Culturally Sensitive Service Provision in Social Housing

Report for Housing Corporation

Provided by: GfK NOP

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Executive summary

This research was conducted by GfK NOP Social Research on behalf of the Housing Corporation, into requirements for culturally sensitive services in social housing. The project comprised 16 focus groups with residents (including 2 with 'White British' for comparative purposes) and 16 individual interviews (by telephone) with housing associations.

The project sought to identify the culturally sensitive services that are necessary to deliver improved housing services for BME communities. In particular, the project sought to understand the relative importance of these housing requirements to BME communities i.e. distinguish clear housing need from housing preferences.

OVERALL ATTITUDES TOWARDS SERVICES PROVIDED

There is a strong desire for the provision of a good basic housing service to all residents, regardless of ethnicity or religion. BME residents expressed resistance to the concept that services would be specially developed for them, and stressed a desire for equality. No-one felt that their specific needs were more important than others and that they should be treated differently as a result of this.

"Personally I don't think so because everybody should be equal, they should be given housing that is adequate and efficiently run. Not, say, you have an extra room because you are a certain religion" (Black Caribbean female, 18-29)

"That would be good (having cultural services). But really I just want to have my boiler fixed" (Indian male, 45-49)

"They ask you what your background is and personally it's irrelevant...They don't need to segregate us, they should just treat everybody equally, regardless of what your religion is or whatever" (Jewish male, 18-29)

There is some confusion over what constitutes a 'culturally sensitive service'. Issues relating to housing, such as sufficient number of rooms or separate kitchen and living space, are seen as housing needs rather than cultural needs, even though they may be derived from cultural requirements. Housing needs are expected to be met, especially if the resident has requested this from the housing association.
Many BME residents experience deprivation, which may be linked to them having special housing needs. They may also reside in deprived areas. These requirements are not driven by ethnicity or religion per se, but rather are more endemic to where these residents live, or their circumstances. This in turn creates issues for the housing association to address.

Whilst the housing issues of BME residents are in many respects similar to White British residents, BME groups are seen to be more likely to suffer more acutely from housing related problems. Personal safety and the need for secure housing is of greatest concern to BME residents, because BME groups are more likely to live in deprived inner city areas where crime is disproportionately concentrated.

**HOUSING SERVICES**

The provision of basic housing needs are an essential requirement. These would include a decent, safe neighbourhood with no ASB issues, homes in a good state of repair, a good repair and maintenance service, and large enough homes. In addition, some BME residents appreciated proximity to shops selling ethnic food and proximity to the mosque. All these requirements were viewed as the responsibility of the housing association.

There are also important requirements relating to the design of the homes. These were not necessarily deemed to be 'cultural' needs, and indeed may be issues that also relate to white residents. These design issues included:

- Having larger kitchen spaces to prepare food
- Large storage spaces for food
- Kitchens and living rooms being partitioned (i.e. not open plan)
- Being near local shops selling particular range of groceries
- Good ventilation in the kitchen/bathroom
- Handwash basin in the lavatories if separate from bathroom
- Bigger bedrooms to fit two beds
- Having a study for male family members to study

The research identified one group, Orthodox Jews, who placed a greater emphasis on culturally sensitive provision. They expressed cultural needs relating to cooking, eating studying and outside space that they considered to be essential. It should be noted that, since this study was qualitative and the overall sample size is relatively small, it is possible that there may be other groups with cultural requirements that they consider to be essential which have not been identified in this study.

**CULTURALLY SENSITIVE SERVICES**

Services which were appreciated if available included

- Language support (delivered)
Housed according to request (requested)
Housed as a result of racism (requested)
Housed to bigger property (delivered)
Housed to be nearer family and friends (requested)
BME Community centres (delivered)
Drop in centre to support BME residents (referred to)
Help accessing social care services (delivered)
Public meetings to discuss BME specific needs (delivered)
Multi-cultural events (delivered)

However, whilst these services were valued and appreciated, it was not necessarily seen to be the duty of the housing association to provide them.

"In the past, I had big problems with my neighbours. Calling me nasty things, children harassing me. My housing association moved me. It took a while but they tried very hard. They cared...that counts" (Black African male, 60+)

"They're (the housing association) pretty bad generally. But this summer they introduced a community group for more elderly Asian people who could meet up, talk, socialise, you know. I take my granddad. He really enjoys it and it gets him out a bit" (Pakistani male, 18-29)

"I was in prison for a few years and felt very isolated when I came out. I didn't really know anyone and was nervous about getting into drugs again but my housing association has really helped. They've put me in touch with other Irish people I can relate to who know what its like. I appreciate this" (Irish Female, 30-44)
Were culturally sensitive services be represented on a hierarchy of needs, then according to these residents Maslow’s pyramid could look something like this:

![Diagram of Maslow's hierarchy of needs with added culturally sensitive services (CSS)](image)

**THERE IS A NEED TO AVOID BEING CULTURALLY INSENSITIVE**

Furthermore, while many BME residents did not specifically criticise housing associations for failing to meet their cultural or religious needs, some BME residents documented examples or incidences of what they perceived to be ‘cultural insensitivity’. This not only may cause offence, but also indicates a lack of understanding and respect, that impacts on the overall relationship between landlord and tenant. Avoiding such insensitivities would potentially be of more value than trying to offer additional services.

Some examples of cultural insensitivity included:

- Lack of windows in toilets
- Allowing overcrowding and not managing housing allocation better
- Open plan kitchens/sitting room and not agreeing to partitions
- Sending male workmen into homes of traditional Muslim females who are alone in the house
- Workmen not removing shoes when entering the home

“*I’m a Muslim woman, but when HA staff come to my house there’s no sensitivity. I don’t like letting strange men in to the house when my husband isn’t in. They didn’t come when they said they would and my husband had to leave for work. I called them to tell them not to come and I think they minded.*” (Bangladeshi female, 18-29)

“I don’t think they have any understanding at all (towards cultural and religious issues). They seem oblivious. I doubt they care anyway, that’s why” (Indian male, 45-49)
"They don't offer to take their shoes off but I tell them too and I think they mind"
(Bangladeshi female)

IMPACT ON THE RELATIONSHIP WITH THE HOUSING ASSOCIATION

The provision of more specialised services do add value and do improve perceptions of the landlord. This is generally a preference and reflects the ideal scenario, rather than an essential need that must be met.

There is an expectation that housing associations should meet specific needs if requested, and indeed housing associations do endeavour to do so. Specialist BME housing associations are more intuitively aware of their residents' requirements, and hence may be more proactive. They also appeared to be more likely to be involved in the lives and general welfare of their residents, frequently going beyond the scope of housing provision by their own admission. The majority of BME housing associations were situated very closely to their BME residents, often within a very short walking distance, and tended to have more personalised contact with their residents.

"Like many of our staff, I am embedded in the community I work with. We offer an extremely personalised service with communication based on first name terms. They know where I live if they have an emergency out of hours" (BME HA)

Mainstream housing associations report that, whilst they try to encourage participation by BME residents at public meetings and resident groups, BME residents are nonetheless underrepresented. This is largely attributed to 'feeling uncomfortable in such environments' and being 'less confident' than their White British residents. This is very different from the experience of BME housing associations who report high attendance and engagement at public meetings and high representation on resident representative schemes. It is possible that improvements in cultural sensitivities may improve the relationship between landlord and resident, and enhance participation by residents.

BME RESIDENTS MAY HAVE AN INSUFFICIENT UNDERSTANDING OF HOUSING SERVICES AND PROCESSES, RESULTING IN CONFUSION AND DISSATISFACTION

Amongst some housing associations, there was a perception that some BME residents have unreasonably high expectations of a) where they should be on the housing waiting lists and b) the services they receive. This may be caused by a very limited understanding of their housing association. Increased communication may help to ease some of these tensions. Related to this, some housing associations, particularly mainstream housing associations, speculate that 'unreasonable demands' and expectation levels of BME residents are related to growing dependency on official services among socially disadvantaged groups.

"At the end of the day, we are here to make sure people have a roof over their heads, something to eat and somewhere warm to sleep at night. This is the bottom line for us" (BME HA)

"Where we can we try to meet what people want. But generally this comes after their needs have been met" (Mainstream HA).
2 Introduction

The Housing Corporation is the national government agency that funds new affordable housing, regulating the work of around 1,850 housing associations and managing more than 2 million homes across England.

The Housing Corporation works in partnership at national, regional and local level, to promote affordable homes and strong communities and is committed to supporting the housing sector in meeting the housing needs of the Black and Minority Ethnic (BME) communities both now and in the future.

In November 2007, GfK NOP Social Research was commissioned by the Housing Corporation to conduct qualitative research with BME housing association residents and housing associations.

All the research was undertaken between 7th January and 25th January 2008. The research was conducted in the following locations:

- **16 group discussions (BME housing association residents)**
  - 6 in London
  - 4 in Birmingham
  - 4 in Leeds
  - 2 in Manchester

- **16 telephone interviews (housing associations)**
  - 8 in London
  - 2 in Birmingham
  - 2 in Nottingham
  - 2 in Manchester
  - 2 in Surrey
2.1 Policy context

The current lack of affordable accommodation is closely linked to levels of dissatisfaction with social housing. BME communities are more likely to find themselves homeless or living in temporary accommodation. They are also more likely to be dissatisfied with their social housing when compared to White British residents (ECOTEC, 2007). This may be exacerbated no doubt by the fact the BME communities are also overrepresented on housing waiting lists (CLG, 2007).

Existing research shows BME communities to be more likely than their White British counterparts to suffer from housing disadvantage and live in poor quality, overcrowded housing (ONS, 2001). According to the Office for National Statistics (ONS), people from BME communities are seven times more likely to live in unsuitable, overcrowded accommodation than a White British person. Bangladeshi and Black African communities are the most severely affected, with 44% and 42% currently living in overcrowded housing respectively. Just 6% of the White British population live in overcrowded housing. Unsurprisingly, the Survey of English Housing (SHE) shows BME residents to be less happy with their housing and housing provider.

In his recent report “Ends and Means: the Future of social housing in England” Professor Hills cites one in seven social residents are dissatisfied with their local area and their accommodation; one in five with their landlord and one in four with the standards of repairs and maintenance. All of these issues are echoed in the qualitative research findings in this GfK report.

But dissatisfaction is not reflected in levels of interest in social housing. Most BME communities, particularly the Black African population, express a strong interest in living in social housing. Survey of English Housing (SHE) figures from 2003/04 and 2004/5 suggest that around three quarters of Black African people would be either interested or very interested in living in social housing. Less than a third of White British people said the same.

Despite this, BME communities are still underrepresented in social housing. In 2004-2006, 80% of new social lettings were to households with White British household heads (CORE, 2004-2006). The 2001 Census articulates an even starker picture with 85.7% of households headed by a White British person.

The demographic profile of the UK population is changing. The proportion of the population ethnically classified as ‘White British’ has fallen in recent years. Decreasing natural population growth among the White British population coupled with immigration and emigration trends are important forces shaping this change.

As a result of these changes, the proportion of BME social housing residents is rising. This has important implications for the social housing sector that must be met by housing associations and other providers of social housing.

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2.2 Research objectives

The overall aim of the research was to look at the provision of services that could be defined as culturally sensitive and determine the levels of provision in the sector, and examine the impact such provision has on meeting the needs of black and minority ethnic communities. In addition, more specific research objectives were to understand:

- The impact of culturally sensitive services on the delivery of housing to BME communities, particularly in terms of meeting real needs
- The culturally sensitive services that are necessary to deliver improved housing services for BME communities (i.e. meet real housing needs rather than housing preferences) and should be provided by all housing associations
- The considerations any association would need to address in order to successfully deliver culturally sensitive services in the future.

Currently, a small number of BME specific housing associations are already offering culturally sensitive services. These services include:

- Language support
- Housing BME residents in particular locations
- Providing suitable accommodation based on household size and need
- Support for community groups for BME residents

As the demographic profile of the BME population in England is quickly changing, so are the housing needs and expectations of the BME communities themselves. This can be attributed to an increasingly elderly BME population, the arrival of new BME communities that include both asylum seekers and economic migrants, and the changing desires of second and third generations of established BME communities. Given these factors, the social housing sector must change to meet the diversity of housing needs and in doing so, understand the changing needs of BME social housing residents.

In order to fully explore what culturally sensitive services are offered to BME residents, and what services are needed, this research interviewed representatives from housing associations in addition to social housing residents.

2.2.1 Social Housing Residents

The research among BME and non-BME residents focussed on:

- The specific needs of BME communities (compared to non-BME communities) living in social housing and how these might translate into requirements for culturally sensitive services from housing associations
- The relative importance of these housing requirements to BME communities - i.e. clearly distinguishing essential housing need from housing preferences
The extent to which BME residents understand what culturally sensitive services are.

The perceptions of the culturally sensitive services currently offered by housing associations in terms of meeting the real housing needs of BME populations.

2.2.2 Housing associations

Interviews with representatives from housing associations focussed on the following issues:

- The culturally sensitive services that are currently being provided within the social housing sector for specific BME communities
  - The extent to which the culturally sensitive services provided are aimed at meeting the needs of particular audiences (e.g. particular cultural or religious groups, established BME communities' vs. newer migrant BME communities etc).
  - The way in which housing associations identify the need for such services, and how they obtain this information
  - Whether culturally sensitive services are aimed at meeting a definable housing need or a cultural preference?
  - The identifiable constraints Housing Associations face when providing such services to BME residents.

2.3 Types of housing associations

This research was conducted amongst a sample of mainstream and BME housing associations staff and residents.

Housing associations are independent not-for-profit bodies that provide low cost housing for people in housing need. Any trading surplus is used to maintain existing homes and to help finance new ones. They are now the United Kingdom's major providers of new homes; while many also run shared ownership schemes to help people who cannot afford to buy their own homes outright.

Housing associations provide a wide range of housing, some managing large estates of housing for families, while the smallest may perhaps manage a single scheme of housing for older people. Much of the supported accommodation in the UK is also provided by Housing Associations, with specialist projects for people with mental health problems, learning disabilities, substance misuse problems (drugs or alcohol), the formerly homeless, young people, ex-offenders and women fleeing domestic violence.

A BME Registered Social Landlord is an association where 80% of its board members are from a BME background. Most BME associations specifically target meeting the needs of BME communities including those that focus on meeting the needs of specific racial groups such as those from new commonwealth communities e.g. Irish. There approximately 65 registered BME associations in England.

Most BME associations have been established under the Housing Corporation’s (the Government body that regulates housing associations) BME Housing Policy between 1986 and 1991. This policy
recognised the unmet needs of BME communities and identified that the creation of BME associations would help to address this.

3 Methodology
This research employed a qualitative methodology to address the overall research objectives,

Group discussions with residents were used to identify and explore the housing needs of BME residents and the extent to which they are currently being met by housing associations. Each group lasted around one and a half hours and consisted of 8 to 10 participants.

Telephone interviews were conducted with housing associations to gauge their views and opinions and this method offered the research process a number of benefits:

- They enabled researchers to speak with Directors of Housing Policy and Housing Managers in housing associations that had little time to spare at times convenient to them, which increased the success rate of the recruitment
- They allowed researchers to conduct interviews with housing associations from across England, thus increasing the representativeness of the sample and ensuring that the research avoided a London and South East bias

Each depth interview lasted around one hour in duration.
4 Sample
The sample for this study was designed in collaboration with the Housing Corporation.

4.1 Housing Association Residents
Factors such as ethnicity, type of housing association, gender, age and location were considered when identifying residents for inclusion in the sample.

a) Ethnicity and control groups
The research focused on finding out about the views of BME residents living in social housing therefore the following groups were included in the research:

- Black African
- Black Caribbean
- Indian
- Pakistani *
- Bangladeshi *
- Irish
- Muslim
- Jewish
- White British

* It should be noted that the Pakistani and Bangladeshi groups wholly consisted of Muslim residents.

In addition to these, group discussions were also conducted with White British men and women in order to act as control groups. This enabled the research to isolate important points of similarity and difference between BME and White British residents in terms of what they want from their housing association.

In order to drill down and determine relationships between specific attitudes and perceptions towards housing and ethnicity, each group was ethnically homogenous (i.e. each group included only participants from the same ethnic and religious groups).

b) BME and non-BME housing associations
A selection of housing association types were included in the sample in order to find out more about the culturally sensitive services they offer:

- BME housing associations that are targeted at the types of BME communities listed at the beginning of this section.
Housing associations that are not affiliated to a particular BME group but state that they offer specific culturally sensitive services to BME communities.

Housing associations that house people from BME communities but do not claim to offer any specific culturally sensitive services.

It was decided early on in the research process that it would be challenging to find and secure interviews with housing associations that house BME residents but do not claim to offer culturally sensitive services. Therefore, the sample for the depth interviews concentrated on the first two housing association types listed above.

c) Gender

In order to identify any impact gender may have upon perception of housing needs, the sample included a spread of male and female participants in the research. On the basis of previous experience conducting research amongst BME communities and with cultural sensitivity in mind, the decision was taken to recruit single sex groups. Therefore groups were men only or women only wherever possible.

d) Age

Previous research highlights a relationship between age and views and attitudes towards living conditions and environment. And, while the elderly population is increasing as a proportion of BME residents, BME residents also tend to be proportionally lower in age than White British and White mixed ethnic groups. For these two reasons, the sample included participants from a spread of age groups, ranging from 18 to 60 + years of age. The age categories used were:

- 18 – 29
- 30 – 44
- 45 – 59
- 60+

All bar the Bangladeshi groups were conducted in English. The Bangladeshi groups were conducted in Sylheti by a member of the GfK NOP research team.

e) Location

This was a national piece of research, with groups spread across the whole of England. The researchers were informed by the 2001 Census when identifying appropriate locations.

According to the 2001 Census, “The minority ethnic populations were concentrated in the large urban centres. Nearly half (45 per cent) of the total minority ethnic population lived in the London region, where they comprised 29 per cent of all residents.”

After London, the second largest proportion of the minority ethnic population lived in the West Midlands (with 13 per cent of the minority ethnic population), followed by the South East (8 per cent), the North West (8 per cent), and Yorkshire and the Humber (7 per cent).
In order to reflect this information, the research was therefore conducted in the following four locations:

**Sample table (residents)**

<table>
<thead>
<tr>
<th>Ethnic group</th>
<th>London</th>
<th>Leeds</th>
<th>Manchester</th>
<th>Birmingham</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>1 x Men, 30-44</td>
<td>1 x women, 18-29</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>1 x Men, 30-44</td>
</tr>
<tr>
<td>Black African</td>
<td>1 x Men, 60+</td>
<td>1 x Women, 18-29</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Indian</td>
<td>1 x Men, 45-49</td>
<td>/</td>
<td>1 x Women, 60+</td>
<td>/</td>
</tr>
<tr>
<td>Pakistani</td>
<td>1 x Women, 30-44</td>
<td>1 x Men, 18-29</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>1 x Men, 30-44</td>
<td>/</td>
<td>/</td>
<td>1 x Women, 18-29</td>
</tr>
<tr>
<td>Irish</td>
<td>/</td>
<td>/</td>
<td>1 x Men, 45-49</td>
<td>1 x Women, 30-44</td>
</tr>
<tr>
<td>Jewish</td>
<td>1 x Women, 30-44</td>
<td>1 x Men, 18-29</td>
<td>/</td>
<td>/</td>
</tr>
</tbody>
</table>

It should be noted here that the group conducted amongst Jewish women raised more points of contrast than similarity with the other groups. While conducting the analysis there was a slight concern that the very positive experiences of the orthodox Jewish women’s group could skew and thus dilute the findings. Therefore the findings from this group have been presented in a separate section as a best practice case study.

### 4.2 Staff from housing associations

All interviews with housing associations were conducted with individuals who had overall responsibility for housing policy decision-making or housing policy that was specifically related to BME residents. Depending on the size of the housing association, this person was either:

- Director
- Director of policy
- Housing Manager

**a) Location**

The locations selected and the number of depth interviews conducted per location was determined by the proportional spread of housing associations across England. As a result of this, the depth interview locations do not correspond perfectly with those used for the group discussions.
Housing associations from the following locations were included in the research:

- Birmingham
- London
- Manchester
- Nottingham
- Surrey

Sample table (housing associations)

<table>
<thead>
<tr>
<th>Housing Association Type</th>
<th>London</th>
<th>Surrey</th>
<th>Birmingham</th>
<th>Nottingham</th>
<th>Manchester</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>BME</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>MAINSTREAM</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>16</td>
</tr>
</tbody>
</table>
5 Housing Association Residents (BME and mainstream)

This section of the report documents and outlines the perceptions and experiences of BME and non-BME residents who have lived in housing association accommodation for more than two years.

In particular, this section of the report looks in detail at residents’ perception of:

- Local living environments
- Perception of housing needs
- Culturally sensitive services
- Attitudes towards housing associations

5.1 Local living environment

The findings show that there is a consensus of opinion that satisfaction with local living environment is driven by the delivery of some core requirements.

The extent to which these core requirements were met shaped how residents felt about where they lived. Indeed, Jewish women were very happy with where they lived precisely because they felt that these core requirements were being met.

<table>
<thead>
<tr>
<th>Core requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety and security</td>
</tr>
<tr>
<td>Access to good public services - particularly good schools, transport and shops</td>
</tr>
<tr>
<td>Amicable relations with neighbours and other residents</td>
</tr>
<tr>
<td>Close proximity to friends and family</td>
</tr>
<tr>
<td>Clean and well-kept public spaces</td>
</tr>
</tbody>
</table>

Residents’ perceptions of their area can influence how they perceive their accommodation. As such, perception of, and satisfaction with, location and accommodation, appeared to be viewed together and not easily separated.

However, it was clear in some groups that it was not always possible to obtain accommodation that met needs in an area that was preferred. There was a general understanding that there would inevitably be trade offs. For example, in one of the groups a Bangladeshi resident stated that she
lived in desirable accommodation which more than met her needs but she did not like the area because the neighbours were racist. She felt that she could not have both i.e. a large family house in an area of her preference.

"Where you live is what matters. If you have a nice house but live in a violent area with drugs and crime and everything, you can’t appreciate it” (Pakistani male, 18-29)

"Your home is the community and the house. They go together” (White British male, 30-44)

It was clear from the research that some BME residents were unhappy with their local living environment. This was particularly true of Bangladeshi, Indian and Irish groups.

Safety and security
The most prevalent concern for housing association residents was personal safety and the security of their homes. Anti-social behaviour was cited in most of the groups as a serious concern for residents of all ages and ethnic groups. Indeed, many of the participants perceived where they lived through the prism of anti-social behaviour and the manifold ways it impacted on their everyday lives. For example, one Irish male resident spoke of having to protect his flat from people breaking in, burgling and vandalising his accommodation.

"We moved to the area wherever we got a property. We don’t want to live in these areas. HA areas can be very rough”. (Bangladeshi female, 18-29)

Examples of the types of anti-social behaviour experienced by the participants included: racism, drug taking and dealing, vandalism, problems with youths and violence and intimidation from neighbours. It should be noted that anti-social behaviour experienced in the wider community was also mentioned by residents as it reflected the community in which they lived.

This echoes the findings in Professor Hill’s report where more than a fifth of social residents cite drug users or dealers as a serious problem.

Across the groups, participants provided examples of the ways in which anti-social behaviour impacted upon them. While some of the incidents may have occurred in the wider area, some cited examples closer to their home:

- Bangladeshi families refusing to let their children play outside in their back garden
- Irish men living in supported housing being violently assaulted by people attempting to break into their flats
- Black African women having their parked cars pelted with eggs because of their ethnicity
- Indian and Irish women being racially abused on public transport
- Pakistani men house-bound to avoid local drug dealers and the associated violence

"I’m not happy at all, some people spit in front of my front door” (Black African male, 60+)
"If you go out to say something to them [groups of lads on the estate] all you get from them is a load of abuse back...all you get told is to phone the police and they’ll come out" (White British female, 18-29)

"They are not nice areas to live in. There are lots of broken families and drug issues, Bangladeshi boys hanging around with girls. It’s not the kind of place to live if you have young children." (Bangladeshi female, 18-29)

"Racist. It’s bad, it’s bad....they throw eggs at the window of the car, they draw on the windows...I am in touch with the Housing [Association] about it but there’s a waiting list and that’s what they keep saying" (Black African female, 18-29)

**Access to good public services**

The proximity of housing to public services was important to all residents, regardless of ethnic origin. Living close to shops, schools and public transport had the potential to increased tenant satisfaction.

"Very convenient place to live, everything is nearby you don’t have to travel far for shops and schools" (Pakistani female, 30-44)

The Bangladeshi, Indian and Pakistani groups frequently mentioned living near Asian shops that sold particular foods and ingredients as something that they really liked or wanted.

"I like this area because of the local mosque and schools." (Bangladeshi female, 18-29)

Public transport was important to many residents, with many families reliant on it to travel to work, school and shops. The greater the distance from public transport, the more complicated a journey must become.

However, some residents chose to travel further a field despite close local public services. This was to access better public services. One African woman did not want her child to attend the local school so chose to travel farther so her child could receive, what she believed to be, a better education.

"I travel far to send my kids to school. But there’s, like, four schools right near where I live, you know, very close but they’re no good“ (Black African female, 18-29)

**Amicable relations with neighbours and other residents**

Residents who had bad relations with their neighbours and other residents were less happy with their housing. Problem neighbours added to residents’ sense of helplessness with regards to making housing decisions.

"You don’t know how the new neighbours are going to be." (Pakistani female, 30-44)
These problems not only affect adults living in housing association properties, it also affected whole families. This can make parents more cautious about their living environment.

"[We suffer from] anti-social behaviour – people living above are stomping on the ceiling." (Bangladeshi male, 30-44)

"[My children] can’t sleep at night because the cars are so loud and loud music from neighbours makes it difficult to concentrate at school...”
(Bangladeshi female, 18-29)

For many BME residents, satisfaction with where they lived was related to being near their community and people of their own ethnicity. This was also expressed by a number of the groups including elderly Indian women, Irish men and women, and Black African men and women. Residents often sought to move to areas where they felt more comfortable, seeking refuge from anti-social behaviour.

"I moved because, to be around, you know, like, my own kind, kinda thing. Because sometimes people pick on you and you just want to come away from that." (Black African woman, 18-29)

"When I lived in Hemel Hempstead it was nice and peaceful but lots of racism there. I feel safe here [East Ham] because I don’t have that problem“ (Indian male, 45-49)

However, this was not the case for all residents. One White British women, for example, spoke positively of living in an area where residents tended to be Black Caribbean.

"A lot of people round the area are mixed race and black. There’s only me as a white family on the estate and we all get on great. There’s African people, there’s Asian people, we love it. In the summer we all get together and have barbeques and it’s great”(White British female, 18-29)

Close proximity to friends and family
All residents, regardless of ethnicity, felt happy living near their friends and family. Mothers were concerned about living near their family, who could help with childcare, while Black African and Caribbean males wanted a sense of community.

"A sense of community is very important.” (Black Caribbean male, 30-44)

"Living near people you know is great.” (Black African male, 60+)

"It’s the location. You feel settled in. You know the area, you know the people. You don’t want to move anywhere else.” (Pakistani male, 18-29)
Clean and well kept public areas
BME and White British participants with families complained of living in poorly kept living spaces with untidy communal grounds and poor access to public services. Housing association residents were concerned about the potential health and safety risks that poorly maintained communal areas created.
Poorly lit corridors, infrequent refuse collection, debris from drug use and dog fouling were all listed as problems for residents.

5.2 Housing needs
Many residents were initially reticent to talk about their unmet housing needs as they were grateful to be allocated a home in which to live. Many cited housing issues that would usually be considered ‘essential’ by others as ‘ideal’, whether in social housing setting or not. For example, some BME groups mentioned features such as a fitted kitchen, storage space, ventilation in the bathroom and enough bedrooms. An illustration of this was how BME residents spoke about their current housing, describing it as ‘not bad’, or ‘can’t complain’ but could be a bit better.

"I think what I have is ok. Not perfect but we get by" (Pakistani female, 30-44)
"I don’t like the location but the actual house is quite good. It has most of what I need" (Black Caribbean male, 30-44)
"It’s just ok. Not big enough really. I am quite happy overall" (Indian female, 60+)
"It’s not bad but my central heating breaks down at least once a month. My kitchen is damp and in the corner of the walls it looks like its rotting." (Black Caribbean female, 18-29)

Once residents had become more comfortable with talking about their current home, they began to describe their housing needs. Whilst difficult to determine, these discussions seemed to indicate a link between expectation levels of what residents felt should be provided by their housing association and their levels of satisfaction with what they currently have.

Some participants’ perceptions of what other housing association residents received impacted on their own expectations. In particular for these participants, expectations were tied to the perception that other newer BME populations (e.g. Eastern Europeans) were being allocated ‘bigger and better places to live’ and that they should receive similar treatment. This perception, although incorrect, influenced residents expectations of what housing associations can deliver.

"Look all around you. If you’re from Eastern Europe, like Poland, they’ll house you. They’ll give you everything you want. If you’re bloody Irish they don’t want to know" (Irish male, 45-59)
"They (newer migrant communities) get more priority" (Pakistani female, 18-29)

Furthermore, BME residents who had lived in council accommodation in the past tended to have high expectations of the type of maintenance and repair service they should be receiving. The
perception was that local council’s provide a quicker and more reliable service than their current housing association.

5.2.1 Essential housing needs
It became evident that most participants could not see beyond their immediate housing needs. Thus, the lack of immediate housing services (also described as essential housing needs) presented the most common shortfall between housing needs and expectations.

Overall, BME and White British residents had similar perceptions of what constituted essential housing needs, which had been defined by GfK NOP and the Housing Corporation as ‘things residents cannot do without’. These essential needs tended to be gas and electricity, central heating, hot water, secure housing and a good quality repairs and maintenance service.

"[All you should want is] to sleep well in your bed. That is all I want." (Irish female, 30-44)

Thus, essential housing needs were the priority for BME residents. As a consequence, until essential housing needs were met, culturally sensitive services did not appear to impact on resident satisfaction.

BME participants who reported being more content with their accommodation, also had more of their essential housing needs met by their housing association, regardless of whether it was a BME or a mainstream housing provider. Satisfied residents gave many examples from where they live as to why they were content, e.g.:

- Decent sized properties with sufficient number of bedrooms for the household size
- Clean, well maintained communal areas
- Close to local amenities, public services, relatives or friends
- A garden
- Decent car parking
- Modern furnishings

Unfortunately, only a minority of participants were content with their housing. Most were still waiting for their essential housing needs to be fulfilled. The essential housing needs reported by the BME residents can be split into two categories:

- Repairs & Maintenance
- Property Size

Repairs & Maintenance
Most residents only communicated with their housing association when reporting a problem with their home. Therefore this communication, and how well the housing association dealt with the issue, reflected how they viewed the housing association as a whole.
"I have no problems with the people and neighbours, it’s the housing association – when you ask for something – no one comes!" (Black African male, 30-44)
"You notice that people are saying the same for their satisfaction and their service. That shows you that we are being honest." (Black Caribbean male, 30-44)

All residents spoke of difficulties in getting their housing association to repair their home. Residents had problems with the timeliness of repairs once reported, the quality of repairs and the maintenance priorities of housing associations, which appeared to some, to contradict their housing needs.

"You have to be behind the workman as quite a few of the repairs are shoddily done." (Black African female, 18-29)

"They sent me a letter the other day telling me that they’ve got ten grand to spend on plants and grass! Well I’d rather get a big kitchen… I don’t want to see plants, I want to see repairs done in my house." (Black African female, 18-29)

"Repair property when it needs to be done, not when the council wants to repair it" (Black Caribbean female, 18-29)

Given that basic household maintenance was not always easy to secure, BME residents were left feeling helpless.

"What I need is to have my heating sorted out. I have not had proper heating for months. Can you help me?" (Black African male, 60+)

"Have you ever lived in a place that has damp everywhere? Disgusting. It’s not good for my health, which is not any good anyway" (Irish male, 45-59)

Related to repairs and maintenance, BME residents, particularly from the Bangladeshi and Pakistani groups, complained of the lack of the “Right to Buy” option or ability to make changes to their own home. For some, this was seen to decrease attachment and interest in their home with regards to improving and maintaining it.

**Property Size**

The appropriateness of the home BME residents lived in greatly impacted on their satisfaction with their housing association. The main issues that residents had related to the size and type of property that they lived in. This directly related to over-crowding and unmet housing needs.

While overcrowding was a problem for many of the groups, both BME and White British, the Bangladeshi groups appeared to be more severely affected by the problem than any other group.

"We do not have enough space for everyone to sleep comfortable. Six people in two rooms is too much" (Bangladeshi male, 30-44)
"We need a new house. There are eight of us in a small 2 bedroom flat. We have been on a waiting list for eight years now" (Bangladeshi male, 30-44)

BME participants who lived in houses appeared to be more satisfied than those living in flats which, for many, was directly related to having a garden and bigger living spaces that was more suited to the size of their families. For the families that lived in a housing association property, having a garden equated to a safe place for their children to play outside.

"I don't like where I live and I don't like my home. It's not suitable. We have no garden for the children to play and not enough room to move" (Bangladeshi male, 30-44)

For some BME residents, the negative impact of overcrowding was all pervasive and affected every aspect of their lives. One resident mentioned that he was concerned about his children’s education as they had no room to study in their overcrowded flat and there was no room for a desk or a computer, while another resident mentioned the lack of space for family gatherings.

"I bought a laptop for the kids but there's no where to put it" (Bangladeshi male, 30-44)

"In Asian culture families come and stay at the moment I haven't space. Asian people like to come and stay. This is not part of white culture." (Indian male, 45-49)

### 5.3 Culturally Sensitive Services (CSS)

One of the most important findings to emerge from this research is the general lack of awareness of culturally sensitive service provision. This could be interpreted as a failure by BME and non BME housing associations to articulate what CSS are. However it is worth considering the effectiveness of delivery channels for such communications. While any written leaflets produced by HAs may be appropriate for one group, face to face explanations may be more effective for another.

Most participants in this research, regardless of ethnicity or the HA type, had little or no spontaneous awareness of CSS and their housing association’s role in providing these. All respondents required further explanation about CSS and how they could apply to housing association residents. Indeed most BME residents did not understand the term ‘culturally sensitive services’. One tenant who lived in a BME Housing association did not believe that culturally sensitive services were any better where she lived (Shah Jalal) compared to other mainstream HAs, as this quote illustrates:

"Is Midland (Mainstream HA) better than Focus (mainstream HA) and is Focus better than Shah Jalal (BME)? In the end they’re all the same. We’ve no way of knowing." (Bangladeshi female, 18-29)

It is important to note that no-one felt that their specific needs were more important than others and that they should be treated differently as a result of this. All group participants were clear that they expected housing association residents to be treated the same by housing association staff regardless of their ethnicity or faith.
"It shouldn’t matter where you are from. Everyone should receive a good service whoever they are” (Pakistani female, 30-44)

Certain BME groups, particularly the two Black Caribbean groups, did not consider themselves to have separate cultural or religious needs. Both groups strongly emphasised the Britishness of their identity and being perceived as such.

"We don’t have different needs; our needs are not being met!” (Black Caribbean male, 30-44)

"I’m British. That’s all there is to it!” (Black Caribbean female, 18-29)

The desire for equality of services was echoed in the control White British group:

“Things start to go wrong when you treat people differently, I think. Equal services to all people. It’s not I’m racist, I just don’t think what Black or Asian people want from their housing is any less or more important than mine or yours or anyone’s sitting here” (White British male, 30-44)

5.3.1 Awareness of CSS

Although there was very little spontaneous awareness of CSS, once explained with examples, the general feeling was that culturally sensitive services were not necessarily the responsibility and remit of the housing association. As the quotes below illustrate, it is evident that participants’ first concerns centred on their immediate housing needs.

"Personally I don’t think so because everybody should be equal, they should be given housing that is adequate and efficiently run. Not, say, you have an extra room because you are a certain religion” (Black Caribbean female, 18-29)

"That would be good (having cultural services). But really I just want to have my boiler fixed” (Indian male, 45-49)

"They ask you what your background is and personally it’s irrelevant...They don’t need to segregate us, they should just treat everybody equally, regardless of what your religion is or whatever” (Jewish male, 18-29)

One Bangladeshi tenant of a BME HA remarked “They don’t even send a workman when you need one”, pointing out that there was nothing specifically aimed at the Bangladeshi residents even though it was a Bangladeshi HA.

5.3.2 Variables that affect residents’ need for CSS

The way BME residents viewed CSS was dependent on a number of factors. Opinions about the need and appropriateness of CSS related to the ethnic background of each resident, their age, religion and expectation of service provision from their housing association.
Ethnicity

CSS were perceived differently by different BME groups. None of the Black Caribbean residents requested, needed or felt the need to be offered a culturally sensitive service. The same was also true of young Pakistani men.

"Why would I need anything different?" (Pakistani male, 18-29)

"We don’t have different needs; our needs are not being met!" (Black Caribbean female, 18-29)

"I guess you should take other people’s needs on, like Muslims and that, but me, I’m ok” (Black Caribbean male, 30-44)

One reason for this could be that these groups consider themselves to be closer to British mainstream society, instead of outside it. Another possible explanation could be that residents who were unable articulate their culturally specific needs could not see past their current basic needs.

Age

Age was also an important variable with younger BME residents generally less in need of any additional or supplementary support than elderly members of their BME community. This can be seen with both the Black African groups.

"I’m fine. I don’t like where I live but the house is generally fine. I don’t need much” (Black African female, 18-29)

"I am 88 years old. I have lived in my house for nearly forty years. I live alone now because my wife passed away some time ago. I would really like help to keep my home tidy and comfortable. There is a lot of rubbish outside my door and I can’t really do it anymore” (Black African male, 60+)

In addition to the concerns of Black African residents, Indian men spoke of a greater need for language support for the older members of their community who may not be completely fluent in English.

Religion

Residents who held religious views were more likely than non-religious residents to request culturally sensitive services. Many of the requests were borne out of religious rules by which residents lived; therefore making these needs more quantifiable. This was illustrated the most by Jewish females, who were able to list the rules they needed to observe to run their Orthodox household (see case study in next chapter).

Below is an example of how housing associations can be cultural insensitive as well as unreliable when providing basic housing services. This resident complained about her home being in a state of disrepair yet she was stifled by the housing associations disregard for religion, to fix her home.

"I’m a Muslim women, but when HA staff come to my house there’s no sensitivity. I don’t like letting strange men in to the house when my husband isn’t in. They didn’t come when they said they would and my husband had to leave for work. I called them to tell them not to come and I think they minded.” (Bangladeshi female, 18-29)
Expectation of Housing Association

Most residents did not expect to receive or qualify for CSS from their housing association. This was mainly because BME residents appeared to have a low understanding of culturally sensitive services and the obligations housing associations have to meet these needs. This indicated a gap in housing association communications with residents. It is not clear whether the communication gap is a result of HAs not being more forthcoming with this information or whether it is because of the communications channels they may have chosen to deliver this message. What is clear though is that some residents clearly expect to be more informed by CSS if it is something that is available from their HA, although some are more focused on the essential needs as this quote clearly demonstrates:

"Really? So why have they not told me? I am Muslim so my family do have some things we like. I would not have asked. I might get my son to do that for me. But they can’t even fix my heating for me, so what hope is there?" (Black African male, 60+)

Due to residents lack of awareness of CSS, many BME residents did not consider it the responsibility of their housing association to provide housing services focused on specific cultural or religious requirements. Some residents, both BME and non-BME proposed that religious needs were the responsibility of individuals and their communities.

"Religion is a personal thing, not something for the housing association to get involved with. They do celebrate some things round here but that’s the council…I think it’s a personal thing myself" (Pakistani male, 18-29)

"Treat everybody as an equal, not if you’re black or white or pink or blue…if they took people as individuals and not by your race or colour or whatever then the world would be a better place..." (White female, 18-29)

In addition to lack of awareness, some participants had low expectations of receiving culturally sensitive services as their current housing associations was not able to deliver basic services, such as quick repairs or housing in suitable locations. Thus underlining the point that CSS are only really appreciated by residents, once basic housing needs are met.

"They can’t even get the basics right let alone start giving me things because of my culture and background" (Irish male, 45-49)

"What could they do? Lower rent at the time of Ramadan?!" (Pakistani female, 30-44)

5.3.3 Culturally Sensitive Services Provision

Very few residents were aware that their housing association provided specific types of culturally sensitive services. This was true of BME and non-BME housing associations. However, those residents who were aware, tended to have a very limited idea of what was available.
"They provide translated leaflets – that’s all. I know of nothing else” 
(Bangladeshi female, 18-29)

"I don’t know what they do. No one has told me about them [culturally sensitive services]” (Bangladeshi male, 30-44)

"What did you say they were called? Never heard of anything like that. Good idea though” (Irish male, 45-49)

Although examples of culturally sensitive services were not often spontaneously requested, after further explanation and probing, residents were able to cite examples of what they are currently being offered and what they would desire. The table below outlines which CSS BME residents discussed in the groups.

<table>
<thead>
<tr>
<th>Culturally Sensitive Services</th>
<th>Requested/referred to</th>
<th>Delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housed according to request</td>
<td></td>
<td>Language support</td>
</tr>
<tr>
<td>Housed as a result of racism</td>
<td></td>
<td>Housed to bigger property</td>
</tr>
<tr>
<td>Housed to be nearer family and friends</td>
<td></td>
<td>BME Community centres</td>
</tr>
<tr>
<td>Drop in centre to support BME residents</td>
<td></td>
<td>Help accessing social care services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Public meetings to discuss BME specific needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Multi-cultural events</td>
</tr>
</tbody>
</table>

5.3.4 CSS and Resident Satisfaction

When probed, it became clear that culturally sensitive services, and the extent to which residents thought CSS were being provided (whether it be language support or property modification), indicated how well housing associations understood the cultural, religious and social needs of their residents. Given that most BME residents had low expectations of their housing associations meeting their basic housing needs; the knowledge that CSS was being provided improved participants’ opinions of such housing associations.

"Friends of mine have used them (housing association) to help with understanding the information they have. This at least shows that they are trying to improve things; that they have some understanding of what it’s like to be in our situation” (Black African male, 60+)

Although residents’ satisfaction with housing associations was not quantifiably measured in this research, it was clear from qualitative discussions that it was linked to service delivery. This finding echoes those of Prof. John Hills’ report ‘Ends and means: The future roles of social housing in England’, resident satisfaction is largely driven by the delivery of core housing services.
Most BME residents were mainly concerned with delivery of their basic housing needs, examples of CSS provision were viewed as instances of extraordinary service provision. As these services were not expected, they had a greater impact on residents’ levels of satisfaction with their housing associations.

“In the past, I had big problems with my neighbours. Calling me nasty things, children harassing me. My housing association moved me. It took a while but they tried very hard. They cared...that counts” (Black African male, 60+)

“They’re (the housing association) are pretty bad generally. But this summer they introduced a community group for more elderly Asian people who could meet up, talk, socialise, you know. I take my granddad. He really enjoys it and it gets him out a bit” (Pakistani male, 18-29)

“I was in prison for a few years and felt very isolated when I came out. I didn’t really know anyone and was nervous about getting into drugs again but my housing association has really helped. They’ve put me in touch with other Irish people I can relate to who know what its like. I appreciate this” (Irish Female, 30-44)

**Cultural insensitivity**

Unfortunately, while many BME residents did not specifically criticise housing associations for failing to meet their cultural or religious needs, some BME residents documented examples or incidences of what they perceived to be ‘cultural insensitivity’.

“I don’t think they have any understanding at all (towards cultural and religious issues). They seem oblivious. I doubt they care anyway.” (Indian male, 45-49)

It should be noted that not all BME participants raised these issues so it is unclear how much of an issue they may be for other groups. However, some examples of cultural insensitivity included:

- Lack of windows in toilets
- Open plan kitchens/sitting room and not agreeing to partitions
- Workmen not removing shoes when entering the home
  “They don’t offer to take their shoes off but I tell them too and I think they mind” (Bangladeshi female)
- Allowing overcrowding and not managing housing allocation better
  Sending male workmen into homes of traditional Muslim females who are alone in the house

Whilst not expecting CSS, BME residents did not anticipate housing associations to treat them with what they considered to be cultural sensitivity. The impact of perceived cultural insensitivity contributed to some residents’ feelings of being disenfranchised from their housing association and thus diminishing BME tenant satisfaction.
5.3.5 BME Resident Hierarchy of Needs

Indeed were CSS to be represented on a hierarchy of needs, then according to these residents Maslow’s hierarchy of need pyramid could look something like this:

While this may appear to be contradictory it is important to stress that residents may not always consider their specific need to be a cultural need and it may indeed be seen as a preference by the housing association.

For most BME residents, their main housing needs were viewed as everyday requirements rather than those connected to culture or faith. However, if explored further, many of these housing needs were linked to culture or ethnicity. Jewish, Bangladeshi, Indian and Pakistani women, identified more housing need were specific to their cultural or religion than other ethnicities. See the table below:

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<table>
<thead>
<tr>
<th>BME resident perceived 'basic' need</th>
<th>Rationale as a potential CSS</th>
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</thead>
<tbody>
<tr>
<td>Improvements to the kitchen</td>
<td>Better ventilation</td>
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<tr>
<td></td>
<td>BME residents, especially from the Asian community, expressed a need for good ventilation in the kitchen. This was because traditional cooking created smells.</td>
</tr>
<tr>
<td></td>
<td>&quot;A window in the kitchen is important. Our food is very spicy with lots of smells&quot; (Indian female, 60+)</td>
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<tr>
<td></td>
<td>More storage</td>
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<tr>
<td></td>
<td>BME residents cooked in a variety of ways, often using more ingredients and/or pots, pans and utensils.</td>
</tr>
<tr>
<td></td>
<td>Kitchen separate to living area</td>
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<tr>
<td></td>
<td>BME residents, especially females from the Asian community, wanted to cook away from the central living area. This was said to relate to cultural preferences as well as the safety of children in the home.</td>
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<tr>
<td></td>
<td>&quot;For a long time, my family needed a bigger kitchen separated from the living room. When people come round you don’t want to be cooking in front of them. We now have it. This has helped a lot and I respect what they did&quot; (Indian female, 60+)</td>
</tr>
<tr>
<td></td>
<td>Hand basin in the lavatory</td>
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<tr>
<td></td>
<td>This was requested specifically by Bangladeshi residents but also featured on the list of requirements for Pakistanis and Indians. The main reason for requesting a hand basin is because using water to clean oneself, often along with toilet paper or sometimes in lieu of toilet paper, is common in the Muslim world and the Indian subcontinent. Where a hand basin is not available in the lavatory, the method for maintaining personal hygiene, would be to use a &quot;lota&quot; (a container with a spout) to carry water from the kitchen sink to the bathroom.</td>
</tr>
<tr>
<td></td>
<td>Avoid overcrowding</td>
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<tr>
<td></td>
<td>Although this may appear a universal housing need, many of the BME residents we spoke to were living in overcrowded homes as they had large families and in some case, were accommodating extended family for long periods of time.</td>
</tr>
<tr>
<td></td>
<td>Enough space for family gatherings</td>
</tr>
<tr>
<td></td>
<td>It was common for many of the BME residents to invite their family to their home for meals or entertainment. This practice was not restricted to BME residents alone, however the incidence of this was higher amongst the BME residents.</td>
</tr>
<tr>
<td></td>
<td>Safe space for children</td>
</tr>
<tr>
<td></td>
<td>Many BME residents were concerned about the wellbeing of their children, given that they lived in cramped conditions. Gardens and studies were cited as desirable as they symbolised a safe places where children could work or play. This need could be a reaction to the level of anti-social behaviour many BME residents had experiences living in amongst other housing association residents.</td>
</tr>
<tr>
<td></td>
<td>Living near a wide range of shops</td>
</tr>
<tr>
<td></td>
<td>Living near shops and amenities was desirable for most housing association residents. However, the need to live near shops that sold specific types of food was expressed by BME residents.</td>
</tr>
<tr>
<td></td>
<td>&quot;Being near local good Asian shops is something I want. Ingredients are often bought daily, so they need to be close by&quot; (Pakistani female, 30-44)</td>
</tr>
</tbody>
</table>
5.4 Perceptions of housing associations

Most residents in this research, both BME and White, were critical of their housing association and the staff.

Criticisms tended to focus on housing associations not providing what the residents perceived to be ‘essential housing services’.

Much of this concentrated on the repairs and maintenance service provided by the housing associations. For many of the participants, the current level of service was deemed to be insufficient to their needs, with many residents reporting long waiting times and substandard workmanship. This sentiment was echoed across all groups.

"It makes you wonder why they wait for something to go so bad before replacing it, if they replaced it straight away and replaced it the right way, you could save all that money” (White British male, 30-44)

"You take a day off work and no one comes round…it takes 2-3 days to fix central heating in this cold weather” (Indian male, 45-59)

"They (the housing association) don’t have in house maintenance” (Black African male, 60+)

The message this sent out was that of an organisation that did not appear to care about its residents.

"It’s hassle finding someone to speak to – you get passed around from person to another. We are just another person to deal with” (Indian male, 45-59)

"They couldn’t care less if you suffered or not. As long as its not their problem they don’t care” (Irish female, 30-44)

Related to this, many BME residents, specifically those who had previously rented from a local authority, said that they would prefer to rent a council property. Three reasons were given. Firstly, the level of general service and responsiveness offered by Councils was believed to be superior. Secondly, Council housing was seen to be slightly cheaper, a view more widely held by Black Caribbean groups. Thirdly, residents do not have the opportunity to purchase their housing association property. This point was specifically voiced by the Bangladeshi groups and the Pakistani male group.

"If the council offered me a 1.5 bed property and the HA offered me a 2 bed property then I would rather go to the Council property. “ (Bangladeshi male, 30-44).

"Council is just cheaper. If you have next to no money your rent needs to be low” (Black Caribbean male, 30-44)
However, residents with previous experience of private renting considered housing associations to be superior to private landlords. The reason most emphasised was the perception that housing association accommodation was cheaper and more secure, with private landlords more likely to terminate contracts or raise the cost of rent at very short notice. The service delivery of private landlords was also perceived to be of lower quality than housing associations and they were felt to be less responsive.

"I've got some friends that live in, like, some bad areas so I mean I think where I'm living at the moment, for the price I'm paying, for what I've got it's really good...I was looking into private renting...and it were just, it's like double what I'm paying at the moment"(Jewish male, 18-29)

"It's [renting from the Housing Association] a lot better than private renting”
(Jewish male, 18-29)

"I'd never do it privately again. It was awful. He never did anything and charged us too much money for what we had”(Pakistani male, 18-29)

A number of the BME groups, as well as the White British female group, felt they lacked control over the way their housing was allocated to them. For many, there appeared to be no system in place for allocating housing, which resulted in a lottery situation. More transparency is clearly needed in the way housing is allocated and how this is communicated to people.

"We had no choice – just one offer. If we didn’t take the HA property we would become homeless...the Council forced us to go to HA for our housing. We had no choice” (Bangladeshi male, 30-44)

"The property they gave us was in a bad condition – no windows in the bathroom or kitchen but I had to take it”(Pakistani female 30-44)

"The Council nominated us so they forced us to go to the HA property”
(Bangladeshi male, 30-44)

"No housing association will have their housing in Chigwell or Loughton. Will HAs have housing in nice areas? I don’t think so”(Indian male, 45-59)

A number of BME and White British female participants also complained about housing association staff who they considered to be rude, patronising and lacking empathy. These criticisms related to a lack of empathy with housing association residents and the problems they faced, for example, poor maintenance service.

"When I say they lack empathy. I don’t really mean cultural or religious stuff. I mean, you know, what it's like to not have stable accommodation and that”(Irish male, 45-49)

"If they were in that situation it would be a different story. It's a different story because it's not them – they are not bothered. They don't understand they we have kids to cater for as well, which is the most important issue. They don't care for us as they would care for themselves.” (Black Caribbean male, 30-44)
"The people on reception [at the Housing Association], I think they’re so ignorant...I reported something months ago and the woman hasn’t done now’t. But maybe it’s ‘cos I told her a few things about herself last time I saw her...she’s rude." (White British female, 18-29)

For most, this was not directly related to their cultural or religious background. More often than not, lack of empathy related to staff not appearing, for example, to appreciate what it is like to live without central heating, as stated by a resident in the Black African male group, or have to wait for over a year to have a radiator fixed, as stated by a Bangladeshi resident.

What was clear was that the majority of BME residents thought improved communications and relations with their housing association would improve their level of satisfaction with their housing.

"They don’t do maintenance work properly. Now they’ve got an 0845 number and when you phone you can’t get through and then when you’re put on hold you’re running up a phone bill" (Bangladeshi female, 18-29)

The reported lack of understanding between residents and housing associations appeared to be related to poor levels of communication between BME residents and their housing association, with many reporting little or no personal contact with their housing association. Some BME residents said that they did not even know the name of their housing association.

"I have no idea who they are. Have never seen them" (Indian female, 60+)

"We don’t know what services they offer. We don’t even know how they allocate properties" (Bangladeshi female, 18-29)

"I don’t know what my association is called. Who is it? We just don’t have contact with them really" (Indian female, 60+)

"We don’t even know housing officer names. They don’t meet us face to face because they are scared of some of their residents" (Bangladeshi female, 18-29)

It should be stressed that White British residents also had issues regarding communications with their HA. In their case, however, it was more to do with the impersonal nature of the contact with the HA rather than the amount of contact.

"If they can speak to you as a person, as an individual, not just as a tenant or someone who is under them, then that would be nice." (White British female, 18-29)

Most contact between housing associations and their residents would appear to be negative from what group respondents have said. Indeed, there was the perception, prevalent among many of the residents in the sample, that their housing association only contacted them when they wanted their rent payment. On the other hand, contact initiated by a resident appeared to be about maintenance and repairs.
"I never hear from my housing association. How could they ever have more than the slightest understanding of what my cultural needs are when they are anonymous?" (Pakistani male, 18-29)

"You never see them only when they want their rent. When you need them they are absent and no where to be found...typical and it's what we have come to expect" (Black Caribbean male, 30-44)

"We only hear from them when we're late with the rent" (Bangladeshi female, 18-29)

For many BME residents, the type of communication, as well as the frequency of the communication, was very important. Residents from the Pakistani and Bangladeshi groups spoke, for example, of disliking big public meetings between housing associations and residents. The meetings were considered to be dominated by the 'same old people' and participants didn't feel as though their voices could or would be heard in such meetings.

Furthermore, some residents from the Black African, Pakistani, Black Caribbean and White British female groups spoke of wanting to have a more personalised relationship with their housing association, so their concerns and needs could be more clearly understood and listened to. Such a service would increase the perception that their housing association would like to understand their views and opinions.

"I don't want to be treated like a number. I want to be treated as a person" (Indian male, 45-59)

"They don't treat people like they're people, they just treat you like you're a number and if you've got, you know, more than a few kids then you're obviously a bit of a problem...they need to see people on an individual basis and talk to the people rather than just have you on a computer as a name and number and that's all you are." (White British female, 18-29)

White British men, Pakistani men and Bangladeshi women appeared to be happier with their housing association. For example, some Pakistani men spoke of being provided with some money to help redecorate their homes to their liking. This was perceived to be a sign of having a 'helpful housing association who wanted to help them' and was considered unusual.

Indeed, in the Pakistani women's group one such request was made when discussing things that a housing association could do to better meet their needs:

"Every three to five years they could give us an allowance or half allowance to help towards redecorating our home" (Pakistani female, 30-44)

Whilst BME participants were often very critical of their housing association, this criticism tended not to derive from the belief that their cultural and religious needs were not being met even following an illustration of what CSS could include. This is largely because they felt that the primary responsibility
of housing associations should be to provide adequate housing rather than accommodating cultural and religious needs.

On this point, however, there were important differences both between the BME groups and also within some groups. Indeed, some participants within the different Asian groups did speak of their hope that their housing association would take more interest in their cultural requirements. But it needs to be emphasised that, for the majority, culturally sensitive services were largely perceived to be of secondary importance to other more essential housing needs already documented in this report.
6 Best practice case study: Jewish residents living in BME housing associations.

The Jewish female group was the notable exception where cultural and religious housing requirements were all perceived to be needs, rather than preferences or wants.

"We cook all our food from scratch. So we need a lot of storage for our food. Big cupboards, freezers are a necessity because we have to have somewhere to store everything" (Jewish female, 30-44)

Jewish female residents, who were self-identified as ‘orthodox Jews’, were the only group who were able to verbalise which culturally sensitive services they would like to be offered. This could be attributed to the fact that these women lived in an orthodox Jewish housing association where many of their CSS needs were made available to them.

This understanding translated into far greater expectations of the culturally sensitive services they should be receiving than any other BME group.

"These are not needs, they are musts. Its ultra orthodox, its religion" (Jewish female, 30-44)

While not comprehensive, the list of expectations included:

<table>
<thead>
<tr>
<th>Need / Essential</th>
<th>Nice to have</th>
<th>Ideal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partition sliding doors (separate men from women at certain times)</td>
<td>Jewish law to wash hands afterwards outside WC so a sink is needed outside</td>
<td>Study area for men</td>
</tr>
<tr>
<td>Bedrooms should be bigger to accommodate 2 beds (men and women should sleep apart at certain times)</td>
<td>To put concrete in garden for a succah</td>
<td></td>
</tr>
<tr>
<td>Big kitchens for large families for big freezers and fridges</td>
<td>Large garden</td>
<td></td>
</tr>
<tr>
<td>Two sets of cooking utensils</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 sinks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Big dining room for big families and guests to stay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Larger garden to build a succah (need to add an explanation/definition)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bigger living rooms (families spend a lot of time together)</td>
<td></td>
<td></td>
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</table>
The Jewish female group had many culturally sensitive requirements and expectations as the following quote demonstrates:

“We are very attentive to our religion. It’s not a choice. We have many needs because of this” (Jewish female, 30-44)

This group also reported close relations and communication with their Jewish specific housing association.

“I know my housing association and the staff very well. They are orthodox also you know. They know us and we know them. It’s good” (Jewish female, 30-44)

Therefore, out of the sample for this research, it was only the Jewish female group who were able to articulate, in real terms, what CSS were and how, in practice, they were delivered.
7 Housing associations

Summary
This section provides a detailed analysis of the outputs generated from our research with housing associations. Each sub-section addresses the following:

- The housing needs of BME residents as perceived by housing associations
- The ‘culturally sensitive services’ housing associations deliver
- Differentiating between housing needs and housing preferences
- The barriers holding housing associations back from delivering ‘culturally sensitive services’

7.1 Perception of BME housing needs

The majority of both BME and mainstream housing associations felt that there were very few fundamental differences in what BME and White British residents wanted from their housing situation. The housing associations perceived that, regardless of their ethnicity, residents wanted:

- a safe living environment
- good quality, adequately sized, housing
- housing providers who understood their needs and did their best to meet them

“I would say that, mostly, they [the housing issues facing BME communities] overlap or are the same as housing issues from non-BME communities. People looking for a decent home that is suitable for them and their family.”
(Mainstream HA)

“It’s not that our BME residents don’t have particular needs – they do. But generally in my experience a Somali man wants the same things from their housing as White women. Nice home that is comfortable for them”
(BME HA)

“...nobody’s demanding special treatment, they just want a service that is flexible enough to accommodate their needs.”
(Mainstream HA)

“It’s not just about one group wanting more than the other. Elderly Bangladeshi residents expect more in terms of repairs. Sometimes they can be quite unrealistic. But younger Bangladeshi residents are more understanding in terms of what we can do for them”
(BME HA)
However, although many of the housing associations felt the housing needs and issues of BME residents were, in many respects, similar to White British residents, there were a number of areas where they felt these needs and issues differed.

Whilst many housing associations said that overcrowded living spaces were the reality of many White British residents, it was felt by both BME and mainstream housing associations that because BME residents were more likely to have larger families, they therefore experienced a higher degree of overcrowding. It should be noted, however, that BME housing associations cited overcrowding for BME residents more frequently than mainstream housing associations. Furthermore, this issue varied according to the different BME groups, with some housing associations observing that certain BME groups were more affected by overcrowding than others because they tended to have larger families.

"For White British, it may be people looking for two to three bedroom properties, sometimes four bedroom properties. Different BME groups are looking for larger accommodation than that. “(Mainstream HA)

"Those from black backgrounds tend to request and need slightly larger housing than the average. “(BME HA)

"We build and let four to five bedroom houses in…and that’s mainly aimed at Asian people with extended families. That’s not so strong in the Afro-Caribbean population. “(BME HA)

The general undersupply of social housing was another prominent issue raised by many of the BME and mainstream housing associations. However, BME housing associations were more likely to see this as a problem more directly experienced by BME groups.

"There is obvious more demand than supply. So lots of people are struggling to find accommodation that suits their needs. But the lack of affordable social housing is having a tougher impact on some of the BME groups, particularly the Black communities“(BME HA)

Many housing associations, but in particular BME housing associations, felt that personal safety and secure housing was of greatest concern to their BME residents. One possible reason for this was because BME groups were more likely to live in deprived inner city areas where there was a greater degree of crime and anti social behaviour.

"Disproportionately to white residents, black residents because they live in the poorer neighbourhoods, they have more of the anti-social behaviour and general deprivation in their surroundings.”(BME HA)

BME residents could also be affected by racial problems / racism. One mainstream housing association described how there had been “incidents” with a “racial tone” between Indian residents and Somali residents because some of the Indian community perceived that Somalis were receiving prioritisation in housing.
Another area where housing associations felt there were differences between BME and White British residents’ needs and issues was in relation to understanding cultural needs and preferences. It appeared that BME housing associations were more likely than mainstream housing associations to have a greater understanding and knowledge of their BME residents’ religious and cultural needs. One possible explanation for this could be that although many housing associations employed mixed-ethnicity staff to match that of their residents’, this practice seemed to be more developed in BME housing associations whose staff may have often lived in the community.

"Eighty per cent of our staff is BME that is similar or identical to where our residents come from, whereas non BME housing associations do not have that.”
(BME HA)

"A lot of our staff is Asian, so for Asian people we usually have the language in our staff to deal with that..."(BME HA)

"People that have problems with houses of if there’s a pattern or trend of housing issues within that community, or staff know it through their family contacts and their friends. “(BME HA)

It could, however, be argued that BME housing associations may have had a greater understanding of their residents’ religious and cultural needs because they have, by their very nature, a specific focus and purpose.

However, whilst BME housing associations’ knowledge may have been better than mainstream housing associations, this did not automatically and necessarily translate to the service delivery from BME housing associations being better. This was largely because issues such as lack of resources impacted on the type and level of services that both types of housing associations offered.

Many housing associations, particularly BME housing associations, acknowledged that their residents may be affected by multiple needs and barriers such as disability and age.

"People seem to have multiple need, they could be from a particular ethnic group but they’re also disabled...”(Mainstream HA)

"Most of my residents have more than one issue they need help with. We generally house Irish men, who tend to be in their forties or fifties, and young Black women. Nearly all our Irish male residents have been homeless, some for many years, are alcoholics or have been, and they often have a mental disability like anxiety and depression. These are very vulnerable people...the situation is no easier for our young Black ladies. Many have children and are finding it difficult to cope and many are in the situation they are in because they have left violent partners. Building trust in such circumstances is a very difficult thing to do”(BME HA)

"We have quite a lot of elderly Indian and Black African residents at the moment. A lot more than before. These residents do require a lot of support like help with
There was a perception amongst some housing associations that some BME residents, single young BME residents in particular, had unreasonably high expectations of where they should be on the housing waiting lists. Similarly, some housing associations felt that some BME residents, in particular those with families, had unreasonably high expectations of the maintenance and repair services they received from their housing association.

"I would say some [residents] are more demanding than others. I have quite a few African women who aren't very realistic to be honest. They are single people expecting to be housed before people with children”(Mainstream HA)

"We try our best to get repairs done as quickly as possible. I think it's important. But I have had a number of occasions where some Asian residents have expected to have a repair done within 48 hours which is unlikely unless it's life-threatening or very dangerous”(Mainstream HA)

"...there's a high dependency culture amongst some BME groups, it may have something to do with their previous experience as Council residents“(BME HA).

In addition to some of their residents having a limited understanding, some housing associations, but in particular mainstream housing associations, felt that 'unreasonable demands' and expectation levels were related to a growing dependency on official services amongst socially disadvantaged groups.

"My overall impression having done this job for the best part of 20 years is that people are generally more unreasonable in what they expect from us. Its dependency culture gone mad. Nothing is their fault it's always someone else's. People think about what they should be getting not what they can do themselves”(Mainstream HA)
7.2 Culturally Sensitive Services

When asked, most housing associations felt that they did offer culturally sensitive services to some degree.

Below are some examples of culturally sensitive services documented by the housing associations included in this research:

<table>
<thead>
<tr>
<th>Culturally sensitive services</th>
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<tbody>
<tr>
<td>• Providing suitable accommodation based on household size</td>
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<tr>
<td>• Trying to house BME residents in locations of their choice (e.g. near people they know)</td>
</tr>
<tr>
<td>• Prioritising requests for housing transfer from BME residents who are been racially abused</td>
</tr>
<tr>
<td>• Home help for the elderly</td>
</tr>
<tr>
<td>• 24 hour support for most vulnerable BME residents</td>
</tr>
<tr>
<td>• Language support (including translation and interpretation services)</td>
</tr>
<tr>
<td>• Providing community centres for BME residents to socialise</td>
</tr>
<tr>
<td>• Organising multi-cultural festivals and events to improve levels of integration</td>
</tr>
<tr>
<td>• Identifying appropriate social service agencies to help support them with other needs (i.e. mental health problems, domestic violence, substance rehabilitation units, alcoholics anonymous etc)</td>
</tr>
<tr>
<td>• Child care services and support for vulnerable BME groups (e.g. single teenage mothers)</td>
</tr>
<tr>
<td>• Trying to ensure that some Asian families are not housed in accommodation with open plan kitchen/living areas.</td>
</tr>
<tr>
<td>• Financial advisory services for BME residents who need help managing their finances</td>
</tr>
<tr>
<td>• Drop-in centres where BME residents can discuss specific problems with housing association staff (e.g. problems with racism)</td>
</tr>
<tr>
<td>• Having staff who are from the same background as residents</td>
</tr>
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</table>

However, many mainstream housing associations did not regard culturally sensitive services to be an important part of their service delivery due to their perception that, depending on the BME groups that they accommodated, there was a generally low demand for these services.
"What you call culturally sensitive services are provided. But I wouldn’t say they are a big part of what we do. The truth is that the demand isn’t really there. In my experience, BME residents are self-reliant. They help one another out.”
(Mainstream HA)

"We are a member of Language Line and so obviously help people when they issues understanding our information. That is probably our main type of service”
(Mainstream HA)

In addition, many mainstream housing associations took the approach of “tailoring” their services to the individual needs of residents. This meant that although the housing associations may indeed have been providing culturally sensitive services, they were not necessarily acknowledging and labelling them as such. One mainstream housing association participant was unable to think of any culturally sensitive services that his housing association offered because he hoped that the services were culturally sensitive in the way that they were delivered rather than what they are. He gave the example of his housing association not having a specific service where female housing officers make home visits but if a tenant requested that they didn’t want a male housing officer in their house whilst their husband wasn’t present, because of religious reasons, the housing association would accommodate this.

“...tailoring the service to meet the individual needs.”(Mainstream HA)

"We provide services that are tailored to what the individual resident wants. Sometimes this involves something related to a persons culture – like help with language or whatever – but most of the time this is not the case” (Mainstream HA)

In contrast, BME housing associations appeared to be more ‘self consciously aware’ that they were providing culturally sensitive services.

"Because we’re a black organisation, we’re pretty sensitive to cultural and religious practices so we’d always be aware of when it was Eid [for Muslims] or Diwali for Hindus.”(BME HA)

"We’d understand that if you’re trying to get some community thing during Ramadan, it’s probably not a good idea because people are fasting through the day and probably don’t have a lot of energy.”(BME HA)

"It’s what we are all about. If we weren’t focused on finding out about the housing and cultural needs of BME residents, we would be without a function”
(BME HA)

The approach seemingly adopted by some mainstream housing associations would seem of little importance, i.e. catering for cultural and religious considerations when requested by the resident. But this displacement – the reducing of cultural and religious requirements to the same status of any other request – appeared to have some negative practical consequences.
"All housing associations have a BME strategy. But I doubt many have a thorough understanding of it. Even here [their own HA], it’s more of an add on to what we should be doing” (Mainstream HA)

Overall, it appeared that, because of their specific BME focus, BME housing associations were able to deliver a broader and more diverse set of culturally sensitive services than mainstream housing associations and were also more “proactive” than ‘reactive’.

"We are extremely proactive and receptive. If we can provide a service to our BME residents we will. We try and match the resident to a suitable sized property; we have relocated residents because they wanted to be nearer relatives; language support; we provide a daily community centre for residents to socialise with one another. But this is just the basics of what we do really” (BME HA)

"It depends on what the communication is, some we’ll translate proactively, mostly we’ll just wait for people to ask us.” (Mainstream HA)

"My organisation represents a wide range of people from many different backgrounds, ethnic, religious. These include Indian and Black Caribbean residents, Somali’s and increasingly Polish folk. There has been trouble between the various groups – particularly Indian and Somali – so we have just started a multi-cultural community scheme, which tries to bring these communities together, so they can understand one another and get to know about each other. It’s risky but necessary” (BME HA)

However, although the culturally sensitive services offered by the majority of mainstream housing associations appeared overall to be more limited than those offered by BME housing associations, particularly in relation to the extent to which mainstream housing associations proactively offered services, some mainstream housing associations were very proactive and provided a range of different services to their BME residents.

"Meeting the needs and to some extent the preferences of the Black and Asian men, women and families we house is something my team and I take very seriously. I am often out and about in the community listening to what people have to say. It’s the only real way to know what it’s like at the ground level as it were” (Mainstream HA)

"Yes, we provide many services, often related to a resident’s cultural requirements. These range from placing them in areas they prefer to live to offering information support should they need it either because of literacy issues or having to pay back their rent arrears of whatever. We try to do whatever we can” (Mainstream HA)

Nevertheless, the differences in the provision of culturally sensitive services, and to an extent the subsequent service delivery, between mainstream and BME housing associations appeared to be
related to the way in which the respective housing association types perceived their function as housing providers to BME communities.

Many BME housing associations perceived themselves as caring for the general well-being of their residents and extending their services beyond a more limited housing service remit. Most (if not all) BME housing associations provided numerous examples of services they provided, some that were specific culturally sensitive services, that met the very specific and acute needs of a BME resident. Three brief examples are given on the following pages:

**Family A**

One BME housing association documented the case of a Black African (Somali) family (Family A) who they had recently assisted. The family consisted of a mother, father and their two teenage sons. They had moved to England from Somalia in order to "find a better safer life where they could enjoy life".

Family A were originally put into temporary accommodation, which was "not very nice but was all we really had that was even nearly suitable", while more stable accommodation could be located for them. It was a small two bedroom flat situated in an almost entirely white area. "Not only was the flat not suitable, it was clear that the area was probably not the best for them". The family experienced racism from many people. On at least one occasion their windows were broken and on another occasion one of their sons was beaten up. Not surprisingly they felt "very isolated".

In order to remedy the situation the BME housing association did a number of things. First, they provided this family with a contact number for a member of the housing association staff for support if they needed it. Secondly, they sought to re-house the family "as quickly as we could" to an area where other Somali’s lived so they could feel more at home, which they did. Thirdly, they provided language support so they could understand official documents and integrate themselves more quickly into British life. Fourth, they helped the father identify possible employment and supported him in this process.
Mr B

One BME housing association spoke of Mr B, an Irish man in his late forties. When they met him, he had been homeless on and off for 15 years since losing his family and job as a result of alcohol and drug addiction, which had led to him spending time in prison.

The HA spoke of "many different organisations and services trying and failing" to get Mr A off the streets and into some kind of normality with somewhere to live. When they met him he appeared to have little understanding of who he was and had no official documentation to verify his identity. He was also "extremely resistant to official services and the idea of being looked after. "...He didn't want help but was obviously in need of some assistance".

This was three years ago. After a long process of “winning his trust” they were originally able to offer him temporary accommodation and have since found him a secure flat "where he is now beginning to build a future”.

The housing association not only housed him, they helped him combat his alcohol and substance abuse putting him touch with the right services and attending sessions with him, helping him get other official documents and services (i.e. birth certificate; registering with a GP etc) and put him in contact with other Irish men who have had similar issues and concerns.

Mrs C

A BME housing association in London offered many examples of having provided specific services to meet the needs of BME residents.

One example was the help and support they offer to "vulnerable women who have suffered from domestic violence or abuse in the past". One recent example was that offered to a "young Asian girl suffering from domestic violence".

Mrs C was "in her early twenties" living alone with her husband. She had been abused and assaulted by her husband since they were married a couple of years previously. She had tried to leave the home they shared on a number of occasions, which exacerbated the situation.

Mrs C finally escaped and found refuge at a centre for women suffering from domestic violence who then acted as an intermediary between Mrs C and the housing association. When they met Mrs C they said "she was very shaky, nervous and always looked at the ground”.

The BME housing association in question worked very hard to give Mrs C the kind of housing, support and security she needed. They found a flat in a "secure location monitored by wardens" for her in an area close to members of "her preferred community", they helped her move in, put her in touch with local support services for women suffering from domestic violence, provided her with a case worker to work out her housing needs. This case worker still maintains close relations with Mrs C.
These examples demonstrate, to some extent, that BME housing associations appeared to be involved in the lives, and general welfare, of their residents and, according to their own admissions, frequently went beyond the scope of housing provision.

Overall, many housing associations experienced a low demand for language translation and interpretation. For example, one mainstream housing association participant said that:

“One of the things that we don’t tend to get too many issues around is language… I mean we have a pretty extensive interpretation and translation policy and services, I mean they’re well advertised…I mean we’ve got fifteen thousand properties and I get eight [translation requests] per year…” (Mainstream HA)

One reason put forward by both types of housing association for the low demand for language support services was that many residents from the ‘traditional’ BME communities were second and third generation Britons who did not require language support. Those residents from ‘traditional’ BME communities who did require translation and interpretation tended to ask members of their family to assist. This situation was, however, different for housing associations who housed newer migrant communities from Eastern Europe and whose English was sometimes very limited.

“Nearly all the people we house are Black Caribbean, Indian or Pakistani. They’re language is simply not a problem” (BME HA)

“Most of the BME residents that we work with are British and there will be a difference between what they need, or the way they need their services delivered, to people who haven’t been living in this country all their lives.” (Mainstream HA)

There was a common perception among the mainstream housing associations that meeting the housing needs of newer migrant communities, specifically those from Eastern Europe, was their top priority. This was due to the perception that newer migrant communities had greater housing needs.

“I think there is little doubt that the ground is moving in this area. Emphasis has shifted to how we are all going to house our new residents from Poland and other Eastern European countries. The reality is they have greater needs. They don’t generally speak good English for a start” (Mainstream HA)

“It is quite clear that in the past two to three years, the housing needs of more established BME communities in the UK have become less important. It is the situation we face as a housing association who houses Irish and Black individuals” (BME HA)
7.3 Differentiating between housing needs and housing preferences

The vast majority of housing associations saw themselves as providing housing and services that met residents’ needs rather than their preferences.

“At the end of the day, we are here to make sure people have a roof over their heads, something to eat and somewhere warm to sleep at night. This is the bottom line for us” (BME HA)

“Where we can we try to meet what people want. But generally this comes after their needs have been met” (Mainstream HA)

Some housing associations had a formal process in place to assess the needs of their residents.

“We have standard guidelines and points system that allows us to assess the need of the applicant or resident. This is how we generally make such judgements” (Mainstream HA)

However, other housing associations did not appear to have a formal way of differentiating between housing needs and housing preferences, as the following quotes illustrate:

“It’s very difficult. We don’t have any formal way of making such decisions. It’s often done at the discretion of the housing officer dealing with the case” (Mainstream HA)

“I’m just trying to think of a hypothetical, if someone said I need to move ‘cos I want to live near a Mosque, say, then our systems don’t have any kind of priority for wanting to live near a place of worship or anything like that so that would have to be, kind of, taken on a discretionary basis…” (Mainstream HA)

Some BME housing associations were less likely to see a clear dividing line between housing needs and preferences, with some maintaining that housing need was determined ‘by the individual resident’.

“How do you separate them [needs from preferences]? Interpretations of need vary a great deal. I’m not sure it is right to tell people what their needs are, the residents themselves often know better than us” (BME HA)

Overall, most housing associations felt that it was becoming increasingly important to try and tailor their services to the preferences of their residents and the desire to better meet the needs of their BME residents.

“Unquestionably, there is a pressure to focus on not just meeting ‘the musts’ but ‘the would likes. It’s often a competitive market place” (Mainstream HA)

Engagement with residents was both formal and informal with housing associations employing a range of methods to engage with residents, such as: commissioning their own research; asking residents questions with which to populate their residents’ database; employing Tenancy Support Officers (or equivalent) who whilst not specifically focused on BME communities did help with
ethnically related issues; organising cultural events; sending out newsletters; holding housing association and resident’s meetings; organising multi-cultural events to encourage integration and community cohesion amongst residents.

"Formally, we have monthly meetings with the community groups, but informally our contact is everyday." (BME HA)

"...and for all our existing residents, we kind of ask everybody on a sort of routine basis and so we’ve built a profile of people with…what their first language is…we also go on to ask if people do want assistance...” (Mainstream HA)

Mainstream housing associations tended to focus on increasing the attendance levels of BME residents at meetings held between housing associations and residents and resident groups and associations, as BME residents tended to be underrepresented in such activity. Whilst mainstream housing associations felt that the number of BME residents attending these types of meetings was rising, they perceived that there was resistance from BME residents towards such involvement. Housing associations largely attributed this perceived resistance to BME residents ‘feeling uncomfortable in such environments’ and being ‘less confident’ than their White British residents.

This was very different from the experience of BME housing associations who claimed high resident attendance and engagement at public meetings and high representation on resident representative schemes. For example, two of the BME housing associations were established by residents to meet the needs of their community and are still run, to a large extent, by existing residents who sit on the housing association board.

7.4 Barriers

All housing associations identified barriers preventing them from meeting the housing needs of both their BME and White British residents.

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<th>Barriers</th>
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<td><strong>BME housing associations</strong></td>
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<tr>
<td>▪ Lack of influence</td>
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<td>▪ Dependence of cooperation with external sources</td>
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<td>▪ Very small budgets</td>
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<td>▪ Difficulty attracting external funding</td>
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<td>▪ Pressure to merge with larger HA’s</td>
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| **Mainstream housing associations** |
| ▪ Limited understanding of BME residents |
| ▪ Feel detached from BME residents |
| ▪ Lack of access to BME residents |

The majority of BME housing associations (if not all) spoke of a lack of resources and small work forces that restricted their ability to provide services to the extent that they wished. Related to this,
difficulty with obtaining funding from external agencies, which included the Housing Corporation, was also highlighted as a major barrier.

"We do a great job. The problem is that we can only reach out so far. I would love to do a lot more for our residents" (BME HA)

"The biggest problem for my organisation and many of the smaller housing associations I come into contact with is a sheer lack of finances to do what we want. In part, this is because we seem to find it very difficult to attract funding from housing bodies like the Housing Corporation" (BME HA)

Many BME housing associations considered the pressure to ‘keep their organisation afloat’ to be detracting from what they should be doing: meeting the needs of their residents.

"We are a small organisation, with very few staff, and the demand for our services is overwhelming. It just feels like we are trying to keep our heads above water. It’s the residents, who suffer in the end" (BME HA)

Amongst BME housing associations, there was also a perceived lack of influence over the social housing sector. This, it was contended, was a result of being “marginalised” and ‘outside of decision-making processes shaping the policy direction of the sector’.

"Our voice just isn’t heard. We can shout as loud as we like. I’m not sure anyone is listening" (BME HA)

"As an organisation we feel marginalised, unquestionably. We are just too small to be heard" (BME HA)

For the vast majority of BME housing associations, these barriers were directly related to being small organisations (i.e. having small stock sizes). Indeed, all of the BME housing associations had stocks ranging from 150 to 800 residents. By contrast, the mainstream housing associations had considerably larger stock sizes often ranging from 3,000 to 9,000 residents.

A few mainstream housing associations said that increased financial provision specifically targeted at BME residents would enable them to increase their service delivery. But, overall, mainstream housing associations were less likely to raise lack of money as a significant barrier.

"You can always do with more money can’t you? A bigger budget focused on our BME residents would be a great help. But you have to manage what you have” (Mainstream HA)

Size of organisation was also a problem for some of the mainstream housing associations. For many mainstream housing associations, a lack of communication and connection with their BME residents were listed as major barriers. Some related this directly to being large in stock size and potentially difficult to access as a result.

"Our major barrier is accessing our BME communities and communicating with them more effectively. I have worked in smaller associations and I definitely get
the sense that bigger organisations are seen as more intimidating” (Mainstream HA)

"I get told a lot that it can be difficult for people to find the right person to talk to here. This is a common complaint” (Mainstream HA)

Furthermore, the location of some mainstream housing associations was also considered a barrier, with some BME residents having to travel fairly long distances to get to the housing association.

"We are obviously close to some people. But I know others have to come out of their way to come and see us face to face. It’s quite difficult to have strong relationships with people you don’t really come into contact with that often” (Mainstream HA)

Some mainstream housing associations concluded that these barriers resulted in them having an inadequate understanding of what BME communities needed and wanted from their housing.

“If people feel distant and detached from us and if we don’t have the opportunity to speak with our BME residents clearly we are going to find it difficult to really know what their concerns and needs are” (Mainstream HA)

By contrast, the majority of BME housing associations felt that they had personalised contact with their residents. This was possibly as a result of BME housing associations being smaller in size than mainstream housing associations and also because BME housing associations were situated very closely to their residents, often within a very short walking distance.

“Like many of our staff, I am embedded in the community I work with. We offer an extremely personalised service with communication based on first name terms. They know where I live if they have an emergency out of hours” (BME HA)

Overall, BME housing associations were pessimistic about the prospect of overcoming the barriers they mentioned. They considered them to be almost fundamental problems that were very unlikely to be resolved or removed in the near future.

“I would like to say I am positive things will change. But I’m not” (BME HA)

“When you have been doing this job as long as I have you would know that the problems we have discussed are unlikely to go away anytime soon...that isn’t pessimistic, it’s being realistic” (BME HA)

However, the larger more mainstream housing associations were much more confident about overcoming the barriers they faced. Many outlined increased efforts and improvements in engaging and communicating with their BME residents as indicators of the reversibility of the current barriers they faced.

“Things are improving. Gradually we are getting the buy-in of a lot of the BME’s. It’s take a long time and lots of effort. But our efforts look to be making up some ground” (Mainstream HA)
Another issue that was raised by a few housing associations was that of Choice Based Lettings (CBL). The majority of housing associations considered CBL to be good in principle and endorsed the idea of opening up choice in the social housing sector.

However, there were differences in opinion with respect to the practical utility of CBL for BME residents. In the interviews with mainstream housing associations where CBL was mentioned, the actual impact of CBL was considered to be positive for residents of all ethnic backgrounds.

By contrast, the BME housing associations were very critical of CBL in practice. The reasons for this were summarised by one participant who argued that:

"Choice Based Letting has been a disaster. Those who champion it clearly do not know the everyday reality of the BME people we are dealing with on a daily basis. It assumes choice where choice doesn’t exist – try finding permanent accommodation for some of my African male residents. And it assumes that things are neutral and that everyone has equal access to information about the system, how it works and to go about it etc. But this is not the case. Access to information is a huge issue for our BME residents” (BME HA)
8 Conclusions and Recommendations

The overall aim of the research was to look at the provision of services that could be defined as culturally sensitive and determine the levels of provision in the sector, and examine the impact such provision has on meeting the needs of black and minority ethnic communities.

It is clear that services perceived as culturally sensitive by residents are largely unmet but not necessarily through a perceived lack of provision. Residents do not see the delivery of CSS by housing associations as a core function and residents would rather have essential housing needs met first. Indeed, where CSS is seen to be delivered by housing associations, there is a latent danger that these worthwhile efforts could easily be undermined by a few incidences of cultural insensitivity.

Residents tended to be critical of housing associations that appeared to be delivering allegedly non-essential, albeit nice to have, services such as translated leaflets, residents’ meetings and multicultural events instead of concentrating on what they felt were more pressing issues such as repairs and maintenance and overcrowding. That said, some housing associations recognised that property size, layout and ethnic matching of staff to resident were examples of CSS that also met residents’ essential needs.

So in order to take this research further and understand how housing associations can successfully deliver CSS in the future it would be worthwhile recapping on the current position of CSS delivery:

- CSS currently delivered by housing association
- CSS currently received by residents
- BME residents’ needs

Only by examining the current position, can recommendations for the future be made.

CSS currently delivered by housing associations

Many mainstream housing associations tended not to regard culturally sensitive services as an important part of their service delivery due to their perception that, depending on the BME groups that they accommodated, there was a generally low demand for these services.

However, a small number of BME specific housing associations offer culturally sensitive services. These services include:

- Providing suitable accommodation based on household size
- Trying to house BME residents in locations of their choice (e.g. near people they know)
- Prioritising requests for housing transfer from BME residents who are been racially abused
- Home help for the elderly
- 24 hour support for most vulnerable BME residents
- Language support (including translation and interpretation services)
Providing community centres for BME residents to socialise

Organising multi-cultural festivals and events to improve levels of integration

Identifying appropriate social service agencies to help support them with other needs (i.e. mental health problems, domestic violence, substance rehabilitation units, alcoholics anonymous etc)

Child care services and support for vulnerable BME groups (e.g. single teenage mothers)

Trying to ensure that some Asian families are not housed in accommodation with open plan kitchen/living areas.

Financial advisory services for BME residents who need help managing their finances

Drop-in centres where BME residents can discuss specific problems with housing association staff (e.g. problems with racism)

Having staff who are from the same background as residents

Are these CSS? I think the report should question the extent the need for these kinds of services are specific to culture?

Some mainstream housing associations took an alternative approach of “tailoring” their services to the individual needs of residents. This meant that although the housing associations may indeed have been providing culturally sensitive services, they were not necessarily acknowledging, made universally available or labelling as CSS.

CSS currently received by residents

This research found that essential housing needs were the priority for BME residents. As a consequence, until essential housing needs were met, culturally sensitive services did not appear to impact on resident immediate housing requirements. Indeed there would appear to be a mismatch between the CSS received by residents and that which is claimed to be delivered by housing associations.

Although not seen as a priority, some BME residents were able to describe certain services they were already receiving that could be defined as culturally sensitive. These were:

- Language support
- Housed to bigger property
- BME Community centres
- Help accessing social care services
- Public meetings to discuss BME specific needs
- Multi-cultural events
- Housed according to request
- Housed as a result of racism
• Housed to be nearer family and friends
• Drop in centre to support BME residents

**BME residents’ needs**

One of the most important findings to emerge from this research is the general lack of awareness of culturally sensitive service provision. Most participants in this research, regardless of ethnicity or the HA type, had little or no spontaneous awareness of CSS and their housing association’s role in providing these. All respondents required further explanation about CSS and how they could apply to housing association residents. Amongst BME residents there was also a lack of understanding of the term ‘culturally sensitive services’.

In addition to lack of awareness, some participants had low expectations of receiving culturally sensitive services as their current housing associations was not able to deliver basic services, such as quick repairs or housing in suitable locations. Thus underlining the point that CSS are only really appreciated by residents, once basic housing needs are met.

Although most BME residents were mainly concerned with delivery of their basic housing needs; examples of CSS provision were viewed as instances of extraordinary service provision. As these services were not expected, sometimes they had a greater impact on residents’ levels of satisfaction with their housing associations.

CSS were perceived differently by different BME groups. Although there was very little spontaneous awareness of CSS, once explained with examples, the general feeling was that culturally sensitive services were not necessarily the responsibility and remit of the housing association.

None of the Black Caribbean residents requested, needed or felt the need to be offered a culturally sensitive service. The same was also true of young Pakistani men.

Age was also an important variable with younger BME residents generally less in need of any additional or supplementary support than elderly members of their BME community. This can be seen with both the Black African groups.

In addition to the concerns of Black African residents, Indian men spoke of a greater need for language support for the older members of their community who may not be completely fluent in English.

Residents who held religious views were more likely than non-religious residents to request culturally sensitive services. Many of the requests were borne out of religious rules by which residents lived; therefore making these needs more quantifiable.

Unfortunately, while many BME residents did not specifically criticise housing associations for failing to meet their cultural or religious needs, examples or incidences of what BME residents’ perceived as ‘cultural insensitivity’ have been documented in this report.

Whilst not expecting CSS, BME residents did not anticipate housing associations to treat them with what they considered to be cultural sensitivity. The impact of perceived cultural insensitivity contributed to some residents’ feelings of being disenfranchised from their housing association and
thus diminishing BME tenant satisfaction. It should be stressed that cultural insensitivity could jeopardise the good work currently being conducted by some housing associations.

So how can housing associations deliver culturally sensitive services more successfully? Although this research did not focus on resident satisfaction directly; the way in which housing association delivered services, whether they are labelled CSS or otherwise, was pivotal to BME residents. Having examined the evidence above, housing associations need to concentrate on the delivery of essential services before offering additional culturally sensitive services.

**Concentrate on the basics**

Most residents were not concerned about receiving culturally sensitive services; they were still waiting for their housing association to meet their basic housing needs. Overcrowding and poor living conditions contributed to dissatisfaction and reduced levels of confidence residents had in their housing association to deliver essential and timely services.

In addition to a clear need to concentrate on meeting basic housing needs, residents highlighted the manner in which services were delivered as central to satisfaction. Evidence of cultural insensitivity when delivering standard services caused offence to some residents. Again, the lesson here is to ensure that the services offered by housing associations are delivered with respect for other cultures and faiths.