
from the government. It is important we get back what is owed to us. I don't believe that
the government will ignore us. If the government breaks its word how are we going to
cope?
(P1 BM 50-60, Restaurant Proprietor - FG)

I've often heard that in the future there will be less and less provision. I've been
hearing this for the last ten years but this hasn't come about. The local government may
cut back on Diwali celebrations and firework displays but I don't think they will cut
back on the basic provision of services for older people. If I don't have any family
member to look after me then I'll expect the government to look after me. I have
worked for many years and I have paid a lot of tax so I feel I'm entitled to receive some
support
(P5 GM 40-50, Community Worker - FG)

Although there were no obvious differences of opinions between participants along either age
or gender lines, Bangladeshi participants tended to have a stronger faith in government than
many participants in the Gujarati community. Explanations for this difference may lie in the
socio-economic differences of the two groups and the ability to save for the old age, reducing
the level of dependency on government in the future. It was evident that many Bangladeshi
women were concerned that they could not take it for granted that their spouses would be
alive or willing to support them financially (see chapter 4 page 48) the need for state support
was likely to be crucial in old age.

Our findings also suggest that there is widespread misunderstanding about the funding of
home care services, a lack of awareness about eligibility criteria, and the responsibility
individuals have to meet some of the costs. Indeed, very few participants from either
community realised that there could be a charge associated with social services provided by
the state. With the exception of a small minority, a majority of participants in both
communities had not given any consideration to this aspect of their 'legal entitlement' and
had assumed that they would not be required to pay any charges.

This goes some way to explaining the apparently contradictory expectations of some
Bangladeshi women, who insisted that they would be unwilling to accept help with personal care from anyone except from their daughters-in-law and daughters but at the same time wanted the government to provide personal care services at home because they believed they were entitled to these services. It transpired that these women thought they would receive money for care (rather than care itself), which they could then use as an inducement to secure help from a person of their choice. It was evident that many Bangladeshi participants believed that they should be provided with financial assistance, which would provide them with a means to purchase help from within the family thus circumventing the need for accepting help from a stranger:

When I can’t manage to daily things, like wash and dress myself, I hope that the government will help. I will depend on the government to take care of my overall needs and it is my right to get that. But what I want is that the government gives me money and then I will look after the caring side [arrange own care]
(P2 BF 50-60, Housewife- FG)

If my daughter-in-law helps washing and putting my sari on I would feel more comfortable then if a nurse helps me. The nurse may be good but there is a big difference between the help I will get from a nurse and daughter-in-law, even if the nurse is good because she [nurse] is an outsider. If my daughter-in-law is given some money for helping me then she might agree to help me
(P3 BF 40-50, Housewife - FG)

For the few participants who realized the financial implications of personal or practical care from the state, the question of affordability was a major concern:

It will depend on you whether you have any savings to purchase these services and whether you can afford it. I used to pay £10 for a home help last year and now already they’ve put it up to £12 so you have to manage within the benefits you are given and it doesn’t stretch very far. We will have to be very careful how we spend our money
(P11 GF 50-60, Unemployed, single, chronic arthritis - FG)

As I said, social services are giving me little bit of help but they are not giving it free. In the future the nurses will come to look after me at home but its not going to be free. The government will probably give some money but the rest I’ll have to pay. For the last twenty years I have earned very little so I have no savings. I am quite worried because I am not sure if the government will continue giving me help as now or would they reduce it or not give me anything
(R4 BM 50-60, Waiter on long-term sick leave - ID)

However, whilst the majority of participants did not think there would be a cost associated with receiving government support with personal or practical care, many participants from
both communities were concerned that they might face difficulties in accessing those services.

Choosing between state and family
In choosing between state and family support, participants almost always indicated that they would prefer personal care to be undertaken by family, but that for practical care tasks they would always choose to receive services provided by social services rather than ask their children for assistance. This preference was partly justified on the grounds that their children might not be able to support them and partly on the ground that the contributions they were making through their taxes should entitle them to seek help if the need arose. In fact, these preferences were shaped by a range of changing attitudes and expectations concerning the differing obligations of children and state, privacy, independence and dependence, the roles of daughters-in-law, daughters and sons, and joint households.

Many participants, particularly in the Bangladeshi community, had serious reservations about seeking help from the state for personal care services. Despite acknowledging that their children might not be willing or able to care for them, a majority of participants' preferred option was that a member of their family should look after them and only after they had exhausted all options would they be willing to seek assistance of the state. It is evident from these comments that however satisfactory the care might be, the help of a stranger was at best seen as a compromise:

If I have to rely on the government for my personal care needs it would make me very sad because it would be like I've got no other choice. I would accept it but I would always prefer that my children looked after me
(R12 BF 50-60, Sari Shop Owner - ID)

I would expect some help from the Government, but my main expectation is from my children, I expect my children to look after me. I would not be that happy if my children were not willing to look after me. I would be depressed. I would think 'Oh! I have done everything for my children and it is their duty to look after me but now they don't want. They don't care for me
(R5 BF, 40-50, Housewife - ID)

However, unlike personal care, many Bangladeshi participants claimed that they would be not have strong objection to accepting help with practical tasks if their children were not able to help them:
If I needed practical help, like going to the doctor, then obviously my wife or my family would take me if I needed to, well I hope so. Other sorts of help with like household things I would be pleased if my children help, and if they don’t then I’ll have to take whatever the Government will give me
(R14 BM 40-50, Waiter - ID)

Gujarati participants, particularly those in the younger age group and those who were relatively better off or well established in British society were the most willing to seek out alternative sources of support for both personal and practical care:

We are used to communicating in English with other people. We are familiar with the behaviour and expectations of people from different cultures so people of our age should have no problem accepting help from professionals
(P5 GM 50-60, Petrol Station Proprietor - FG)

I wouldn’t hesitate to ask social services to send someone to help me wash and dress. I wouldn’t feel it was a disgrace. Put it this way, because you work all your life, you contribute so much tax and so much national insurance so I see it as their [governments] responsibility. I would only want when I can’t do these things myself
(R11 GM 40-50, Warehouse Clerk - ID)

**Attitudes to privacy and the importance of gender**

The attitudes of participants towards receiving personal care were strongly influenced by their concerns about loss of privacy and sensitivity about respecting cultural traditions in terms of cross-gender caring. This sensitivity about accepting personal care from anyone other than close family member will continue to have a major implications for the future generation of older people in the South Asian communities, particularly if the fragmentation of extended families continues:

If I were to receive personal care from strangers, I would not feel very uncomfortable. I think I would feel more satisfied if my daughter was looking after me. I would find it most embarrassing if a strange lady or care worker helped with bathing and toileting
(P5 GF 50-60, Assembly work - FG)

If the daughter-in-law were to help me to put on my sari, I would find it easier to accept than if a nurse were to help me because she [nurse] is an outsider
(P3 BF 40-50, Housewife - FG)

Although, female participants were more likely to express their distress at the idea of receiving personal care from strangers, it was also a serious cause of concern for many male participants:
I would want my family to help me with washing and dressing. They [family] would be my first choice because I feel that our needs are very private. They [social services] might not be familiar with our way of life. It would need a lot of explanations about culture, religion and language. For these reasons I would prefer the help of my family (R33 BM 50-60, Education Officer - ID)

However for some participants, ideas about privacy in relation to receiving personal care were beginning to be modified in response to changes in family circumstances. For most participants, ‘privacy’ was interpreted as being private from anyone outside the family. For a small number of participants, particularly within the Gujarati community, participants’ suggested that their privacy would be compromised if they were cared for by someone inside the family: being cared for by family would be more of an invasion of privacy than being cared for by ‘strangers’:

If my arthritis gets worse then I would prefer to get help from outside and wouldn’t expect my daughters to help me. It is so depressing. You lose your dignity when a family member is involved in your care. I wouldn’t expect my daughters to change my nappies and all that (R21 GF 50-60, Teacher - ID)

The gender of the caregiver was another major consideration for all participants in the choice of family member whom they expected to provide personal care. Whilst, male participants’ said that they would much preferred their wives, rather than their children for personal care, female participants were clear that they would always prefer the support of their daughters or daughters-in-law:

I would expect my daughter-in-laws to help me when the time comes when I can’t manage to wash and dress by myself. If the daughter-in-law didn’t do it then I would expect my daughters to do it (P7 GF 50-60, Domestic Ward Assistant - FG)

This concern about gender also extended beyond the family. Participants stressed that it would be very important that the person who provided care was someone of their own sex who was suitably trained to undertake personal care tasks at home:

Bathing and stuff like that I’ll probably need help. I would expect the government to do something about it. Provide me with a female worker to help me wash and dress. I want them (Government) to take the main responsibility. Even if your children are living near you and if they don’t want to help, you can’t make them (R16 BF 40-50, Community Liaison Worker - ID)
Independency and dependency

An issue raised by almost all participants was that they would become a burden to their children. Participants argued that it was unrealistic to expect that their children would be able or willing to take on the onerous tasks of meeting their parents' personal care needs. The fact that an alternative form of support was available (albeit at a price) and that there was greater willingness to use it, seemed to be the major factors driving this change in expectations:

Even if my wife and my children were willing, I would really prefer to be looked after by the social services at home or in a nursing home or whatever. I personally wouldn't want to be a burden on the family
(R11 GM 40-50, Warehouse Clerk - ID)

If I were in a situation requiring a lot of help with daily tasks, then I would expect help from social services rather than have my sons take on the burden. If you are in that situation it can place a tremendous strain on your family. Having seen my mother's experience, I wouldn't expect it of my sons
(R17 GM 50-60, Qualified Chartered Engineer - ID)

I don't think that because I have given birth to my children, it gives an automatic right to expect them to look after me or they are obliged to support me in my old age. That is not in our right but I would be pleased if they do
(P4 BM 50-60, Community Project Coordinator - FG)

Those who were currently caring for elderly parents or a disabled relative were the most anxious to avoid placing a similar burden on their own children:

I think we have to change with the times. When I'm old I expect my children to care for me but I would not expect them to live with me. When I am over 60 then I expect my children to care for me, to support me, like I am doing with my parents who live separately but we look after them
(P5 GM 40-50, Community Worker - FG)

For the last 16-17 years I have been looking after one person and another and I don't want my son and his wife to look after me or take up the burden and become old before their time
(P3 BF 40-50, Full-time carer of a daughter with complex disabilities - FG).

Some participants felt there was no acceptable alternative to being cared for by their children, but nevertheless worried about their dependency on the children. Participants from the Bangladeshi community, particularly the women, indicated that their children would always be their first and only preference, but many were painfully aware of the burden their children would have to assume to care for them:
If I have to rely on the children, it would still be very sad for me because I would become a burden on them. I would feel very guilty because they [children] have their own life to lead and so they have to think about themselves as well
(R15 BM 50-60, Chef - ID)

No it’s not a good feeling that one day I may have to rely on my son’s wife. I would make me feel worthless if someone has to take care for me...to look after me physically
(R28 BF 40-50, Carer of daughter with complex disabilities - ID)

I would feel uncomfortable ask for help of daughter-in-law. If she doesn’t want to help willingly, then I’ll have to beg her. I’ll have to rely on what their wishes are. It’s not nice to be a burden on somebody else. I’ll feel really bad, because they can’t live their own life and I am another burden on to them
(R26 BF 50-60, Housewife, separated - ID)

Participants also expressed concerns about becoming dependent on their children. They feared that any change in the balance of reciprocal relationship between parents and children was likely to strain the relationship. This concern was voiced by almost all participants but those who were divorced or separated were more conscious of the likely impact of their dependency on family dynamics:

If you just take but give nothing in return, that’s very different. I am worried that when I get old, I will get help from my daughters but I wouldn’t be able to anything from them. That’s what I might not like
(R32 GF 50-60, Librarian - ID)

I don’t mind being looked after, but if you get the feeling that they [children] are doing it for the sake of doing it, then... if they resent it, then that certainly would hurt me. It would put me down and out
(R24 GM 50-60, Higher Executive Officer - ID)

Some participants suggested that they would be willing to overlook their loss of privacy if it freed them from a sense of dependency on and indebtedness to their children. Paying for help either with financial assistance from the government or from their own resources was regarded as a bonus because then their care would be treated as a business rather than an emotional transaction:

If my health is not very good, then I’ll have to rely on other people’s assistance. Instead of relying on my daughters, I would definitely prefer to rely on the state. When I am paying someone to help with bathing and such like, I know I might have to forget about my dignity but then I feel more comfortable because I am not obliged to the person
(R21 GF 50-60, Teacher - ID)
I don’t expect my daughters to look after me even if they are living with me. My eldest daughter looks as if she may not get married. I would most probably pay someone to look after me. If you pay someone to care for you, whether they like it or not they will do it because they are getting your money so to speak.
(R24 GM 50-60, Higher Executive Officer - ID)

Participants were also willing to accept the need to buy in extra help rather than rely entirely on their children’s support:

If I am not able to do the household tasks myself and my children are not available to help me then I would be happy to pay for any help I can get from the council.
(R33 BM 50-60, Education Officer - ID)

I’ll get a cleaner to do my shopping. It will be nice if my children can do it, but if they can’t I certainly won’t expect that from them. I hope that the way I have brought them [children] up, if they are still nearby, they will have the sense to say, “Look mum I am going shopping shall I pick something up [for you]?” If push came to shove, I would rather pay someone to look after me.
(R27 GF 40-50, Education Officer - ID)

Indeed, some participants believed they were more likely to receive high quality service if care was administered by the state or privately, and was paid for:

If I pay someone then they are getting money out of it and it is their livelihood. In a way I am helping them to earn their livelihood. Neither of us would be under obligation because I would be purchasing services from them.
(R21 GF 50-60, Teacher - ID)

If I were in position for it, I would certainly pay for home care. I’d feel less comfortable. I mean more reluctant to use it if it I didn’t have to pay and it was provided free by the state. I would find it unacceptable because it would be demeaning and I wouldn’t feel right about accepting it if something is free because I don’t think the quality would be guaranteed. To be honest, these days you only get what you pay for.
(R27 GF 40-50, Education Officer - ID)

Yet whilst some participants said that they would choose state care to avoid dependency on their children, dependency on the state was also a concern:

What would make me really unhappy is that I might become totally dependent on people [care assistant] from social services. Although I might not have any choice, it is still not nice to have to depend on other people to do your cooking, cleaning and shopping. I wouldn’t want that to happen. It would really upsetting me.
(R3 GF 40-50, Clinical Scientist - ID)

My health is getting worse because the polio has left me with breathing problems. In
future it’s going to be difficult to rely on others to do things for me. As the time comes, I realize that I might have to force myself, even if I might not like it. Nobody would like to depend on the good will of others (R37 GF 50-60, Retired Administrative Assistant - ID)

The role of daughters and daughters-in-law

Our findings suggest that although participants’ expectations of support from their children were deeply rooted in the tradition of obligation and reciprocity, it was also evident that the symbolism of this tradition and its rules were beginning to reinterpreted or modified in response to environmental and social pressure in Britain. This was most evident in the change in attitude towards daughters. Traditionally in South Asian societies emphasis is placed on the reciprocal arrangements between parents and male children. Unmarried daughters are expected to provide care and support to parents and siblings but after marriage daughters, and their obligations are transferred to their husbands and husbands’ relatives.

Whilst female participants expected their daughters to assist them with personal care tasks, it was generally accepted that in the long run their expectations of daughters were unrealistic, because traditionally the obligations of daughters to their parental families cease after marriage:

If my son’s wife were living in the house then I would expect her to help me. I would expect my daughter-in-law to help me because if my daughter were already married and she would have to do her duty to her husband’s family (P2 BF 40-50, Housewife - FG)

Many participants stressed that they had stronger claim on their sons’ support in old age than their daughters and therefore their preference would be dictated by the rules of cultural tradition:

You have more rights with your sons than your daughters according to our culture. Because sons are expected to live with the parents and that is why parents have more right to be looked after by their sons. We don’t have same rights with our daughters because after they are married they have to look after their husbands’ parents. My son will stay with me and obviously; he will look after me (P3 BF 40-50, Housewife - FG)

I don’t have expectations and because of the Indian way of thinking that daughters are going to leave the house anyway with their husbands, so I don’t have any expectations of my daughters (R24 GM 50-60, Higher Executive Officer - ID)

A fear of social disapproval was often a major inhibitor to the seeking and accepting of help
from married daughters. The tiny number of female participants who were caring for their own mothers, stressed that it was very unusual, and that they were transgressing cultural norms. They also pointed that they were only able to provide support because their husbands did not object or because they were widowed and were able to make an independent decision. It was evident that such examples were very rare indeed, particularly if they had brothers:

I don't think I would have been able to care for my mother if my husband had not died. I am able to keep my mother because I do not have to consult anyone. If my husband were alive then he would not have liked it probably. I have brothers but they thought my mother would be best looked after by me, as they [brothers] were not too keen to look after her and at the same time they did want mother to live in residential home (R13 GF 50-60, Care Assistant and carer of blind elderly mother - ID)

I agree it is bound to cause problems for a daughter if she decides to look after her parents. She also has to consider the needs of her husband's parents and if they need support then it is bound to cause conflict. I only have one brother but he is married to a German lady. My mother is over 90 and she is a widow. I am lucky my husband is very supportive because he does not mind that my mother lives with me. If there were nobody else to look after an elderly parents then a daughter would have no choice but to look after them (P3 GF 50-60, Unemployed Machinist – FG)

Although the influence of cultural traditions and the rules governing the gender-based division of obligations on care-giving pattern was unmistakable, our findings suggest that the rules governing obligation of daughters were beginning to be revised out of necessity, and were most evident in the case of participants who only had daughters. It also seemed that this change in attitude towards daughters was also encouraged by other factors such as attitudes towards the inheritance of property and the break-up of extended families. Participants in the Gujarati community argued that many people in their age group were not living in extended families and did not have any choice but to dispense with the cultural niceties of not accepting the help of their daughters. Participants were also prepared to accept from their daughters because their daughters were likely to be main beneficiaries of their assets:

Rather than taking help from strangers I prefer family because they have some feelings for you and you feel more comfortable about receiving help from your own children. This is how I have trained them [daughters]. I have two daughters, so I have the right to make demands of them. I can't afford the taboo, which would prevent me accepting the help of my daughters. We have brought them up. We have spent money on them to give them a good life, so we should treat them as our sons (R2 GM 40-50, Graphic Designer - ID)

I would have to rely on my daughters. That is because I have only got daughters. I'm
sure they will help as much as they can. They can see from the way my wife and I look after my mother and I am sure they want to do the same if either my wife or I need help in the future.
(P1 GM 40-50, Day Care Manager - FG)

Even if I had sons and daughters-in-law, it probably wouldn't make much difference, as you cannot take their support for granted. With daughters, at least their love for their parents stays the same but you cannot say the same of your son.
(P3 GF 50-60, Unemployed Machinist - FG)

Although the conflict of interest between the aspirations of daughters-in-law and the needs of parents-in-law has always existed, it too was cited as a potential barrier. Female participants who wanted to receive care from a female member of the family, were not confident that their daughters-in-law would be willing to give up their jobs and career to care for them:

I am not sure if my son would be able to persuade his wife to help me. That is worrying. What I can see nowadays around me is that you can't really depend on anyone. The way the life is changing, it is best not to expect much from others. I don't think it would be wise to expect much from the daughter in law.
(P2 BF 40-50, Housewife - FG)

Yes, of course, everyone expects from their children, they all hope for their children to look after them. You know, how can you possibly expect your children to help you? You can't rely on them because your daughter-in-law would be going to work, your son would be going to work. They will have their children and family life as well. They'll probably make time to come once a week to see us, but wouldn't come and look after me everyday. We can't guarantee that.
(P2 BF 50-60, Housewife - FG)

Female participants also believed that it was unrealistic to expect that the daughters and daughters-in-law would be available to care for them because they might be working. Those who had recent experience of caring for their elderly relatives were the least prepared to impose similar burden on their daughters-in-law:

I felt obliged to look after my mother-in-law. I think the demands that are placed on family members to look after elderly parents are unreasonable because everyone is busy. I certainly, wouldn't expect that from my son's wife. She will have her own career and her own life to lead. And so, in a way, even subconsciously, we are semi-prepared to face that eventuality.
(R27 GF 40-50, Education Officer - ID)

Our findings suggest that although the change in attitudes towards daughters was small, it was nonetheless a significant change in the perception of care-giving relationships. It highlights
the possibility that there may be a trend towards mirroring care-giving practices in the white community where daughters can take the role of main care-giver to both or either set of elderly parents.

It is important, however, to point out that these were participants’ aspirations of support from their daughters. In reality, the level of support they were likely to get would be determined by their availability as the number of women who are in paid work is growing. It is also possible that the actual amount of help daughters’ can give to their parents would be limited by the fact that their loyalty would come into question if they only cared for their own parents and not their in-laws.

**Joint households**

Many Bangladeshi participants felt that the question of choosing between care provided by the family and care provided by the state was irrelevant because they intended to continue living within a joint household, with several generations living under one roof.

Although participants in the Bangladeshi were more amenable to receiving practical help from outside the family, their accounts indicated that their children were their first preference if they required help with household tasks, negotiating with officials and transportations. Most participants envisaged fewer problems negotiating practical help as they expected to live with their children:

> When I am old like my husband. He is in his nineties and he doesn’t have to worry about anything as my children and I look after him. If I no longer able to care for myself, I would still want to stay in my family home. I would expect my children and grandchildren to take care of me. Obviously if they are living with me they will take care of all my practical needs (R12 BF 50-60, Shop-keeper - ID)

> I would like my children to take me if I’ve appointment with doctors or hospital. If I am unable to walk far or lift and carry then I hope my children would be around to help me. I hope my sons would take care of all my needs, as they are the only ones who knows and understands my needs...someone from outside would not look after me like that (P2 BM 40-50, Waiter - FG)

However, many participants, particularly amongst the Gujarati community felt that the expectation of being cared for within a joint family household was unrealistic. The expectations of support from children reported by participants suggest that future generations
of older people will not expect the same level of support that they say was expected by the current generation. This change in attitude was most apparent amongst younger participants, although some older participants also shared similar views. Participants most likely to have tempered their expectations appear to be those who had recent experience of caring for their parents and in some case the change in attitudes appear to reflect their social and economic status:

I think people in my age group probably have less expectation than our parents did. Things have moved on to the point that people don’t expect as much as our parents did. I don’t expect my sons to look after me. I would prefer to pay someone to look after me (R17 GM 50-60, Qualified Chartered Engineer - ID)

I mean I wouldn’t want to move in with him [son] when I am old. I would not want or let him support me all his life. I certainly wouldn’t want that. In my opinion, it is unrealistic expectation (R3 GF 40-50, Clinical Scientist - ID)

Even more significantly, both Bangladeshi and Gujarati participants suggested that they thought it was unlikely that the joint household could survive, due to a combination of social, economic and cultural changes. Fluctuations in the labour market, increased pressure for their own generation, and their children, to seek employment away from their families were also identified as factors, which might threaten living in extended households. The lack of suitable housing to accommodate multi-generational households and social pressure to set up separate household of their own had changed the dynamics of relationship with their family. Although not all changes were perceived to be beneficial, freedom from living in extended households was something participants believed to be a factor enabling them to aspire to modern lifestyle in Britain. Participants who were conscious of the freedom they had gained were concerned to guard it for themselves and were also keen to extend it to the next generation. They believed that this was best achieved by lowering their expectations of their children:

Previous generations of older people in our community were heavily reliant on families, but that is changing now. In my generation, we don’t expect as much help from sons and daughters as my mum and dad had. We used to live in extended families but nowadays we don’t and I do think it’s a good thing, because you can do your own thing, kids can do their own thing because life is so busy here (R11 GM 40-50, Warehouse Clerk - ID)

It was also evident that participants’ were willing to sacrifice cultural traditions which they believed were unnecessary in a country which had state-funded welfare system and where
tradition of obligation and reciprocity were incompatible with modern lifestyle. The following comment suggests that a dependence on an understood obligation between children and parents was not necessarily relevant in the current climate:

I don’t think it’s a good idea for them [children] to take on the responsibility for looking after us, even though our culture says it. In Asian culture, people are used to the idea that the parents raise their children, and when the parents are old, children have to look after the parents. I don’t want my children to be tied to our culture (R8 BM 40-50, Baker - ID)

Expectations of support from other relatives

Apart from support from their ‘close’ family, participants were asked the type of support they thought they might be able to get from their nearest relatives. Nearest relatives included siblings, aunts, uncles and cousins. With the exception of a small number of unmarried female participants, a majority of participants were married or had been married previously and had children. However, it was important to establish the kind of support participants, particularly those who were unmarried, expected from their siblings and other close relatives. Unsurprisingly, a majority of participants who were married and had children had very low expectations. Participants in both communities, irrespective of age and gender, believed that apart from providing emotional comfort in times of need, their siblings and other relatives would not be able or willing to provide practical help except in an emergency or a short-term basis. They pointed out that if they were not very confident that their children would care and support them, they were even less confident that their relatives would help them:

From the relatives, I don’t expect any kind of help. “Hello, how are you, are you alright?”
The relatives are not going to come everyday to cook and clean for you. Our brothers and uncles would be in the same position as us. They will have their own responsibilities (P6 BF 50-60, Housewife - FG)

We are not even in a position to ask our children, how can we ask our relatives? I think if we ask the relations to take us out occasionally, they would be happy to do it. But if we ask for more than that then they would probably refuse or avoid seeing us or keep their distance in case you ask them again. I think they will give us moral support but we can’t expect anything more than that from relatives (P4 GF 40-50, Cook - FG)

As far as financial assistance was concerned, most ruled out it as a totally unacceptable proposition because they had no right to make such a claim. Most indicated that they would
find it unacceptable to ask for financial assist because they did not want to place themselves under an obligation and it would be embarrassing for both parties if the request was rejected:

Our relatives will also be struggling to make ends meet. They will have their worries. I would feel ashamed to have to put my hand out...that’s like begging. I ask my relatives to help me now and then to take me to the doctor or do my shopping but asking for money is not the right thing to do
(P2 BM 40-50, Waiter - FG)

You won’t get any money from relatives, they may come and visit you to show you sympathy if you’re unwell but that’s all. You can’t really get relatives to help you out with your household expenses because they would probably have similar difficulties paying their mortgage and bills
(P3 BM 50-60, Assembly Work - FG)

Female participants who were divorced, widowed or separated from their husbands, felt that they could not rely on their children and, because of their social status, neither were they likely to get any support from their relatives. Unmarried female participants believed that their situation was a lot worse then women who had children because their only source of support was their siblings, who might be facing similar problems of old age or have other commitments which would make it difficult for them to help. Female participants who were single and had some form of impairment were not confident that their relatives would help them:

I don’t expect financial help from my brothers because if I ask them for money, they’ll ask me too many questions. I’ll have to justify everything. This is how my family is, and that’s why I wouldn’t want to ask them. My situation is difficult because I am divorced from my husband and I only have one daughter
(R35 BF 40-50, Housewife - ID)

Well if the relatives say okay you don’t have to pay it back, then that’s okay, but if you can’t repay what they give you then your relationship is spoilt. If you have to repay them, where am I going to find that sort of money? I am not in a position to work so nobody would be willing to help me
(P3 BF 40-50, Housewife - FG)

Similar difficulties were also identified by unmarried female participants in the Gujarati community. Women who were unmarried and also had longstanding illnesses or had been disabled from childhood claimed that they could not ask their relatives to contribute to their care because their relatives would not want to make a long-term commitment:

I think the relationship between family members is changing. I think there’s less recognition of closeness between aunts and uncles, nieces and nephews. I think if you
are ill they will come and visit you but if you need financial assistance then they may not want to get involved. Relatives are only interested if you are very rich (P9 GF 50-60, Single, Polio Suffer - FG)

I think you shouldn’t have any expectation of relatives. My nieces and nephews used to come and see me now and then but now they don’t bother to phone me. There is no way they would want to help me if I needed money. There is no-one except the government who I can ask for help (P11 GF 50-60, Single with chronic arthritis - FG)
CHAPTER 5
ATTITUDES AND PLANS FOR FINANCING RETIREMENT
STATE, PRIVATE PROVISION AND FAMILY

Introduction
Prior to the establishment of state-funded welfare, it was accepted by most people that it was necessary to put aside money for a rainy day or in case money was needed for an emergency. However, the idea of saving specifically for one's old age is a concept that is not universal across all cultures. As we have seen, in cultures such as those of the Indian sub-continent, where the tradition of intergenerational contract remains strong, the need for putting aside money for old age is not given the same priority. In contrast, in western industrialised cultures, the intergenerational contract has been gradually replaced by a combination of state and individual responsibility, and so saving for income in retirement has become a major pre-occupation.

After the Welfare State was established in Britain, contributing to National Insurance came to be seen as a way of saving for old age. However, demographic and economic pressures as well as political factors have resulted in a marked shift in welfare policy towards reducing the level of dependency on the state. This has been achieved by changing the balance of responsibility for providing support in old age, reducing the role of the state and increasing the responsibility placed on individuals. This shift is most apparent in the provision of the basic state pension. The value of the state pension has been gradually eroded by cutting back on the State Earning Related Pensions (SERPs), and, at the same time, increased pressure has been put on individuals to invest in private pensions for income in retirement (Ginn and Arber 1999).

Evidence suggests that many pensioners are enjoying a high standard of living because they have benefited from particularly good returns on their investments in occupational pensions and other investments on the stock market (DSS 2000). However, company or occupational schemes have not been offered universally by employers, and even where such schemes are available they are not affordable to all employees. Consequently, large numbers of today's pensioners live in relative poverty. Some of Britain's worst-off pensioners are to be found in the minority ethnic population (DSS 2000; Nesbitt and Neary 2001; Ginn and Arber 2001; Bradshaw et al 2003; Modood et al 1997; Curry 2003). It is widely accepted that the
unacceptably high level of poverty among the current generation of minority ethnic pensioners is linked to the poor coverage of private pensions from either company or personal pension policies.

The generally poor uptake of private pension schemes by minority ethnic people has been linked to a number of factors. Immigration and employment histories are one factor. The findings of the Fourth National Survey of Ethnic Minorities in Britain (Modood et al 1997) suggests that the main influx of migration of South Asian, African Caribbean and Chinese people to Britain began in the post World War II period and reached its peak between 1970 and 1990. The vast differences between and within minority ethnic groups in terms of migration and settlement patterns, age structure, educational qualifications and length of residency in Britain have had a major impact on the different communities’ employment rates, which in turn have affected private pension coverage (Patel 1993; Modood et al 1997).

A majority of British South Asians, with the exception of Bangladeshis and Pakistanis, immigrated when they were aged between 20 and 44, and so were ready to take up employment when they arrived in Britain (Coleman and Salt 1996). The findings of the Fourth National Survey (Modood et al 1997) found that during this period the employment prospects of minority ethnic people were particularly bleak: they experienced racial discrimination in employment and also faced the recession of the late 1980s and 1990s. Minority ethnic people were more likely to be disadvantaged by high rates of unemployment, low paid jobs, and working part-time or on a casual basis without job security or the benefits of belonging to a company pension scheme. Many were forced into self-employment, but even here, their incomes were no better than of those in low paid jobs. High rates of unemployment and under-employment undermined individuals’ ability to maintain continuous contributions to National Insurance and removed their opportunity to join company pension schemes. Some groups, such as Bangladesh and Pakistani men and women across all minority ethnic groups, were particularly disadvantaged in this respect (Berthoud 1998).

Ginn and Arber's (2001) secondary analysis of the British Family Resources Survey of white and minority ethnic adults aged 20-59, draws broadly similar conclusions about the link between discrimination in the labour market and a poor coverage of private pensions in minority ethnic groups. Their findings suggest that both men and women in minority ethnic
groups are less likely to have private pension coverage than their white counterparts because many women are economically inactive, and others are engaged in low paid, part-time work. They also confirmed that Bangladeshis and Pakistanis were the least likely of the minority ethnic groups to have private pensions; and that the position of most women in these communities with regard to private pensions was very worrying indeed, as their risk of being dependent on means-tested benefits in old age were greatly increased.

Similar issues exist with regard to private pensions. A recent report published by the Pensions Policy Institute (Curry 2003), has found that minority ethnic people are less likely than their white counterparts to have adequate private pensions provision in old age. The factors most likely to undermine the provision of adequate pensions include low earnings and an incomplete record of full-time employment. The group most likely to be disadvantaged by low pay and incomplete employment are minority ethnic women. Even after allowing for home and childcare responsibilities, minority ethnic women fared less well than white women. In the case of those who were part of a private pension plan, income in retirement was still likely to be insufficient because the contributions they had made were low or irregular. Minority ethnic people were found to be further disadvantaged by the high rates of ill-health (Evandrou 2000), forcing many to take early retirement, thus reducing their opportunity to keep up their pensions payments.

This chapter focuses on the employment histories and occupational status of participants who took part in the focus groups and in-depth interviews and their level of awareness about different types of pensions schemes, their attitudes to and behaviour towards saving for retirement, problems encountered and expectations of financial support from the state and the family in old age.

Barriers to pensions: English, education, working hours and occupation
Our research confirms the findings outlined above. Participants’ fluency in English and education impacted on their ability to find full-time work, and affected the kind of work they were able to do, which in turn affected their ability to contribute to National Insurance, have access to and contribute to occupational and personal pensions.

Since there is a close relationship between labour market participation, access to and affordability of private pensions and the level of income in retirement, the information from
group discussions and in-depth interviews were analysed to establish the nature of paid work participants were doing or had done in the past and whether they were working full time and part-time.

Our analysis suggests that the type of job participants did was related to their fluency in English language and the level of educational attainment (Tables 5.1, 5.2). Whilst literacy in the mother tongue in both communities was relatively high, there were marked ethnic and gender differences in literacy in English. A lack of fluency in English is a particular handicap in the labour market, because as well as hindering the finding of work, it also limits the range of possible employment. However lack of fluency is not a problem confined just to those with limited education - those with good qualifications from India or Bangladesh but with poor or limited English also encountered significant barriers to employment.

Our analysis of educational qualifications of Bangladeshi participants suggests that despite the fact that many had attained qualifications equivalent to the GCSE standard, a majority were restricted to working in the restaurant trade or were unemployed. In contrast, almost all Gujarati participants were educated to GCSE standard and many possessed GCE A-levels and degree qualification (Table 5.2), which was generally reflected in the range of professional occupations.

Employment records of participants in in-depth interviews indicated that over all more Gujarati men and women across both age bands were in working, with nearly three quarters were working full-time (14/20), of these two were self-employed. Of the rest, a quarter of Gujarati, mostly women, were working part-time (5/20), and one woman was a full-time carer of her husband. In contrast, among the Bangladeshis, only six men and two women were working full-time and half of these were self-employed. Of the rest, four were working part-time, these were mostly men, three participants were unable to work because of long-term sickness and four were housewives (Table 5.3).

Employment records of participants in focus groups (Appendix IV) indicated that overall more Gujarati participants were working across both age groups, with almost all Gujarati men working full-time and more women were working part-time and full-time. Four Gujarati women with long-term illness or disability had never worked outside their home. In contrast, a majority of Bangladeshi men were in full-time employment, although some had been made
redundant or had stopped working because of ill health. Bangladeshi women, with the exception of three women, had remained largely outside the labour market and described themselves as housewives. Employment histories of participants in the focus groups needs to be interpreted with caution as the number of male and female participants, in the age cohort, were unequal. However, a similar pattern in employment histories was repeated with the in-depth interviews where we had taken into account age and sex and also taken special care to select participants with a wider variety of socio-economic backgrounds (Table 5.4).

All categories of occupation were represented in the sample, with the significant exception of senior management. In fact, almost half of participants from both communities were employed in non-manual skilled or semi-skilled work, with most of these jobs concentrated in just a handful of areas, such as manufacturing, textiles and in the service sector. This is typical of employment patterns for the region as a whole (www.eastmidlandsobservatory.org.uk). Many participants in common with the majority of people working in these industries, were working part-time and on relatively low wages. The trends we have documented for employment are broadly similar to trends reported in the national survey (Modood et al 1997; Berthoud 2003; Curry 2003).

There were some contrasts in working patterns between the two communities. Relatively more Gujarati men and women were in professional and associate professional occupations, which tended to be relatively well-paid medical, engineering and teaching professions. A small number of Gujarati participants were also involved in the administrative and clerical profession. Gujarati participant without professional qualification (mostly women) tended to be employed in the textiles and service sector, such as catering and personal service occupations. Only five Gujarati women were economically inactive, and of these, four were prevented from working because of disability.

With the exception of a few Bangladeshi men who were in teaching and related professions, the rest were almost exclusively employed in the restaurant trade and Bangladeshi women were mostly economically inactive. With the exception of three women, the Bangladeshi women in our sample described themselves as housewives.

**Barriers to pensions: information and awareness**

The fact that many people have made inadequate provision for income in retirement has
become a serious cause of concern for the government, organisations representing the interest of pensioners, trade unions and employees alike (DWP 2004; Curry 2003). The recent publication of reviews of pensions, commissioned by the Government has graphically illustrated the potential crisis that awaits the future generations of pensioners (Pickering 2002, Turner et al 2004). The lack of confidence in state pensions, occupational pensions and the miss selling of personal pensions has brought the pensions crisis to a head. In addition, there is concern that many young people are not saving for retirement (King 2003). Research carried out by the Association of British Insurance shows that 36% of the working people are not saving enough and 80% are not saving at all (ABI 2003). A lack of information and adequate knowledge about different types of pension plans can influence decision concerning planning for retirement.

The level of literacy in English, educational qualifications and the level of participation in the labour market have been identified as major barriers to accessing information about pensions (DWP 2003). However, they can also be affected by a lack of knowledge and awareness of the pensions system in the UK. Indeed, evidence suggests that minority ethnic people are generally poorly informed about the pensions system (Bloch 1993; Nesbitt and Neary 2001). Nesbitt and Neary (2001) investigated the level of knowledge a group of Pakistani and Bangladeshi men aged 20-60 had about different pensions schemes and the decisions they made about investing in private pensions. They found that men in both communities were generally poorly informed about different types of pensions and how the schemes worked. They also found that the men’s unwavering faith in an intergenerational contract between parents and children was not conducive to them seeking information on how private pensions schemes operated and how these schemes might benefit them. Our findings also suggest that the intergenerational contract was a key factor in the decisions many Bangladeshi men and women made about pensions. Many participants felt that children should, and would, take care of them, pension saving was less of a priority: they regarded their children as future investment.

Why shouldn’t we expect from our sons? When we bring up our sons we have this hope that once they grow up they will look after us they will take care of us and they will give us money and so that is the whole reason why we are bringing them up, looking after them.
(P8 BF 40-50, Housewife - FG)

I think of my children as my investments. They can see that I am putting a lot of effort
to earn a living for them. I make myself available for work hard and earn on their behalf. The lion share of my earnings I invest it on my family. I mean, family means wife, children and all relatives. I want something in return when my earnings stop. This is part of our culture.
(P2 BM 40-50, Waiter - FG)

To gain an insight into the level of awareness about income in retirement, participants in focus groups and in-depth interviews were asked about the types of pension schemes they had heard of. Knowledge about state pensions was almost universal. The level of awareness about private pensions schemes varied between Gujarati and Bangladeshi participants. Gujarati participants appeared generally better informed about occupational and personal pension plans and about State Earning Related Pensions Schemes. Many had heard about Stakeholder Pensions from the television advertisement. Gujarati participants were particularly well informed about state and occupational pensions, whether of not they had been able to take part in a pension scheme. Those who hadn’t been able to due to unemployment, redundancy or early retirement on health grounds were knowledgeable enough to be concerned:

P2: Since I’ve been made redundant I can’t draw my pension so I have to live on my savings until I’m entitled to draw my pension and the pension I will get will depend on how much tax I have paid. I’ve not been able to make enough contributions because I lost my job. My work pension will be much smaller than those who kept their jobs.

P4: But only those who have paid full stamp [National Insurance] will receive benefits and those who have not made any contributions would only receive limited help. There are many people who are receiving very little benefits how can they manage.

P5: I have a company pension. I have recently increased my contribution because at the moment I am working and that is because I can afford it.

P7: I have not been able to make enough contribution because of the arthritis in my knees. I had to ask for early retirement. I don’t know what will happen to me. I haven’t paid full stamps [National Insurance]. I don’t know what kind of pension I will get.
(GF 50-60 FG)

In contrast, Bangladeshi participants, particularly women, were less well informed about other types of pensions. This was unsurprising, given that a vast majority had never worked outside their homes. Bangladeshi men, on the other hand were aware slightly better informed although many did not have opportunity to join occupation pension

Our findings confirm a connection between a lack of information and knowledge and take-up of pensions, as can be seen in Table 5.5. Whereas most people from both communities were
aware of the basic state pension (including women who weren’t working), significantly more Gujarati than Bangladeshi participants were familiar with private and occupational schemes. This included awareness of the government Stakeholder Scheme.

It also appears to have a significant impact on the level of thought participants had given to saving, and to receiving an income in old age. Again, in general, Gujarati participants (who on the whole were fluent in English with better qualifications and occupations) tend to be more aware of pensions, and report a greater level of thought about planning for old age than Bangladeshi participants.

The differences in the level of information and knowledge about private pensions were closely tied to the amount of considerations participants had given to making arrangements about income in retirement. On the whole, Gujarati participants appeared to have given a lot of thought compared with their counterparts in the Bangladeshi community (Table 5.6).

A majority of participants in both communities indicated that they had been thinking about saving for retirement over some time (Table 5.7). A larger proportion of the Gujarati participants claimed that they had been thinking about it, and for longer period, than the Bangladeshi participants. Within each community the length of time that the participants had been thinking about saving for retirement varied a great deal and in most cases represented the actual length of time that they had been saving.

**Private pensions: access, attitudes and uptake**

There was a marked variation in the nature of arrangements participants had made to receive income in retirement.

Gujarati participants did not raise any ethical, cultural or religious objections or issues discussing savings in general, and private pensions in particular. In fact, as can be seen from Table 5.8, Gujarati participants had made a range of different investments and preparations for savings and were overall very positive about private pensions. There were a number of reasons for this. Some participants discussed the fact that they wanted to look forward to a better quality of life in retirement, but many participants feared that the state pension would be insufficient to meet their needs or that it might be withdrawn or limited - they therefore saw private pensions as a necessary preparation for old age:
The reason [for investing in a private pension] is that the state pension will not be enough at all - in fact it will be very little. When I see my elderly family members who are not even able to work at all in this country and are given very little support by the Government it has made me think twice it has given me a learning lesson.
(R29 GM 50-60, Architect - ID)

I think you should do as much as you can. I don’t want to rely on Government because you can never trust what other people - including the government - will do for you. You need to do as much as you can for yourself.
(R11 GM 40-50, Warehouse Clerk - ID)

Many Gujarati participants had initially taken out occupational pensions in their youth simply because it was offered. However, after this 'opportunistic' planning, many participants became more focused and aware, as they grew older. A great many of participants had invested in stakeholder pensions and other products:

I was 28 when someone came to see me [at work] to ask about my retirement plan - I was shocked! I laughed at her! But she said, 'You will have to retire one day and you should start investing now.' And that was really the first time I started to think about it. I think if I was earning less then maybe I wouldn't be able to save and speak so confidently [about the preparations she has made] but I realized that it would be good to save for my retirement.
(R10 GM 40-50, Hospital Consultant - ID)

The occupational pension when I first joined in was part and parcel of the job, and I must confess - when you are young you never think you are going to be sick, you never think of retirement. Since then I have given it quite a lot of thought, and I've got some other investments. The stakeholder pension has only come out recently and the reason for investing in that one, that was a good return. I could afford it.
(R24 GM 50-60, Higher Executive Officer - ID)

I feel I have made provisions already to secure retirement and obviously a little more to start with, so that when you are approaching retirement you have a buffer to start retirement. I think the stakeholder pension has made me think a lot. When the stakeholder pension came out I realized there were lots of advantages and now I am putting into it as much money as I can.
(R11 GM 40-50, Warehouse Clerk - ID)

Although the majority of Gujarati participants felt confident that they had made sufficient provision for old age, a small minority were concerned that they had not made enough provision. This group mainly comprised lower income workers which included many women who were working part-time and had incomplete employment record. Women who were unmarried, divorced or separated were also likely to be one of the least well-protected groups:

I like to work and I am career minded, and when they gave me early retirement, I fought
it. Because I have worked over here for twenty years I had read everything about pensions, but I don’t think I will get it [the full pension], I don’t think I will get more than £40, £50 - and I can’t live with £50.
(R37 GF 50-60, Administration Assistant - ID)

The situation in the Bangladeshi community provides stark contrast as in many respects; their future prospects appeared a great deal bleaker than those of their counterparts in the Gujarati community. As discussed above, low incomes and insecure employment have the most significant impact on participants to take out private pensions. The largest group were those who had not saved (Table 5.8) at all. In addition, some participants said that they would like to save, but that occupational pensions were not offered in their industry:

P1: No, not on our income - if we have that then we have to give a lump sum every month and I have no ability to give that. That kind of scheme - occupational pensions - we haven’t got that.

P2: the situation I am in - trying to maintain everything myself I can’t even maintain my family - and the reason why I am dependent on the [state] pension is because I can’t do a private pension because I haven’t got the financial ability.
(BM 40-50 - FG)

Even those who had made private pensions arrangements were not confident that they would be able to remain within the scheme because they were struggling with the current level of repayments. The situation was made more problematic for participants whose jobs were not secure:

I did do something about eight, nine years ago, I had a business - an accountant said that you might not get a pension, so you may as well do a private pension. I don’t know if I can maintain that. I am still continuing, I don’t know if I can carry on in the future. The stakeholder pensions - occupational pension - are not available to workers in the restaurant - the government is pressuring to do that, but nobody is taking it seriously.
(P3 BM 40-50, Restaurant Worker - FG)

Participants who were unemployed or were working in the restaurant trade pointed out they were struggling to make ends meet now, and in old age their situation would probably get worse. Participants who were working as waiters in restaurants claimed that their wages were low and they were unable to save for the future. The fact that many Bangladeshi participants were responsible for supporting elderly parents in Bangladesh from their meagre earnings meant that they had to set aside their own need to save for retirement:

I had taken out a mortgage endowment policy when I bought my house. Now I am
unemployed and my mortgage is not going to be paid by the endowment. I have been sent a letter to remind me that there will be a short fall of ten to twenty thousand. I will carry this debt in old age.
(P3 BM 40-50 Unemployed Waiter - FG)

I can say that the kind of country we have come from, we have little hope that our financial position would get better. We come from a poor country and we have to send money to family members we have left behind. This comes out of our small wages. Our jobs are not secure - we can lose our jobs at any time
(P6 BM 40-50, Waiter - FG)

In terms of cultural barriers to pensions savings, in interesting contrast to more general savings (and as we shall see insurance policies), participants did not necessarily consider pensions saving to be 'Haram' [forbidden]:

I wouldn’t like to take out insurance policies because we call it ‘Haram’ [forbidden] in my religion. I have thought about it and I have worried about it. I have asked advisors about pensions and I enquired it and I thought that when people get [state] pension it is not enough to lead a good life, so I thought if I could save [in an occupational pension] a few extra pence on top then I’d get something back.
(R4 BM 50-60, Waiter long-term sick – ID)

As mentioned as before, Bengali women did not have access to private or occupational pensions, as they were mostly housewives. In the focus groups, Bangladeshi women’s discussions highlighted a number of concerns about pensions. This included their anxiety about the extent to which they were reliant on their husbands, the fact that they might not get pensions themselves, whether they would live long enough to receive a pension. Some women claimed they were disadvantaged by the fact their husbands who worked in restaurants earned less than factory workers, and the Government discriminated against them, because an elderly person living alone would receive more than an elderly person living in a joint household:

P1: No, I haven’t made any arrangements.

P7: I would expect the support from my husband because he will get the retirement money and I would be getting some state benefit with my husband’s retirement money.

P8: No, we haven’t done anything like that. I am relying on the pension from the Government.

P9: When you get your pension you could go to Bangladesh and transfer it back there. You could keep people, you could buy people and get help for yourself but we people
who haven’t worked we have not got that hope.
(BF 40-50 FG)

P4: If the pension is 65 and all that, are we going to live long enough? Is that going to benefit us?

P8: Pension money isn’t that much, really and especially people who work in the restaurants don’t get much. It’s quite okay for people who have worked in a factory for a long time.

P10 Well now they [the government] are reducing everything. It’s going downhill. They (Government) reduce the pension when there is family living in the house with you but when you are single [living alone] they increase it. So how are the [Bangladeshi] old people going to manage their living expenses?
(BF 50-60 - FG)

However, a number of concerns were shared by participants from both communities. Participants were keen to point out that as with state pensions, their ability to make financial arrangements depended on Britain’s standing in the world and its ability to compete in the global market. Participants who had recently been made redundant and those who felt their jobs were at threat blamed the globalisation of the labour market for increasing their anxiety about life in old age:

I think the economic situation is changing because the costs of production outside this country are very cheap. I have just lost my job in the shoe factory because the company decided to move the production to another country. So many businesses have disappeared like this. Without the jobs how can people save or be able to pay taxes. That is the main worry. But only those who have paid full stamp [contributions] will receive benefits and those who have not will only receive limited help
(P4 GF 50-60, Shoelace maker - FG).

A common concern among participants was that people in their generation would be particularly vulnerable in old age because income from their pensions and private savings would be inadequate for them to live comfortably - a concern that was closely tied to the Gujarati and Bangladeshi history of migration and settlement in Britain. Although the majority of Gujarati and Bangladeshi participants arrived in Britain as young or older adults in the later half of 1960s and 1970s, they were followed by a small influx in 1980s and 1990s (see Appendix IV and Table 5.9).

This pattern of migration reflects the trends reported in the national surveys (Owen 1994; Berthoud et al 1997; Eade et al, 1996).
Participants who had arrived in Britain in their early and late twenties claimed that their migration and entry into the job market had coincided with high unemployment rates and recession in the manufacturing industry in the 1980s and in the early 1990s in Britain. The unstable labour market had undermined their earning power and ability to save for the future:

I don’t expect to get much from my company pensions. The amount I contributed so far is small because I joined the scheme at the end of 1990. It was not easy to find work when I came from India. Our requirements in old age will be different but if in future the government decides to reduce the support for older people then we would obviously lose out.
(P7 GM 40-50, Community Development Officer - FG)

For those of us who have come from abroad it will be very difficult to cope because many people in our community lost their jobs because of recession and some of us have to worked long enough to claim full pension. For us there is no time left to catch up.
(P4 GM 40-50, Textile Printer - FG)

Although most participants had spent a large part of their adult lives in Britain, they were uncertain about their future prospects in Britain and tended to view life in old age with certain amount of apprehension:

Our parents they were thrown out from Africa. What certainty have we got? We are not sure whether we’ll be allowed to stay here for the rest of our lives. My worry is no matter how much money we try to save we cannot save enough for our old age. We cannot hope to catch up with people who were born in this country. I don’t now how we will manage. My parents are really finding it hard to make ends meet.
(P1 GF 40-50, Clerk in Benefits Office - FG)

Similarly, older participants (aged 50 and over) who had experienced a period of unemployment and those who had not been able to find work were concerned that they had missed their opportunity to make adequate provision for old age and feared living in poverty:

Since I was made redundant, I have to live on my savings until I’m entitled to draw my pension. The pension I will get will be depend on how much tax I have paid. I’ve not been able to make enough contributions. That’s what I have been told. My pension will be much smaller than for other people who are working.
(P3 GF 50-60, Unemployed Machinist - FG)

Our findings are broadly in line with the findings of studies (Berthoud 1998, Nesbitt and Neary 2001) which have found strong co-relationship between social and material deprivation and migrant status, job insecurity and uncertainty about the source of income in old age - and
the attitudes towards retirement pensions. However, our findings suggest that the level of insecurity perceived by participants varied according age, gender, martial status and disability. For example, younger participants in the 40 plus age group believed that people in their generation were likely to face particular hardship in old age because their ability to save for old age was compromised by factors which had not affected the previous generation. Participants described their situation as being ‘sandwiched’ between the demands of the younger and the older generations. Participants who already had the responsibility of caring for an older relative claimed that the unexpected change in the funding of higher education had introduced new uncertainty to their lives and had cause them to reassess their priorities in securing their own future needs:

Because we are in the middle of our [kids] generation and our in-laws generation, we are taking the brunt of everything. My mother-in-law has never worked and she is financially dependent on us and now if have to find money for our children’s college education. We are caught out at both ends so how can be even think about saving for ourselves - we have so much stress balancing these two generations
(P6 GF 40-50, Legal Secretary - FG)

I have to spend a quite a bit of money on my children’s education so they can make better lives for themselves. My parents in Bangladesh, they don’t get any money from the government. So, mostly they rely on me. It is in our culture and religion that everyone should help their parents. I earn about £300 a week and I am spending money on my son or my daughter and send little to my parents. If in years time I become ill and an invalid and I can’t work and if I don’t have the earnings which are sufficient for the rest of my life then all I will have is £40 pension from the government
(P8 BM 40-50, Waiter - FG)

Other types of saving for old age

We asked all participants for information about what preparation - other than state or private pensions - they had made for old age. This included cash savings in a bank or building society savings account, ISAs and PEPs, life assurance or insurance policies, mortgage endowments or other endowments, stocks and shares, and savings or property in another country (see Table 5.10).

Unsurprisingly, many of the points made about investing in state and private pensions schemes also applied to other types investments. Gujarati participants tended to be very positive, and to have invested in a number of different products, whereas Bangladeshi participants' attitudes were more mixed, depending on socio-economic background. Most significantly, the issue of interest being ‘Haram’ [forbidden] applied particularly to savings
insurance products, even though it did not apply to pensions products.

Many Gujarati participants had invested in stocks and shares and had bought insurance products. A number of participants raised anxieties about their current performance but this had not in most cases however, resulted in them withdrawing their investments:

Twelve years ago, I and some friends in Derby decided to put a £50 investment each in the stock market. That was most unfortunate decision. Our investment was worth £20,000 but now it is just £4000
(P3 GM 40-50, Health and Safety Manager - FG)

With the exception of two participants, no Bangladeshis had investments in shares but nevertheless; some male participants raised doubts about their safety as an investment. In the main, female participants were negative about shares either because they could not afford them, or because they believed, they were a bad investment. In addition, however - and surprisingly - some Bangladeshi women held shares that they had received as 'windfalls' such as gas and other utility shares:

When you come to dispose of it and transform it into cash you will find it extremely difficult to get good returns for it.
(P3 BM 40-50, Restaurant Worker - FG)

P2 I have got some shares which are in telephone and gas. I didn’t do it for my old age

P10 Well I haven’t got any shares or anything, national insurance contributions so how can I have shares or whatever!

P11 Well I haven’t got a stamp or anything in here. We’re come with an empty hand. We will be going with an empty hand.
(BF 40-50 - FG)

Both Bangladeshi and Gujarati participants believed property to be a good investment and in fact almost all of Gujarati participants (18/20) and three quarters of Bangladeshi participants (14/19) owned their own homes (Table 5.11).

In addition, almost a third of Bangladeshi and just of over half of Gujarati participants said that they expecting to receive an income from their mortgage endowment policy in retirement. This was by far the most important source of potential income in old age for participants from the Bangladeshi community (Table 5.12).
Of those Gujarati participants who owned second homes, along with a handful of Bangladeshi owners, most felt that property was a good investment for old age. A number also commented that they felt it would help to support them if their occupational pensions or private pensions did not do as well as they hoped:

Property - that in my opinion is the only thing that's going up! I can't rely on pensions and stuff like that primarily because it's based on stocks and shares - you can't really watch what you've saved suddenly disappear
(P6 GM 40-50, Unemployed Systems Design Engineer - FG)

When I bought this second house we had a debate about whether we should put the money in the bank - but what's the point of just earning interest. If it sits in the bank it will not grow as fast as if you put it on property. And you know if you rent it you will get some income as well.
(R10 GM 40-50, Hospital Consultant - ID)

I have made many investments in different areas. Properties are good because they bring in a regular income even if we are gone, our children will have an income.
(R33 BM 50–60, Education Officer - ID)

In addition, some Gujarati participants thought that as the value of their house had risen, they could 'downsize' and use the equity in their retirement:

I wouldn't be able to manage a big house, financially or physically. We would probably sell our house and go to a smaller house so that will give us some flexibility.
(R27 GF 40–50, Education Officer - ID)

I'll sell the house and move into a smaller accommodation so that I have some funds and if need be, I'll use that fund - if I've still got it!
(R20 GF 50-60, Clerical Officer – ID)

Bangladeshi participants who did not own property, or owned only one property, also thought that it was one of the best ways to invest, and that it might enable them to avoid the Islamic prohibition on earning or charging interest:

I would put it in a savings account but you cannot take interest because we are not allowed. The other way is that if you had a lot of money you could buy another house and sell it because the price will go up.
(R14 BM 40–50, Waiter - ID)

This house is a council house and they said I can buy it for £65,000 and if I could get a mortgage in my name then I would like to buy it. If I do buy it then it would help me in my future.
(R4 BM 50–60, Long-term sick – Waiter - ID)
Some Bangladeshi participants also owned property in Bangladesh. However, in most cases this was a stake in either the family’s village land or house, and was jointly owned with other members of the family. Participants thought of this property as a house they could use when they visited Bangladesh or retire to, rather than as an asset they could use to finance their needs in old age:

We have got property in Bangladesh, and we have got land in Bangladesh, so if I don’t get any pension here, or if there is any problem here, then we can go back to Bangladesh and live there.
(R12 BF 50–60, Sari Shop Owner - ID)

**Expectations of support from the state: what should the government provide?**

The state welfare system in Britain entitles all old age pensioners, including those who have been unable to make any personal contributions to a basic state pension. Participants in the focus groups and in-depth interviews were asked about the kind of financial support they expected to receive from the government after they retired from work. This question was put to all participants regardless of whether or not they had ever done any paid work, and this included those who were not currently working. The state pension was identified as the main type of state support by all participants, although participants who had private pensions were aware that any benefits they might get would be subjected to means testing. Other types of benefits mentioned by participants included income support, housing benefits, winter fuel bill allowances, concessionary travel and recreational allowances.

Because of the small size of our sample, it is not possible to establish the extent to which differences in expectations of financial support were directly linked to age, gender, ethnic and socio-economic position. However, when these results are examined in conjunction with analysis of in-depth interview, it was possible to establish a tentative link between employment history and the nature of occupation, income levels and the ability to contribute to private pension provision.

For example, our analysis of the in-depth interviews (Table 5.13), revealed that almost half (8/19) of the participants in the Bangladeshi community indicated that expected more than half of their retirement income to comprise of state pension. This compared with a slightly smaller number (6/20) of participants in the Gujarati community. Whilst there were no differences between those who expected the state pension make up exactly half of their retirement income, a much bigger differences existed between Gujarati (10/20) and
Bangladeshi (4/20) participants who expected state pension to form a much smaller contribution to their overall retirement income.

Participants who expected that a higher proportion of their retirement income would be provided by the state tended to be women who had never done paid work, including those who were widows, divorced or separated and those who women who were unmarried. In practice, the state was the **only** source of income they could envisage, having never experienced receiving a regular income from any other source. The findings of other studies have suggested that there is a strong link between the ability to save for retirement and employment history of people from minority ethnic backgrounds (Nesbitt and Neary 2001, Berthoud 1998; Ginn and Arber 2001). It is therefore possible that these factors increased the level of financial support they expected to receive in the retirement- the rationale being that as there was no other way for them to support themselves, the government would have to help them.

It was also not surprising therefore that female participants who had been working were also expecting the government to make up a larger share of their retirement income as many were on low incomes and did not have uninterrupted employment records. However, some women expected the state pension to comprise a much smaller percentage of their retirement income. These women tended to be in highly paid professional jobs. The small size of the sample means that these findings should be interpreted with some caution, but overall, they do suggest a link between income and profession and the level of support expected from the state.

There were similar associations between type of occupation and employment record and the level of support expected by male participants. For example, men who were in well paid professional jobs and those who were running their own businesses tended to expect a lot less support from the state, whereas male participants in poorly paid jobs and those who had given up for health reasons were expecting to lot more support. Overall, income and profession were more indicative of expectations than community, gender or age.

Our analysis of material from the focus groups reveals that participants from both communities stressed that the government should provide financial assistance to people in old age. This was perceived by all as their "legal right", and many believed that the government
was collecting taxes from them for this purpose. Participants who were working believed that they should not have to justify their reasons for seeking financial support from the state. They stressed that they had earned the right to financial support by paying their taxes, and some argued that since National Insurance was compulsory they were unable to opt out. Some suggested that if they could opt out, they would choose to invest that money in ways which might generate better returns than what they expected to receive from the state pension:

If the government had not been collecting taxes from us then we would have saved the money separately and privately for our own needs. Just because the government has said that the tax they are collecting would go towards helping people in old age then that’s the reason why we have been paying our taxes. I’ve been paying a quarter of my salary towards taxes so I should get help from the government.
(P10 GF 50-60, Teacher - FG)

As with personal and practical support (above Chapter 4), Bangladeshi women who had not themselves made any contribution to the National Insurance scheme reiterated that they had a right to claim financial assistance from the government because the contributions their husbands and sons were making were sufficient to cover non-working members of their households:

Well my husband has been paying taxes all this years and we also pay taxes in some other form so we hope that we would get the 100% help because we won’t be able to cope unless the government gives us money in our old age.
(P6 BF 40-50, Housewife - FG)

When my sons and daughter are working, they will be paying taxes to the Government. They [children] can’t pay to me directly from the money will have to give to the government because that’s the government's rule, isn’t it? They will work and government will take tax from them, and that will pay for my pension
(P3 BF 40-50, Housewife, caring for a daughter with complex disabilities - FG)

With the exception of participants who had access to other sources of personal income, a majority of participants, particularly women, reported that they were likely to be dependent entirely on the state pension to meet their basic needs, including paying for home care or in a residential setting.

**Expectations of support from the state: what will the government actually provide?**

Although most participants felt they were legally entitled to seek financial support from the government, the level of support they expected to receive in practice varied markedly between Gujarati and Bangladeshi participants in both focus groups and in-depth interviews.
A majority of Gujarati participants in the focus groups claimed that the amount of financial assistance they were likely to receive from the government in retirement was likely to be a lot less than they expected. Two main explanations were put forward for this pessimistic outlook - a lack of confidence in the government's ability to make sensible investments on their behalf, and the fear that in the future only the most needy would be entitled to the state pension (with the rest expected to live on their private pensions and any savings they might have accumulated). The perception that the Government had recently been championing of personal pensions and private insurance schemes was interpreted as a government agenda to lessen dependency on state welfare provision:

The government expects us to invest in shares and save through private policies. I think we will have to get used to idea that there might not be any government pension for us when we retire. We'll not be able to solely on the government pension. It doesn't matter whether it's the Labour or Conservative government or whoever. The writing is on the wall. The government will not subsidise our income in old age.
(P3 GM 40-50, Health and Safety Officer - FG)

The UK is known as a welfare country but it's going to change now and they're [the government] moving towards the private pension. Its mainly the government... they are encouraging people to take out personal pensions plan etc and make it everything privatised. It's quite scary to think that in the future there won't be anything for us. We'll be expected to make do with our saving and the private pension. I think the government is not going to give us anything even though we have worked hard for the whole of our life here.
(P3 GF 40-50, Legal Secretary - FG)

In contrast, focus group participants from the Bangladeshi community appeared to have fewer doubts about the level of financial support they expected to get from the future. The vast majority of them were confident that they would get more than half their half of retirement income, with some claiming that they expected to get a lot more than their retirement income. This stark contrast in expectations was tied to the level of employment activity, type of occupation and salary scales, access to private pension schemes (particularly occupational pensions) and the ability to make additional voluntary contributions towards a private scheme.

In the case of Bangladeshi women, it was evident that with a few exceptions, a majority were economically inactive, and it was therefore unsurprising that the level of support expected from the government was very high indeed - it represented their only personal source of income in retirement. For male participants, expectations of a high level of financial support, appeared to be linked to the nature of their occupations, which were usually low waged and
insecure with few opportunities to make separate provision for retirement - as is evident from
the conversation between a group of Bangladeshi men:

P4: I am earning a little bit now and I don’t have any savings or anything from my
wages. Whatever I earn goes to support my wife and children. If the Government
doesn’t help us properly then we would really suffer a lot and that is for most us a fact
of life.

P7: If in the future the Government decides not to give us a full pension and other
benefits then I don’t know what we’ll do. I am certainly hoping for 100% support.

P8: I think that would be needed and I think we should expect more help. If the
Government doesn’t help me then how am I going to live? I can’t live a healthy life.
It’s not going to be possible unless the Government helps. I would expect the
government to provide me enough pensions because I would have nothing else.
(BM 40-50 - FG)

Whether or not participants felt that the state would want to provide financial support for old
age, participants from both communities identified a number of reasons why the state would
be unable to provide support. This lack of confidence reflected a general concern about the
future of pension schemes and stock markets voiced by the government and trade unions. It
was evident that the participants’ sense of insecurity had been intensified by stories they had
seen in the media:

My fear is that by the time I get to retirement age I don’t think there will be much left.
The government’s polices are changing. Now, all types of pensions and insurance
schemes are not doing very well. I hope they will not cut services. For example, if there
is a reduction in social services or housing benefits or pension, there is no way we could
manage.
(P6 GM 40-50, Unemployed Systems Design Engineer - FG)

There’s no guarantee that we will get a state pension in the future. I am not sure what is
going to happen to the contributions I am making through National Insurance scheme.
Am I going to get anything back? Who knows?
(R8 BM 40-50, Baker - ID)

Not only did participants fear that income from their private and state pensions might fall far
short of their expectations; those who had become aware that the government might scrap the
current statutory retirement age were concerned that people in their generation were the most
likely to be affected:

The pension arrangements the government had made was for people to retire at the age
of 65, but when it is our time it’s likely that we will not be able to retire until we are 70.
The problem for us is that we will not be able to make good the shortfall in our pension.
(P5 GM 40-50, Community Worker - FG)

Although a majority of participants expected to receive some financial assistance in the form of a basic state pension, there was a general sense of unease among all participants because they believed that the increase in the number of elderly people in the population would have serious repercussions for people in their generation. They believed that the government would not be able to cope with the level of demand for state pensions and health and social services:

The elderly population is getting bigger and bigger. There will be many people who will depend on Government. These people will need to use health care services and already when you just think of prescription, it is just so expensive. So when we need medication or if we need an operation who will pay for that?
(P4 GM 40-50, Textile Printer - FG)

The modern world is changing very fast. People are having fewer children - if we don’t have young people in work how is the government going to support us when we start claiming our pensions? The population of young people is declining while many older people are living longer than before. If this continues, then there will be a big financial gap and older people in my generation are most likely to suffer. If I need an old age nursing home or some other care, the Government may not be able to pay all of it.
(R33 BM 40-50, Education Officer and Restaurant Proprietor - ID)

At the moment, four people are paying tax and one pensioner is getting the money. I think in ten years time there will be two people working and two people getting the pension. Now those two people will have to pay more tax and they will say, “Why should I pay more taxes?”
(R31 GM 50-60, Post Office Clerk - ID)

Participants were also anxious to highlight the fact that even if the state chose to provide, the repercussions of global markets would have a negative impact on welfare provision:

I mean I’m just having a wider view of the Government’s finances at the moment and I think they don’t have any surplus budget. The future looks very dim. I don’t think the Government will have enough money to support the people in my generation unless we have some sort of boom of businesses. I mean at the moment quite a lot of businesses are being taken away from this country, so it’s not looking good for us
(R20 GF 50-60, Clerical Officer - ID)

As I am getting old and the only worry at the moment is the economic situation. Because the way the Government finances are going on, I’ll be lucky if I get my pension in twenty years unless the economic situation improves. At the moment almost 350 companies a week are going bankrupt. If these companies were thriving they would pay taxes, they would pay National Insurance. If they go bankrupt they stop paying tax to the Government and then there isn’t enough money to support older people
(R31 GM 50-60, Post Office Clerk - ID)
The consequences of being unable to rely on state provision

We found that one of the greatest fears for all participants was that their income would not be sufficient to meet their needs in old age: the possibility of living in reduced circumstances was uppermost in the minds of most participants. The same pattern was found amongst participants who were interviewed individually. Our analysis of the in-depth interviews (Table 5.14) suggests that that almost three quarters (14/20) of Gujarati participants, interviewed individually, expected to be worse off in old age and about a quarter (5/20) thought their position would remain the same. Only one participant thought they would be better off than they were now. In contrast, around half (8/19) of Bangladeshi participants expected to be worse off and about the same number thought their position would remain the same. Of the remaining Bangladeshi participants, two thought they would be better off than now and two were unable to say what their position was likely to be.

The vast majority of participants expected to be worse off. This is unsurprising, as this group was mostly working, and therefore felt that it was unlikely that a personal pension plus the state pension would equal their current salary. Those whose current income comprised either largely or exclusively state benefits mostly believed that they would be neither better nor worse off: they could not envisage a situation where the government would give them less money than they currently received. Our analysis of those who believed that they would be better off in old age tended to be those who were currently dependent on benefits and believed that in old age they would receive supplementary benefits to the ones they currently received, in line with their increased need for support and assistance.

Although concerns about living in poverty were identified as a major source of worry by all participants across age, gender, ethnic group, occupation and income levels, there were some exceptions. Participants with professional qualifications, and those in well paid jobs, particularly those in medicine, administration and teaching were more confident about their future because of they believed that the preparations they had made would enable them to live comfortably in old age:

I wouldn't worry about old age now. I mean I have made enough provision for myself so I wouldn't have to worry. The arrangements I have made will allow me to live comfortably when I retire
(R10 GM 40-50, Hospital consultant - ID)

Before I used to work, but now I have my own business. I have paid tax to the
Government and so hopefully I will get my pension. I’ve got other properties and some land in Bangladesh, so if I don’t get any pension here, if there is any problem here, then I can go back to Bangladesh to retire. What I’m saying is that I am not dependent on anyone
(R12 BF 50-60, Sari Shop Owner - ID)

Financial support from family

As our findings suggest, the concept of compulsory altruism was widely understood as an accepted basis of negotiating support from family in old age. It is assumed that this system of exchange would include financial assistance. In the majority of cases where both spouses worked, or had independent sources of income, it was generally accepted that in old age they would pool their resources to pay for their care. There were, however, some exceptions. These differences were highlighted by Bangladeshi women. For example, almost all Bangladeshi female participants reported that as they did not have an income of their own, they hoped to rely on their husbands’ pensions, in addition to any benefits they might be entitled to claim in their own right from the state. Many believed that they had a strong claim on their husbands’ income because they had not gone out to work as they had to look after their children and their homes and therefore it was moral responsibility of their husbands to support them financially:

P7: I would expect the support from my husband because he will get the retirement money. I would also be getting some state benefit with my husband’s retirement money. If the husband has got the money, you can ask him because you have the right to it…you have to insist that he gives it to you.

P9: Yes of course, it is all the way through life you depend on my husband. You expect your husband would give you money in old age. In old age, I would want a comfortable home and enough money from my husband so that I don’t depend on others
(BF 40-50 - FG)

In contrast, several Gujarati women pointed out that they had learnt from the experience of their mothers that it was important to retain control over money to avoid having to become dependent on others in old age:

I speak from my personal experience. It is painful to see the way the position of my mother changed after my father died. I would not want to be financially dependent on anyone…it can be my husband or my son. I wouldn’t want to be dependent on anyone
(R20 GF 50-60, Clerical Officer - ID)
With the exception of a handful of female participants who were in reasonably well-paid jobs or were running their own businesses, the accounts of many participants indicated that most Bangladeshi women shared similar perceived levels of financial insecurity as their male counterparts, though not necessarily for the same reasons.

Whereas Bangladeshi men pointed to low waged, insecure jobs as the source of financial apprehension, a majority of women pointed to the fact that they were housewives and had no private income of their own. A common concern voiced by participants was that because they were unable to do paid work and make National Insurance contributions they would be penalised in terms of the benefits they would receive in old age. Despite having a moral claim, many Bangladeshi women were aware that their spouse’s or children’s ability to support them would be depend on their financial circumstances. Many women believed that their future prospects were bleak because without a private income of their own they would be totally dependent on their husbands’ income and if their husbands died then they would be forced to rely on their children. The following conversation, which took place between a group of Bangladeshi women aged 40-50, provides some explanation for their pessimism:

P2: Our Bangladeshi women....... they rely on firstly their husbands and secondly their sons but if both of them abandon them then who should the woman depend on? Must she roll herself into a small ball and stay in the house depressed?

P7: People like us who haven’t worked here what is going to happen to us? We have hope that our children will look after us but if they don’t we don’t know what is going to happen.

P10: Already the situation of many women is really bad and in twenty years time I think it is going to be [even] worse. When our health and ability falls then I don’t know what will happen. Well, all of us here who haven’t worked and haven’t even paid any taxes what’s going to happen to us?

P2: I’m really worried. I haven’t even got any capital, no savings, how am I going to live in the future? Even today my health is not good and it will probably get worse (BF 40-50 - FG)

Participants who were divorced or separated from their husbands were equally concerned about their financial position in old age because they were afraid to transfer their dependency on their children in old age - they were not confident that their sons and daughters-in-law would look after them. This was a major concern for participants who had separated from their husbands and for those who felt that they had abandoned by their husbands. For the
many Bangladeshi women who were married to men significantly older than themselves, the prospect of their husbands returning to Bangladesh to retire was becoming a serious cause of concern:

When you marry, you have an expectation that your husband will look after you. When the husband goes back to Bangladesh to live with his other wife whom will you depend on? Who would pay for children and everything [household expenditure]? 
(P8 BF 40-50, Housewife - FG)

Living in an empty house, how do you enjoy. My husband brought us here and he should be responsible to look after us. Now my husband has gone back to Bangladesh to retire so how am I supposed to cope?
(P4 BF 40-50, Housewife - FG)

Participants who were divorced or separated from their husbands were particularly anxious that they would be forced to rely on the goodwill of their children or to depend totally on government handouts:

I think my situation is going to get worse because how am I going to get an income? I am not able to work. I can’t rely on my husband. No, he does not help at all. I have never got anything from him. I have to depend on my children
(R35 BF 50-60, separated from husband - ID)

The amount of social security I am getting now is not covering all my expenses. Sometimes I have to borrow money from my friends. But when I am old I don’t think I will be able to borrow from my friends as I won’t be able to pay them back. I do hope my daughter will help. I don’t have any other children. But the problem is that when she gets married her in-laws may not like it
(R26 BF 40-50, Divorced - ID)

The nature of difficulties voiced by Bangladeshi women are broadly in line with the findings of other studies which have investigated the lives of Bangladeshi women and the nature of difficulties they face in making their home in Britain (Khanum 2001, Phillipson et al 2003).

It was also clear that participants’ perceptions of the nature and extent of financial hardship they were likely to face in old age varied according to marital and health status. For example, female participants who were disabled, unmarried, widowed or divorced were particularly concerned that they did not have a private source of income to support themselves in old age. Female participants who had been either disabled from childhood or who had disabling long-term illness explained that they were totally reliant on financial support from government. They were particularly concerned that the level of support they were currently receiving was
insufficient to meet their present needs and feared that in the future they might be even worse off because their needs were likely to grow:

Many people in my situation have no money of their own. If there are fewer jobs in the future then the Government's income will go down they will not be able to provide the same level of benefits to older people who have been ill for a long time. Only last month, the council informed that my entitlement to home help would be reduced from next month. I feel that things will get much worse for me (P12 GF 50-60, Single, Disabled by chronic arthritis - FG)

I do worry – when I get old what's going to happen to me. I don't have family to look after me. Am I going to be able to afford the nursing home fees? Because of my condition and my health has steadily got worse. It is very difficult to get ordinary help at home. I will soon need nursing home care and it's expensive and who's going to help? (R37 GF 50-60 Single, polio survivor - ID)

**Expectations of support from children**

Participants were asked about the kind of financial help they expected to get from their children if they needed to pay for additional help at home, or if they had to meet the additional costs of residential care. This generated a variety of responses about the nature and level of financial support they would expect from the children. Whilst some participants claimed that they would expect help with all household expenditures including personal items such as clothes, others claimed that they would only expect a small amount of occasional assistance to make up the difference. At the other extreme, some claimed that they would not expect any help at all.

The differences in expectations of financial help did not seem to vary a great deal with age, gender or ethnic group. Rather, explanations provided by participants seemed to suggest that differences were linked to cultural traditions and individuals' social and economic status, particularly their employment history. For example, a majority of female participants in the Bangladeshi community explained that they had no means of saving as they were housewives: the only income they were likely to have in old age would be their entitlement to a small amount of state pension (see Appendix IV and Table 5.8).

Many women felt that after marriage husbands were obliged to support their wives and if the husband was unable or unwilling to support his wife, then that dependency transferred to the male children. Unsurprisingly therefore, many Bangladeshi women expected that their children would assume total responsibility for all household expenditure and care in old age:
If they [parents] are living with their children, there is no question about paying the household bills. The children would pay that anyway. Then again, I would expect that my sons would also pay all electricity, gas and telephone bills and all that. And I think it is right that for the children to give that sort of financial support towards parents. What I am saying is that we have spent 40 years of our life on them, so they should in return give a little bit of help
(R5 BF 40-50, Housewife - ID)

I would depend on my son. He (son) would pay the household bills and pay for my personal needs such as pay for my clothes and anything else I might need. Obviously there is my husband he will look after me, and if my husband dies then I would expect that my son would take care of all my needs
(R9 BF 50-60, Childminder - ID)

I would depend on my son. The kind of education he is getting now will enable him to get a good job so I think that he will be able to help me. As we expect to continue living together as one family, it will be my son’s responsibility to pay for everything I might need when I am old
(P1 BF 40-50, Housewife - FG)

Although this tradition was widely accepted by all participants as the rationale for obtaining financial assistance from their children, most participants were not convinced that they could rely totally on their children. Indeed, many participants, including some Bangladeshi women, claimed that such expectations were unrealistic and that their own expectations may have to be very modest. The kind of help they believed they were likely to need were one-off payments or token sums to augment their pensions and occasional help with unexpected expenditures. It was very rare indeed, for participants to suggest that they expected their children to give them a regular allowance; but some gave an indication of the level of help they thought they could reasonably expect:

I don’t expect them [sons] to give what they are earning, not all of it. If I need it, I hope they will help. I think £100 a week would be enough. I think they [sons] between them can manage to help me £100 a week. They have had good education and they will get my business so they will easily afford to give me a weekly allowance
(R1 BM 40-50, Restaurant Proprietor - ID)

The way we are bringing them [sons] up, they won’t hesitate that is my belief at the moment. I am quite confident that unless they [sons] go under the bad influence, they will be financially well off. They wouldn’t mind giving me 5% of their salary to support me, and I wouldn’t mind accepting it as well. I would say one month’s expenses out of 12 months. So 10%! I think that this is a realistic expectation
(R10 GM 40-50, Hospital Consultant - ID)

Other participants were more cautious about stating the exact amount of financial help they
hoped to get from their children. Participants who expected to get a small amount of help in
times of need split into two groups – those who saw occasional help as a bonus, and those
who expected a small amount of help. The first group argued that as their needs were likely to
grow in old age and they could not expect their children to bridge that gap and maintained that
parents should rely on their own savings and pensions and should not expect more than a
small token from their children. The second group asserted that they would expect their
children to make a small contribution now and then so that the parents would not be forced to
live in reduced circumstances:

If they [children] bring something because they realised that we may need it according
to our situation then that’s fine. For example if they, if we need an electric fan and if
they bring it as a gift then it will be all right. But we will not expect it just because they
are earning. We will not demand it of them. We should depend on our savings and
pensions first. Only if becomes impossible then may be our children can give us a little
bit now and then to top up our income
(P4 GM 40-50, Textile Printer - FG)

The lifestyle we are living and the standard of living is much higher so I think we need
to expect a little bit from our children, otherwise our life in old age will be very
uncomfortable. Although I might have to get used to a lower standard of living, I hope
that my children will give a little bit now and then to help me out
(P3 GF 40-50, Legal Secretary - FG)

If I can cover all my financial expenditure by myself, then I would do it by myself. But
if I can’t then I would ask my sons to make a little contribution towards the electricity
or the water bills
(R15 BM 50-60, Chef - ID)

If for instance the child comes out of a good education, has a good job, then it is good
that if the child can manage it and pay for some odd item of household or buy some
clothes or shoes. So I wouldn’t rely on them but if they can manage and then they can
pay a little then we don’t have to fall on to the government
(P1 BF 40-50, Community Liaison Officer - FG)

Participants identified a range of difficulties which they thought would inhibit them from
asking their children to pay for the additional cost of care in old age. These included anxiety
about being perceived as needy and burdensome; fear of losing their self-respect;
apprehension about being refused or rejected by their children, and concern that their
dependency would result in the impoverishment of their children and their grandchildren.
Concerns were shared by all participants, irrespective of age, gender and ethnicity, and ranked
according to the level of discomfort participants believed were likely to cause them. The
concerns were prioritised as loss of dignity, disharmony or discord in relationship with
children and opportunity cost for the future generations. For example, some loss of self-respect or pride was uppermost in the minds of many participants and those who saw financial assistance as a form of begging felt that the idea of being financially dependent was particularly humiliating:

I think it would be even worse than getting help with personal care! I don't know. If I had to wait for my weekly pension payment before I could afford to pay for things I need, it would be really hard. I would not be able to hold my head up in public if I had to rely on my son...becoming financially dependent on my son would be a very humiliating experience
(R3 GF 40-50, Clinical Scientist – ID)

Anxiety that seeking financial assistance may introduce discord in the relationship between parents and children or other close relatives, was often cited a reason. The possibility that their request for help might be rejected was a concern widely shared by both Gujarati and Bangladeshi participants and some participants stressed that they would find it preferable to make economies and reduce their standard of living, or seek help from the government, rather than jeopardise their relationship with their children or relatives:

I have got four brothers so I can ask everyone to contribute equally but if they refuse me then I would be upset. If you want to keep up your relationship with your family it is better not to ask them. I am helped by social services and I hope they would continue to support me because my condition is getting worse each day
(R37 GF 50-60, Polio suffer - ID)

I would not mind asking the help of the government if need arises but I will hesitate before I ask my sons. I think I will leave in such a way that I won't need to ask them
(R19 GF 50-60, Housewife caring for spouse with stroke - ID)

I would feel very bad about becoming a burden to my children. I would feel guilty to ask my sons whereas I wouldn't have any problems asking the government. The government is not personal, you are not there face-to-face, and they don't know you but to ask a member of your family for give you money, you feel embarrassed and ashamed
(R14 BM 40-50, Chef - ID)

Anxiety about the possible negative consequences on the lives of their children, particularly opportunity cost to grandchildren, was often cited. Many felt that financial dependency was problematic because of the undue financial burden it placed on children and their families:

I wouldn't want them [daughters] to support me financially at all. I mean, why should they have to pay for my care? They will have to look after their own needs and if I became dependent on them then they would have to reduce their standard of living. It
would put me off asking their help because financially they would be going backward instead of forward
(R18 GF 40-50, Office Clerk - ID)

You see I can hardly support my wife and my children and if I had to help my parents on top that would be very difficult for me. That's why I don't think it is good idea to ask your children to give you money. It is scary really to think that you are a financial drain on their hard-earned income, which they should be using to improve their and their children's lives. I would feel bad and would ask myself, "How can I ask them to help me? How can I put my hands towards them?"
(P3 BF 50-60, Assembly Work - FG)

Some participants felt that life in old age would be intolerable if they were also to become financially dependent on their children, particularly if the children were expected to make a long-term financial commitment:

I wouldn't ask for any help for them [children]. That sort of things [residential care] will be indefinite and it would be very expensive. It would be very big burden on them. I don’t want my children to be responsible for that. I’m sure they wouldn’t mind, but I simply wouldn’t let them do that. I wouldn’t like to take the money from the children
(R32 GF 50-60, Librarian - ID)

All I can hope is that they might be able to provide me with subsistence. But I would not expect my sons to contribute towards residential care. This is something like £300 a week and there’s no way people can afford that. I wouldn’t expect that - anything towards that would really be stretching people because we are talking about large amounts
(R17 GM 50-60, Qualified Chartered Engineer - ID)

It is evident that participants were challenging popular myths about self-supporting South Asian families, and the level of both personal and practical care that was likely to be available and acceptable to older people in the future. In addition to changes in participants' desires for help, participants reported significant changes in their practical expectations of financial assistance: when participants were asked if they thought they would actually receive help from their children, many were extremely doubtful.

Our findings suggest that there is a link between social economic status of participants and their expectations of financial support from the children. Participants most likely to report low expectation of financial aid were those at the extreme opposite ends of the socio-economic scale. Participants secure in the knowledge that their business or profession would easily enable them to make adequate provision for their own old age were most likely to have low expectations of financial assistance from their children:
I really wouldn’t want to rely on my children. That’s the basic answer, because I couldn’t possibly expect them to give me money. I hope to be fully self-sufficient when that time comes. I don’t want take any money from my children
(R11 GM 40-50, Warehouse Clerk - ID)

I have a pension plan sorted out which I hope will cover everything I might need to live comfortable life in old age. If everything works out for me then I will not have to rely on them because it will not be necessary
(R33 BM 50-60, Education Officer - ID)

At the other extreme, participants who did not have any means of saving for their future needs also reported that they would not expect any financial assistance from their children. This was most frequently reported by participants in the Bangladeshi community, especially women, who generally took a bleak view of their own and their children’s financial prospects:

I am just about managing myself on what little I earn. My husband died when my eldest son was just eight. My sons are struggling to complete their education. I hope they will have good jobs but there is no guarantee of that these days. I think that my sons would be in the same position as I am now and they will not have spare resources to help me
(R13 GF 50-60, Care Assistant - ID)

I am on income support and it is difficult to make ends meet. I am not sure if my son will have a job. Most of our men only find work in restaurants. They earn very little. If my son is in the same position as I am now, how can I expect him to help me?
(P8 BF 40-50, Housewife - FG)

**Expectation of financial support from daughters**

Other perceived obstacles to seeking financial assistance from their children seemed to be dictated by their ideological and cultural beliefs. As we saw earlier, there was a deep-seated cultural sensitivity about accepting help from married daughters. Although these attitudes were beginning to relax, (at least with practical help), this was less so with financial help. Seeking and accepting financial assistance from married daughters was considered both morally unacceptable and public humiliation. This was because participants feared violating the taboo of accepting money from their daughter’s husband and thereby compromising their daughter’s position in her husband’s family. For those who only had daughters, accepting financial help was still problematic, but was even more so for participants who were divorced or separated and who had no other means of support:

I am divorced and the only person I can rely on is my daughter. But once she gets married I will have no right to ask for help because her husband wouldn’t like it if my daughter tries to help me. I would like her to help me now and then if I can’t pay the
bills but I don’t think her in-laws would not like it because they [in-laws] would expect that she [daughter] should helps them instead. That’s our custom
(R35 BF 40-50, Housewife - ID)

If I find that I am short of money, the last person I would ask would be one of my daughters because they will be married. According to Hindu tradition parents can give but cannot expect anything in return from their daughters. It would be like going with a begging bowl. I am not sure what I would do but definitely not ask my daughters
(R2 GM 40-50, Graphic Designer - ID)

Even allowing for their attitudes to seeking financial help and their apprehension about the negative consequences of accepting help, participants were aware of other potential barriers to seeking help from their children. Obstacles most frequently mentioned included their children’s responsibility to their own growing family, children’s need to meet their own housing costs and mortgages, children’s financial status, inflation in the cost of living and the weakening of the hold of cultural values on children’s attitudes and behaviour. For example, a common point raised by participants was that it would be unrealistic to expect any financial help because their children would have to provide for their own families and were therefore unlikely to have spare capacity to help their parents. Since some participants were struggling themselves so they knew how hard it could be for children to shoulder the financial responsibility for their parents. Several participants in the Gujarati community suggested that it would be unrealistic to expect financial help from their children because their children might aspire to maintain the standard of living enjoyed by their parents. Parents pointed out that if their children are overburdened with large mortgages and concerns about their children education would not be in position to offer any help them:

I haven’t been able to save much money myself. If you expect your children to provide you with financial support, the thing is how are our children going to help us. They will have their own financial burden. The cost of living has been going up and up so how can I expect my children to support me financially?
(P10 GF 50-60, Teacher - FG)

I don’t think realistically that there will be much support from our children. They will have big mortgages and, their children’s education to worry about so how can we expect them to think of us. People used to live together so it was easy to spread the cost but that would not be the case in the future. We can forget about getting help from our children
(P5 GM 40-50, Community Worker - FG)

Bangladeshi participants were equally aware that their children’s might be prevented from giving financial assistant but for a slightly different reason. Bangladeshi participants often
referred to the struggles they have had to achieve a descent standard of living and believed that their children would also struggle to find jobs and bring up families. Concerns about chronic unemployment and under-employment in the community meant that their expectations of support were even less than participants from the Gujarati community, as this comment illustrates:

I can’t remind my son that it is his duty to help me. He will turn round and say, “I have my own children, and I cannot manage to maintain my own family and the cost of the home”. I cannot expect him to look after me. I don’t have any hope of getting anything from my son, because he does not earn much and can’t maintain his own family so how would he help me out?
(P3 BM 50-60, Assembly work - FG)

At the moment I am on income support and if my son is in the same situation at that time how can I expect help him to give me money. He will get married then I can’t demand that he has to look after me
(P8 BF 40-50, Housewife - FG)

Other participants claimed that they would not expect any financial help from their children on the grounds that it was the responsibility of the government to pay for their care in old age as they were making contributions to National Insurance:

Definitely, we expect the government to help us because we have paid our taxes. Now our children are also paying...the government has taken a lot of money away from us. My sons would turn round and say to me “You have paid your taxes so why should I pay? You can ask the government to help you”
(P1 BM 50-60, Restaurant Proprietor - FG)

I would not want to be financially dependent on anybody, it can be my son or it can be my husband. I wouldn’t want to be dependent on anybody. I wouldn’t expect my son to pay for my care in old age. The government takes away large chunks of money from my wages. I think more than a quarter of my wages go to Government, so I right to expect support from the government but not from my son
(R20 GF 50-60, Clerical Officer - ID)
CHAPTER 6
ATTITUDES TO SAVING, INHERITANCE AND FINANCING LONG-TERM CARE

Introduction
In recent years, concerns about who should be responsible for providing and paying for the care of elderly people has become a serious cause of concern for policy makers, service providers, older people and their families alike. Most concerns revolve around the fear that the level of demand that would be made by the increase in the population of older people would place considerable strain on the public resources, making it unsustainable.

To stem the demand on state resources, a number of changes in the provision of and funding of long-term care have been introduced. These changes include a reduction in free long-term care facilities in hospital settings, increased spending on residential and nursing care, and the introduction of NHS and Community Care Act (1990) which replaced access to means-tested social security benefits with local authority assessment of needs and the older person’s ability to pay for services.

Whilst these changes in policy have reduced the level of demand on state resources, in the process the responsibility has been transferred to individuals and family. At present, older people needing residential or nursing home care are required to meet the cost of their stay in a care home if their savings are over £16,000.

The growing expectation that older people will be expected to use their savings, particularly housing assets, to pay for long-term care has became a contentious issues because it challenges the value people attach to their home and the older people’s desire to passing on inheritance (Diba 1996; Askham et al 1999; Parker and Clarke 1997; Edwards et al 2002; Hancock et al 2002). The findings of the Royal Commission on Long-term Care (1999) which reviewed evidence from a number of national surveys and opinions polls carried out in the last few years suggest that most people, irrespective of age, socio-economic status, income, ethnicity or political preferences were strongly in favour of state funding of long-term care (Royal Commission on Long-term Care 1999). At the same time, evidence suggests that there is little support for funding long-term care through general taxation and there is considerable doubt whether long-term care insurance offers a suitable alternative for financing long-term care (Parker and Clarke 1997; Henwood and Waddington 1998).
The changes in the provision of and payment for long-term care have major implications for older people which naturally includes elderly people from minority ethnic communities. This has been widely acknowledged, for example in the review of the Royal Commission on long-term (Patel 1999). Although attempts have been made to get an insight into the opinions of ethnic minority people concerning the funding of the long-term care because of the small number of ethnic minority respondents in the surveys, knowledge in this area is fairly limited (Parker and Clarke 1997, Diba 1996, Deeming and Keen 2000).

In the first section of this chapter, we explore participants’ attitudes to saving generally, their reasons for saving, and their attitudes to inheritance. In the next section, we examine their attitudes towards long-term care and their attitudes to the use of personal financial resources to pay for their own care or of their elderly relative. In the last section we explore their views about the funding of long-term from general taxations and through private insurance policies.

**Attitudes to general savings**

Apart from saving for income in retirement, our findings suggest that of the two communities, Gujarati participants appeared to have saved a lot more and were generally more positive about investing in different types of investment schemes. However, Gujarati participants in the younger age group in particular appeared better prepared to take advantage of different methods of saving. This tended to reflect their level of integration into British society and social mobility - fluency in English, education qualifications and white-collar employment - enabling them to exploit all available opportunities to accumulate savings. Consequently, those who took advantage of the opportunities available tended to be those who were already better off:

I mean people should take care of their expenditure so that you can save money. While you are working you can save instead of wasting your money on beer and drink and spending money on unnecessary luxuries. People do have that opportunity when they are at work and they should try and save as much as they can (R11 GM 40-50, Warehouse Clerk - ID)

I think it’s just our natural tendency to save money. I think if I was not earning more, probably I wouldn't have been able to save and speak so confidently. So my situation is slightly different probably to other people of my age because I am making a reasonably good amount of money and I can save quite a bit every month (R10 GM 40-50, Hospital Consultant - ID)

In contrast, Bangladeshis had mixed attitudes towards saving. The small number of
Bangladeshi participants who were in highly paid, secure jobs or were running successful businesses recognized and accepted that it was important to save:

I have some savings for rainy days. I think it is important to save if you are able. I think everybody should think about saving as much as can. I think if you save regularly, you don’t worry so much and you can live a better life.
(R6 BM 50-60, Teacher - ID)

You see I have got my own business. I have brought property and land in Bangladesh and the income from that goes to our bank. My children are working and doing well and profit I make from my shop goes into savings. I don’t need an income - I live with my children they will always look after me.
(R12 BF 50-60, Shopkeeper - ID)

Other Bangladeshi participants also stressed that it was importance to save but their circumstances made it difficult to save. Many claimed that they were unable to save either because they were in low paid and insecure jobs or because they were economically inactive. The fact that a majority of Bangladeshi men worked in the restaurant trade where wages tend to be below the national average, meant that they felt they were unable to save:

No chance, there is no chance of saving money. Where would I save money? I bring in money through my right hand and I spend it all off through my left hand. Whatever I have earned has been just enough to feed my family and send little money to my relatives in Bangladesh. There is no way that I could save some money
(P2 BM 50-60, Restaurant Worker - FG)

For those who were surviving on very low incomes, putting aside money for old age was totally out of the question. However, some participants pointed out that there were additional factors which discouraged them for saving. Firstly, participants claimed that their social and religious beliefs discouraged them from looking too deeply into the future - and therefore save for the future - because their fate was in the hands of Allah. Others pointed out that the accumulation of wealth through profit or interests from saving was considered ‘Haram’ [forbidden]. As a result they said that they wanted to avoid investing their money in financial institutions where the savings account would earn interest:

I think it’s that you don’t plan ahead a lot in our culture - we are not supposed to think 10 years ahead. It’s just one of the things in your head that you don’t plan ahead
(R16 BF 40-50,Community Liaison Officer - ID)

If I could, I would put my money into a savings account like a building society account, but you can’t put away money and take interest from it. That’s not allowed
(R14 BM 40-50,Waiter - ID)
Although a majority of Bangladeshi participants, particularly men, had lived in Britain for over thirty or more years, many had not intended to settled in Britain permanently and had expected to make their fortune and return to their families in Bangladesh. Consequently the need for making major investment in this country was less of a priority than saving money to send home:

When we came to this country we did not think we were going to stay here forever. Because of our circumstances we have been forced to stay here and had to bring our family. Now we have responsibility for our family there is nothing left to save (P3 BM 50-60, Assembly work in engineering factory - FG)

Lastly, among Bangladeshi participants who were relying heavily on income support, there was no incentive to save because they feared that their benefits would be cut if they saved. Some Bangladeshi women also felt that they could not save because they did not have the power to make that decision:

Well, I have thought about savings every time but if you have over £1,000 the Government takes away the money so how am I going to save. If you asked anyone in our community they will tell you that women can't make financial decisions. These things are always in men's hands. People say that buying a house is good way of saving money but my husband is not interested in doing anything over here. He says 'No way am I going to invest anything here'. If I want to buy a house my husband has to take a loan because I don't work. If he doesn't agree then what can I do? (P4 BF 40-50 Housewife - FG)

**Reasons for saving**

When participants in focus groups were asked for reasons which encouraged them to save, they identified three main factors prompting them to save, prioritised as saving for their children, saving for their personal needs, and saving to support their elderly relatives. As we will see later, whilst saving for children's education and marriage was for most participants their first priority but once this responsibility was discharged, the need for saving for their own old age was more important than saving assets for children's inheritance. With the exception of participants who were childless, the first priority for the majority of participants in both communities and across both age groups was to save for their children. Many stressed that they were morally obliged to place their children's needs before their own, specifically for a "good education" and for meeting the cost of their marriages. This was often cited as the reason why some participants were deferring plans to save for their own needs in old age. The fact that these views were shared by almost all participants whose children had not completed
their education, suggests that although many middle-aged people may be at the height of their earning power, their potential for saving for their own needs is drastically reduced by their other family commitments:

Any spare cash I have to save for my daughters. Right now, I am only thinking about my daughters, their future wedding arrangement. I have not thought about my own needs. It’s totally out the question as I’m also setting aside money for my children’s university education. The Education Department has been saying that you will need at least £12/15,000 a year for university education. That’s in today’s money and probably more in the future (P2 GM 40-50, Community Development Officer - FG)

Many Bangladeshi participants gave similar reasons for prioritising their children’s needs before their own:

P1: You don’t really think about yourself much, nobody thinks about themselves but thinks about the children’s well being.

P2: My first priority is my children’s education and their wedding, marrying them off and to help them is the most important thing. I think a lot about my children because they are main priority.

P6: If we start putting money aside for our old age then we would not be able to do the duty of marrying our children off. We have to think of them first (BF 40-50 – FG)

Despite the fact that most participants appeared unwilling to place their own needs before their children’s, nevertheless, most recognised that it was important to save for their own needs in old age. It is evident from the opportunities many Gujaratis and Bangladeshis (albeit small) had taken to invest money in different saving schemes, that they had in fact taken saving for their own needs very seriously. Indeed, many participants who would have liked to save but were unable to do so also admitted that it was important to save.

Gujarati participants across both age groups and gender tended to have similar views about why they thought it was important to save for their own need. Their motives to save seemed to stem from positive reasons as well as what appeared as a way of protecting their self-interest. Some participants claimed that they had been prompted to save because they wanted to enjoy an active and fulfilled life in old age:
When I retire then I will have some income from my pensions. I also own a house and I have a little bit of savings. I have saved to make sure I can afford to live a decent quality of life in old age.
(P5 GF 50-60, Assembly Work - FG)

I think you should preserve your wealth and savings as far as you can for your old age. You don’t know how long you are going to live, it could be another 20 years or it could be 40 years and that is why you should have your own savings. If you have savings then you take care of your health and enjoy good social life. I am saving because I want to see the world when I stop working.
(P5 GM 50-60, Petrol Station Proprietor - FG)

Others were encouraged to save because they wanted to safeguard their financial independence and avoid becoming dependent on the children or on the state. Many stressed that they wanted to be self-sufficient in old age so that they would be able to afford to pay for home care services or residential care if it became necessary. In many cases, the need to save was also prompted by the lack of trust in the willingness of the state and the children to meet their needs in old age:

In my view, it is important to remain financially independent as far as possible. I think we should try and save money as far as possible. We should take responsibility for saving for the future. It has not hit us yet but it is time for us to wake up, to think about what we might need when we are 70. Even those of us who have [elderly] parents we are quite complacent.
(P3 GM 40-50, Health Safety Officer - FG)

It is important to save money because we don’t know how long we are going to live. We will need money for our own selves. There is no guarantee that family will help, these days you can’t rely on your sons, your daughters or your husband. There is no guarantee that anyone will look after us?
(P1 GF 40-50, Housing Benefits Officer - FG)

If you have some saving, at least you can use it to buy the care you need. We can’t rely on anyone these days... even the Government may not help us. I am glad that I have a home and if it becomes necessary for me to have residential care then obviously I would be able to use the money from [the sell of] my house to pay for my care.
(P10 GF 50-60, Teacher - FG)

Similarly, many Bangladeshi participants also agreed that it was important to save to meet their own care needs in old age. However, unlike their counterparts in the Gujarati community, they rarely indicated that their motivation for saving had been instigated by the expectation of enjoying a good quality of life in old age or being financially self-sufficient in old age. It is importance to stress that this does not necessary suggest that they did not attach any importance to financial independence and quality of life in old age but rather seems to be
a reflection of their socio-economic circumstances. Bangladeshi participants who were aware that they may have to pay for home care services were keen to stress that one of the main reasons for them to save was that they did not wish to rely on their children to meet their care needs in old age if they could possibly avoid it:

I feel that I want to save money so that I can pay for my care and not to be burden on anyone, including my children. I know how difficult it is. I have seen many times when old people ask for money and they are told “no” and it’s very hurtful. So, I don’t want to go to that situation – but again time will tell and I don’t know what will happen in future (R33 BM 50-60, Education Officer - ID)

It is important to have money for your old age. You can buy care if you have money. You need a lot of money just to get a cleaner in, even if she [cleaner] comes only once a week. I have heard that they [cleaners] would be charging you £20, just for that one day (P4 BF 50-60, Housewife - FG)

Our findings also suggest that cultural and religious beliefs were also important factor for saving for old age. For example, many Bangladeshi participants explained that one of their main reasons for saving was to be able to have enough money to pay for the cost of funeral and, if possible, to fulfil their desire to be buried in Bangladesh:

It cost £1600 to get to the graveyard here [UK]. We can’t even save money for our funeral. My wish and I’m sure every Bangladeshi’s wish is to go to Bangladesh and get buried there. You need about £2200 to £2500 and there a lot of Bengali people who don’t even have that. Especially me, I haven’t got that sort of saving (P2 BM 40-50, Waiter - FG)

I have never worked and whatever I get [income support] I can’t even maintain my daily living costs. My brothers sometimes give me little money as gifts. I am saving this money because when I die I would like to leave some money for funeral arrangement – that’s my only wish (R26 BF 50-60, Housewife separated - ID)

Concerns about loss of financial independence, lack of trust in children and in the state gave participants a strong incentive to save for old age. In contrast, some participants pointed out that they had little incentive to save for their old age because they felt there was a lot of uncertainty in the world and their main priority was to enjoy life and not worry about the future. Some believed that they had little incentive to save because those who did not save anything were helped by the Government whereas those who saved were penalised. Similarly, others were discouraged to save because they feared that their savings would be subjected to means testing:
You spend, and you enjoy, you don’t know what’s going to be around the corner. I don’t believe in saving for old age, particularly with what’s going around in the world right now. Who knows I might not live long enough to enjoy the money. Why think about tomorrow when you can spend now and enjoy life? I definitely don’t believe in savings.
(R18 GF 40-50, Clerical Assistant - ID)

If I’ve got savings, I’ll not get help from the government. I’ll have to hire help privately from my savings. So I think it’s not wise to save money for old age because then you won’t get any benefit. If you’ve got money in your bank, you’ll not get any [state] benefit.
(R34 BF 40-50, Housewife, Long-term sick - ID)

Saving to pay for the care of elderly parents
Apart from saving for children and their own needs, participants whose elderly parents were still alive claimed that their savings decision also had to take into consideration the needs of their parents. For many Gujarati participants whose elderly parents were living with them, stressed that they were aware of the possibility that if their parents needed additional help they might have to make some contribution towards their care:

I have to think about my own needs but I also have to think about the future care need of my widowed mother. I am looking after her because she doesn’t need much help now. But in the future, if her health deteriorates I might have to help her out with the cost of home help.
(P3 GF 50-60, Unemployed Machinist - FG)

In the Bangladeshi sample, many participants were responsible for supporting elderly parents who were living in Bangladesh. Although many participants claimed that the amount of savings they had to set aside for their parents was a lot less than if their parents were living in this country, nevertheless, any decisions about saving always had to take into account an allowance for their parents, as often their parents depended entirely on the money they sent for them:

P1: I have to help my parents in Bangladesh. I send them little money – what ever I can spare from my wages. It is our duty so we always think of their need. The money I sent them is essential for them to get help from neighbours and pay for hospital treatment.

P3: Our people – the old people in Bangladesh, mostly they rely on the children who live here [UK]. They do depend on us to give a little bit to – for their expenses. Because our parents need help, you have to save a little bit from your earnings to support them.
(BM 40-50 - FG)
We send money to my mother-in-law every month because she is widow and has no money of her own. The money we send her helps her with her day to day living and she pays a little to someone to do little bit of work for her. She stayed with us for few months but then she decided to go back to Bangladesh. We always have to think of her needs as well as because it is our duty to look after us. We have to help her whether she lives here or in Bangladesh.

(R9 BF 50-60, Child-minder - ID)

Attitudes to saving and inheritance

To get an insight into attitudes towards saving and passing on inheritance, participants in focus groups and in-depth interviews were also asked about their main intentions for saving (Table 6.1). Participants’ in both communities believed that saving for their own needs in old age and leaving something for children were equally important. Almost all Gujaratis (19/20) and more than three quarters of Bangladeshis (15/19) reported that they would be saving for their personal care needs and more than half of Gujaratis (12/20) and almost three quarters of Bangladeshis (15/19) claimed that they saved because they intended to leave something for their children. The fact that almost a third of Bangladeshis (7/19), and just under a quarter of Gujaratis (4/20), reason for saving was to support their elderly parents in this country or abroad indicates the level of consideration and commitments some participants had to make in their savings decisions.

However, when participants were asked to state the most important reason for saving, a slightly different picture emerged (Table 6.2). For example, more than three quarters of Gujarati participants placed their own needs in old age (16/20) over the need to pass on their savings to their children (3/20). In contrast, although Bangladeshi participants also prioritise their own needs over the need to leave an inheritance (11/19), nevertheless the need to pass on their savings was slightly stronger than was evident among the Gujaratis, with more than a quarter Bangladeshi (7/19) indicated that leaving something behind for their children was very important for them.

Although it is important to bear in mind the small size of the sample, when this information is assessed in conjunction with accounts of the saving intentions from the focus groups, a similar pattern emerges. Our analysis of focus group discussions suggests that Gujarati participants’ attitudes towards passing on inheritance appeared to be influenced by a number of factors. These included the extent of the obligation felt, participants’ assessment of their children’s expectations, conditions or ‘strings attached’ to giving of inheritance and concerns
about passing on inheritance prematurely. There was broad agreement among both Gujarati men and women that whether or not they bequeathed any inheritance to their children was in their gift and that their children did not have automatic claim to that inheritance:

We have trained children to stand on their feet so they will live on their own earnings. We have discouraged them to think that they can expect anything from us. We have worked hard to save for our needs and they will have to do the same for themselves (R2 GM 40-50, Graphic Designer - ID)

I think definitely not – I would prefer to live comfortably first. I do not believe that our children have any such claim on us. We have brought them up and given them education and after that they should have any expectation (R21 GF 50-60, Teacher - ID)

I don’t see why we have to give anything to anybody. Why shouldn’t we enjoy ourselves? We have scrimped and saved by working hard and anything we have saved is not for the children. I think …it should be for the parents only and certainly not for the children (P2 GF 50-60, Lace-maker shoe factory - FG)

Gujarati participants were also more likely to suggest that their children were not expecting to receive an inheritance from them. This partly reflects the fact that parents who had achieved economic success believed that they had equipped their children to do the same and therefore the need for leaving an inheritance was less important:

These days, young people manage their own affairs. They look after their own financial matters. I think the children will have acquired a good education, good jobs, so I don’t think they will be expecting financial rewards (P1 GM 40-50, Day Care Centre Manager - FG)

Many Gujarati women also confirmed that their children did not wish their parents to leave anything for them and were encouraging them to use their savings to enjoy their lives:

P4: He’s [son] telling me “Why are you going to work? You should enjoy your life, why are you worrying about money? You shouldn’t worry about saving money, you should enjoy your life, you should have fun with your money.”

P3: In the past we used to take a long-term view so we were not only thinking about our children but also the future and financial needs of our grandchildren. But now our children are telling us to enjoy our life and they would look after their own needs in the future. They don’t want us to spoil our life for their sake.
P10: They tell us to enjoy our life. They don’t want us to leave any money for them. At least, that’s what my children are telling me know. They might become greedy later. Who knows?
(GF 50-60 - FG)

However, other Gujarati participants’ attitudes to inheritance were not so straightforward. The accounts of the 50 plus age groups of Gujarati men and women suggested that although they were keen to leave something for their children, they would be most reluctant to pass on anything before their death. This concern about passing on inheritance prematurely was based on their observations of the maltreatments of elderly relatives after they had given away all their lives saving to their children. The maltreatment of elderly relatives was regarded by many participants as a salutary lesson, and that they should avoid making a similar mistake. This goes some way to explaining their strong wish to hold on their savings:

When I die, whatever is left belongs to my husband and when he dies then only the children will inherit. I can rely on my son now and I trust him but in the future, I don’t know. It is difficult. If you pass on your inheritance now then what happens if they don’t want to look after you? I should have the benefit of any money I have. I know of many people who have nothing because they gave their money and homes way
(P7 GF 50-60, Domestic Assistant - FG)

But if I had any money, I wouldn’t make the mistake of giving them [children] everything I had. Because once you give them everything to your children, their attitudes change… they start treating you as if you’re a big burden on them. That’s what I’ve seen in this day and age
(R20 GF 50-60, Clerical Officer - ID)

I think you should preserve your wealth and savings. If you don’t have savings, it would be difficult to survive. If out of sentimental feelings, if you give away everything to your children and if they turn their backs on you and start neglecting you then you will never be able to hold your head up in the society. You will loose your respect
(P3 GM 50-60, Retired - FG)

The system of ‘compulsory altruism’ and the strong adherence to the tradition of the intergenerational contract means that the transfer of land or property in the lifetime of elderly parents does not pose a particular problem – however, it became apparent that as attitudes towards the intergenerational contract changed, consequently attitudes towards passing on inheritance were also changing. Concerned about their future welfare and the loss of trust in their children, participants stressed that if they decide to give some of their savings to their children, they would only be willing to do it under certain conditions.
P1: We should make a will that when we are no longer here then the family can get the money or inherit the money we have left behind. If our children have not looked after us then they have no right to inherit the money.

P5: No definitely not. It is for us first and then anything, which is left, will be for the children. I only have one son if he is not prepared to look after me then I will make a will so that my money would not go to him because he has not been willing to look after me but go to the Government. Well, as I said before you can tell your children if they want to inherit your house then they should pay for the fees for the residential home if they are willing to care for us and support us then you know, they can have the house.

(GF 50-60 - FG)

P4: I own my house and if I became frail and disabled then I will make conditions for my children [sons]. I will say to them [sons] that when I die, then you will inherit the property provided you agree to look after me. Oh! I shall definitely tell them. Show them my will. Give them a photocopy of the will then they will be very keen to look after me

(P2 GM 40-50, Community Development Worker - FG)

Using your home to pay for care

The attitudes of Gujarati participants using their housing assets to pay for residential care were generally unfavourable. This was particularly the case with participants whose main assets were tied up in their only home.

I think I’d forget about paying for nursing home care. Almost of 100% of our investment in the house should go to our children after we die

(P4 GM 40-50, Textile Printer - FG)

The government is taking extra tax so it has to have more money for older people. If we are also expected to sell our homes then it’s giving with the one hand and taking with the other. It looks like cheating to me. We should not sell house, there won’t be any memory left

(R38 GM 40-50, Machine Operator - ID)

I don’t think we should be expected to sell our house. We should contribute for our care but not 100% of our money. After all, I would like to leave something for my children because even I don’t know what will be in their [children] future, or what the job situation will be like for them. I would like to put more security in their lives, definitely I would like to leave my house for them

(R32 GF 50-60, Librarian - ID)

In contrast, attitudes of Bangladeshi participants towards passing on inheritance were affected by different considerations. An important factor in their attitudes towards passing on inheritance closely tied to their socio-economic status and their ability to accumulate assets. It was evident from the previous chapter that apart from assets which were tied to their homes,
only a small minority of participants had other substantial assets. Consequently, the meaning of home ownership and the need to pass it as family home to their children was regarded by the majority of Bangladeshi as the main reason for owning their own homes. For this reason a majority were totally opposed to use of the housing asset for paying for residential care as the following conversation between a group of Bangladeshi women illustrates:

P1: I [bought my house] only support my children with it. I have bought the house for my children not for my self.

P4: We sacrificed everything to buy our house so why should use it pay for my care. The house is for our children so now why should I kick them out of the house and let them fall into a pit before I die! I can't say to them "Go get out of my house... because I need to money for residential home."

P5: The children would be willing to look after us because they hope that the house will be left for them after you die.

P6: We did not buy our home just to help us in our old age we also bought it for our children so that our children have a security in the future. Even if, our children are not able to look after us in our old age, they still hope that we will get their share from the house.
(BF 40-50 –FG)

These views were universally shared by almost all Bangladeshi men. They believed that since they had little else to leave for their children, they would strongly resist selling their homes to pay for their care. Many were keen to point out that it was morally wrong if they were required to sell their homes to pay for their care because they had bought their homes through their hard work. Some felt that they could no longer trust the promises the Government makes when the taxes are raised to provide better services:

P3: I would like to pass my house to the children. I would not give it to the residential care. I would not give it to the residential care or sell it for the simple reason that I have been taxed enough to be looked after by the state. Already I have been taxed enough by the state. I have been bluffed once. I cannot believe that I have to pay for my son's education, which I have ended up paying.

P5: That is a traditional thing that if we do have anything we leave it behind for our children. We have nothing valuable to leave for our children except our home and they should be entitled to keep it.
(BM 50-60 - FG)

Although most Bangladeshi participants were united in the views about the importance they attached to passing their homes to their children, some participants, like their Gujarati
counterparts, were keen to stress that they would only be willing to pass their homes to their children after their death and provided the children agreed to make a contribution towards their care:

If the children do not look after me, then why should I leave the house for the children? Say if the child looks after me and takes care for me then they can have the house – if they pay for the cost for me, then they can have the house to be left over for them. But if the children can’t pay for the cost, then I have to sell my own house, and I have to pay for my own care
(R12 BF 50-60, Sari Shop Owner - ID)

Some Bangladeshi participants also felt that their children should stand on their own feet and should not have expectations of inherit their parents’ home:

I buy house, then I pay the mortgage, when I die, I don’t know who will take the house. Only my wife, then she’ll be able to do things. But you never buy house for the benefit of your children. Why should I give it to them? Until they are 18 years, they are living my house, and I am paying all the bills. I will tell them to find work and to look after themselves and I’ll look after myself
(R15 BM 50-60, Chef - ID)

What I say is that why should I save things for my son? I am educating him. I am bringing him up. When he finishes his education then he should stand up on his own two feet. He should do his own things; I shouldn’t leave anything for my son. I would leave it all for my wife and I wouldn’t leave it to my children because as I said before, they will make their own future and they will provide for themselves because they can stand up for themselves
(R8 BM 40-50, Baker - ID)

**Attitudes to the use of personal financial resources for long-term care**

In earlier chapters we have examined participants’ attitudes to receiving personal and practical care at home. In most cases, participants understood this to mean low-level care that could be carried out on an ad hoc basis, either by their children or social services. In this chapter we will examine participants’ responses to the suggestion that they might need ‘long-term care’: continuous care that takes place either in residential institutions, or at home with a carer available 24 hours a day with additional practical or personal support from an outside agency.

**Who should pay for long-term care?**

In deciding who should pay for long-term care, participants identified a hierarchy of responsibility, with the state at the top, then individuals themselves, and then children.
As can be seen from Table 6.3, Bangladeshi participants, in keeping with their attitudes to other types of financial provision, generally believed that it was the responsibility entirely of the state to pay for the provision of long-term care services. However, it is interesting to note that despite having in most cases given significant amount of thought, and provision for retirement, Gujarati participants had not considered the cost of long-term care, and not only thought the state ought to pay, but had assumed that the state would pay. In addition, participants from both groups also thought that the state should pay for the care of elderly parents in this country.

Gujarati and Bangladeshi participants gave the same reasons for stating that the state should provide support for their own and their parents’ long-term care. Where the person needing care had worked, participants believed that the state was obliged to pay (the ‘legal obligation’ as discussed above, Chapter 5), and where the person had not worked, participants believed that the state should pay for care because the person had no other way of funding care:

Because it’s as I said we have paid at the beginning since I was 18 years old. I have paid all my life to the Government. It’s their [Government] responsibility. They are responsibility to look after us.
(R37 GF, 50-60, Administrative Assistant -ID)

If I hadn’t got anything, then I would first expect the Government to pay for the cost. Because the Government is the first person you turn to for help, so everyone expects from the Government. We have our rights to get the help from the Government. But in any case, I expect the Government to pay because I am paying the tax and so they should really help
(R14 BM 40-50, Waiter - ID)

If the older people are not receiving any financial support from the Government then nobody will care for them - if you have reached the stage where you need a lot of care then I don’t’ think your children would be able to look after you and so people will have no choice but to depend on the Government.
(P9 GF 50 - 60, Unemployed, Disabled, Polio Suffer - FG)

Few participants realised the true cost of residential care, as can be seen from Table 6.4. Most participants estimated the weekly cost of residential care to be between £200 to £500. In addition, almost half of the Bangladeshi sample (9/19) said that they did not know how much care would cost.

We found that expectation of state provision was even greater once participants were told
what the cost of care in a care home, as most participants, irrespective of age, gender or ethnicity, felt that it would be prohibitively expensive:

The majority of Asian people are in labouring type of work so compared with mainstream society, our people are not that wealthy. There are a few business people, but mostly we are working-class. We can’t afford it because we have responsibilities towards our children and to our parents. We have a lot of financial commitments towards to her members of the family, and if you have daughters you have further financial commitments for arranging their weddings.
(P7 GM 40-50 Factory Worker - FG)

If children can’t afford it, it would be a huge burden. I don’t think the children could afford to pay for the care. I don’t think they could afford it.
(P4 GF 50 - 60 Cook - FG)

Some participants thought that if they could afford to, they would be happy to make some contribution to the cost of their long-term care. This group also thought that if their parents were able to make a contribution, they should. The main reason cited was that they didn’t want to be a burden on the state:

Nowadays I think people like myself have the opportunity to build our own money, finance and everything, so in a way there will less burden on the Government, and they [older people] should be able to provide the part of what is required.
(R11 GM 40-50, Warehouse Clerk - ID)

I think that if they have enough money then the elderly parents should pay for their own care. For me I would like to take care of myself as much as I can.
(R12 BF 50-60, Sari Shop Owner - ID)

If they [the elderly parents] have a good financial situation, and they are well off then yes they can contribute. Then the government can help the mother and father if they haven’t got anything.
(P6 BF 40-50, Housewife - FG)

Paying for care of an elderly relative

Despite attitudes to support from children discussed earlier (the moral obligation - Chapter 4), approximately half of the participants from both communities felt that relatives should not be expected to provide the shortfall if their elderly parents were not able to meet the full cost residential or nursing home care, as can be seen in Table 6.5. This was almost always because participants felt that they could not afford the cost.

Suppose it costs £200 a week to keep them in residential care, that if the Government asks me to put £20 a week and they are going to put £180 then that’s fine - but if it’s the
other way round then I can’t afford it.
(R32 GF 50-60, Librarian - ID)

I do feel that in our generation that it should be children, and she [mother] needs help, needs support but I can’t give it because I can’t afford it.
(R8 BM 50-60, Baker - ID)

Some participants also felt that they were sandwiched between the costs of their children and of their parents and therefore they could not afford long-term care for their parents:

I would like to help, but the thing is that I have to work. I have responsibilities for my own children so I have to think where is the money going to come from? I am really concerned about it from now - how am I going to manage? I am not in a position to help my mother - my children are still at college so I can’t think about finding extra resources for my mother - but once my children’s needs are finished then perhaps I might be able to think about my mother’s needs.
(P6 GF 50-60, Care Assistant - FG)

You see I have to look after my own family and I can’t even do that, so I can’t give out to my parents. I don’t think it is necessarily right to expect support from adult children beacons they have their own responsibilities, their own family, their own children to maintain.
(R8 BM 40-50, Baker - ID)

Participants expressed similar opinions when discussing whether or not their children should pay for their long-term care. Although many participants in both communities asserted that children had a moral obligation to care for their parents in old age (see Chapter 4) this did not extend to children paying for residential care:

I would tell them [children] to put me in a home if the need arose and let the government pay for my expenses. Why should my children pay for me if I am in a home? It is going to be a financial burden to the children
(P6 GF 40 50, Clerical Assistant - FG)

The use of personal assets to pay for long-term care - selling your home

We asked participants to rank in order of importance the reasons for owning their own home. Most participants placed ‘investment for the future’ and ‘security for old age’ as their primary reasons (Table 6.6).

However, when participants talked about their attitudes to home ownership in more detail, it became clear that there was some divergence between the two groups. Where Gujarati participants mostly viewed their home as an asset that could be liquidated if necessary, some
Bangladeshi participants viewed their home as something that would be passed on to the next generation for them to live in:

P2: We tried in shares and stocks - that’s down; pensions - that’s down, endowment policies - that’s down; and the property. That should be the one thing [property] which comes out with a good profit.

P5: We feel that it’s our house, whereas if we lived in rented accommodation for years then we pay, but there’s nothing at the end. What I strongly believe is that there’s no point in investing in gold - If you have some, then just invest in properties.
(GF 40-50 - FG)

When we reach 60 we would have paid off our mortgage on our house and so our house is treated like an investment. In an emergency we would be able draw on the money on the house to pay for anything else we needed.
(P6 GM 40-50 Systems Design Engineer - FG)

Bangladeshi participants also expressed similar opposition against the sell of their own homes to pay for long-term care:

P4: I feel this is mine, something that belongs to me. I want to buy a house so that I can live in it.

P6: I didn’t think of that. We did not buy our home just to help us in our old age. We bought it for our children, our children to a secure future.
(BF 40-50 FG)

You buy a house to stay to live and for the children. When I die, I hope the children will get the house. If I die my son will need it. My grandchild would need it and it will go on step by step.
(P6 BM 40-50, Unemployed Restaurant Worker - FG)

Most participants, irrespective of ethnicity, age or gender, had not considered that they might be expected to sell their home to pay for their own long-term care:

At the moment I would say you shouldn’t sell your house because the Government pays 60-70% anyway so they won’t have to. You don’t have to sell the house.
(R11 GM 40-50, Warehouse Clerk - ID)

If in the future the government forces me to sell my house because I need residential care then I would be very upset. I would feel really depressed to know that my house has been sold.
(P2 GM 40 – 50, Community Development Worker - FG)

Many participants had an emotional attachment to their homes, and a number of others saw
owning house as status symbol:

As we have spent our whole life to make our sweet home, there should be some memory for the family
(R38 GM 40-50, Machine Operator - ID)

As far as I am concerned when your house is sold you have sold everything. When you buy your first house, that’s when you feel you are established and when you become a homeowner everyone respects you as well.
(P2 GM 40 – 50, Community Development Officer)

I don’t think you should have to sell the house. The person who has bought the house has spent so much effort, so much time, so much money on buying the house with all the saving that they have done
(R14 BM 40-50, Waiter - ID)

We asked participants to consider a hypothetical scenario of whether old people with savings of £50,000 and old people with a house worth £50,000 should be treated equally, and both be made to use their cash or sell their house to pay for long-term care (see Table 6.7)

In general Gujarati participants felt that a cash asset or a property asset should be treated in the same way, and be used to purchase long-term care. Bangladeshi participants mostly agreed that a cash asset should be used to purchase long-term care; however, only half thought that a house should be sold to pay for long-term care. In addition, a number of mostly Gujarati participants felt that a £50,000 threshold (as presented in the example question see Appendix V) was too low, and should be raised:

If a person has contributed enough to the govt, then it is the state’s responsibility. They shouldn’t look at the savings of one person and say well “You don’t need any, we can’t give you the help, because you’ve got enough money in your bank account.” He might need that money for some other reasons, for his own good. So if it is £50,000 or £80,000 or £100,000 then I think that should be kept for the person to use for himself. If he has anything in excess of that, then I think it would be fair for him to contribute.
(R10 GM 40-50, Hospital Consultant - ID)

As we have seen, almost all participants felt that the state should be responsible for long-term care costs, and few had made preparations to pay for it. Gujarati participants were more likely to see their home as an asset that could be liquidated if necessary. In the case of participants who were single and childless it was not surprising that their own need came before the need to pass on their homes to surviving relatives. The more relaxed attitudes towards the use of housing asset by other participants is further indication of the realisation that children may not
be able to or willing to help coupled with the strong desire to exercise their financial independence as is evident below:

In the future I will sell the house and use it for nursing home. Because that money no one wants as I am not married and have no children. It’s bad luck I would say for people who wants to pass on their home! It’s the Government policy – if you have more than £16,000 asset then you have to pay for it (R37 GF 50-60, Administrative Assistant, Single, Disabled by Polio - ID)

If I need residential care then I would be happy, or be prepared to sell my house to pay for care that is the reason I am making a saving. My house is a kind of an investment for the future. I think I will make a will stating that if I need residential care then my house should be sold to pay for the cost (P3 GF 50-60, Unemployed Machinist - FG)

I would sell it! Because all I know is that I am not going to live long so why should I ask for help from my relatives or my children? (R31 GM 50-60, Post Office Clerk - ID)

If I ask my children for the money to pay for residential care then at the end of the day they might demand the money back from me. If we have got the house, then we can sell it. At the end of the day, if I have money tied up with that then I can use it to help myself (R39 GM 40-50, Systems Design Engineer - ID)

However, those who were willing to sell their homes to pay for their care were in the minority. In fact a majority of participants appeared totally opposed to selling their home, as they believed that it was the state’s legal obligation to provide for them. As well as stating that they were entitled to this support because they had made enough contributions to the social security system through their taxes:

I would rather transfer the house to my children than sell it to pay for my care or paying it to the government (P5 GF 40-50, Clerical Assistant - FG)

I would not be very happy if the Government forced me to sell my house. Why should I when I have dedicated all my life to buying my house? We have discharged our responsibility by paying our taxes so I think it is only right that the government should look after us (P2 GM 40-50 Community Development Worker - FG)

It is our father’s property. We have sentimental attachment to that property. The homes should really be transferred to our children and nobody should have claim on it (P4 GM 40-50, Textile Printer - FG)
In addition, some participants felt that it was unfair that people who had saved and had assets should be made to pay, when those who had nothing would not have to pay - and that that would be funded out of their contributions:

We have worked all so hard and for it all to go into paying for our care, I wouldn't accept that. If you look at other people in a home, whether residential or nursing home, they don’t have to pay a single penny. They have not worked and they are not paying any single penny and still they are looked after all the same. And we who have paid mortgage for 25 years, when it is our time to rest we have to start paying for our own care
(P1 GF 40-50, Housing Benefits Officer - FG)

The government are taking tax so it has to have more money - it's taking with both hands - once for tax and once when we sell the house
(R38 GM 40-50, Machine Operator - ID)

I will sell everything off! We have worked so hard for our entire life. Why should I save because if I need residential care I have to sell my house to pay for my care whereas other people who have never worked and never made any contributions don’t have to pay for their care? So what kind of justice is this?
(P2 GF 40-50, Unemployed Chiropodist - FG)

Overall Bangladeshi participants were more opposed to the idea of selling their homes to pay for care. Whilst some acknowledged that it was an asset that could be sold, many more were concerned about passing on the property to the next generation for them to live in - rather than passing it on for the next generation as an asset:

No, you shouldn’t sell the house to pay for your long-term care. The house should be left for the children. I bought the house so that my children can live in it after I am gone. Definitely, no, we should not be forced to sell our house
(R23 BM 50-60, Restaurant Owner - ID)

In addition, many Bangladeshi participants found the question of selling a house complicated by the reality of joint ownership. In many cases, the person who ‘owned’ the house in law was not necessarily the person paying the mortgage. In many cases participants’ children were making a substantial contributions towards the mortgage and in others parents were paying the mortgages but the ownership was transferred to their children deeds property was:

I don’t really have any interest or any choice to having a house in my name. When I bought this house I asked my son to buy the house in his name. I am paying the mortgage because he is not able to
(P1 BF 40-50, Community Liaison Officer - FG)
If the house was owned in my name then they would probably ask [me to sell it to pay for care] but if it is shared with the children if your children aren’t allowing you and they don’t agree, then you won’t be able to sell it.
(P2 BF 40-50, Housewife - FG)

**Long-term care insurance: awareness and attitudes**

Meeting the challenges of a growing elderly population combined with a reduced state and family provision has been the source of much debate amongst academics, policy makers. Advisors have considered a number of ways and methods of funding provision one of which is long-term care insurance. Most suggested schemes are similar to equities, with policyholders investing and then receiving interest on their investment which would be available to cover the cost of long-term care (Royal Commission on Long-term Care 1999; Parker and Clarke 1997).

We asked participants whether they had heard of long-term care insurance policies; their attitudes towards purchasing such a policy; the impact it might have on their finances, and whether they would choose increased taxation or compulsory insurance to cover long-term care (see Table 6.8).

Most participants, irrespective of ethnicity, had not heard of long-term care insurance, reflecting the lack of knowledge and preparedness for long-term or residential care. However, having introduced the concept, a significant number (12/19 Bangladeshi and 10/20 Gujarati) thought that it was a good idea:

> It is a good idea, While I am alive if I do fall ill for a long time then I am worried who is going to look after me, who is going to feed me, maintain me.
(R4 BM 50-60, Waiter, Long-term sick - ID)

> I think it is a very good thing if people save for old age - if you can manage it and you can live and be able to keep something over then it’s fine.
(P4 BF 40-50, Housewife - FG)

> Well if you save in a policy, then when you grow old and have to go into the hospital, then you can pay for it
(R15 BM 50-60, Chef - ID)

However when participants were questioned in more detail, many were quick to point out possible impediments, most important of which was whether or not they could afford insurance:
I think sometimes that I would like to go to a nursing home and I think what would happen if the government wouldn’t provide. But I don’t know what to do because you can’t do anything if you can’t save.
(R37 GF 50-60, Administrative Assistant, Disabled Polio - ID)

I have preconceptions that it’s probably going to be expensive and it’s likely to exclude existing conditions because things are excluded - so I feel that it might be out of my reach because of my condition and because of the high premiums. I might as well stick that money under my pillow and hope it doesn’t happen!
(R17 GM 50-60, Chartered Engineer - ID)

Yes I have thought about it, but it wasn’t possible. I thought it would be benefiting me and helping me in my old age. So yes I have thinking about it but I haven’t done anything about it.
(R8 BM 40-50 Baker - ID)

We asked participants how easy it would be for them to purchase long-term care insurance if the premium were priced at around £50 a month. A small number of Bangladeshi participants who were in professional occupations or those who were running successful businesses thought that this was easily affordable, or affordable if they cut back on luxuries:

I can afford a few hundred a month without cutting back on spending on other areas
(R33 BM 50-60, Education Officer - ID)

I’d have to cut down on other things like my other expenses. I would have to cut down on holidays and I would have to cut down on gifts or buying things for the house
(R6 BM 50-60, Teacher - ID)

A majority of Bangladeshi participants claimed that their income was insufficient to meet even basic necessities, and so £50 was totally out of their reach. In addition, many participants said that to save £50 a month would mean being unable to save for their children’s education and marriages and if it became a matter of choice then their children’s needs would always come before their own:

It’s not really possible to put this money away because everything we spend is necessary and I can’t cut back on them even if I wanted to - I just don’t think I could do it
(R13 BF 50-60, Housewife - ID)

I would cut back on the clothes, basic necessities of life to buy it. I would have to have great will power. I know we can’t really save on food, so for me to keep this £50 would be very difficult
(R25 BM 40-50, Chef - ID)
The three children I’ve got, I save money for them so I’d have to stop that, the money I put away every month for things like weddings. It’s a big thing to do for them, and also my son may need money for higher education. I would have to stop that and I would not want to do that
(R34 BF 40-50, Long-term sick - ID)
The thing is that we have to save for our children’s future, but to save that you have to stop your children’s expenses or your own, so we’re in a situation where what do we do? We have to pay tuition fees for them then we have to save for them. So the thing is, it’s either us or we do it for them
(R8 BM 40-50, Baker - ID)

In contrast, participants from the Gujarati community mostly thought that they could afford £50 a month easily, or with minor cutbacks. The marked contract between Gujarati and Bangladeshi participants further highlights the disparity in their socio-economic status:

I could probably cope with that quite easily without having to make any serious cutbacks. Some slight minor adjustments but nothing serious
(R17 GM 50-60, Chartered Engineer - ID)

If it were £100 I would have to make economies, but if it was £50 then yes I could afford it. I might have to give up going to the cinema or eating in hotels or weekends away
(R31 GM 50-60, Post Office Clerk - ID)

Say if it was £50 a month, it would mean I would have to cut down on little extras somewhere - luxury things like extra channels on television, cut down on things like that
(R20 GF 50-60, Clerical Officer - ID)

Some Gujarati and Bangladeshi participants, particularly in the older age group, also commented on the fact that if they had to find £50 a month towards long-term care insurance it would become easier in a few years time. This was because their children had either finished or almost finished their education, and so were no longer a significant financial burden. The resulting 'spare capacity' provided an opportunity to pay for long-term care insurance:

At the moment my daughter is coming to the end of her university education, so I don’t think there would be too many [financial] adjustments [in order to pay for insurance]
(R24 GM 50-60, Higher Executive Officer - ID)

Fortunately my children are nearing grown up and soon they will be standing on their own feet. I can probably afford to buy a policy if the premium were not extraordinarily high. If like you say, the premium was about £50 a month I will be able to manage it without having to make any serious cutbacks -just minor adjustments, nothing major
(R17 GM 50-60, Chartered Engineer - ID)
I have not thought about buying a policy for long-term. I feel if I live 15 to 20 years after I retire, the amount of investments I have made will be more than sufficient for my old age. My sons and my daughter still need my support but I can easily afford to buy a policy without making any cutback in my expenditure
(R33 BM 50-60, Education Officer - ID)

**Premiums or taxes?**

As we have seen, a majority of all participants said that they thought the idea of saving for long-term care through insurance was a good idea, and many thought that it might be affordable. However, in practice, when participants were given a choice between paying an extra £1p in the £1 tax for care, or taking out insurance, participants from both communities were heavily in favour of increased taxation. The most common reasons cited for favouring taxation over insurance were that taxation covered everybody, as well as being a collective responsibility, combined with the idea that taxation would ultimately be cheaper than private individual insurance:

It's a difficult one, because once you start that thing which the Government wants you to start [insurance], what happens to the person who can't save it. So the best thing is that you pay more tax so that you can look after the people who cannot save it. Everybody cannot save all this money
(R31 GM 50-60, Post Office Clerk - ID)

I think I would be quite happy to pay more tax - we should all pay more tax so that everyone can benefit
(P1 GF 50-60, Care Assistant - FG)

If the Government don't put up tax then where will they get the money from to look after us in old age - they have to find the money from somewhere. I think it's a really good idea to pay more tax.
(P4 BF 40-50, Housewife - FG)

When I am very old I will need bathing, washing, everything - and at that time if I have no capacity, then who is going to help me? Obviously someone has to do it, and probably they would be a paid worker. Who would give that money? I am giving national insurance and tax, and I want the govt to make future plans for me. I've heard about long-term care insurance but I can't manage it - so if the tax is increased, and there is a guarantee that we would get help in old age, then that's a good idea.
(P2 BM 40-50, Waiter - FG)

I think instead of taking the whole cost you, if the tax is raised, that would be better. If the govt gives the guarantee and takes the tax, then there is nothing lost, and I will know that I will not be a burden on anybody.
(P4 BM 40-50, Long-term sick Waiter - FG)

However, participants still had very serious reservations about paying more tax for long-term
care, most of which revolved around a lack of trust that the government would in fact provide care when they were old, and not use the extra revenues for some other purpose. The current changes in public service provision, such as PFI, also appeared to be influencing participants’ thoughts about paying extra tax for long-term care:

We are currently paying a lot of tax and not getting benefits. What is the guarantee that we will get good care when we grow old? The govt is trying to privatise healthcare, and we won’t get the NHS services and we will have to pay for our own treatment.
(P1 GF 40-50, Housing Benefits Officer - FG)

The theory is that if we all pay a little bit more tax then we get support in old age, but what guarantee is there? What kind of guarantee can you give us that if we paid more tax we will be entitled to help in old age? The taxes we have paid will probably go to the war in Iraq.
(P8 GF 50-60, Librarian - FG)

Just the fact that we have paid 25% tax and yet we still have no guarantee that we would get the level of support we need. So if we paid more tax how can we assured that it would then result in more support for us in old age? As a result we have no trust or faith in the government or the system. I don’t think we will get anything free. We will have to make our own arrangements.
(P10 GF 50-60, Teacher - FG)

I don’t think the govt is using the resources they’ve got skilfully enough for the NHS or for the health of elderly people because they’ve just used so much money in the war, and deprived so many people from the NHS and of personal care, so I don’t think the extra tax will make any difference when I get older.
(P20 GF 50-60, Clerical Officer – FG)

Some participants also feared that although the tax might start at an affordable 1p in the £, there was no guarantee it would not rise after its introduction:

It is taking our taxes now anyway we are paying all our taxes and the tax is very high. If that should rise then that would be worse
(P5 BF 40-50, Machinist - FG)

A minority of participants preferred long-term care insurance to higher taxation. Many participants said that they would prefer to take out private insurance because they lacked trust in the government. Some participants also thought that an insurance policy would enable them to retain ownership of their assets, and control over what happened to them in old age:

I used to think that we should all pay whatever the Government asks, but I have lost trust in them over the years - we have paid enough to the Government and if we don’t
get enough money for our care in our old age, then what’s the use of paying them tax? Instead I would prefer to be like America or India - less tax and we can save money and we can pay our cash for our care.
(R21 GF 50-60, Teacher - ID)

I don’t know - if we pay more money now to the govt would they pay us back or not, because it is governed by them - whereas if we take any private insurance we govern that, and we can say that we’ve invested and that we’re entitled to get it. I think I would prefer policies because the policies would benefit the family as well. If anything happens to my husband then I know that I have got some policies which I can follow on and the same vice-versa if anything happens to me.
(P7 GF 40-50, Housewife - FG)

I feel that my money doesn’t’ go to anyone else, and I would like to spend my own money onto my own expenditure living then I will say have all my money and take me a good rest home where I am treated good and fairly.
(P22 GM 50-60, Cashier - FG)

However, the vast majority of participants found the idea of long-term care insurance extremely problematic. It is important to note that responses were mitigated by the fact that many participants misunderstood the way insurance would be managed, and assumed that like car insurance, if there were no claim, all the premiums would be lost:

I hear that people are taking out private insurance but I think that they are taking the money and the money is being wasted. If I put my money in the bank, then that money is going to remain with me, and then after I die my son or daughter will take it out. But if I buy insurance, I pay say £20 a month and then in the end they provide facilities, then after I die the money is gone, and I can’t give it to anyone because the insurance company have taken it.
(R37 GF 50-60, Administration Assistant - ID)

What they [the insurer] were telling me was that if I give them £30,000 over five years and if I am sick after that then they will look after me - which is fair enough. I said ‘Okay, no problem. If I die after five years, who are you going to pay it to?’ And he said, ‘Well then we make a profit!’ I said, ‘Do you think I am a fool to give you £30,000 now and then if I die tomorrow my son won’t get it?’
(R31 GM 50-60, Post Office Clerk - ID)

In addition, many participants expressed a total lack of trust in insurance companies, and suggested that they could only consider an insurance policy if it was guaranteed by the state:

Well I don’t like all these insurance things. You see I am very doubtful hat I would get anything at the end.
(R35 BF 40-50, Divorced Housewife - ID)
I don’t believe in insurance because I never heard of anybody becoming well off from
the insurance. You are just putting your money you need there for savings, and in the
future they turn around and say it is gone. How can you bear that? If there was a
guarantee - a written guarantee - that you would get it back, that no law, no judge can
break, then maybe. Otherwise it’s not worth it.
(R28 Bangladeshi 40-50, Housewife and full-time Carer - ID)

If something did happen to me then the policy would pay up for my need then I would
be very happy with that. But the problem is that we are not convinced by the insurance
policy. We have lost trust in buying insurance policies. You can just see for example,
what has happened to the endowment policies - and you know the evidence is there that
the insurance companies are there to make a profit for themselves.
(P6 GM 40-50, Systems Design Engineer - FG)

A long-term care plan is a plan that I am happy pay for as long as the govt gives us a
guarantee to pay the money when we need it.
(P1 GF 40-50, Housing Benefits Officer - FG)

A few of the Bangladeshi participants indicated that they would be reluctant to invest in any
time of insurance policies because they would not be prepared to break religious rules about
making profits from investments. Many stressed that since none of the insurance products on
the market made allowance for their specific cultural and religious needs, investing in long-
term care policy was out of the question for them:

A few people have come to me to ask if I want insurance, but I haven’t given it much
thought. In our religion, they say it is not right for us to do that. It is possible for me to
do [financially] but because of my religion I would not want to do a policy like that
(R12 BF 50-60, Sari Shop Owner - ID)

That’s not right for us…it’s Haram [forbidden]. So I could not do that. I would be
afraid to do it. If you ask anyone Muslim person they will say the same.
(R5 BF 40-50, Housewife – ID)

Some participants also pointed out that even if there were no religious sanctions against
insurance policy, the fact that many did not think they will long enough to need long-term
care there was little point in taking out insurance policy for old age:

We work forty or fifty years, paying all that money, but how can I depend on being old?
How can I rely on being old? It may be that I die tomorrow
(P2 BF 50–60, Housewife - FG)

Overall, most Gujarati and Bangladeshi participants preferred taxation to insurance, but the
picture was muddled. Participants said that instalments for private policies were too high, but
that they were unsure that the NHS would continue to provide care. In many cases, participants were concerned that they were caught between two equally unreliable bodies:

If I were to invest in a long-term care policy I would have to cut down on other things, and I don’t have any spare cash. Only people who are in good jobs and earning good money, perhaps it is possible for them, but for us it is out of the question. The problem is that private insurance is not as secure as many companies are going bust. If we buy private policies there is no guarantee that we will get anything back. At the same time, if the Government made an announcement that everybody would be expected to pay more taxes, I don’t think many people would like it because the taxes are already too high
(P4 GF 50-60, Cook - FG)

Unless you have a job there is no way you can afford to invest in any kind of policy. I don’t think the amount you pay in tax necessarily means that you will get increased benefits. Most people pay more tax and the benefits they get at the end is not way near the amount of taxes they have paid
(P7 GF 50-60, Domestic Assistant - FG)

The instalments are too high, so it is out of reach and I am also not sure whether we will give it back or not. I prefer if we have a policy as it’s for our security in old age in case we have a serious illness. We don’t know whether they [government] will give us care or not in the future. Looking into the current NHS situation, the way it is running now with long waiting lists for operations I think that with some illnesses some people may die before their turn comes for an operation. I don’t want that situation happening to me. That’s the main point at which I began to think about long-term care.
(R2 GM 40-50, Graphic Designer - ID).
CHAPTER 7
DISCUSSION, IMPLICATIONS AND FUTURE RESEARCH

Introduction
This project was set up with a number of objectives: as well as exploring beliefs about ageing and attitudes of middle-aged people in the two main South Asian communities, we also set out to examine the attitudes to financial planning, and the preparations that the participants had actually made for their old age. In addition, as the heterogeneity of the South Asian is one of its key features, we wanted to focus on the way in which culture, religion and life-stage, gender and socio-economic background intersect with participants’ preparations and expectations of old age.

In this final chapter we will summarise the main findings from the report and outline possible implications both for future generations of older people from the South Asian communities, and for policy makers, planners and providers. In our concluding comments, we put forward some questions for future research in this area.

The main body of this report describes in depth the rich and varied accounts of male and female participants from the Bangladeshi and Gujarati communities, highlighting some of the major similarities and differences in perceptions and expectations of ageing between and within two communities. We also examined attitudes and behaviour towards financial planning for old age and the extent to which their attitudes and behaviour were influenced by age, gender and ethnicity.

Our findings were necessarily limited by the small size of our study, based in the East Midlands and therefore it is not possible to generalise across the whole country; nevertheless, our findings suggest that the issues raised by the participants are likely to have far reaching implications for individuals and communities concerned and for policy makers and service providers.

Ethnic diversity and old age
The South Asian community are a well established presence in British society, reflected in the fact that its older population is growing and in the next twenty years the present cohort of middle-aged South Asians will swell the ranks of the South Asian elderly population.
Although both the Bangladeshi and Gujarati communities hold some common cultural values and beliefs, one of the most striking aspects of this section of the British population is its diversity of language, culture, religion, socio-economic status and age structure.

Since the 1960s, when the vast majority of Gujarati and Bangladeshi people first immigrated to the UK, a great number of changes have taken place with regard to their socio-economic status, demographic and the degree to which they are integrated in British mainstream society. Over the last twenty years the number of older people in the South Asian population has steadily increased, as those who arrived in their early teens and twenties are now approaching retirement age.

One of the most significant aspects of our findings is that there are tremendous differences between and within the two communities in terms of socio-economic status. Participants in our sample from the Gujarati community were drawn from a variety of backgrounds, but overall, they were more likely to be reasonably well educated, qualified and more likely to have professional jobs. Most were either in employment or had previously been in employment, with the only exceptions being those who were disabled or had never been able to work. As a result, although there was diversity in income within the group, overall the Gujarati sample tended to be relatively affluent. It is important to note that a large number were part of the mass exodus of Indians from East Africa and as such had been educated within the British education system in Africa, and mostly spoke English fluently.

These changes in the social, economic and cultural profile of the Gujarati community in the UK means that the attitudes, as well as the financial preparations, of middle aged people is very different to the current generation of elderly people. An inevitable consequence of this change is that the expectations of the current generation of 40-64 age group is much higher than those of their parents.

In contrast, the Bangladeshi community had a different social profile. Most Bangladeshi men arrived in Britain to work in factories and service industry, and had initially planned to return home. As a result, it was often not until several years later that their wives and children immigrated to join them in the UK. Overall, the participants in our sample tended to be relatively poorly educated, with relatively few qualifications, and in blue-collar jobs or unemployed. Bangladeshi women were tended to be economically inactive, and only four of
all the female Bangladeshi participants we interviewed were working. Since migration, the socio-economic status of Bangladeshi community has changed relatively little, and many remain relatively isolated from British mainstream society.

The results summarised here highlight some of the main findings of the project concerning the meaning, aspirations and concerns about old age from the perspectives of middle-aged men and women in the Gujarati and Bangladeshi community. There is also some discussion of attitudes towards financial planning for retirement and paying for care in the old age.

What does it mean to grow old?

Bangladeshi and Gujarati men and women expressed a variety of opinions about what old age meant for them and what it would like to grow old in Britain. A majority of participants identified the deterioration of physical and mental health, and the consequent loss of independence, as the most important markers of the onset of old age. However, participants who were in paid-employment acknowledged that their ideas about old age were influenced by the statutory retirement age.

The meanings that participants attached to old age were also affected by the strength of their ties to the social, cultural and behavioural norms in their countries of birth. Bangladeshi participants’ ideas on old age were a lot closer to the norms in Bangladesh, where chronological age is regarded as a less important marker of old age than life-stage such as the marriage of one’s child and becoming a grandparent. In contrast, many Gujarati participants’ attitudes towards old age appeared closely aligned with the western cultural norms. This was particularly evident amongst Gujarati participants, who had come to the UK from former British colonies in East and Central Africa and had been educated under the British education system. They were generally better qualified, had a better facility in English, and identified more closely with British culture. As is the case in the mainstream population, they measured old age in terms of quality of life and tended to place greater emphasis on a person’s ability to lead an active and fulfilled life.

Aspirations in old age

Participants’ expectations of old age varied between those who hoped to enjoy a long and active old age and those who had very low expectations. In a majority of cases, these expectations were influenced by factors such as health, financial security, cultural and
religious beliefs, ideas about independence and dependency in old age, and family relationships. Participants who were in good health and financially secure were more positive about growing old than those who had serious health and financial problems. Women who were single, divorced or widowed had particularly low expectations.

The importance of cultural and religious beliefs was also reflected in the participants’ expectations. For many participants, religion was a defining influence in their everyday expectations and concerns, often governing their ideas of what it was to be old, and how they could prepare for old age. A majority of Bangladeshi participants indicated that their main desire in old age was to enjoy peaceful later years in the heart of their family, and to devote more time to religious activity. By contrast, the expectations of many Gujarati participants appeared to be changing, particularly among women. They indicated, for instance, their desire to use the financial freedom they have gained from economic activity to maintain their independence in old age. This included a strong desire to seek out opportunities for intellectual and social pursuits. Although the desire for close family ties remained a high priority, many Gujarati women in particular were keen to emphasise that they would not choose to live in the same household as their children in old age.

**Concerns about old age**

Participants were concerned that their quality of life in old age could be undermined by any future reductions in health and social care support and welfare benefit. Bangladeshi participants were more likely than Gujarati participants to have low expectations of living a long and healthy life in old age. Given the high level of social and material disadvantages experienced by many Bangladeshi participants, their pessimism was unsurprising.

**Expectations of family and state support at home**

Participants stressed that their first preference would be to seek assistance from a member of their family for personal and practical care; they would only consider seeking outside help as a last resort. A view widely shared by participants in both communities was that they were entitled to seek help from family members because it was a ‘moral obligation’ or ‘duty’ to look after the needs of elderly people. Moral obligation and a sense of interdependency were often cited as the reason by married couples. A majority of spouses, and particularly husbands regardless of age and ethnicity, indicated that they would only find it acceptable to seek help with personal care from their spouses and most felt reasonably confident of receiving the required support. However, wives in both communities were generally more doubtful about
their husbands' of ability to care for them. Our findings also suggest that the large age gap between married partners in Bangladeshi community had a significant impact on participants' expectations of old age, and how they would be cared for. The average age gap between married partners in the Bangladeshi sample was nine years. Whilst older male participants were fairly confident of receiving support from their wives, their confidence was not shared by many Bangladeshi women who pointed out that as their husbands were much older than them and it was unlikely that their husbands would be able to care for them. This also highlights the vulnerability of Bangladeshi women who may have to rely increasingly on the goodwill of their children and, failing that, entirely on state support.

Almost all participants, from both communities, referred to children's "moral obligation" or "duty" to look after their parents' social and financial needs in old age (even if in practice they would not choose to be cared for by them). This was understood as the key determinant for negotiating support in old age, based on reciprocity between parents and children. Participants with children regarded future support by their offspring as the "maturing" of an emotional and financial investment. Most participants strongly emphasised the value and importance of this reciprocity because they believed it strengthened family ties, and the passing on of their cultural traditions. Most Bangladeshi participants were strongly in favour of maintaining traditions, specifically in the form of the joint household. Female participants in particular felt that it was very important that their children should care for them, in part because that was what they had always expected, and in part because without that level of support, they believed that the kind of lifestyle they envisaged for themselves in old age would be threatened. In addition, female participants found it difficult to imagine an acceptable alternative source of support.

However, our findings suggest that the practicality of adhering to this tradition was beginning to be questioned many participants. The change in expectations was most noticeable among those in the younger age group although Gujarati women in the older age group also indicated that they did not expect their children to look after them in old age. The change in attitude in part reflected the realisation that their children might be unable or unwilling to care for them and in part their hope that their children would not need to care for an elderly relative as they had done.
Given a choice, participants indicated they would always prefer to be cared by their family. A majority of participants also expected that support provided by the family should be augmented by the state, and that, in the absence of family support, the state should bear the final responsibility for their care. Participants in both communities gave similar justifications for seeking personal and practical support from the Government. Participants asserted that the Government had a "legal" obligation - as opposed to the family's "moral" obligation to help them because, as taxpayers, they were entitled to receive support in old age.

Despite a belief in the strength of their claim, many participants were concerned that they might encounter particular problems seeking an appropriate level of help with personal and practical support from the state. They feared that the Government might not fully honour its perceived promise of help or, even worse, might expect participants to pay for care from their own resources. Participants singled out recent changes in the National Health Service and higher education funding as prime examples of the way in which state provision was being cut back. They feared that this trend would set a pattern for services for older people in the future and considered that their generation was most likely to be disadvantaged by the reduction in services.

Financial planning for retirement
The extent to which participants had prepared financially for retirement varied. Their ability to make preparations was determined by whether they were economically active, the kind of work they did, and the length of time they had worked or been unemployed. Participants in both communities, who had never done any paid work because they had serious health problems, a physical disability, or were housewives, had few opportunities to secure income in retirement. There were, however, some participants in both communities who were able to make adequate provision for retirement; these were mostly men working in well-paid jobs. Although many women in the Gujarati community were working and able to make some private arrangements, the amount they were saving was likely to be insufficient to meet their requirements in old age. Many Bangladeshi men who were working in the restaurant trade were unable to make plans for retirement owing to low wages. As most of the Bangladeshi, participants in our sample were in relatively low-waged and insecure employment, often in factories or in the restaurant trade, their ability to save for their old age was severely impeded. Many participants commented on the fact that as they were working part-time, or had been unemployed for significant parts of their working lives in the UK, they had been unable to
make continuous complete National Insurance contributions. In additions, they pointed out that occupational pensions were not offered in their industries.

Although most participants were in favour of saving for retirement, their decisions to save were influenced by their level of knowledge of different schemes and their ability to make appropriate level of contributions. Apart from private pensions, participants had also made other arrangements to save for old age. Naturally, this applied particularly to those who were in stable and highly paid jobs. However, for ethical, cultural or religious reasons, many Bangladeshi participants were put off from investing in banks, building societies and insurance schemes. As a majority of participants owned their own homes, housing equity was often their sole source of investment for the future.

**Financial concerns in retirement**

A common concern among participants was that their generation would be particularly vulnerable in old age because income from their pensions and private savings might be inadequate. Whilst participants acknowledged that their children were morally obliged to look after them in old age, a majority felt that their children were not obliged to provide financial support. A majority also indicated that they would be most reluctant to ask their children for financial help. This inhibition arose from anxiety over causing financial problems for their children and grandchildren; being perceived as needy and burdensome; losing self-respect; and being refused or rejected by their children.

By contrast, most participants were uninhibited in seeking financial assistance from the Government. They justified their claim on the grounds that what they received would be a small return on the taxes they had paid to the Government. Participants in the older age group who were already in receipt of welfare benefits were not prepared to contemplate the possibility of managing without financial support from the Government. This confidence was not shared by younger participants, who feared that the amount of assistance they were likely to receive in retirement would be a lot less than they expected. They also lacked confidence in the government's ability to make sensible investments on their behalf and feared that in the future only the most needy would be entitled to the state pension. Their perception that the Government had recently been championing personal pensions and private insurance schemes was interpreted as a political agenda to lessen dependency on state welfare provision.
Attitudes to saving

A majority of participants in both communities had positive attitudes towards saving despite the fact that for some in the Bangladeshi community ethical, cultural and religious beliefs made it difficult to take advantage of the wide range of savings schemes available. Participants identified several reasons for saving, which included securing their children’s futures, and providing for their own needs and those of their dependent relatives. However, decisions about saving were influenced by financial obligations and the priority they gave to discharging those obligations. Most placed their children’s education and marriage before their own needs in old age. Consequently, a majority in both age groups on moderate incomes had postponed the decision to save for themselves until after they had discharged their obligations to their children. Participants who were looking after an elderly relative indicated that they had to consider their needs, but that this was not the most important reason for saving.

Attitudes to inheritance and paying for long-term care

Participants in both communities tended to give almost equal weight to saving for their own needs in old age and leaving something for their children. Many participants believed that it was important that children should be left with an inheritance from their parents; however, the need to pass on an inheritance was secondary to meeting their own needs in old age. Many believed that their children should only have a right to inherit surplus assets after the parents’ death. This included the right to inherit the family home. They were opposed to the idea of using any of their personal resources, including housing assets, to pay for their long-term care. A majority of Bangladeshi participants regarded their family home - in most cases their chief asset - as a home to be passed on to their children, rather than a financial asset. Although many Gujarati participants saw their homes a liquid asset that could be used in retirement, they were nonetheless generally opposed to using their housing assets to pay for residential care. Both Bangladeshi and Gujarati participants stressed that it would be unfair to penalise people who had worked hard to save. They also felt that it would be dishonest of the Government to make such a demand, since they had been led to believe that their needs in old age would be covered by their National Insurance contributions.

Attitudes towards long-term care insurance

Participants’ attitudes towards long-term care insurance were generally mixed, and in part reflected a lack of knowledge about the schemes and lack of trust in the insurance industry
and stock market. Of the small numbers of Gujarati and Bangladeshi participants who were in highly paid professions thought that this was easily affordable, or affordable if they cut back on luxuries. The vast majority, however, indicated that their income was insufficient to meet even basic necessities, and so any additional outlay they would have to make to purchase a policy was totally out of question even for those who were on moderate income. In addition, many participants stressed that if they decided to invest in an insurance policy, they would have to do so at the expense of their children’s education and marriages and, if it became a matter of choice, then their children’s needs would always come before protecting their own interest in old age. Although many participants were in favour of funding long-term care through generational taxations, there was great deal of scepticism and suspicion about the government’s motive if such a scheme were introduced. Interestingly, the lack of trust in the government was the reason why some participants were in favour of long-term care policy and others were opposed. Participants in favour thought that an insurance policy would enable them to retain ownership of their assets, and control over what happened to them in old age, whilst those who were not keen to fund long-term care through generational taxation were suspicious that the government would use the extra revenue for some purpose other than providing care for older people.

Policy implications and future research questions
Until recently, it was widely believed that it was unnecessary for outside bodies to concern themselves with the care of elderly people in the South Asian communities. This was because they lived within extended households where care would be organised by the family, because it was assumed that the families had sufficient resources and because the number of older people in the population was insufficient to merit particular attention. There was also an assumption of Asian self-sufficiency, where state involvement was both unnecessary and unwelcome. The views expressed in the present study throw considerable doubt that future generations of older people will be willing to impose the burden of care-giving responsibility on their families. Participants in both communities felt that their children held a “moral”, but not “legal”, obligation to assist them in old age. The participants held clear concerns that their children might be either unable or unwilling to help them in the future, as they would have their own commitments. Our findings thus challenge the assumption that in the future the extended family will provide support for older people. Rather, it is likely that increasing numbers of older people in these communities will look to the state to provide support.
Although disability associated with specific conditions affects a relatively small section of the ethnic minority population, the increase in physical and mental impairments in old age has far reaching implications for formal and informal sources of support in old age. The fact that a large number of participants in the these two communities were already suffering from debilitating conditions, suggests that in the future their need for care is likely to increase substantially. Health and social services will have to deliver more appropriate care to meet the differing needs of older people within the South Asian communities.

It was evident that, when the need arose, a majority of participants had strong desire to be looked after in their own home and preferably by 'close' members of their family. However, the inability and unwillingness of family members to provide care at home is likely to create an increase in demand for residential and nursing home care. The need for institutional care will necessarily raise further questions about how the cost of long-term care should be met and who should bear the responsibility for paying for those with few personal resources or whose main assets are tied up in the family home. Our findings suggests that the use of housing equity to pay for long-term care may poses a challenge for policy makers, particularly in the case of jointly owned family homes where the mortgage is paid by one or more children but the parents hold the deeds of the house. The use of family home, particularly when jointly owned, to pay for long-term care has far reaching implications for family relationships.

Some groups within the study were better prepared socially and financially for old age than others. However, the generally low level of awareness of different types of pension schemes and how they work suggests an overall need for a better dissemination of information. Community organisations such as places of worship can play an important role in ensuring a wide range of information in appropriate languages is made available, both in printed and audio format. In looking to the future, it is important that for all concerned that information is targeted at communities in question so that the needs of those who are at the margins of society are addressed. There is evidence to suggest that women are more likely to be excluded from mainstream society. However, for women to be able to protect their own interests, they need opportunities for training and employment, a reality that policy makers and the communities concerned will need to address.

The Gujarati community was generally better prepared for retirement than the Bangladeshi. However, the study highlighted that certain groups within both communities are at greater risk
from poverty in their later years. Women who are housewives, divorced, widowed or disabled - and thus in possession of either no, or an incomplete, work record - pose a serious problem for future provision. Bangladeshi women are particularly at risk of poverty in old age; unlike many of their Gujarati counterparts, those in our study had fewer opportunities to participate in the labour market. The disabled and their full-time carers - whether male of female - were equally unprepared for old age, and will also have a substantial need for support.

It is clear that a gap has arisen between participants’ expectations of government provision, and what they may in fact receive. The participants were unanimous in their assertion that the government was legally obliged to support them as taxpayers. Nonetheless, there was acknowledgement among all the participants that the government may not provide the level of support they felt was both needed and owed.

The study as a whole underlines the need for policy makers to rethink their approach to care provision for older people in these communities. There are several ways in which they can proceed. These include increasing access to the labour market for those not in work; improving access to private pensions; providing better saving incentives; improving health promotion; and improving access to social and recreational facilities to reduce social exclusion.

**Future research questions**
The findings summarised here are based on an exploratory study of a small number of people from two main South Asian communities; their views and opinions do not therefore reflect those of the entire community. Given that the issues, which this study had set out to investigate, were of a sensitive nature, we had undertaken this study with some uncertainty about the likely response. In reality, our concerns were unfounded as we had very positive response on a subject which was perceived as of direct relevance to their lives. Those who participated in the focus groups were prepared to engage in a full and frank discussion on a wide range of issues and those who took part in in-depth interviews were willing to share information of personal nature. However, whilst this exploratory study provides a useful insight into perceptions of old age and attitudes towards planning and paying for long-term care, many issues outside the brief of this study remain unaddressed and merit further investigation.
The scope of this study was necessary limited by the constraint of resources and therefore only two out of the four main South Asian communities were included. It is important that future enquiry should be widened to include other sub-groups to tap into the vast differences that exist between and within South Asian groups. Apart from South Asians, other ethnic minority groups, such as the African-Caribbean community, also merit attention because of different patterns of migration and settlement, demographic profile, patterns of family formation and household structures and economic circumstances.

There is an urgent need for a larger scale study of these issues. A larger representative sample would provide a better scope for including male and female participants from a wide variety of social and economic backgrounds from a number of different ethnic groups. Since generational differences can have a major impact on both the way people perceive the need to plan for old age, and the way they see the use of personal resources to pay for long-term care, future research might include young adults to assess any change in attitudes across different generations. Issues emerging from this study also throw light on the meaning of homeownership among South Asians and their attitudes towards inheritance. Since homeownership is widespread amongst South Asians, attitudes towards the use of housing equity needs further investigation.
APPENDIX I

LIST OF ADVISORY GROUP

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<tr>
<th>Name</th>
<th>Affiliation</th>
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<td>Mr Faqir Kallow</td>
<td>Local Pension Services</td>
</tr>
<tr>
<td>Mr Vinod Kotecha</td>
<td>Assistant Director Age Concern, Leicster</td>
</tr>
<tr>
<td>Ms Claire Murphy</td>
<td>Research Officer Department of Work and Pensions</td>
</tr>
<tr>
<td>Mr Mujibur Rahman</td>
<td>South Leicestershire PCT</td>
</tr>
</tbody>
</table>
APPENDIX II

Perspectives on Ageing, Dependency and Attitudes towards Financial Planning for Old Age in the British South Asian Communities.

Questionnaire for Focus Group Participants

As a part of our next discussion session, we would like you to complete a short questionnaire to help us to get better understanding of your personal circumstances. The information you give will be kept strictly confidential. Please return the form in the pre-paid envelope provided or hand it in at the next session.

If you need help to complete this form, please ask us one of us to help you.
1. Age

2. Spouse age

3. Please place a tick in the relevant box

   Male  Female

4. Please place a tick in the relevant box

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Married</th>
<th>Divorced</th>
<th>Separated</th>
<th>Single</th>
</tr>
</thead>
</table>

5. Please state the country of your birth?

   ..........................................................

6. When did you first come to Britain to settle?

   ..........................................................

7. Employment history:
   Occupation (please state the type of paid work you do or have done in the past)

   ..........................................................

   ..........................................................

<table>
<thead>
<tr>
<th>Full time</th>
<th>Part time</th>
<th>Never worked</th>
</tr>
</thead>
</table>

8. Do you live by your self or with other members of your family? (Please state relationship of people who live with you)

   ..........................................................

   ..........................................................

   ..........................................................

9. How would you describe your current state of health?

   ..........................................................

   ..........................................................

10. Do you have any particular concerns about health or your quality of life?

    .........................................................
11. Can you tell us little bit about role and the responsibilities you have in your family in terms of:
   i) Earning a living
   ii) Caring for children or disabled relative
   iii) Taking care of money and household matters
   iv) Any other social commitments?

12. Do you or does your family own the house/flat that you live in?

13. Who owns your home?

14. If you own your own home, is it a freehold, or do you have a mortgage or other form of loan?

15. What kinds of financial commitments or responsibilities do you currently have?
   For example, mortgage, household expenditures, supporting parents or relatives in this country or abroad, education for children
APPENDIX III

Perspectives on Ageing, Dependency and Attitudes towards Financial Planning for Old Age in the British South Asian Communities.

DISCUSSION GUIDE: Session 1

INTRODUCTION
Welcome everyone

Introduce the project
Currently very little is known about the views of South Asian people about growing old in this country, the need for support and care in old age and how the cost for long term care should be met.

The aim of the study is to hear your views about what you think about your old age. We would like to hear your ideas about how much you would expect to rely on yourself and how much care and support in old age you would expect family or others to provide. We are also interested to hear your views about paying for care at home, in residential or nursing homes and saving money to pay for care if it becomes necessary. We have invited you to attend two discussion groups to share your views and experiences on each of these topics.

The purpose of today’s meeting is to hear from you about what you think about your own old age and your expectations of care and support.

Before we begin, I would just like to remind you that whatever you say here will be kept strictly confidential. I hope you will also agree not to repeat to anyone outside the group what is discussed here. I hope you will feel free to express your views. Your names or personal details will not be mentioned in any report.

I am using a tape recorder to record our conversation because it is difficult for me to write down everything you say and listen at the same time. This will also enable me to give you my full attention and listen to what you have to say.
Group Introduction

I would like to begin by asking you to tell us something about your self and briefly about your family and what work you do or have done in the past.

Prompts

- your name
- family
- work history
- length of residence in Britain.

Perceptions of old age

1. We all expect to grow old one day but we have different ideas about our own old age. What does it mean for you?
   Prompt: Some people say that you are as old as you feel? What do you think?

2. If you were living in India/ Bangladesh or any other country where you have lived, what kind of life would you expect in old age?

   Prompt: How do you think it would differ from your expectation of old age in Britain?

   Prompt: If you could choose, which country would you prefer to live out your old age and why?

3. Now I would like to imagine your life in ten to twenty years’ time. Can you describe things that you expect to happen when you are old?

Prompts:

- changes in social status,
- financial position
- physical and emotional health?
- quality of life in old age?
• What kinds of things would you value most about old age?
• What kinds of things would you find most disadvantageous in old age?

**Relationships in old age**

4. Now I want you think about the kind of relationship you may have in old with different people. How do you think members of your ‘closed’ family will regard you when you are old?

**Prompts:**

• change in their attitudes towards you?
• change in behaviour towards you?
• change in expectation of your role and responsibilities?
• how do you think the changes in your relationship affect your quality of life?

5. How do you think your relatives and friends of your own age will regard you when you are old?

6. Now I would like you to think about what you think would happen if you needed care in old age. Who would you want to provide social support, such as home care, meals-on-wheels.

**Prompts:**

• Would you want the government or your family to arrange social support?
• Why would you want the government or your family to arrange the support you might need?

7. If you needed care in old age, who would you expect to provide social support, such as home care, meals-on-wheels:

**Prompts:**

• Would you expect the government or your family to arrange the support?
• Why would you expect the government or your family to arrange the support for you?
8. If you needed care in old age, who would you want to pay for the support:
Prompts:
• Would you want the government or your family to pay for it?
• Why would you want the government or your family to pay for it?

9. If you needed care in old age, who would you expect to pay for social support, such as home care, meals-on-wheels:
Prompts:
• Would you expect the government or your family to pay for it?
• Why would you expect the government or your family to pay for it?

10. How much support do you think will be actually available from:
Prompts:
• members of your ‘close’ family?
• your relatives?
• the government?

Attitudes towards independence
11. Some older people are reluctant to accept help from others because they do not like the idea of being dependent on others. What do you think?
Prompts:
• what sorts of tasks or activities would you want to continue to do for yourself when you are old?
• what about taking responsibility and making decisions about your personal and financial matters?

12. Some old people continue to lead a fairly active social life and others become less active. How do you envisage your social life in old age?
Prompts:
• what sorts of expectations do you have of social life in old age?
• what kinds of social activities do you currently enjoy that you would not wish to give up in old age?

Notions of dependency

13. Some people say that once their children are grown up, it is the duty of the children to take care of their parents. What do you think?

14. What kinds of support and help in old age would you expect from your:
Prompts:
• children?
• relatives?

15. Can I ask those of you who have children, what type of help and support would you not expect from your children in old age?
Prompts:
• for example, help personal care
• practical help
• financial support

16. What sorts of help would you find unacceptable to expect from other people such as:
Prompts:
• relatives
• friends
• professionals (health and social care workers)

17. Can you think of tasks that you would have no choice but to rely on others to do for you? How do you think you might feel or react?

18. What particular concerns do you think people in your age group will have in old age?
Notions of interdependence and inter-generational responsibilities

19. It is often said that no one is totally independent or dependent but in reality we depend on each other. What do you think?

20. What would different members of the family expect from you in exchange for the help that they would provide you in old age?

Prompts:
- Adult children
- Unmarried children
- Grand-children
- Elderly parents
- Other relatives

21. What kinds of social and financial obligations do you think you may have towards different members of your family in old age?

We have had a very useful discussion about your expectations of old age. If you have expectations of old age which did not come up, then please feel free to share them with us.

Thank you very much for taking part in the discussion today. Please remember we are meeting again on ......(day).....(time) ....(place) for one more session. We look forward to seeing you all again.
DISCUSSION GUIDE: Session 2

INTRODUCTION

Welcome everyone

Introduce the session

Recap briefly the issues covered in the first session:

In the last session you provided a very useful insight into your views and the meanings you attached to the idea of growing old and your expectations and kinds of support you would expect from other people and the values you attached to remaining independent. The purpose of our meeting today is to hear from you about your views and expectations of long term care, your views on how much personal responsibility you would take to put aside money to pay for care at home or in a residential home and how much responsibility your family or the government should take to pay for care.

Before we begin, I would just like to remind you again that whatever you say here today will be kept strictly confidential. We hope everyone here will agree not to repeat to anyone outside the group what is discussed here. We hope you will feel free to express your views here.

I am using a tape recorder to record our conversation because it is difficult for me to write down everything you say and listen at the same time. This will also enable me to give you my full attention and listen to what you have to say. Your name or personal details will not be mentioned in any report.
Group Introduction

Although we have already met once, it would be helpful to remind each other who we are. Can we go round the room to say who you are, a little bit about your family and where you live, what role and responsibilities do you have in your family?

1. In today’s discussion we would like to hear your views about the planning and paying for care in old age. But before we start, I would just like to know if you have had any further thoughts about any issues you discussed last time?

2. To pick up on the issue of support in old age again, I would like to hear your views on the kinds of support and help do you expect from family members in old age. Which member or members of your family would you most rely for support in old age?

Prompts:

- personal care
- practical and emotional support
- financial support

3. Now I want to ask those of you who have whose parents are still alive. What sort of financial help do you think your parents will need from you when they get older?

4. At present the retirement age for men is 65 and for women 60. What kind of financial support will you expect from your children when you retire?

5. What kinds of support do you think would be realistically available from your family in ten or twenty years’ time?

6. What kinds of support do you want or need from the government?

7. What level of support do you think would be available from the government?
8. Thinking ahead about your life when you are no longer getting an income from paid work, how much thought have you given about making arrangements for an income in retirement?

Prompts:
- Put aside some money in a bank or building society
- Occupational pension/ company pension plan run by employer
- Reliance on state pension
- Reliance on family
- Other investments- gold jewellery, home or land, stocks and shares

9. There are many different types pensions or plans that are available. What types of pensions schemes you know of or have heard of?

10. Have you heard of stakeholder pension, private or occupational pension?
Have you considered putting aside savings in the form of stakeholder pension, private or occupational pension

[Stakeholder pension is a new scheme introduced by the government to help people on moderate income to save for private pension for retirement

Private pension scheme is another method of saving money for retirement for people who are self-employed or for individuals who have opted to make their own pension arrangements via a insurance company or bank.

Occupational pension is method of saving for retirement through a scheme run by a company or an employer.]

11. There are different types of insurance policies people can buy to protect themselves, such as for protecting their mortgage, their home, their car or life.

Prompts:
- Have you heard of insurance policy for long-term care?
- Do you think people should save separately for long term care?

12. Has anything made you think about putting aside some savings for long-term care?
Prompts:
- How long have you been thinking about it?
13. What kind of changes in your financial position would you have to make to buy a long-term care policy?

14. There are many different reasons why people save money for the future. What would you say are the most important reasons for you to save money?

Prompts:
- to leave for their children
- to meet their own needs in old age
- to pay for care of elderly parents

15. Apart from providing a place to live, what other reasons do you think people have for owning your own home?

16. Some people have said that people should expect to pay something towards the cost of their care at home or in a residential home from their own savings and others have said that we should pay more taxes so that the government can meet all the costs. How do you think the cost of care should be met?

17. How much do you think it cost to keep a person in a residential/nursing home at the moment?

18. If you have an elderly parent or a relative who needs help to look after himself/herself either at home or in a residential home, who should be responsible for paying for his/her care?

Prompts:
- adult children
- the government
- elderly parent pay for their own care
- joint responsibility of parent and adult children
20. If you think it should be a shared or joint responsibility, who would you expect to take responsibility?

21. If an elderly person wants to go into a private residential or nursing home but can only afford part of the price, do you think in such cases relatives should offer the rest of the money that is needed?

22. If an elderly person lives in his/her house should he/she made to sell his/her house to pay most of it for the cost of residential/nursing home care?

23. If an elderly person jointly owns a home with his/her relatives, should he/she be made to sell their home to pay most of it for care?

24. We are nearly coming to the end of the discussion but before we finish, I would like to ask each of you, what aspects of life in retirement you are most looking forward to?

Thank you very much for taking part in these discussions. We will want to come and talk to some people individually at a later date about your views about planning and paying for care in old age. We will keep in touch with you and send you a summary report at the end of the project.
### APPENDIX IV

**Gujarati Female 40-50 years**

<table>
<thead>
<tr>
<th>Name</th>
<th>Region</th>
<th>Age</th>
<th>Marital status</th>
<th>Country of birth</th>
<th>Date of Entry UK</th>
<th>No of yrs lived in Britain</th>
<th>Age at entry into Britain</th>
<th>Occupation</th>
<th>Health status</th>
<th>Home ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>Leics</td>
<td>41</td>
<td>Married</td>
<td>Kenya</td>
<td>1983</td>
<td>21</td>
<td>21</td>
<td>Housing Benefits Officer/FT</td>
<td>Good</td>
<td>Joint mortgage</td>
</tr>
<tr>
<td>P2</td>
<td>Leics</td>
<td>41</td>
<td>Married</td>
<td>Kenya</td>
<td>1972</td>
<td>32</td>
<td>10</td>
<td>Chiropodist/Unemployed</td>
<td>Good /restricted mobility joint problems</td>
<td>Joint mortgage</td>
</tr>
<tr>
<td>P3</td>
<td>Leics</td>
<td>42</td>
<td>Married</td>
<td>Uganda</td>
<td>1972</td>
<td>32</td>
<td>9</td>
<td>Legal Secretary/FT</td>
<td>Good</td>
<td>Joint mortgage</td>
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<td>P4</td>
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<td>Married</td>
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<td>1982</td>
<td>22</td>
<td>19</td>
<td>Cook/PT</td>
<td>Poor</td>
<td>Joint mortgage</td>
</tr>
<tr>
<td>P6</td>
<td>Notts</td>
<td>43</td>
<td>Married</td>
<td>India</td>
<td>1987</td>
<td>17</td>
<td>27</td>
<td>Clerical Assistant/FT</td>
<td>Good</td>
<td>Joint freehold</td>
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<tr>
<td>P7</td>
<td>Leics</td>
<td>45</td>
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<td>Kenya</td>
<td>1994</td>
<td>10</td>
<td>36</td>
<td>Housewife</td>
<td>Good/Partially sighted</td>
<td>Rents from Council</td>
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<tr>
<td>P8</td>
<td>Leics</td>
<td>46</td>
<td>Divorced</td>
<td>Uganda</td>
<td>1997</td>
<td>7</td>
<td>40</td>
<td>Housewife</td>
<td>Good/Registered Blind</td>
<td>Lives with son</td>
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<tr>
<td>Name</td>
<td>Region</td>
<td>Age</td>
<td>Marital status</td>
<td>Country of birth</td>
<td>Date of Entry UK</td>
<td>No of yrs lived in Britain</td>
<td>Age at entry into Britain</td>
<td>Occupation</td>
<td>Health status</td>
<td>Home ownership</td>
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<td>----------------</td>
</tr>
<tr>
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<td>Kenya</td>
<td>1972</td>
<td>32</td>
<td>27</td>
<td>Care assistant/PT</td>
<td>Good</td>
<td>Jointly freehold</td>
</tr>
<tr>
<td>P2</td>
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<td>58</td>
<td>Married</td>
<td>Kenya</td>
<td>1997</td>
<td>7</td>
<td>52</td>
<td>Shoelace Maker/FT</td>
<td>Good</td>
<td>Joint freehold</td>
</tr>
<tr>
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<td>34</td>
<td>20</td>
<td>Cook/PT</td>
<td>Good</td>
<td>Joint (father/son) freehold</td>
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<tr>
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<td>Married</td>
<td>Uganda</td>
<td>1972</td>
<td>32</td>
<td>19</td>
<td>Assembly work/PT</td>
<td>Poor</td>
<td>Joint freehold</td>
</tr>
<tr>
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<td>Leics</td>
<td>53</td>
<td>Widowed</td>
<td>Kenya</td>
<td>1969</td>
<td>34</td>
<td>19</td>
<td>Care assistant/PT</td>
<td>Good</td>
<td>Rents Housing Association</td>
</tr>
<tr>
<td>P7</td>
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<td>Married</td>
<td>Uganda</td>
<td>1969</td>
<td>34</td>
<td>25</td>
<td>Domestic Assistant/FT</td>
<td>Poor/Chronic Arthritis</td>
<td>Jointly Free-hold</td>
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<td>1975</td>
<td>29</td>
<td>25</td>
<td>Librarian/FT</td>
<td>Fair/Thyroid</td>
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<tr>
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<td>Single</td>
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<td>22</td>
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<td>Poor/Childhood Polio</td>
<td>Freehold</td>
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<td>1968</td>
<td>35</td>
<td>21</td>
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<td>Poor/Osteoporosis</td>
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<td>15</td>
<td>41</td>
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<td>Poor/Chronic Arthritis</td>
<td>Council</td>
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### Gujarati Male 40-50 years

<table>
<thead>
<tr>
<th>Name</th>
<th>Region</th>
<th>Age</th>
<th>Marital status</th>
<th>Country of birth</th>
<th>Date of Entry UK</th>
<th>No of yrs lived in Britain</th>
<th>Age at entry into Britain</th>
<th>Occupation</th>
<th>Health status</th>
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<td>33</td>
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<td>Joint mortgage</td>
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<tr>
<td>P2</td>
<td>Leics</td>
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<td>Married</td>
<td>Kenya</td>
<td>1990</td>
<td>14</td>
<td>27</td>
<td>Community Development officer/FT</td>
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<td>19</td>
<td>30</td>
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</tr>
<tr>
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<td>Married</td>
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<td>1991</td>
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<td>30</td>
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<tr>
<td>P5</td>
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<td>Tanzania</td>
<td>1977</td>
<td>27</td>
<td>18</td>
<td>Community worker/FT</td>
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<td>Joint freehold</td>
</tr>
<tr>
<td>P6</td>
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<td>Kenya</td>
<td>1971</td>
<td>33</td>
<td>10</td>
<td>Systems Design Engineer-Unemployed/FT</td>
<td>Good</td>
<td>Joint mortgage</td>
</tr>
<tr>
<td>P8</td>
<td>Leics</td>
<td>48</td>
<td>Married</td>
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<td>2000</td>
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<td>45</td>
<td>Factory worker/PT</td>
<td>Fair/partially sighted</td>
<td>Rents Housing Association</td>
</tr>
<tr>
<td>P9</td>
<td>Leics</td>
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<td>Married</td>
<td>Uganda</td>
<td>1987</td>
<td>17</td>
<td>34</td>
<td>Factory workpacker/PT</td>
<td>Fair/partially sighted</td>
<td>Joint mortgage</td>
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</table>

167
### Gujarati Male 50-60 years

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<thead>
<tr>
<th>Name</th>
<th>Region</th>
<th>Age</th>
<th>Marital status</th>
<th>Country of birth</th>
<th>Date of Entry UK</th>
<th>No of yrs lived in Britain</th>
<th>Age at entry into Britain</th>
<th>Occupation</th>
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<tbody>
<tr>
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<td>Married</td>
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<td>50</td>
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<td>Joint mortgage</td>
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<tr>
<td>P2</td>
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<td>54</td>
<td>Married</td>
<td>Uganda</td>
<td>1975</td>
<td>29</td>
<td>26</td>
<td>Senior Manager Voluntary Organisation/FT</td>
<td>Good</td>
<td>Joint freehold</td>
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<td>1972</td>
<td>32</td>
<td>23</td>
<td>Machine operator/FT</td>
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<td>1972</td>
<td>32</td>
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<td>Hosiery factory/FT</td>
<td>Poor/Diabetes and arthritis</td>
<td>Freehold</td>
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<tr>
<td>Name</td>
<td>Region</td>
<td>Age</td>
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<td>1972</td>
<td>22</td>
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<td>Bangladesh</td>
<td>1975</td>
<td>29</td>
<td>14</td>
<td>Housewife</td>
<td>Poor/Joint problems</td>
<td>Council</td>
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<td>1986</td>
<td>18</td>
<td>23</td>
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<tr>
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<td>Married</td>
<td>Bangladesh</td>
<td>1996</td>
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<td>38</td>
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<td>Married</td>
<td>Bangladesh</td>
<td>1976</td>
<td>28</td>
<td>16</td>
<td>Housewife</td>
<td>Fair/Polio restricted mobility</td>
<td>Joint mortgage</td>
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<tr>
<td>P7</td>
<td>Leics</td>
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<td>1973</td>
<td>31</td>
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<td>Poor/Diabetes</td>
<td>Joint husband and son Mortgage</td>
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<tr>
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<td>Leics</td>
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<td>Married</td>
<td>Bangladesh</td>
<td>1988</td>
<td>16</td>
<td>25</td>
<td>Housewife</td>
<td>Poor/Diabetes and depression</td>
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<tr>
<td>P9</td>
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<td>Married</td>
<td>Bangladesh</td>
<td>1992</td>
<td>12</td>
<td>37</td>
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<td>Poor/Depression</td>
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### Bangladeshi Female 50-60 years

<table>
<thead>
<tr>
<th>Name</th>
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<th>Marital status</th>
<th>Country of birth</th>
<th>Date of Entry UK</th>
<th>No of yrs lived in Britain</th>
<th>Age at entry into Britain</th>
<th>Occupation</th>
<th>Health status</th>
<th>Home ownership</th>
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</thead>
<tbody>
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<td>Married</td>
<td>Bangladesh</td>
<td>1975</td>
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<td>25</td>
<td>Machinist/FT</td>
<td>Fair/Arthritis</td>
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<tr>
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<td>Poor/Chronic Rheumatoid arthritis</td>
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<td>Joint mortgage</td>
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<td>24</td>
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<td>Poor/Chronic arthritis</td>
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<tr>
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<td>Don’t know</td>
<td>Don’t know</td>
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<td>Poor/Chronic arthritis</td>
<td>Son freehold</td>
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<td>Very poor/Diabetes and Angina</td>
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<td>Sons’ house</td>
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<td>23</td>
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<td>Date of Entry UK</td>
<td>No of yrs lived in Britain</td>
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<td>Poor/Diabetes and High Blood Pressure</td>
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<td>Good</td>
<td>Rented – council</td>
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<td>17</td>
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<tr>
<td>P5</td>
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<td>1970</td>
<td>34</td>
<td>9</td>
<td>Restaurant worker/FT</td>
<td>Good</td>
<td>Council</td>
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<tr>
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<td>Age</td>
<td>Marital status</td>
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<td>Date of Entry UK</td>
<td>No of yrs lived in Britain</td>
<td>Age at entry into Britain</td>
<td>Employment status</td>
<td>Health status</td>
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<td>Don't know</td>
<td>Sick</td>
<td>Poor/Serious heart condition</td>
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<td>1963</td>
<td>41</td>
<td>24</td>
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<tr>
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<td>57</td>
<td>Married</td>
<td>Bangladesh</td>
<td>1970</td>
<td>34</td>
<td>36</td>
<td>Project Coordinator/FT</td>
<td>Fair/Diabetic</td>
<td>Owner Occupier mortgage</td>
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<td>54</td>
<td>Married</td>
<td>Bangladesh</td>
<td>1980</td>
<td>23</td>
<td>36</td>
<td>Chef</td>
<td>Fair</td>
<td>Owner Occupier mortgage</td>
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<td>43</td>
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<td>Unemployed</td>
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APPENDIX V

CONFIDENTIAL

Perspectives on Ageing, Dependency and Attitudes towards Financial Planning for Old Age in the British South Asian Communities.

In-depth Interview Guide
## Interview Information

<table>
<thead>
<tr>
<th><strong>ID Number of respondent</strong></th>
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<td><strong>Region: Leicester/Nottingham/Derby</strong></td>
<td></td>
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<tr>
<td><strong>Date of interview</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Time of interview</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name of interviewer</strong></td>
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</table>
Introduction

Currently very little is known about the views of South Asian people about growing old in this country, the need for support and care in old age and how the cost for long term care should be met.

The purpose of this interview is to ask you about your ideas about old age. I would like to hear your views about how much you would expect to rely on yourself and how much care and support in old age you would expect family or others to provide. I am also interested to hear your views about paying for care at home, in residential or nursing homes and saving money to pay for care if it becomes necessary.

Before I begin, I would just like to remind you that this study is conducted by University of Leicester which is independent of government organisations and whatever you say would be kept strictly confidential. I will be asking you a few questions about your financial situation. The reason for asking them is to find out more about the different financial circumstances that people live in. Your names or personal details will not be mentioned in any report. I hope you will feel free to express your views.

I am using a tape recorder to record our conversation because it is difficult for me to write down everything you say and listen at the same time. This will also enable me to give you my full attention and listen to what you have to say.
ATTITUDES TO AGEING

1. Now, I would like to ask you some questions about your ideas about growing old, your expectations of support and plans you have made or are making for the life in old age.

Prompts: What do you look forward to? What do you worry about?

EXPECTATIONS OF LIFE IN OLD AGE

2. I would like to ask you about possible changes that you think might affect your life in old age. What kind of changes do you think might take place with regards to

Prompts: health in old age social life in old age financial position in old age

2a. Some middle-aged people we have spoken to have said that they valued their independence and would find it very hard if they had to rely on others in old age.

Prompts: What are your expectations of old age? Do you expect to be more dependent? What would this mean for you?

RELATIONSHIPS IN OLD AGE

3. Some middle-aged people we have spoken to have said that the attitudes of family members and their relationships with them would change as they became more frail and elderly.

Prompt: How do you think members of your ‘close’ family will regard you when you are old?
HEALTH STATUS

4. How would you describe your current state of health?
   Would you say it is
   
   Good
   Fair
   Poor
   Refused

   Good 1
   Fair 2
   Poor 3
   Refused 9

5. Do you have any long-standing illness, disability or infirmity?
   By long-standing, I mean anything which has troubled you over a long period of time or that
   of time or that is likely to affect you over a period of time?
   
   1  Yes  Go to Q5a  2  No  Go to Q7

5a. May I ask you what it is?

<table>
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<tr>
<th></th>
<th>5b. What is it that concerns you most?</th>
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</thead>
<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

6. Does the illness or disability limit your activities in any way?

   Yes, a great deal 1
   Yes, a little 2
   No 3
   Don’t know 8
   Refused 9

EXPECTATIONS OF SUPPORT IN OLD AGE

7. What do you think would happen if you needed care in old age? For example, what would
   happen if you needed help with

   Prompts: personal care
            practical help
            financial help

8. Who would you expect to provide the support you might need?

   Prompt: Would you expect the support from your ‘close family’?
   Would you expect the support from the government?
   Would you be happy about this?
FINANCIAL SUPPORT FROM THE FAMILY

9. What kind of financial help will you expect from your children in old age?

10. If you needed personal and practical support at home or in a residential home in the future would you expect your children to pay for the cost of providing the support you may need?

11. How much financial support do you think will be actually available from family?

12. What would different members of your family expect from you in return for the help that they would give you in old age?

Prompts: What kinds of practical or social tasks would they expect you to carry out in exchange for their help?
What kinds of financial help would they expect in return?

FINANCIAL SUPPORT FROM THE STATE

13. What level of financial support will you expect from the government in old age? (Read out) CARD 0

Would it be all of your retirement income 1
most of your retirement income 2
half of your retirement income 3
less than half retirement income 4
or similar amount to current income 5
Don’t know 8
Refused 9

13a. The level of income you expect to get when you retire, do you expect to be

Better off 1
Same as now 2
Worse off 3
Don’t know 8
Refused 9
14. If you need care would you expect the government to pay additionally for the support?

15. How much support do you think will be actually available from the government for your care needs in the future?

INCOME IN RETIREMENT

Now I would like to ask you a few questions about your plans for retirement

16. At present the retirement age for men is 65 and women 60. There are many different types of pension plans that are available. What types of pensions schemes do you know of or have heard of? (Read out) CARD 0a

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<th>Count</th>
</tr>
</thead>
<tbody>
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<tr>
<td>State Earnings Related Pension Scheme, or SERPS</td>
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</tr>
<tr>
<td>State Second Pension</td>
<td>3</td>
</tr>
<tr>
<td>Occupational Pension or Company Pension</td>
<td>4</td>
</tr>
<tr>
<td>Personal or Private Pension Plans</td>
<td>5</td>
</tr>
<tr>
<td>Stakeholder Pension</td>
<td>6</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
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</tbody>
</table>

17. Thinking ahead about your life when you are no longer getting an income from paid work, how much thought have you given about making arrangements to receive an income in retirement?

<table>
<thead>
<tr>
<th>Type of Thought</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Given a lot of thought</td>
<td>1</td>
</tr>
<tr>
<td>Given some thought</td>
<td>2</td>
</tr>
<tr>
<td>Not thought about it</td>
<td>3</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
17a. What kinds of arrangements have you made about an income in retirement?

Prompts:  
- Put aside some money in a bank or building society 1  
- Occupational pension 2  
- Personal or Private pension 3  
- Stakeholder pension 4  
- Reliance on state pension 5  
- Reliance on children 6  
- Don't know 7  
- Refused 8

17b. Have you thought about making any other arrangements?

- Yes 1  
- No 2  
- Don’t know 3  
- Refused 4

18. What made you think about putting aside money for retirement?

19. How long have you been thinking about saving for your retirement?

20. Do you feel you have thought about it as much as you need to at present or not as much as you should have done for your retirement?

21. Apart from making contribution towards a pension scheme, people sometimes have other savings or investments. Are you currently putting money away on a regular basis in any other types of saving schemes?

- Yes 1  
- No 2  
- Don’t know 3  
- Refused 4
21a. Do you expect to get an income from in any of the following saving schemes when you retire (Read out) CARD 1

<table>
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</tr>
<tr>
<td>(not current account) or post office account</td>
<td></td>
</tr>
<tr>
<td>A savings or investment scheme (unit trusts,</td>
<td>2</td>
</tr>
<tr>
<td>PEP, TESSA, ISA)</td>
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<tr>
<td>Life assurance or insurance policy with</td>
<td>3</td>
</tr>
<tr>
<td>savings</td>
<td></td>
</tr>
<tr>
<td>Mortgage endowment policy</td>
<td>4</td>
</tr>
<tr>
<td>Other endowment policy</td>
<td>5</td>
</tr>
<tr>
<td>Some other types of savings scheme or policy</td>
<td>6</td>
</tr>
<tr>
<td>Stocks and shares</td>
<td>7</td>
</tr>
<tr>
<td>Savings or property in another country</td>
<td>8</td>
</tr>
<tr>
<td>Others (specify)</td>
<td>9</td>
</tr>
<tr>
<td>No, none of these</td>
<td>10</td>
</tr>
</tbody>
</table>

Prompts: How long have you been doing this?
(ask for each type of saving if the answer is not 'none')
Are there other ways you might want to save for the future?

22. There are many different reasons why people save money for the future. What would you say are the most important reasons for you to save money?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Reason</th>
<th>Which is the most important reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>to leave for your children</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>to meet your own needs in old age</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>to pay for care of your own elderly parents</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>to send money for a relative living abroad</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>
Prompts: Do you feel you are able to save as much as you like or not as much as you would like? Are there any reasons why you are not able to save as much as you would like?

LONG TERM CARE INSURANCE

23. Some people have said that people should expect to pay something towards the cost of their care at home or in a residential home from their own savings and others have said that we should pay more taxes so that the government can meet all the costs. How do you think the cost of care should be met?

24. How much do you think it costs per week to keep a person in a residential/nursing home at the moment?

Would you say it around £100- 199 a week 1
£200- 299 a week 2
£ 300- 399 a week 3
£400- 499 a week 4
£500- 599 a week 5
£ 600-699 a week 6
more than £700 a week 7
Don’t know 8
Refused 9

25. There are different types of insurance policies people can buy to protect themselves, such as life insurance policy, insurance for protecting mortgage, car or household contents.

Prompts: Have you heard of an insurance policy for long term care? Do you think people should save separately for long term care in this way?

26. Has anything made you think about putting aside some savings for long-term care?

Prompts: How long have you been thinking about it? Do you feel you have thought about it as much as you need to at present or not as much as you should have done?
27. What kind of changes in your present financial commitments would you have to make to buy a long-term care policy? For example, if you had to put away £50 a month what would have to cut back on to do so?

CARE-GIVING RESPONSIBILITIES

28. I would now like to ask you a few questions about your care-giving responsibilities.

May I just check, apart from paid work, do you currently have a responsibility for caring for a disabled relative, or someone in the family who is elderly, or has a long-term illness?

28a. Could you tell me how many people you are looking after currently?

28b. May I ask you if you receive invalid care allowance for this person or anyone else?

29. What kind of financial support should parents who are not working expect from their adult children?

30. Can I check, if your parents are alive, do you think your own parents will need financial help when they retire or will they be able to afford a reasonable standard of living in their old age?
31. If you have an elderly parent or a relative who needs help to look after himself/herself either at home or in a residential home, who should be responsible for paying for his/her care?

Prompts: adult children
the government
elderly parent pay for their own care
joint responsibility of parent and adult children

32. If you think it should be a shared or joint responsibility, should it be share between parent and children/state?

33. If an elderly person wants to go into a private residential or nursing home but can only afford part of the cost, do you think in such cases relatives should offer the rest of the money that is needed?

34. If, for example, an elderly person owns in his/her house with £50,000 worth of assets and another elderly person lives in an rented accommodation but has savings of £50,000 in a bank, should they use their savings to pay most of the cost of residential/nursing home care?

Prompts: Should the person owning a home sell it to pay most of it for the cost of residential/nursing home care?

Should the person living in a rented accommodation use his/her cash savings to pay most of it for the cost of residential/nursing home care?
35. If an elderly person jointly owns a home with his/her relatives and have £50,000 worth of assets in the house and another elderly person who lives in an rented accommodation and has savings of £50,000 in a bank, should they use their savings to pay most of the cost of residential/nursing home care?

Prompts: Should the elderly person with a joint ownership of a home sell it to pay most of it for the cost of residential/nursing home care?

Should, the person living in a rented accommodation use his/her cash savings to pay most of it for the cost of residential/nursing home care?

36. Do you expect to be able to pass on money or house or other things to your husband/wife/ or children or anyone else after you die?

36a. Could you tell me who would you leave your things for? (Read out) CARD 2

Husband/wife 1
Sons 2
Daughters 3
Brother/sisters 4
Other family members 5

36b. What sorts of things might you pass on after you die? (Read out) CARD 3

<table>
<thead>
<tr>
<th>Home/property</th>
<th>Who would you pass things on to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Business</td>
<td>2</td>
</tr>
<tr>
<td>Money</td>
<td>3</td>
</tr>
<tr>
<td>Stocks and shares</td>
<td>4</td>
</tr>
<tr>
<td>Jewellery</td>
<td>5</td>
</tr>
<tr>
<td>Other goods</td>
<td>6</td>
</tr>
</tbody>
</table>

37. Many people we have spoken have said that one of the main reasons for buying their homes was to be able to pass them to their children or other close relatives.

Prompts: Do you think people of your generation still think in this way?
If home owner – did you think this way when you bought your home?
If home owner – do you still think this way?

38. Have you made a will?
We are nearly coming to the end of the interview. Before we finish I would just like to ask you a few details about yourself. The reason for asking these questions is to find out more about different circumstances that people live in. This project is conducted by University of Leicester which is independent of government organisations. Everything you say would be kept strictly confidential.

**Individual’s Personal Details**

39. Can I just check, your date of birth

40. If does not know, can you tell me what was your age last birthday?

41. Please place a tick in the relevant box

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

42. Can you tell me which country were you born in? ..............................................

43. Could you tell me when you first came to live in the UK? (Enter year of arrival) ............

**MARTIAL STATUS**

44. Can I just check, are you *(Read out)* CARD 4

<table>
<thead>
<tr>
<th></th>
<th>Single/Never Married</th>
<th>Go to Q51</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Married</td>
<td>Ask Q45</td>
</tr>
<tr>
<td>3</td>
<td>Widowed</td>
<td>Ask Q45</td>
</tr>
<tr>
<td>4</td>
<td>Divorced</td>
<td>Ask Q45</td>
</tr>
<tr>
<td>5</td>
<td>Separated</td>
<td>Ask Q45</td>
</tr>
<tr>
<td>6</td>
<td>Living with a Partner</td>
<td>Ask Q45</td>
</tr>
<tr>
<td>9</td>
<td>Refused</td>
<td></td>
</tr>
</tbody>
</table>

45. May I ask you if you have been married before? 1 Yes  Go to Q46  2 No

46. May I ask you how many times in total have you been married before? (Enter number of times)

47. May I ask you if your spouse has been married before? 1 Yes  Go to Q48  2 No

48. May I ask you how many times in total has your spouse had been married before? (Enter number of times)
**EDUCATION AND QUALIFICATIONS**

49. Can you read and write Gujarati/Bengali?  1  Yes  2  No

50. Can you read and write English?  1  Yes  2  No

51. How old were you when you finished continuous full-time education at school or college?  Enter age  Enter no formal education

52. Have you passed any exams or got any qualifications?  1  Yes  2  No

53. Which exams or qualifications do you have?  (Read out)  CARD 5

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSE</td>
<td>01</td>
</tr>
<tr>
<td>GCSE</td>
<td>02</td>
</tr>
<tr>
<td>GCE ‘A’ levels</td>
<td>03</td>
</tr>
<tr>
<td>Higher certificate</td>
<td>04</td>
</tr>
<tr>
<td>Overseas School Leaving Exam/Certification</td>
<td>05</td>
</tr>
<tr>
<td>Recognised trade apprenticeship completed</td>
<td>06</td>
</tr>
<tr>
<td>RSA/other commercial qualification</td>
<td>07</td>
</tr>
<tr>
<td>City &amp; Guild Certificate</td>
<td>08</td>
</tr>
<tr>
<td>BEC/TEC (General/Higher)</td>
<td>09</td>
</tr>
<tr>
<td>Teacher Training qualification</td>
<td>10</td>
</tr>
<tr>
<td>Nursing qualification</td>
<td>11</td>
</tr>
<tr>
<td>Other technical or business qualification</td>
<td>12</td>
</tr>
<tr>
<td>University degree or diploma</td>
<td>13</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>14</td>
</tr>
<tr>
<td>Don’t know</td>
<td>98</td>
</tr>
<tr>
<td>Refused</td>
<td>97</td>
</tr>
</tbody>
</table>

**WORK HISTORY**

54. Now I want to ask you a bit about the work you do or have done in the past. Can you tell me which of these best describes your current work situation?  (Read out)  CARD 6

<table>
<thead>
<tr>
<th>Current Work Status</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working for an employer full-time (more than 30 hours a week).</td>
<td>01</td>
</tr>
<tr>
<td>Working for an employer part-time (1-29 hours a week)</td>
<td>02</td>
</tr>
<tr>
<td>Unemployed and looking for a job</td>
<td>03</td>
</tr>
<tr>
<td>Unable to work because of long-term sickness or disability</td>
<td>04</td>
</tr>
<tr>
<td>Retired from paid work</td>
<td>05</td>
</tr>
<tr>
<td>Looking after the home and family</td>
<td>06</td>
</tr>
<tr>
<td>On a government employment or training scheme</td>
<td>07</td>
</tr>
<tr>
<td>In other full time education</td>
<td>08</td>
</tr>
<tr>
<td>Self-employed, employing other people</td>
<td>09</td>
</tr>
<tr>
<td>Self-employed, not employing other people</td>
<td>10</td>
</tr>
<tr>
<td>Waiting to start a job</td>
<td>11</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>12</td>
</tr>
</tbody>
</table>

How many hours
55. Could you tell me what type of work you do now or have done in the past?

Prompt: What is the full title of your present or last main job?
What were your main things that you did or do now?

**HOUSEHOLD STRUCTURE**

56. Could you tell me about the people who are living with you in this house?

<table>
<thead>
<tr>
<th>Relationship to respondent</th>
<th>Age, sex and occupation of each member of the household</th>
<th>Age</th>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Son / daughter</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brother / sister</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Grandchild</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other relative</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Non-relative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HOUSING**

57. I would like to ask you a few more questions about your current housing situation. Would it be correct to say that the house you live in is (Read out) CARD 7

- whole detached house or bungalow 01
- whole semi-detached house or bungalow 02
- whole terraced house 03
- self-contained purpose-built flat/maisonette 04
- self-contained converted flat/maisonette/rooms in house 05
- room(s) not self-contained 06
- If flats, which floor is the main living area located on 07

58. How long have you been in your present home? (Read out) CARD 8

- Less than 1 year 01
- 1-2 years 02
- 3-5 years 03
- 6-10 years 04
- 11-20 years 05
- Or more than 20 years 06
59. Do you own or rent your house? (Read out) CARD 9

| Rents – local authority  Go to Q60 | 03 |
| Rents- housing association  Go to Q60 | 04 |
| Rents – privately, unfurnished  Go to Q60 | 05 |
| Rents – privately, furnished  Go to Q60 | 06 |
| Rents - from employer  Go to Q60 | 07 |
| Rent free- co-ownership/ part rent/part mortgage  Go to Q60 | 08 |
| Don’t know | 98 |
| Refused | 97 |
| Owns – outright  Go to Q62 | 01 |
| Owns – with mortgage/loan  Go to Q62 | 02 |

60. How likely is it that you, or the person responsible for paying the rent, will buy this (house/flat) at some time in the future? Would you say it was? (Read out) CARD 10

| very likely | 01 |
| quite likely | 02 |
| quite unlikely | 03 |
| Or, very unlikely | 04 |
| not allowed to buy | 05 |
| Don’t know | 08 |
| Refused | 09 |

61. At present, if you had a free choice, would you prefer to rent accommodation or to buy it?

| Prefer to rent | 01 |
| Prefer to buy | 02 |
| Neither/no preference/don’t know | 08 |

62. Apart from providing a place to live, people may have different reasons for owning their home.

62a. Which of these would you say would be the reasons for owning your own home (Read out) CARD 11

62b. Which of these would be the most important reason for owning your home?

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Most important reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is an investment for my future</td>
<td>1</td>
</tr>
<tr>
<td>It is cheaper to buy then rent</td>
<td>2</td>
</tr>
<tr>
<td>Buying means I’m freer to make decisions about how to live</td>
<td>3</td>
</tr>
<tr>
<td>It is security for my old age</td>
<td>4</td>
</tr>
<tr>
<td>I will be able to sell and buy another home in the future</td>
<td>5</td>
</tr>
<tr>
<td>It is something of value which I can pass on to my family.</td>
<td>6</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
63. Now I would like to ask you a couple of questions about your financial situation. The reason for asking these questions is to find out more about different financial circumstances that people live in. This project is conducted by University of Leicester which is independent of government organisations. Everything you say would be kept strictly confidential.

64. Are you or any other member of your family receiving any state benefits? Could you tell me which of the following benefits do you or other members of your family receive at present? (Read out) CARD 12

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child benefit</td>
<td>01</td>
</tr>
<tr>
<td>One parent benefit</td>
<td>02</td>
</tr>
<tr>
<td>Widowed mother’s allowance</td>
<td>03</td>
</tr>
<tr>
<td>Working family tax credit</td>
<td>04</td>
</tr>
<tr>
<td>Income Support/ Minimum Income Guarantee</td>
<td>05</td>
</tr>
<tr>
<td>Unemployment benefit/ Job Seekers Allowance</td>
<td>06</td>
</tr>
<tr>
<td>Widow’s pension or benefit</td>
<td>07</td>
</tr>
<tr>
<td>State Sickness benefit</td>
<td>08</td>
</tr>
<tr>
<td>(Statutory) Sick Pay</td>
<td>09</td>
</tr>
<tr>
<td>Incapacity benefit</td>
<td>10</td>
</tr>
<tr>
<td>Severe Disablement Allowance</td>
<td>11</td>
</tr>
<tr>
<td>Industrial Injuries benefit</td>
<td>12</td>
</tr>
<tr>
<td>Disability Living Allowance</td>
<td>13</td>
</tr>
<tr>
<td>Attendance allowance</td>
<td>14</td>
</tr>
<tr>
<td>Council Tax benefit</td>
<td>15</td>
</tr>
<tr>
<td>Housing benefit (rent rebate)</td>
<td>16</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
</tr>
<tr>
<td>Don’t know</td>
<td>98</td>
</tr>
<tr>
<td>Refused</td>
<td>97</td>
</tr>
</tbody>
</table>

65. What are your spouse and your main sources of income at present? Which of these sources contribute to your family’s income? (Read out) CARD 13

<table>
<thead>
<tr>
<th>Sources</th>
<th>Main source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings from your full-time work</td>
<td>01</td>
</tr>
<tr>
<td>Earnings from spouse’s full-time work</td>
<td>02</td>
</tr>
<tr>
<td>Earnings from your own part-time work</td>
<td>03</td>
</tr>
<tr>
<td>Earnings from your spouse’s part-time work</td>
<td>04</td>
</tr>
<tr>
<td>Private pension/pension from previous employer</td>
<td>05</td>
</tr>
<tr>
<td>Educational grant</td>
<td>06</td>
</tr>
<tr>
<td>Allowance from government training scheme</td>
<td>07</td>
</tr>
<tr>
<td>Interest from savings or investments</td>
<td>08</td>
</tr>
<tr>
<td>Rent from property or sub-letting</td>
<td>09</td>
</tr>
<tr>
<td>Regular allowance/payments from relative within the household</td>
<td>10</td>
</tr>
<tr>
<td>Regular allowance/payments from relative outside the household</td>
<td>11</td>
</tr>
<tr>
<td>Other regular source of income (specify)</td>
<td>12</td>
</tr>
<tr>
<td>Don’t know</td>
<td>89</td>
</tr>
<tr>
<td>Refused</td>
<td>97</td>
</tr>
</tbody>
</table>
66. Can you give me rough idea about the total income of your household from all the sources, before tax? Perhaps you could let me know if your income is roughly (Read out) CARD 14

<table>
<thead>
<tr>
<th>Income Range</th>
<th>You and your spouse/partners’ income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to £10,000 pa</td>
<td>1</td>
</tr>
<tr>
<td>£10,001-15,000 pa</td>
<td>2</td>
</tr>
<tr>
<td>£15,001-20,000 pa</td>
<td>3</td>
</tr>
<tr>
<td>£20,001-30,000 pa</td>
<td>4</td>
</tr>
<tr>
<td>£30,001-35,000pa</td>
<td>5</td>
</tr>
<tr>
<td>£35,001 – 40,000 pa</td>
<td>6</td>
</tr>
<tr>
<td>£40,001 – 45,000pa</td>
<td>7</td>
</tr>
<tr>
<td>£45,001 – 50,000 pa</td>
<td>8</td>
</tr>
<tr>
<td>£50,001 – 55,000 pa</td>
<td>9</td>
</tr>
<tr>
<td>£ 55,001 plus pa</td>
<td>10</td>
</tr>
<tr>
<td>Don’t know</td>
<td>98</td>
</tr>
<tr>
<td>Refused</td>
<td>97</td>
</tr>
</tbody>
</table>

We have nearly come to an end of this interview. Before we finish, I would just like to check if you want to add anything. Thank you very much for your time.
### APPENDIX VI

#### Coding Frame for Focus Group and In-depth Interviews

1. **Attitudes to Ageing**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Expectations of life in old age 1a</th>
<th>Cultural/Religious Influences on old age 1b</th>
<th>Concerns about old age 1c</th>
<th>Changes in role/Responsibilities 1d</th>
</tr>
</thead>
</table>

2. **Changes in old age**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Attitude to Independence 2a</th>
<th>Attitude to Dependency 2b</th>
<th>Social life 2c</th>
<th>Financial situation 2d</th>
<th>Quality Health 2e</th>
<th>Quality of Life 2f</th>
</tr>
</thead>
</table>

3. **Relationships**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Family Attitudes/ Behaviour 3a</th>
<th>Cultural/Traditional Family Values 3b</th>
<th>Duty and Obligation 3c</th>
<th>Effect on Quality of Life 3d</th>
</tr>
</thead>
</table>

4. **Expectations of care in old age from family**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Support from specific family member 4a</th>
<th>Financial Help Children to pay for care 4b</th>
<th>Personal Care Children 4c</th>
<th>Practical Support Children 4d</th>
<th>Emotional Support Children 4e</th>
<th>Obstacles To Support Children 4f</th>
</tr>
</thead>
</table>

5. **Expectations of care in old age from the State**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Financial Support 5a</th>
<th>Personal Support 5b</th>
<th>Practical Support 5c</th>
<th>Obstacles to Support 5d</th>
<th>Hierarchy In Expectation of Support 5e</th>
</tr>
</thead>
</table>

6. **Attitudes to Receiving Support from Family**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Receiving Financial Support Children 6a</th>
<th>Receiving Personal Care Children 6b</th>
<th>Receiving Practical Support Children 6c</th>
<th>Attitude Residential Care 6d</th>
</tr>
</thead>
</table>

7. **Attitudes to Receiving Support from State**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Receiving Financial Support from State 7a</th>
<th>Receiving Personal Care from State 7b</th>
<th>Receiving Practical Support from State 7c</th>
</tr>
</thead>
</table>
### 8. Sources of Income Anticipated in Retirement

<table>
<thead>
<tr>
<th>Participant</th>
<th>Pension (State, Private, Company, Stakeholder)</th>
<th>Cash Saving</th>
<th>Investment in children</th>
<th>Equity in Home</th>
<th>Insurance policy</th>
<th>Stocks and shares, land, Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a</td>
<td></td>
<td>8b</td>
<td>8c</td>
<td>8d</td>
<td>8e</td>
<td>8f</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Participant</th>
<th>Attitude to saving for retirement 9a</th>
<th>Plans made 9b</th>
<th>Other ways of saving for old age 9c</th>
<th>Barriers to saving For retirement 9d</th>
</tr>
</thead>
</table>

### 10. Reasons for Saving

<table>
<thead>
<tr>
<th>Participant</th>
<th>Personal care need in old age 10a</th>
<th>Pay for care an elderly dependent 10b</th>
<th>Leaving Inheritance 10c</th>
<th>Saving for children’s Education, marriages 10d</th>
<th>Secure good quality of life in old Age 10e</th>
</tr>
</thead>
</table>

### 11. Meaning of Home Ownership

<table>
<thead>
<tr>
<th>Participant</th>
<th>Reasons for owning home 11a</th>
<th>Attitude to selling home to pay for your own care 11b</th>
<th>Selling elderly parent’s home to pay for his/her care 11c</th>
<th>Selling jointly owned family home to pay for care 11d</th>
</tr>
</thead>
</table>

### 12. Saving for Long Term Care

<table>
<thead>
<tr>
<th>Participant</th>
<th>Attitude to paying for your care in old age 12a</th>
<th>Responsibility for funding LTC 12b</th>
<th>Attitude to LTC insurance 12c</th>
<th>LTC insurance Considered 12d</th>
<th>Financial adjustment needed 12e</th>
</tr>
</thead>
</table>

### 13. Responsibility for Paying for Care of elderly parents

<table>
<thead>
<tr>
<th>Participant</th>
<th>Children 13a</th>
<th>State 13b</th>
<th>Parent’s himself/ herself + State 13c</th>
<th>Jointly children + elderly parent 13d</th>
<th>Jointly children + elderly parent + State 13e</th>
<th>Jointly State+ Children 13f</th>
<th>Hierarchy of responsibility 13g</th>
</tr>
</thead>
</table>

### 14. Interdependence and inter-generational responsibilities in Old Age

<table>
<thead>
<tr>
<th>Participant</th>
<th>Social Obligations 14a</th>
<th>Financial Obligations 14b</th>
<th>Cost of inter-generational exchange of support 14c</th>
<th>Generational Differences in Obligation and Responsibilities 14d</th>
</tr>
</thead>
</table>

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### Table 2.1 Focus Groups: age, gender and ethnicity

<table>
<thead>
<tr>
<th></th>
<th>Gujarati Female</th>
<th>Gujarati Male</th>
<th>Bangladeshi Female</th>
<th>Bangladeshi Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 40-50</td>
<td>7</td>
<td>8</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Age 50-65</td>
<td>11</td>
<td>6</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>14</td>
<td>19</td>
<td>13</td>
</tr>
</tbody>
</table>

### Table 2.2: Sex and age of respondents

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>40-50</td>
<td>5 (26.3)</td>
<td>5 (25.0)</td>
</tr>
<tr>
<td></td>
<td>51-65</td>
<td>5 (26.3)</td>
<td>5 (25.0)</td>
</tr>
<tr>
<td>Female</td>
<td>40-50</td>
<td>5 (26.3)</td>
<td>5 (25.0)</td>
</tr>
<tr>
<td></td>
<td>51-65</td>
<td>4 (21.1)</td>
<td>5 (25.0)</td>
</tr>
<tr>
<td>Total</td>
<td>19 (100)</td>
<td>20 (100)</td>
<td></td>
</tr>
</tbody>
</table>

### Table 2.3: Country of birth of respondents

<table>
<thead>
<tr>
<th>Country of birth</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aden, South Yemen</td>
<td>0 (0.0)</td>
<td>1 (5.0)</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>19 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>India</td>
<td>0 (0.0)</td>
<td>8 (40.0)</td>
</tr>
<tr>
<td>Kenya</td>
<td>0 (0.0)</td>
<td>8 (40.0)</td>
</tr>
<tr>
<td>Tanzania</td>
<td>0 (0.0)</td>
<td>1 (5.0)</td>
</tr>
<tr>
<td>Uganda</td>
<td>0 (0.0)</td>
<td>2 (10.0)</td>
</tr>
<tr>
<td>Total</td>
<td>19 (100)</td>
<td>20 (100)</td>
</tr>
</tbody>
</table>
Table 2.4: Marital status of respondents

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single/never married</td>
<td>0 (0.0)</td>
<td>1 (5.0)</td>
</tr>
<tr>
<td>Married</td>
<td>15 (79.0)</td>
<td>17 (85.0)</td>
</tr>
<tr>
<td>Widowed</td>
<td>1 (5.3)</td>
<td>1 (5.0)</td>
</tr>
<tr>
<td>Divorced</td>
<td>1 (5.3)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Separated</td>
<td>2 (10.5)</td>
<td>1 (5.0)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19 (100)</strong></td>
<td><strong>20 (100)</strong></td>
</tr>
</tbody>
</table>

Table 3.1: The age gap between participants and their spouses

<table>
<thead>
<tr>
<th></th>
<th>Bengali</th>
<th>Gujarati</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of married couples</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>Age gap:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>9.2</td>
<td>3.6</td>
</tr>
<tr>
<td>Median</td>
<td>7.0</td>
<td>3.0</td>
</tr>
<tr>
<td>75% quartile</td>
<td>13.0</td>
<td>6.0</td>
</tr>
<tr>
<td>25% quartile</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Lowest observation</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Highest observation</td>
<td>35</td>
<td>8</td>
</tr>
</tbody>
</table>

Table 3.2: Self reported health of participants

<table>
<thead>
<tr>
<th>Self reported health status</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>9 (47.4)</td>
<td>12 (60.0)</td>
</tr>
<tr>
<td>Fair</td>
<td>6 (31.6)</td>
<td>8 (40.0)</td>
</tr>
<tr>
<td>Poor</td>
<td>4 (21.1)</td>
<td>0 (0)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19 (100)</strong></td>
<td><strong>20 (100)</strong></td>
</tr>
</tbody>
</table>
Table 3.3: Participants suffering a long-standing illness, disability or infirmity

<table>
<thead>
<tr>
<th>Long standing illness, disability or infirmity</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes: limits daily activities</td>
<td>8 (42.1)</td>
<td>4 (20.0)</td>
</tr>
<tr>
<td>Yes: does not limit activities</td>
<td>2 (10.5)</td>
<td>3 (15.0)</td>
</tr>
<tr>
<td>No</td>
<td>9 (47.4)</td>
<td>13 (65.0)</td>
</tr>
<tr>
<td>Total</td>
<td>19 (100)</td>
<td>20 (100)</td>
</tr>
</tbody>
</table>

Table 5.1: Respondents able to read and write Gujarati/Bengali and English

<table>
<thead>
<tr>
<th>Read and write</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gujarati/Bengali</td>
<td>19 (100.0)</td>
<td>20 (100.0)</td>
</tr>
<tr>
<td>English</td>
<td>10 (53.0)</td>
<td>18 (90.0)</td>
</tr>
<tr>
<td>Base</td>
<td>19</td>
<td>20</td>
</tr>
</tbody>
</table>
Table 5.2: Qualifications of respondents

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No qualification</td>
<td>4 (21.1)</td>
<td>1 (5.0)</td>
</tr>
<tr>
<td>CSE</td>
<td>2 (10.5)</td>
<td>3 (15.0)</td>
</tr>
<tr>
<td>GCSE</td>
<td>8 (42.1)</td>
<td>15 (75.0)</td>
</tr>
<tr>
<td>GCE ‘A’ levels</td>
<td>2 (10.5)</td>
<td>9 (45.0)</td>
</tr>
<tr>
<td>Higher certificate</td>
<td>4 (21.1)</td>
<td>3 (15.0)</td>
</tr>
<tr>
<td>Overseas school leaving exam/certification</td>
<td>1 (5.3)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Recognised trade apprenticeship completed</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>RSA/other commercial qualification</td>
<td>1 (5.3)</td>
<td>3 (15.0)</td>
</tr>
<tr>
<td>City &amp; Guild certificate</td>
<td>1 (5.3)</td>
<td>4 (20.0)</td>
</tr>
<tr>
<td>BEC/TEC (general/higher)</td>
<td>0 (0.0)</td>
<td>1 (5.0)</td>
</tr>
<tr>
<td>Teacher training qualification</td>
<td>2 (10.5)</td>
<td>1 (5.0)</td>
</tr>
<tr>
<td>Nursing qualification</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Other technical or business qualification</td>
<td>0 (0.0)</td>
<td>2 (10.0)</td>
</tr>
<tr>
<td>University degree or diploma</td>
<td>6 (31.6)</td>
<td>10 (50.0)</td>
</tr>
<tr>
<td>Other qualification</td>
<td>6 (31.6)</td>
<td>8 (40.0)</td>
</tr>
<tr>
<td><strong>Base</strong></td>
<td><strong>19</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>

Table 5.3: Employment status of respondents

<table>
<thead>
<tr>
<th>Employment status</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working for an employer full time</td>
<td>4 (21.1)</td>
<td>12 (60.0)</td>
</tr>
<tr>
<td>Working for an employer part time</td>
<td>4 (21.1)</td>
<td>5 (25.0)</td>
</tr>
<tr>
<td>Unemployed and looking for a job</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Unable to work due to ill health</td>
<td>3 (15.8)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Retired from paid work</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Looking after the home &amp; family</td>
<td>4 (21.1)</td>
<td>1 (5.0)</td>
</tr>
<tr>
<td>On government employment/training scheme</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>In other full time education</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Self-employed, employing others</td>
<td>4 (21.1)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Self-employed, not employing others</td>
<td>0 (0.0)</td>
<td>2 (10.0)</td>
</tr>
<tr>
<td>Waiting to start a job</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19 (100)</strong></td>
<td><strong>20 (100)</strong></td>
</tr>
</tbody>
</table>
### Table 5.4: Occupation classification ‘rough’

<table>
<thead>
<tr>
<th>Indepth interviews</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>2 11.0</td>
<td>7 35.0</td>
</tr>
<tr>
<td>Associate professional/technicians</td>
<td>1 5.8</td>
<td>1 5.0</td>
</tr>
<tr>
<td>Administration</td>
<td>4 21.0</td>
<td>5 25.0</td>
</tr>
<tr>
<td>Skilled/semi-skilled</td>
<td>6 31.6</td>
<td>6 30.0</td>
</tr>
<tr>
<td>Economically inactive (housewife/disabled)</td>
<td>6 31.6</td>
<td>21 5.0</td>
</tr>
<tr>
<td>Total</td>
<td>19 (100)</td>
<td>20 (100)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Focus groups</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>1 3.1</td>
<td>4 13.0</td>
</tr>
<tr>
<td>Associate professional/technicians</td>
<td>1 3.1</td>
<td>4 13.0</td>
</tr>
<tr>
<td>Administration</td>
<td>0 0.0</td>
<td>4 13.0</td>
</tr>
<tr>
<td>Skilled/semi-skilled</td>
<td>14 44.0</td>
<td>16 50.0</td>
</tr>
<tr>
<td>Economically inactive (housewife/disabled)</td>
<td>126 50.0</td>
<td>4 13.0</td>
</tr>
<tr>
<td>Total</td>
<td>32 (100)</td>
<td>32 (100)</td>
</tr>
</tbody>
</table>

### Table 5.5: Pension schemes respondents have heard of *

<table>
<thead>
<tr>
<th>Pension scheme</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic State Pension</td>
<td>18 (94.7)</td>
<td>19 (95.0)</td>
</tr>
<tr>
<td>State Earnings Related Pensions Scheme (SERPS)</td>
<td>4 (21.1)</td>
<td>10 (50.0)</td>
</tr>
<tr>
<td>State Second Pension</td>
<td>1 (5.3)</td>
<td>4 (20.0)</td>
</tr>
<tr>
<td>Occupational/Company Pension</td>
<td>11 (58.0)</td>
<td>19 (95.0)</td>
</tr>
<tr>
<td>Personal/Private Pension Plan</td>
<td>10 (53.0)</td>
<td>15 (75.0)</td>
</tr>
<tr>
<td>Stakeholder Pension</td>
<td>3 (15.8)</td>
<td>11 (55.0)</td>
</tr>
<tr>
<td>Base</td>
<td>19</td>
<td>20</td>
</tr>
</tbody>
</table>

* Response records knowledge of more than one schemes
### Table 5.6: The level of thought respondents have given to making arrangements to receive an income in retirement

<table>
<thead>
<tr>
<th>Level of thought</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lot of thought</td>
<td>4 (21.1)</td>
<td>10 (50.0)</td>
</tr>
<tr>
<td>Some thought</td>
<td>8 (42.1)</td>
<td>6 (30.0)</td>
</tr>
<tr>
<td>Not thought about at all</td>
<td>6 (31.6)</td>
<td>4 (20.0)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1 (5.3)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Total</td>
<td>19 (100)</td>
<td>20 (100)</td>
</tr>
</tbody>
</table>

### Table 5.7: Length of time respondents have been thinking about saving for retirement

<table>
<thead>
<tr>
<th>Years</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>3 (15.8)</td>
<td>2 (10.0)</td>
</tr>
<tr>
<td>1-10</td>
<td>3 (15.8)</td>
<td>4 (20.0)</td>
</tr>
<tr>
<td>11-20</td>
<td>3 (15.8)</td>
<td>5 (25.0)</td>
</tr>
<tr>
<td>21-30</td>
<td>0 (0.0)</td>
<td>3 (15.0)</td>
</tr>
<tr>
<td>Missing</td>
<td>10 (52.7)</td>
<td>6 (30.0)</td>
</tr>
<tr>
<td>Total</td>
<td>19 (100)</td>
<td>20 (100)</td>
</tr>
</tbody>
</table>
### Table 5.8: The arrangements respondents have made in order to receive an income in retirement

<table>
<thead>
<tr>
<th>Arrangement</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money in bank/building society</td>
<td>5 (26.3)</td>
<td>8 (40.0)</td>
</tr>
<tr>
<td>Occupational/Company Pension</td>
<td>4 (21.1)</td>
<td>14 (70.0)</td>
</tr>
<tr>
<td>Personal/Private Pension Plan</td>
<td>4 (21.1)</td>
<td>8 (40.0)</td>
</tr>
<tr>
<td>Stakeholder Pension</td>
<td>1 (5.3)</td>
<td>5 (25.0)</td>
</tr>
<tr>
<td>Rely on State Pension</td>
<td>16 (84.2)</td>
<td>19 (95.0)</td>
</tr>
<tr>
<td>Rely on children</td>
<td>7 (36.8)</td>
<td>4 (20.0)</td>
</tr>
<tr>
<td>Other</td>
<td>3 (15.8)</td>
<td>8 (40.0)</td>
</tr>
<tr>
<td><strong>Base</strong></td>
<td><strong>19</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>

### Table 5.9: Year respondents first came to live in the UK

<table>
<thead>
<tr>
<th>Year of arrival in UK</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960 - 1969</td>
<td>5 (26.3)</td>
<td>6 (30.0)</td>
</tr>
<tr>
<td>1970 - 1979</td>
<td>6 (31.6)</td>
<td>9 (45.0)</td>
</tr>
<tr>
<td>1980 - 1989</td>
<td>7 (36.8)</td>
<td>5 (25.0)</td>
</tr>
<tr>
<td>1990 - 1999</td>
<td>1 (5.3)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19</strong> (100)</td>
<td><strong>20</strong> (100)</td>
</tr>
</tbody>
</table>

### Table 5.10: Respondents who are regularly contributing to saving plans other than pension schemes

<table>
<thead>
<tr>
<th>Contributing</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3 (15.8)</td>
<td>13 (65.0)</td>
</tr>
<tr>
<td>No</td>
<td>13 (68.4)</td>
<td>7 (35.0)</td>
</tr>
<tr>
<td>Missing</td>
<td>3 (15.8)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19</strong> (100)</td>
<td><strong>20</strong> (100)</td>
</tr>
</tbody>
</table>
Table 5.11: Respondents by housing tenure

<table>
<thead>
<tr>
<th>Housing tenure</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owns: outright</td>
<td>2 (10.5)</td>
<td>6 (30.0)</td>
</tr>
<tr>
<td>Owns: with mortgage/loan</td>
<td>12 (63.1)</td>
<td>12 (60.0)</td>
</tr>
<tr>
<td>Rents: local authority</td>
<td>2 (10.5)</td>
<td>1 (5.0)</td>
</tr>
<tr>
<td>Rents: housing association</td>
<td>2 (10.5)</td>
<td>1 (5.0)</td>
</tr>
<tr>
<td>Rents: privately unfurnished</td>
<td>1 (5.3)</td>
<td>1 (5.0)</td>
</tr>
<tr>
<td>Rents: privately furnished</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Rents: from employer</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Rent free/co-ownership</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Total</td>
<td>19 (100)</td>
<td>20 (100)</td>
</tr>
</tbody>
</table>

Table 5.12: Saving schemes respondents expect to receive an income from in retirement

<table>
<thead>
<tr>
<th>Saving scheme</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building society/bank/post office savings account</td>
<td>5 (26.3)</td>
<td>10 (50.0)</td>
</tr>
<tr>
<td>Savings/investment scheme (e.g. PEP, TESSA, ISA)</td>
<td>6 (31.5)</td>
<td>12 (60.0)</td>
</tr>
<tr>
<td>Life assurance/insurance policy with savings</td>
<td>5 (23.3)</td>
<td>11 (55.0)</td>
</tr>
<tr>
<td>Mortgage endowment policy</td>
<td>6 (31.5)</td>
<td>12 (60.0)</td>
</tr>
<tr>
<td>Other endowment policy</td>
<td>1 (5.3)</td>
<td>1 (5.0)</td>
</tr>
<tr>
<td>Other savings scheme/policy</td>
<td>0 (0.0)</td>
<td>1 (5.0)</td>
</tr>
<tr>
<td>Stocks and shares</td>
<td>2 (10.5)</td>
<td>13 (65.0)</td>
</tr>
<tr>
<td>Savings/property in another country</td>
<td>8 (42.1)</td>
<td>8 (40.0)</td>
</tr>
<tr>
<td>Other</td>
<td>5 (26.3)</td>
<td>6 (30.0)</td>
</tr>
<tr>
<td>None of the above</td>
<td>4 (21.1)</td>
<td>2 (10.0)</td>
</tr>
<tr>
<td>Base</td>
<td>19</td>
<td>20</td>
</tr>
</tbody>
</table>
Table 5.13: The level of financial support respondents expect from the state in old age

<table>
<thead>
<tr>
<th>Level of financial support</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>more than half of retirement income</td>
<td>8 (42.1)</td>
<td>6 (30.0)</td>
</tr>
<tr>
<td>half of retirement income</td>
<td>4 (21.1)</td>
<td>4 (20.0)</td>
</tr>
<tr>
<td>less than half of retirement income</td>
<td>4 (21.1)</td>
<td>10 (50.0)</td>
</tr>
<tr>
<td>don’t know</td>
<td>3 (15.8)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Total</td>
<td>19 (100)</td>
<td>20 (100)</td>
</tr>
</tbody>
</table>

Table 5.14: Respondents’ expectations of their financial situation in old age

<table>
<thead>
<tr>
<th>Financial Situation in old age</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better off than now</td>
<td>2 (10.5)</td>
<td>1 (5.0)</td>
</tr>
<tr>
<td>Same as now</td>
<td>7 (36.8)</td>
<td>5 (25.0)</td>
</tr>
<tr>
<td>Worse off than now</td>
<td>8 (42.1)</td>
<td>14 (70.0)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>2 (10.5)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Total</td>
<td>19 (100)</td>
<td>20 (100)</td>
</tr>
</tbody>
</table>

Table 6.1: Reasons why respondents save

<table>
<thead>
<tr>
<th>Reason</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To leave for children</td>
<td>15 (80.0)</td>
<td>12 (60.0)</td>
</tr>
<tr>
<td>To meet own needs in old age</td>
<td>16 (84.2)</td>
<td>19 (95.0)</td>
</tr>
<tr>
<td>To pay for care of elderly parents</td>
<td>3 (15.8)</td>
<td>2 (10.0)</td>
</tr>
<tr>
<td>To send to relative living abroad</td>
<td>4 (21.0)</td>
<td>2 (10.0)</td>
</tr>
<tr>
<td>Base</td>
<td>19</td>
<td>20</td>
</tr>
</tbody>
</table>
Table 6.2: The most important reason why respondents save

<table>
<thead>
<tr>
<th>Reason</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To leave for children</td>
<td>7 (36.8)</td>
<td>3 (15.0)</td>
</tr>
<tr>
<td>To meet own needs in old age</td>
<td>11 (57.9)</td>
<td>16 (80.0)</td>
</tr>
<tr>
<td>To send to relative living abroad</td>
<td>1 (5.3)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Missing</td>
<td>0 (0.0)</td>
<td>1 (0.0)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19 (100)</strong></td>
<td><strong>20 (100)</strong></td>
</tr>
</tbody>
</table>

Table 6.3: How respondents think the cost of care in old age should be met

<table>
<thead>
<tr>
<th>How cost of care should be met</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the state</td>
<td>12 (63.2)</td>
<td>10 (50.0)</td>
</tr>
<tr>
<td>By the individual</td>
<td>2 (10.5)</td>
<td>4 (20.0)</td>
</tr>
<tr>
<td>Other/depends</td>
<td>4 (21.1)</td>
<td>6 (30.0)</td>
</tr>
<tr>
<td>Missing</td>
<td>1 (5.3)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19 (100)</strong></td>
<td><strong>20 (100)</strong></td>
</tr>
</tbody>
</table>

Table 6.4: How much respondents think that it currently costs to keep a person in residential care/nursing home for a week

<table>
<thead>
<tr>
<th>Estimated cost of care per week</th>
<th>Bengali n (%)</th>
<th>Gujarati n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>£100-199</td>
<td>2 (10.5)</td>
<td>2 (10.0)</td>
</tr>
<tr>
<td>£200-299</td>
<td>5 (26.3)</td>
<td>4 (20.0)</td>
</tr>
<tr>
<td>£300-399</td>
<td>1 (5.3)</td>
<td>6 (30.0)</td>
</tr>
<tr>
<td>£400-499</td>
<td>2 (10.5)</td>
<td>4 (20.0)</td>
</tr>
<tr>
<td>£500-599</td>
<td>0 (0.0)</td>
<td>1 (5.0)</td>
</tr>
<tr>
<td>More than £600</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>9 (47.4)</td>
<td>3 (15.0)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19 (100)</strong></td>
<td><strong>20 (100)</strong></td>
</tr>
</tbody>
</table>
Table 6.5: Respondents’ replies when asked: If an elderly person wants to go into a private residential or nursing home but can only afford part of the cost, should relatives offer the rest of the money?

<table>
<thead>
<tr>
<th>Relatives should offer</th>
<th>Bengali</th>
<th>Gujarati</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>Yes</td>
<td>4 (21.1)</td>
<td>2 (10.0)</td>
</tr>
<tr>
<td>No</td>
<td>9 (47.4)</td>
<td>12 (60.0)</td>
</tr>
<tr>
<td>Other/depends</td>
<td>3 (15.8)</td>
<td>5 (25.0)</td>
</tr>
<tr>
<td>Missing</td>
<td>3 (15.8)</td>
<td>1 (5.0)</td>
</tr>
<tr>
<td>Total</td>
<td>19 (100)</td>
<td>20 (100)</td>
</tr>
</tbody>
</table>

Table 6.6: The most important reason for respondents owning own home

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Bengali</th>
<th>Gujarati</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>Investment for future</td>
<td>9 (47.4)</td>
<td>8 (40.0)</td>
</tr>
<tr>
<td>Cheaper to buy than rent</td>
<td>1 (5.3)</td>
<td>4 (20.0)</td>
</tr>
<tr>
<td>Freer to make decisions about how live</td>
<td>0 (0.0)</td>
<td>2 (10.0)</td>
</tr>
<tr>
<td>Security for old age</td>
<td>7 (36.8)</td>
<td>6 (30.0)</td>
</tr>
<tr>
<td>Something to pass on to family</td>
<td>1 (5.3)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Missing</td>
<td>1 (5.3)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Total</td>
<td>19 (100)</td>
<td>20 (100)</td>
</tr>
<tr>
<td>Scenario</td>
<td>Bengali</td>
<td>Gujarati</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>If an elderly person owns his/her own house with £50,000 worth of assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and another elderly person lives in rented accommodation but has savings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of £50,000 should:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) the elderly person owning a home sell it home to pay for most of the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cost of residential/nursing home care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>9 (47.4)</td>
<td>13 (65.0)</td>
</tr>
<tr>
<td>No</td>
<td>7 (36.8)</td>
<td>5 (25.0)</td>
</tr>
<tr>
<td>Other/depends</td>
<td>3 (15.8)</td>
<td>2 (10.0)</td>
</tr>
<tr>
<td>Total</td>
<td>19 (100)</td>
<td>20 (100)</td>
</tr>
<tr>
<td>b) the elderly person living in rented accommodation use their cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>savings to pay for most of the cost of residential/nursing home care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>14 (73.7)</td>
<td>16 (80.0)</td>
</tr>
<tr>
<td>No</td>
<td>3 (15.8)</td>
<td>3 (15.0)</td>
</tr>
<tr>
<td>Other/depends</td>
<td>2 (10.5)</td>
<td>1 (5.0)</td>
</tr>
<tr>
<td>Total</td>
<td>19 (100)</td>
<td>20 (100)</td>
</tr>
<tr>
<td>If an elderly person jointly owns a home with his/her relatives and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>has £50,000 worth of assets in the house and another elderly person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>lives in rented accommodation but has savings of £50,000 should:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) the elderly person with joint ownership of a home sell it home to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pay for most of the cost of residential/nursing home care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>7 (36.8)</td>
<td>3 (15.0)</td>
</tr>
<tr>
<td>No</td>
<td>6 (31.6)</td>
<td>7 (35.0)</td>
</tr>
<tr>
<td>Other/depends</td>
<td>6 (31.6)</td>
<td>10 (50.0)</td>
</tr>
<tr>
<td>Total</td>
<td>19 (100)</td>
<td>20 (100)</td>
</tr>
<tr>
<td>b) the elderly person living in rented accommodation use their cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>savings to pay for most of the cost of residential/nursing home care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>11 (57.9)</td>
<td>16 (80.0)</td>
</tr>
<tr>
<td>No</td>
<td>2 (10.5)</td>
<td>3 (15.0)</td>
</tr>
<tr>
<td>Other/depends</td>
<td>3 (15.8)</td>
<td>1 (5.0)</td>
</tr>
<tr>
<td>Missing</td>
<td>3 (15.8)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Total</td>
<td>19 (100)</td>
<td>20 (100)</td>
</tr>
<tr>
<td>Long term care insurance</td>
<td>Bengali n (%)</td>
<td>Gujarati n (%)</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------</td>
<td>----------------</td>
</tr>
<tr>
<td><strong>Heard of:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>4 (21.1)</td>
<td>7 (35.0)</td>
</tr>
<tr>
<td>No</td>
<td>15 (79.0)</td>
<td>13 (65.0)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>19 (100)</td>
<td>20 (100)</td>
</tr>
<tr>
<td><strong>Should have:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>12 (10.5)</td>
<td>10 (50.0)</td>
</tr>
<tr>
<td>No</td>
<td>3 (15.8)</td>
<td>2 (10.0)</td>
</tr>
<tr>
<td>Other/depends</td>
<td>3 (15.8)</td>
<td>7 (35.0)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1 (5.3)</td>
<td>1 (5.0)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>19 (100)</td>
<td>20 (100)</td>
</tr>
</tbody>
</table>
REFERENCES


Askham, J., Nelson, H., Tinker, A. and Hancock, R. (1999), *To Have and To Hold: the Bond Between Older People and the Homes They Own*. York: JRF/YPS.


Department of Health (1990) *Community Care in the Next Decade and Beyond*. London: HMSO.


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