

Ethnicity and Older Age in the UK

A Centre for Policy on Ageing
rapid review

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Ethnicity

Ethnicity is a multi-faceted and fluid concept reflecting the combination of a number of factors including, country of birth, nationality, language spoken at home, ancestral country or region of birth, skin colour, racial group and religion. Ethnicity is self-assessed and can change over time and between generations. East European parents who might think of themselves as ‘White Other’, for example, may describe a child born in England and Wales as ‘White British’.¹

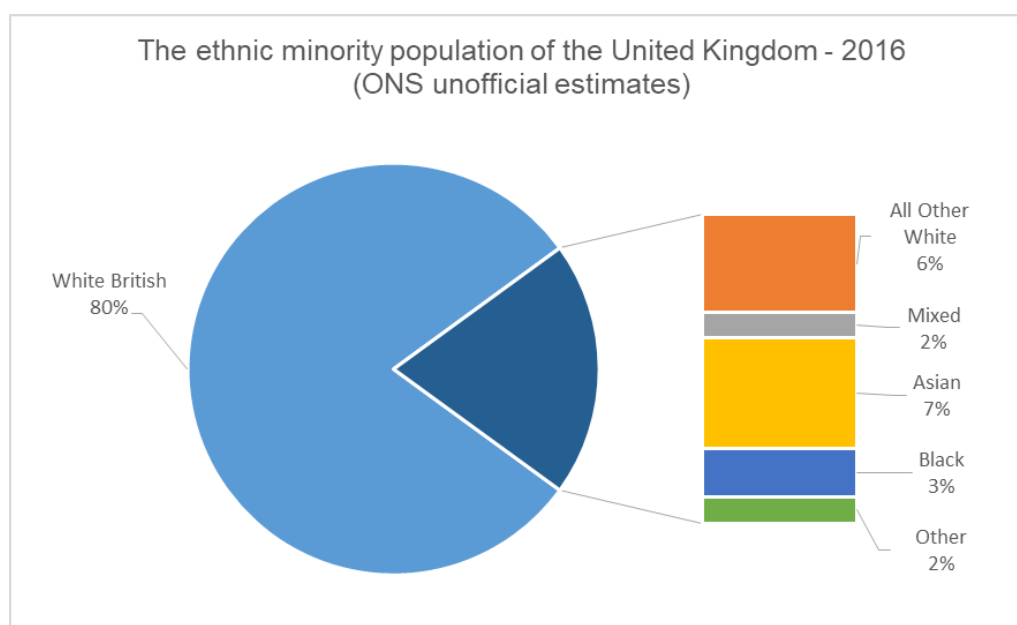
Granularity

The Minority Ethnic population of the United Kingdom is not homogeneous. The lived experiences of an older Black Caribbean person in Brixton are clearly not the same as those of an older person of Pakistani ethnicity living in West Yorkshire. Within the Black African ethnic group, the experiences of a Somali refugee may be very different from those of a Nigerian economic migrant. This raises the issue of ‘granularity’, how far is it necessary to drill down before findings become meaningful.

Ethnic groups in the United Kingdom

As of September 2021 the most up to date detailed picture of ethnicity in the United Kingdom comes from the 2011 Census. Revised figures from the 2021 Census will become available in 2023.

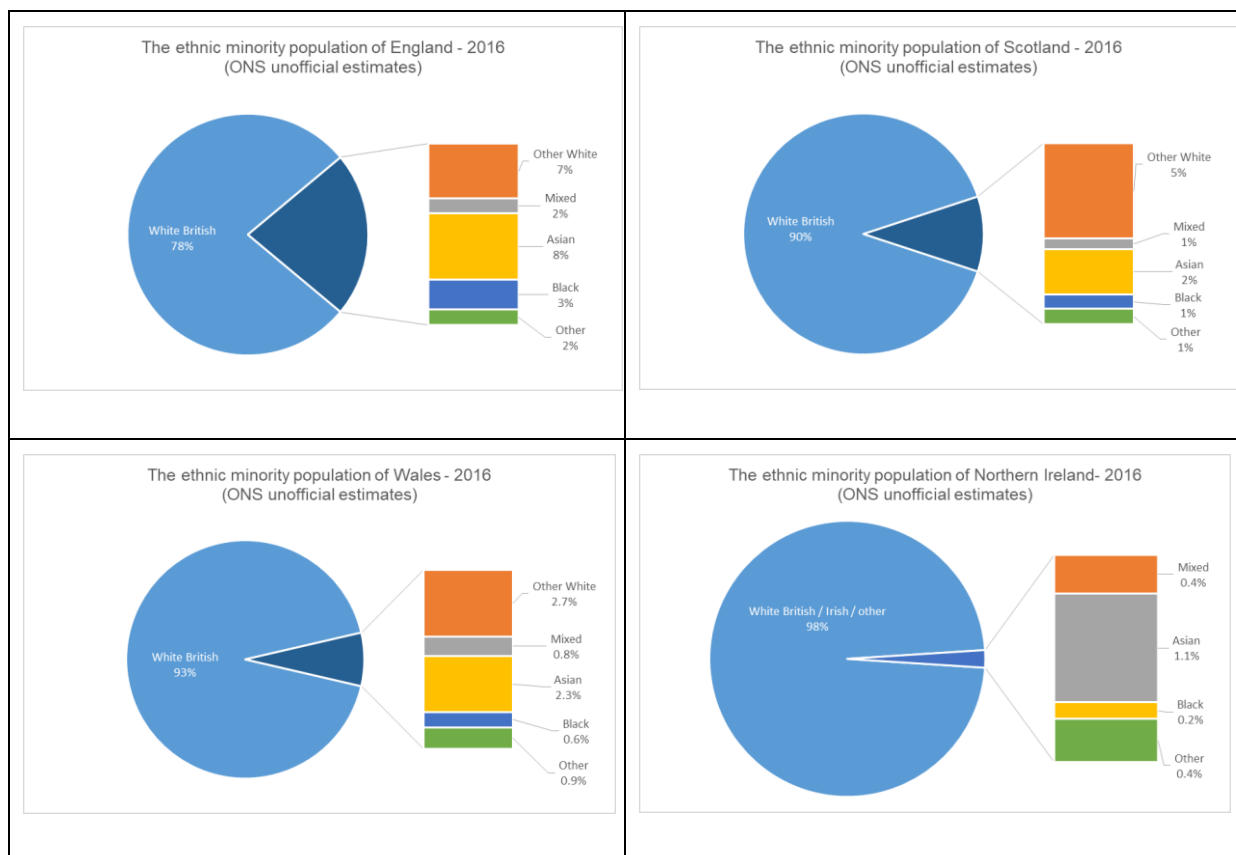
A partial picture of the distribution of major ethnic groups across the United Kingdom in June 2016, but not broken down by age, was created by the Office for National Statistics (ONS) as part of a research report published in 2017². They emphasise that these are not official population estimates.



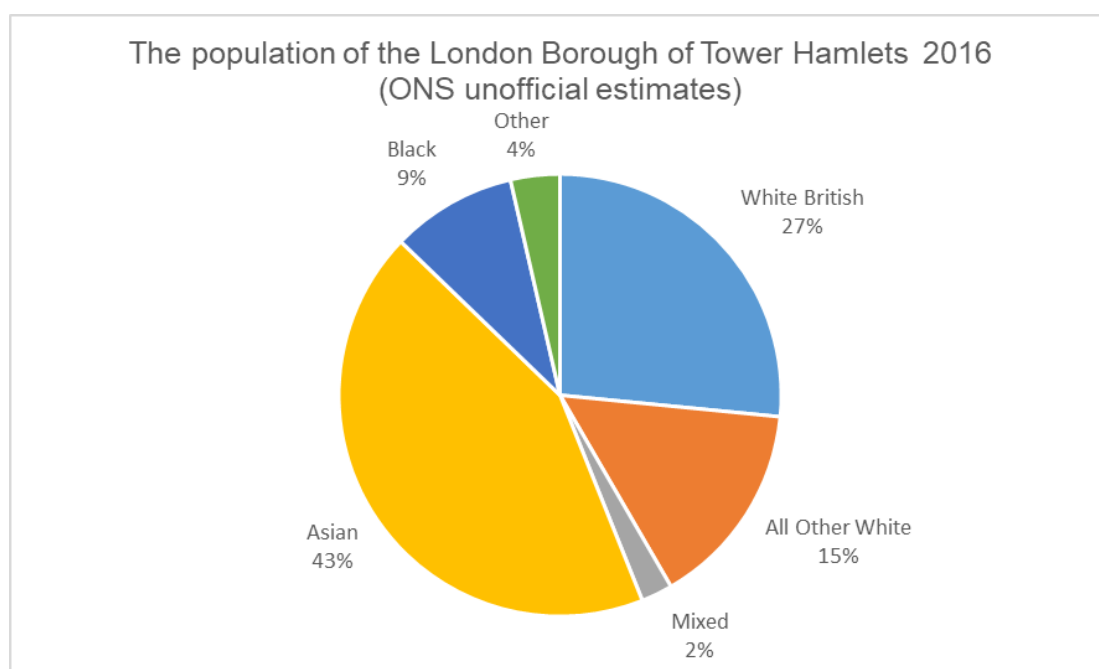
¹ Lievesley N, *The Future Ageing of the Ethnic Minority Population of England and Wales*, CPA / Runnymede Trust, 2010

² *Research report on population estimates by characteristics*, Office for National Statistics, August 2017

The 2016 estimates illustrate that England is much more ethnically diverse than the other countries of the United Kingdom.

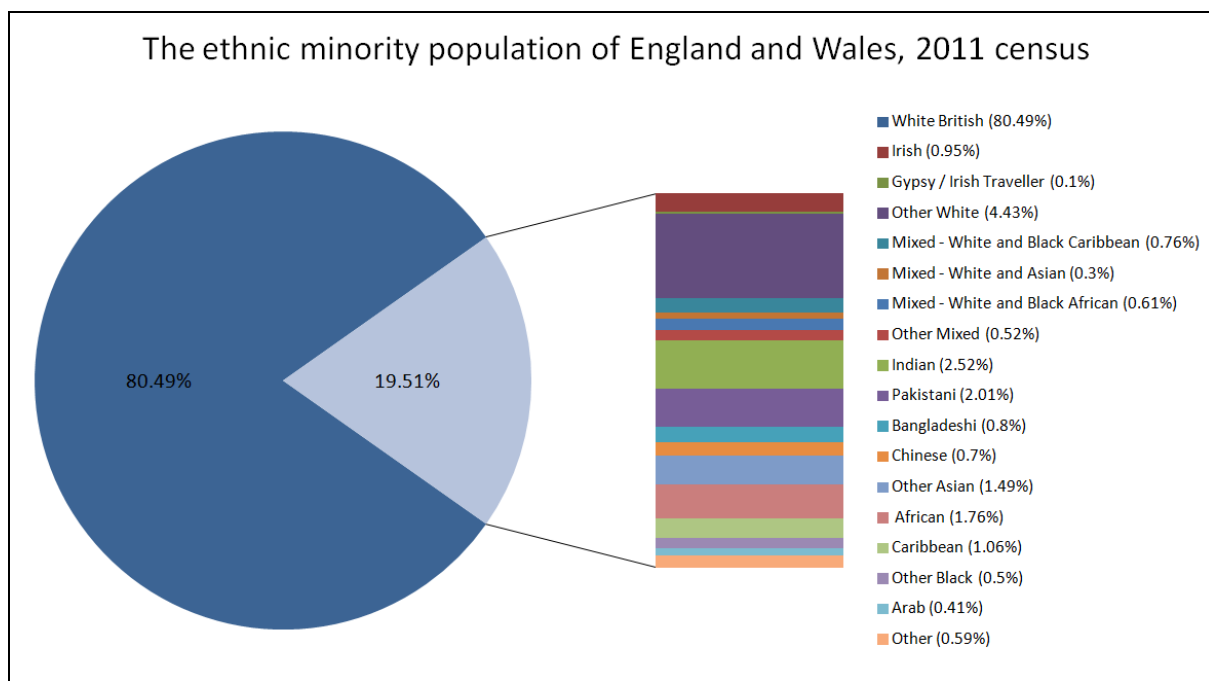


These national breakdowns of ethnicity in the UK can be misleading, as ethnic minority populations vary widely in type and proportion between localities within each country.



For example, in the 2011 census 31% of the population of the London Borough of Tower Hamlets were White British while 32% were of Bangladeshi ethnicity.³ The ONS 2016 unofficial estimates indicate that this tendency for individual ethnic groups to concentrate in particular localities is continuing. This means that the response to the needs of ethnic minority older adults has to be determined at a local level.

The 2011 Census for England and Wales identified 18 ethnic groups large and distinct enough for separate enumeration.



It should be noted that the UK census choice of main ethnic groups is different for England and Wales, for Scotland and for Northern Ireland.

As stated previously, ethnic minorities are not distributed evenly across the United Kingdom. The 2016 ONS unofficial estimates indicate that 97% of the non-white population of the United Kingdom lives in England and Wales so, for simplicity, we will focus on those countries.

Minority ethnic groups live predominantly in urban areas. In 2011 59% of the minority ethnic population of England and Wales lived in London or the urban conurbations of the West Midlands, Greater Manchester and West Yorkshire.³ More than half the population of London (55%) was minority ethnic.

Ageing and Ethnicity

With the notable exception of the White Irish and Black Caribbean ethnic groups, all minority ethnic groups in England and Wales are considerably younger, on average, than the White British majority.

³ *The ageing of the ethnic minority population of England and Wales – findings from the 2011 census*, Centre for Policy on Ageing, June 2013

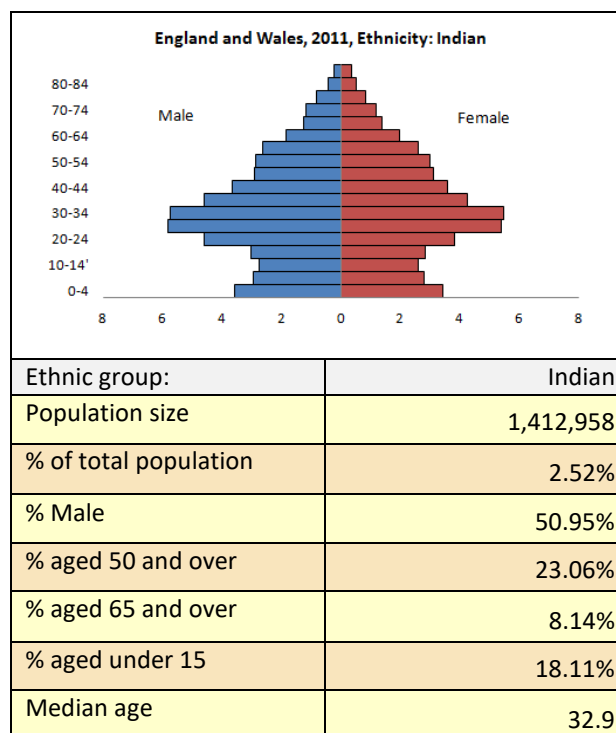
Ethnic group	Median age	% aged 65+
White Irish	53.4	31%
White British	42.5	19%
Black Caribbean	40.7	14%
Indian	32.9	8%
Other White	32.1	6%
Other	31.7	5%
Other Asian	31.6	5%
Chinese	28.7	5%
Black African	28.0	2%
Arab	27.5	3%
Gypsy / Irish Traveller	26.9	6%
Pakistani	25.8	4%
Bangladeshi	24.3	4%
Other Black	23.7	3%
Other Mixed	21.0	3%
Mixed: White and Black Caribbean	18.3	3%
Mixed: White and Asian	17.4	3%
Mixed: White and Black African	16.6	2%

2011 Census

The age characteristics of each ethnic group are best described by a 'population pyramid'.

Pyramids, summary statistics and brief notes for each ethnic group in the 2011 census can be found in Centre for Policy on Ageing's 2013 publication 'The ageing of the ethnic minority population of England and Wales – findings from the 2011 census'³ We include one example for people of Indian ethnicity.

The Indian ethnic group is the third largest in England and Wales and is also the second oldest non-white group after Black Africans. Nearly one half of people of Indian ethnicity are aged 33 and over and nearly one quarter (23%) are aged 50 and over.

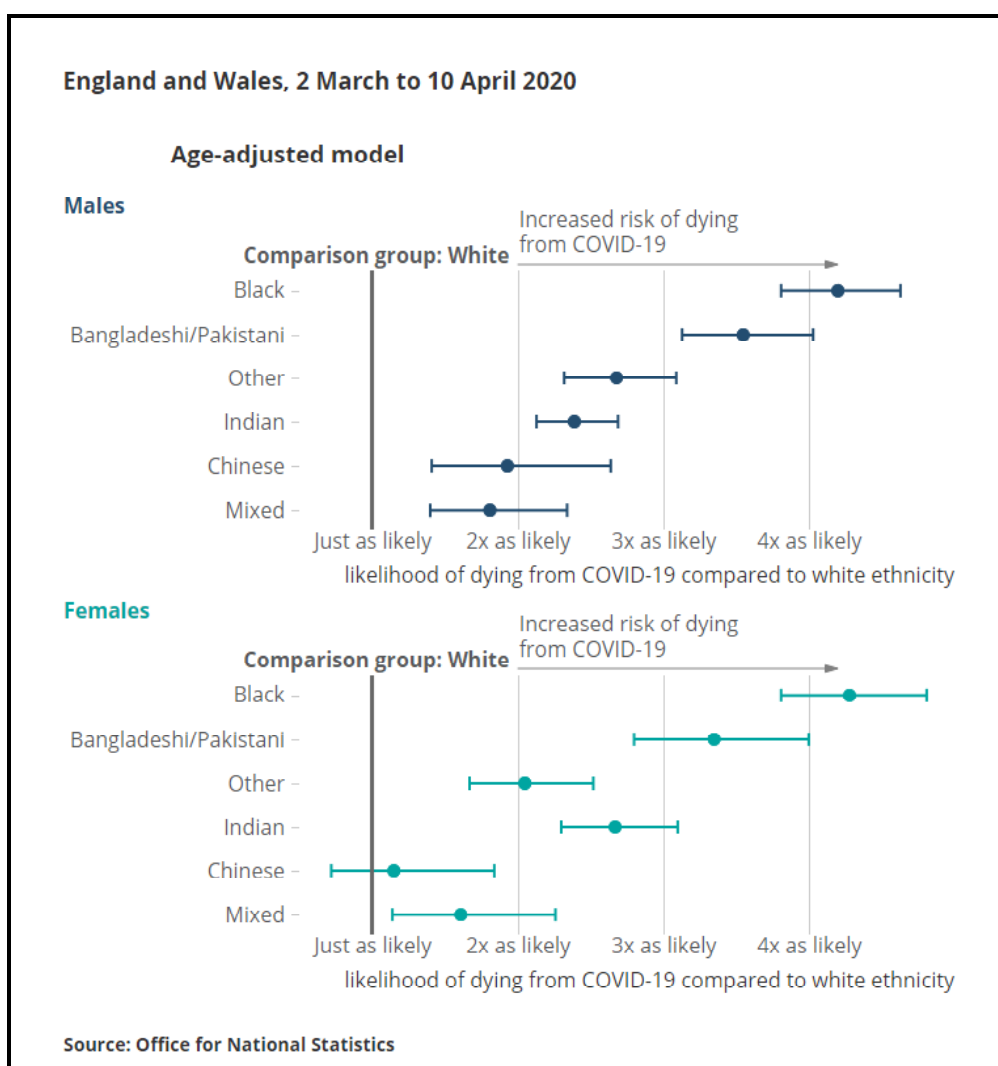


Health and Mortality

Although the prevalence and age of onset may be different, for the most part, the UK's older ethnic minority population experiences the same health issues as the majority white population. This is not always the case. One of the earliest and best known examples of a disease almost exclusively limited to ethnic minorities is Sickle cell disease. Sickle cell disease is the name given to a group of lifelong inherited conditions of haemoglobin formation. Most people affected are either of African or African-Caribbean origin or their descendants, although the sickle gene is found in all ethnic groups.⁴

Covid-19

More recently it has been noted, during the Coronavirus pandemic, that Covid-19 disproportionately affects minority ethnic populations in the UK. A 2020 ONS 'first wave' study found that, overall, after controlling only for age, Black males were 4.2 times more likely to die from a COVID-19 related death and Black females were 4.3 times more likely than White males and females respectively.⁵



⁴ National Institute for Health and Care Excellence, *Sickle cell disease: managing acute painful episodes in hospital*, June 2012

⁵ White C and Nafilyan V, *Coronavirus (COVID-19) related deaths by ethnic group, England and Wales*, ONS, May 2020

Ethnicity itself may not, however, be the main explanation. The cause may be other factors associated with ethnicity such as levels of general health, obesity, deprivation and overcrowding.⁶

A study of the health records of 17 million adults in England, after adjusting for a number of social and medical confounding factors such as age, gender, deprivation, locality, BMI and blood pressure, found that all of the broad minority ethnic groups were more likely than the White British majority to test positive for Covid-19 (South Asian +99%, Black +69%, Mixed +49%). The only exception was people of Chinese ethnicity who were less likely to test positive (-51%). Similarly, all minority ethnic groups, except those of Chinese ethnicity were more likely to be admitted to hospital and into intensive care.⁷

The table below shows that those of Bangladeshi ethnicity were more than twice as likely (+126%) as White British to die of Covid-19 in wave 2 of the pandemic in England in 2020 while ethnic Chinese were 30% less likely.^{7,8}

Risk of Covid-19 related death by ethnicity in England

Percentage difference in likelihood of death (compared with White British)		
	Wave 1	Wave 2
White British	0	0
White Irish	-8%	-31%
Other White	-9%	-4%
Indian	+29%	+84%
Pakistani	+3%	+94%
Bangladeshi	+29%	+126%
Other South Asian	+57%	+41%
Black Caribbean	+33%	-15%
Black African	+77%	-5%
Other Black	+61%	+8%
Mixed (All)	+41%	+24%
Chinese	+5%	-30%
Other	+26%	-3%

Wave 1 - Feb 1 to Aug 3 2020

Wave 2 - Sep 1 to Dec 31 2020

The first two waves of the Coronavirus pandemic in England occurred before population vaccination became widely available. Since then there is evidence of high levels of vaccine hesitancy in some minority ethnic populations. Data from the UK Household Longitudinal Study (Understanding

⁶ Sewell T (Chair) *Commission on Race and Ethnic Disparities: The Report, 2021*

⁷ Mathur R et al, *Ethnic differences in SARS-CoV-2 infection and COVID-19-related hospitalisation, intensive care unit admission, and death in 17 million adults in England, The Lancet, May 2021*

⁸ Naflyan V et al, *Ethnic differences in COVID-19 mortality during the first two waves of the Coronavirus Pandemic: a nationwide cohort study of 29 million adults in England, European Journal of Epidemiology, June 2021*

Society), gathered in November 2020, found vaccine hesitancy was high in Black (71.8%) and Pakistani/Bangladeshi (42.3%) ethnic groups, compared with 18% overall. Reasons why, when compared with the majority white population, include Black participants were more likely to state they 'Don't trust vaccines' (29.2% vs 5.7%) and the Pakistani/Bangladeshi ethnic group more frequently cited worries about side-effects (35.4% vs 8.6%).⁹

Cancer

Cancer is the commonest cause of death in England and Wales. The incidence and prevalence of cancer is however often greater in older age and ethnic minority groups are typically younger than the majority White-British population. Once this has been taken into account, there is evidence that certain cancers have a higher incidence in particular ethnic groups.¹⁰

Rates of myeloma and stomach cancer are higher among black ethnic groups and black males have higher rates of prostate cancer. For Asian ethnic groups, liver cancer is more prevalent and mouth cancer in females, as well as cervical cancer in the over 65s.¹⁰ Bangladeshi women and white men have the highest rates of oesophageal cancer while Pakistani men and women have the lowest. Black Caribbean men and women have the highest incidence of gastric cancer.¹⁰

Screening programmes are an important factor in the fight against cancer, but Minority Ethnic women, for example, have a low uptake of the National Breast Screening programme when compared to their White counterparts. Within minority ethnic groups, Black African women have the lowest uptake of screening services and are more likely to have an advanced stage of the disease at diagnosis. Possible reasons for not taking part include not being registered with a GP, uncertainty about the screening procedure and the efficacy of screening, the perceived risks involved and an overreliance on religious or spiritual interventions.¹¹

Diabetes

Type 2 diabetes is, for the most part, a disease of middle and older age. More than half of those registered with Type 2 diabetes in England in 2020/21 were aged 65 and over¹². It is however increasingly being diagnosed in younger overweight people, and it is known to affect Black and South Asian people at a younger age. Compared with those of White ethnicity (5.04%), the percentage prevalence of type 2 diabetes in the UK is higher in the Asian (7.69%) and Black (5.58%) ethnic groups, while lower in the Mixed/Other group (3.42%). After adjusting for differences in age group, sex, and social deprivation, all minority ethnic groups are more likely to have a diagnosis of type 2 diabetes compared with the White majority.¹³

⁹ Robertson E et al, *Ethnic and educational inequalities in COVID-19 vaccine hesitancy*, *Journal of Epidemiology and Community Health*, 2021

¹⁰ Qulsom F, *Cancer and black and minority ethnic communities*, *Race Equality Foundation*, 2018

¹¹ Bamidele O et al, *Exploring factors contributing to low uptake of the NHS Breast Cancer Screening Programme among Black African women in the UK*, *Diversity and Equality in Health Care*, 2017

¹² <https://www.statista.com/statistics/387343/individuals-with-type-2-diabetes-by-age-in-england-and-wales/>

¹³ Tra My Pham et al, *Ethnic Differences in the Prevalence of Type 2 Diabetes Diagnoses in the UK*, *Clinical Epidemiology* (11), 2019

Ethnicity has to be borne in mind when applying standard health indicators. Obesity is a major factor in the development of type 2 diabetes but body mass index (BMI), a key measure of obesity, can have a different risk indication for different ethnic groups. For the White majority population, an age and sex adjusted BMI of 30.0 kg/m² is considered a trigger for intervention, but for other ethnic groups, BMIs with the equivalent risk levels are 23.9 kg/m² for South Asians, 28.19 kg/m² in Black populations, 26.99 kg/m² for Chinese and 26.69 kg/m² for Arabs.¹⁴

Mental Health

According to the Mental Health Foundation,¹⁵ mental health issues worthy of note for minority ethnic communities include

- Black men are more likely to have experienced a psychotic disorder in the last year than White men
- Black people are four times more likely to be detained under the Mental Health Act than White people
- Older South Asian women are an at-risk group for suicide
- Refugees and asylum seekers are more likely to experience mental health problems than the general population, including higher rates of depression, anxiety and PTSD
- Irish people living in the UK, have much higher hospital admission rates for mental health problems than other ethnic groups. They have higher rates of depression and alcohol problems and are at greater risk of suicide

The Adult Psychiatric Morbidity Survey 2014, the most recently published version, finds that, contrary to what some may believe, Common Mental Disorders (CMD) such as anxiety and depression tend to be more common in working age adults than in older age. In men, the prevalence of CMD does not vary significantly by ethnic group, but in women, CMDs are more common in Black and Black British women (29.3%) than in the White British majority (20.9%), and less common in White non-British women (15.6%).

Access to treatment is an issue for minority ethnic groups. The Adult Psychiatric Morbidity Survey 2014 finds inequalities across age, sex and ethnic groups in access to treatment for mental health conditions. For Common Mental Disorders (CMD), including anxiety and depression, people who were Black, Asian, non-British White, or of mixed or other ethnicity were less likely to obtain treatment than those in the white British group. In addition, older people with CMD had the lowest rates of psychological therapy.

Dementia

A 2018 analysis of 2.5 million UK electronic health records to compare the 2015 incidence of dementia diagnosis in Black, White and Asian ethnic groups in the UK finds that, compared with

¹⁴ Caleyachetty R et al, *Ethnicity-specific BMI cutoffs for obesity based on type 2 diabetes risk in England*, *The Lancet, Diabetes and Endocrinology*, 2021

¹⁵ <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities> (Accessed September 2021)

White women, the incidence of dementia diagnosis is 18% lower in Asian women but 25% higher in Black women. For men, compared with the White group, the incidence of dementia diagnosis is 12% lower for Asian men and 28% higher for Black men.¹⁶

There is no cure for dementia but, through early diagnosis, some of the symptoms can be ameliorated. In the past, some GPs were reluctant to diagnose dementia.¹⁷ There is also evidence that some ethnic minority groups tend to underplay the existence of dementia ("We don't do dementia").¹⁸ In the 2018 study above¹⁶ it was estimated that just 42% of Black men developing dementia in 2015 were diagnosed, compared with 53% of White men.¹⁶ There is also evidence, following diagnosis, of the under-use, or late use, of dementia support services by ethnic minority groups, particularly Black African/Caribbean groups.^{19,20}

Life Expectancy and the 'Healthy Migrant' effect

Despite the problems mentioned above, before the Covid-19 pandemic, minority ethnic groups typically, and perhaps surprisingly, had a better overall life expectancy at birth than the majority White population.

In the period 2011 to 2014 in England and Wales, both males and females in the White and Mixed ethnic groups had poorer life expectancy at birth than all other ethnic groups, while the Black African group had statistically significantly better life expectancy than most groups.²¹ Although these particular findings are based on 'experimental' methods of data analysis²² they are not unique.

This 'mortality advantage' of ethnic minorities relative to the majority population, despite economic and social disadvantage, is also found in Scotland, in Hispanics in the USA and in various migrant groups across Europe.^{23,24}

Life expectancy at age 65 is a useful proxy for general health in older age. As for life expectancy at birth, the latest ONS data shows that, for both men and women, for the period 2011-2014, pre-pandemic life expectancy at age 65 was less for the white and mixed ethnic groups than for all other ethnic groups²¹

¹⁶ Tra My Pham et al, *Trends in dementia diagnosis rates in UK ethnic groups: analysis of UK primary care data*, *Clinical Epidemiology*(10), 2018

¹⁷ Centre for Policy on Ageing, *Ageism and age discrimination in mental health care in the United Kingdom*, 2009

¹⁸ Berwald S et al, *Black African and Caribbean British Communities' Perceptions of Memory Problems: "We Don't Do Dementia."* *Plos One*, 2016

¹⁹ Tuerk R and Sauer S, *Dementia in a Black and minority ethnic population: characteristics of presentation to an inner London memory service*, *BJPsych Bulletin* 39(4), 2018

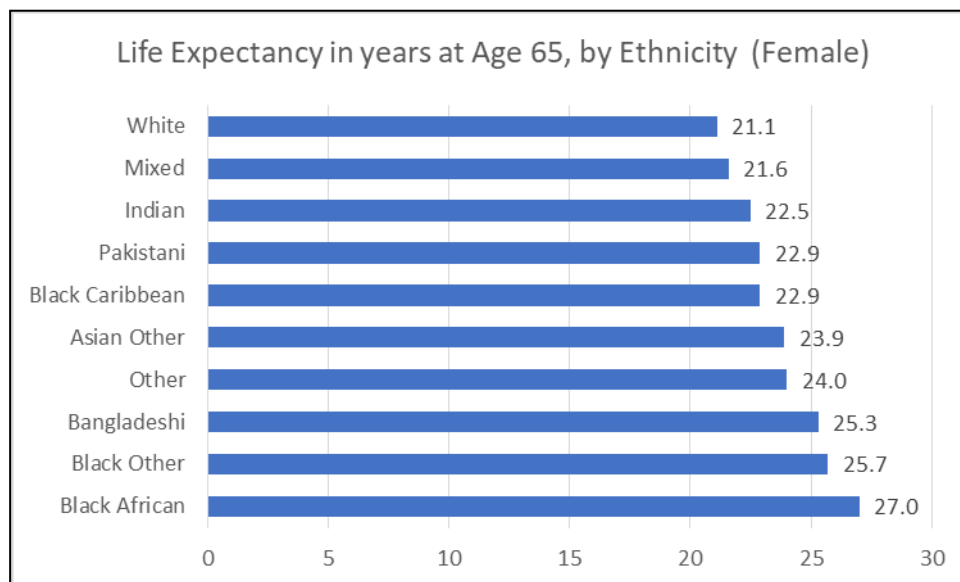
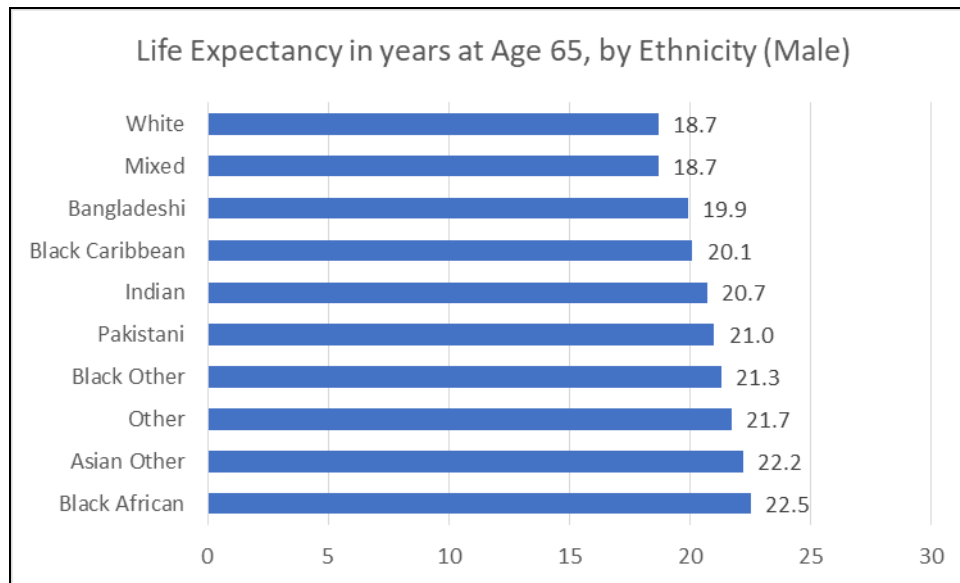
²⁰ Parveen S et al, *Perceptions of dementia and use of services in minority ethnic communities*, *Health and Social Care in the Community* 25(2), 2017

²¹ White C, *Ethnic differences in life expectancy and mortality from selected causes in England and Wales - 2011 to 2014*, ONS 2021

²² NHS Race and Health Observatory, *Ethnic inequalities in mortality rates and life expectancy in England and Wales: Why we should treat experimental statistics with caution*, July 2021

²³ Gruer L et al, *Life expectancy of different ethnic groups using death records linked to population census data for 4.62 million people in Scotland*, *Epidemiology and Community Health* (70) 12, 2016

²⁴ Cézard G, *Evidencing the gap between health expectancy and life expectancy for ethnic groups in Scotland*, *Quetelet Journal*, 2019



Not all minority ethnic groups are recent migrants to the UK but this ‘mortality advantage’ of ethnic minority groups is sometimes referred to as the ‘healthy migrant’ effect.

The King’s Fund reports that the adverse effects on ethnic minorities of the Covid-19 pandemic may, at least temporarily, have changed this picture. As noted on page 5, ‘the Covid-19 pandemic has had a disproportionate impact on ethnic minority communities, who have experienced higher infection and mortality rates than the White population. Geography, deprivation, occupation, living arrangements and health conditions such as cardiovascular disease (CVD) and diabetes may have accounted for a large proportion, but not all, of the excess mortality risk of Covid-19 in ethnic minority groups. Covid-19 has reversed the mortality picture for some ethnic minority groups who

now have higher overall mortality than the white population’.²⁵ The devastating effect of the COVID-19 pandemic on Minority Ethnic Groups has been summarised in a report by the Runnymede Trust.²⁶

Access to services

Ethnic minorities are commonly identified as under-users of health services. This is particularly true for mental health services with ‘culture’ being identified as the main cause through beliefs, stigma and perceptions of the service. Additional factors include a lack of awareness of service provision, language barriers, negative experiences of the service and difficulties in seeking help. It is suggested that there is a need to improve both information about services and access pathways.^{27,28}

It is recognised, both within the UK and internationally, that minority ethnic groups face barriers to accessing care for dementia. There is little evidence of lower rates of access overall²⁹ but there is evidence of delayed referral with the dementia being more advanced at the point of referral. Again religious and cultural beliefs are identified as a major cause.^{29,30}

Care and Support

Individual ethnic minorities in the United Kingdom are very different from each other in terms of cultural needs and expectations and ethnicities tend to cluster in particular areas of the UK. This means that appropriate care service provision has to be thought of very much at a local level.

The key concept is therefore ‘culturally competent’ or ‘culturally appropriate’ care, care that is sensitive to an older person's cultural identity or heritage, and alert and responsive to beliefs or conventions that might be determined by cultural heritage.³¹ “The key to appropriate services is not adapting existing services based on generalisations about ‘culture’ but providing culturally competent, personalised support that addresses individual needs alongside a systematic approach to remove barriers to race equality in the service.”³²

Sometimes the health or social care experiences of a black or minority ethnic older person are made worse through language rather than cultural differences. This is particularly true where an ethnic minority worker may have been joined by a partner, or parents, who later need care, and English is

²⁵ <https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england> (Accessed September 2021)

²⁶ Haque Z, Becares L, Treloar N, *Over-Exposed and Under-Protected – The devastating impact of COVID-19 on Black and Minority ethnic communities in Great Britain*, Runnymede Trust, 2020

²⁷ Nwokoroku S et al, *A systematic review of the role of culture in the mental health service utilisation among ethnic minority groups in the United Kingdom*, Global Mental Health, 2022

²⁸ Miller E et al, *Black and ethnic minority carers perceptions on mental health services and support in the United Kingdom: a systematic review*, Journal of Public Mental Health 20 (4), 2021

²⁹ Co M et al, *Access to health services in older minority ethnic groups with dementia: A systematic review*, Journal of the American Geriatrics Society 69 (3), 2021

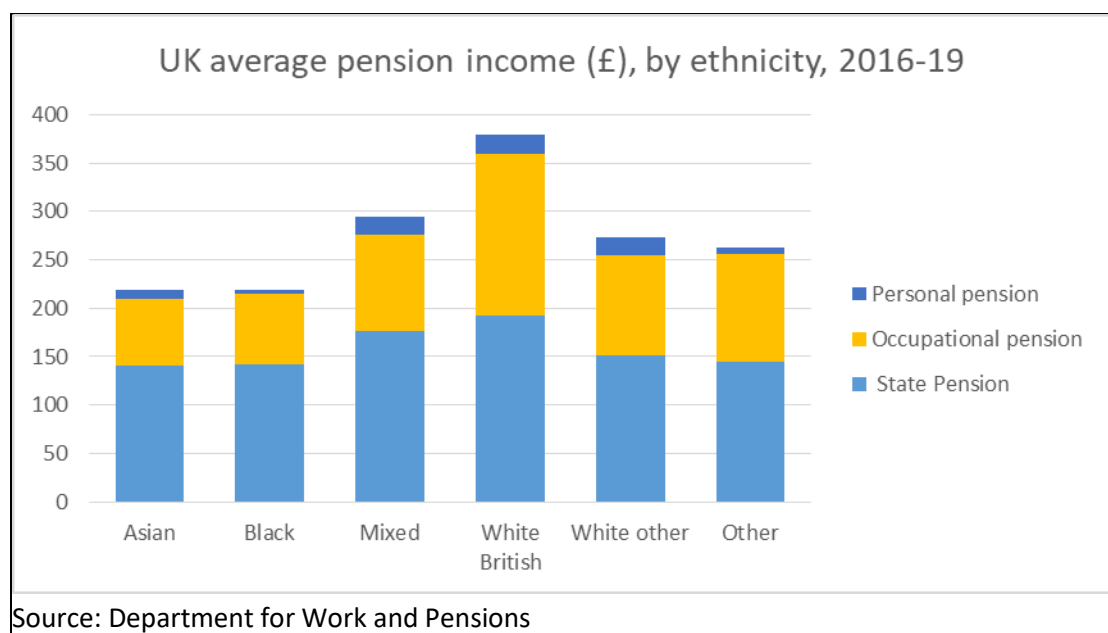
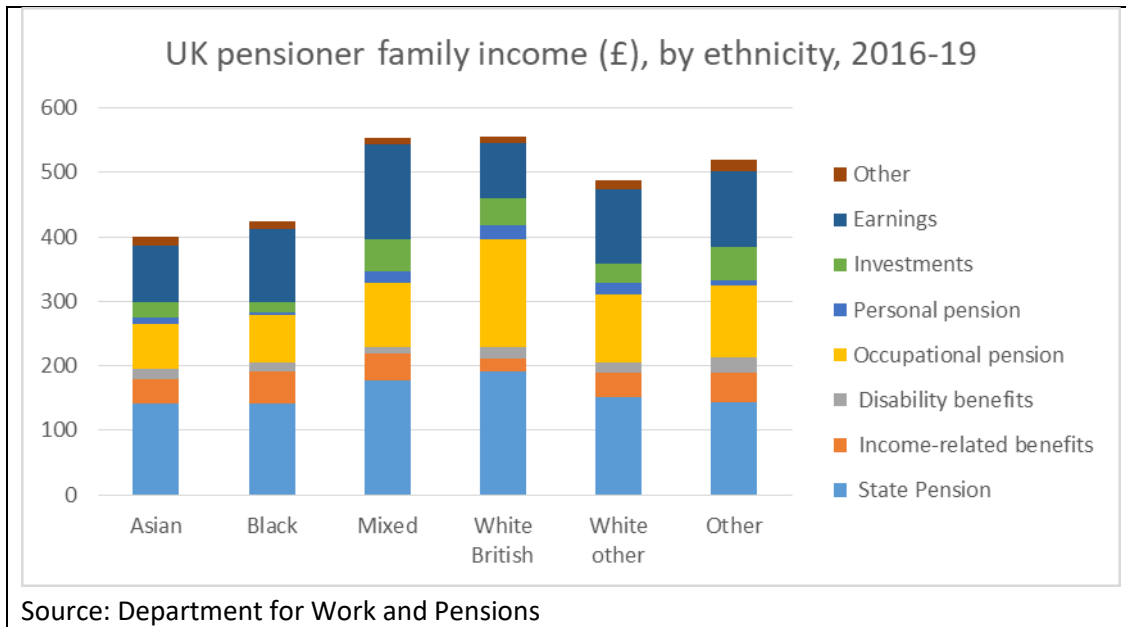
³⁰ Hossain M Z, Khan H T A, *Barriers to access and ways to improve dementia services for a minority ethnic group in England*, Journal of Evaluation in clinical practice 26 (6), 2020

³¹ <https://www.cqc.org.uk/guidance-providers/adult-social-care/culturally-appropriate-care>

³² Wilkinson L, *Improving social care services for black and minority ethnic people*, Ethnicity and Inequalities in Health and Social Care 2 (1), 2009

not the main language at home.³³ In the past, 'Advocacy' services, alongside the main service, have proved valuable.³⁴

Income and wealth in older age



Between April 2016 and March 2019, a UK pensioner family (a single person or a couple with at least one pensioner) received, on average, £548 a week in total income before deductions. White British

³³ Ellins J, Glasby J, "You don't know what you are saying 'Yes' and what you are saying 'No' to" - hospital experiences of older people from minority ethnic communities, *Ageing and Society* 36(1), 2016

³⁴ Ansari W E et al, *The role of advocacy and interpretation services in the delivery of quality healthcare to diverse minority communities in London, United Kingdom, Health and Social Care in the Community* 17(6), 2009

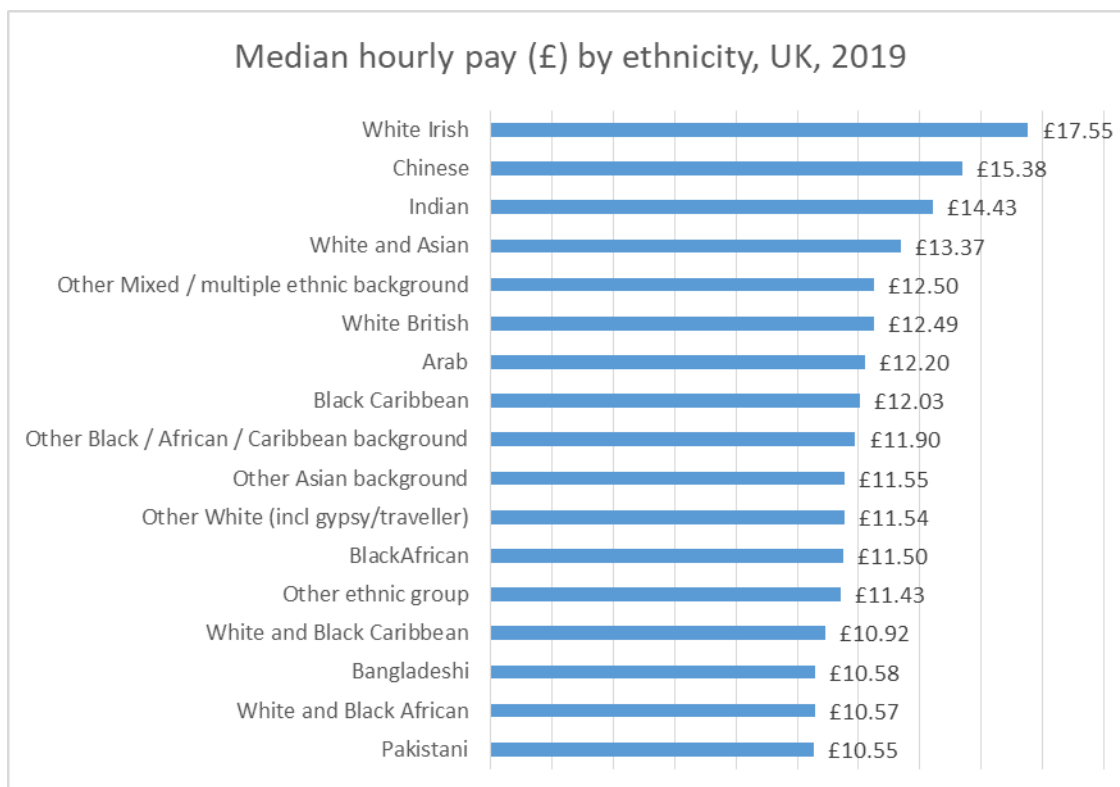
pensioner families had the highest average gross income (£556 a week) and were the most likely ethnic group to receive income from investments, occupational pensions and personal pensions.

Asian pensioner families had the lowest average gross income (£401 a week) and received the lowest income from occupational pensions.³⁵

Pensions

Ethnic minority pension levels highlight the issue of ‘granularity’. In this context broad ethnic groupings such as ‘Asian’ can mask significant variations. Within the ‘Asian’ ethnic group Bangladeshi and Pakistani people have much lower than average earnings, with a knock-on effect on future pension income, while the Indian ethnic group has higher than average earnings. In 2019, median hourly earnings for the Bangladeshi ethnic group (£10.58 per hour) and Pakistani ethnic group (£10.55 per hour) were 15.3% and 15.5% less than for White British employees (£12.49 per hour), while for the Indian ethnic group (£14.43 per hour) they were 15.5% higher.

Ethnic minority pension income in older age reflects lower levels of income during working life. In general, this ethnicity pay gap is larger for men than for women. In 2019, ethnic minority men earned 6.1% less than White men whilst the hourly pay of ethnic minority women was 2.1% more than White women.³⁶



Source: Office for National Statistics - Annual Population Survey

³⁵ <https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/pay-and-income/pensioner-income/latest>

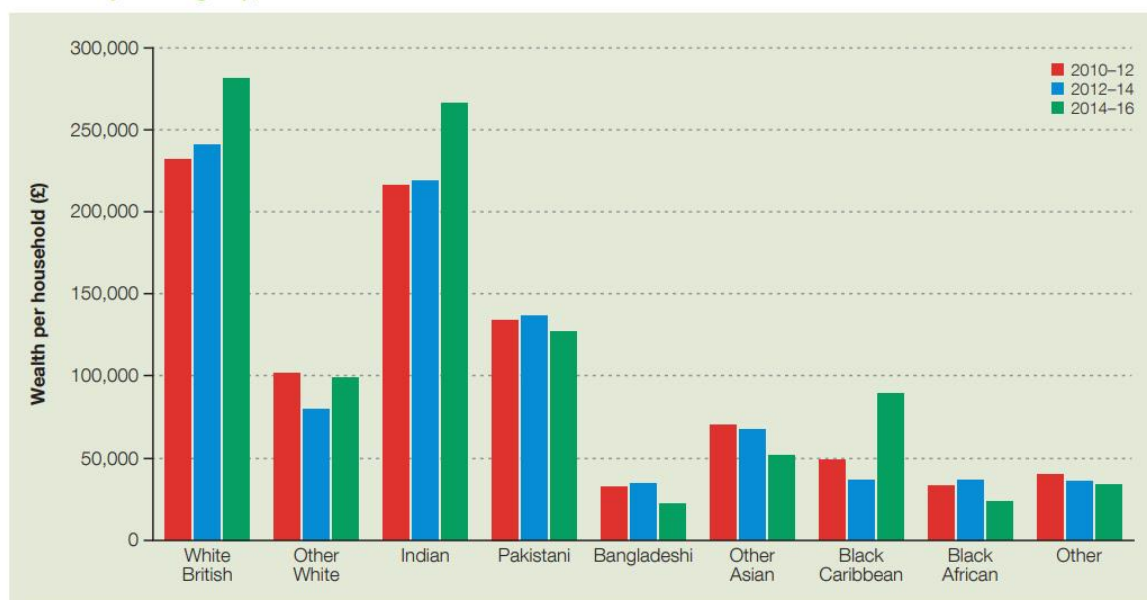
³⁶ Evans T, Office for National Statistics, *Ethnicity pay gaps: 2019, October 2020*

The relatively low value of the basic state pension means that, historically, occupational pensions have been an important element of pension protection in Britain. First generation members of ethnic minorities, in particular Other Whites, Indian, Pakistani, Bangladeshi, Other Asian and Other, are less likely to work for an employer offering an occupational pension scheme. Even where such a scheme is on offer, Pakistani and Bangladeshi ethnic minorities, in particular, are less likely to join,³⁷ a further factor leading to the relative financial disadvantage of some ethnic groups in older age.

Wealth

Disparities in income over a lifetime are also associated with disparities in wealth. It is argued that older, well established ethnic groups, for example White British or Indian, are likely to be wealthier than younger newer ethnic groups such as Bangladeshi or Black African, but the long established Black Caribbean ethnic group is also one of the least wealthy, leading us to seek other explanations.⁴¹

Wealth by ethnic group, 2010–16



Source: ONS Wealth and Assets Survey

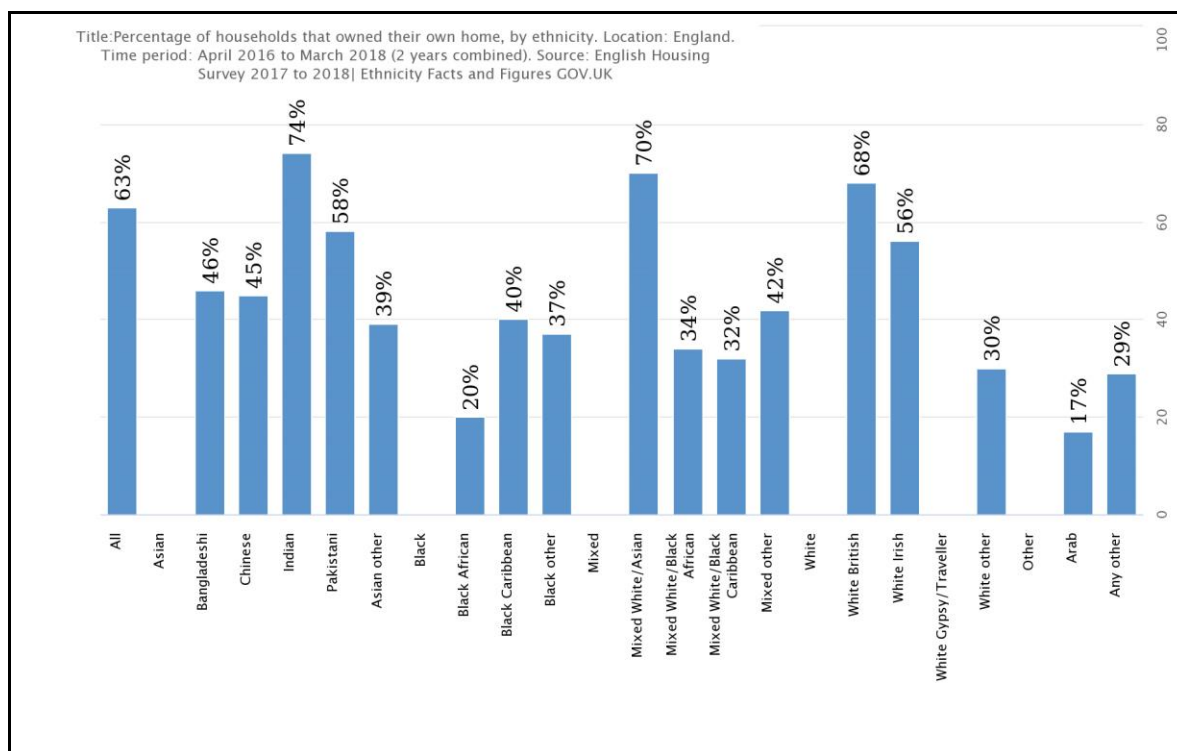
The Colour of Money, Runnymede Trust, 2020

Recent figures for home ownership in older age (aged 65 or over), for individual ethnic groups are not readily available. However, for White British aged 65 or over, the figure for England in 2016–18 (79%) is significantly higher than that for White British of all ages (68%) and also that for all other ethnic groups aged 65 and over combined (69%).

Although the probability of obtaining a mortgage is similar for White and Non-White households, there is evidence that Black households with low incomes are less likely to have mortgages than White households with similar characteristics.³⁸

³⁷ Vlachantoni A et al, *Ethnicity and occupational pension membership in the UK*, *Social Policy and Administration*, 49(7), 2015

³⁸ Kara A, Moyneux P, *Household access to mortgages in the UK*, *Journal of Financial Services Research* 52, 2017



Financial support networks can be an important aspect of older age. There is evidence that Asian ethnic minority groups have greater confidence and expectation of financial support from family and friends than other ethnic groups including the majority white group.³⁹

A lifetime of discrimination in employment?

The financial situation of Minority Ethnic groups in older age, particularly in terms of pensions and savings, is very much dependent on employment history. Field studies have shown that, although the UK has some of the strongest anti-discrimination legislation in the world, some ethnic groups suffer hidden, covert, discrimination when seeking employment. Candidates associated with Black African and Caribbean ethnic groups and candidates from majority Muslim groups, Bangladeshi, Pakistani and from the Middle East and North Africa, are significantly less likely to be called for interview even when submitting an identical CV. The field study candidates were either born, or spent a lifetime of education, in the UK to rule out issues of language proficiency.⁴⁰

This discrimination is by no means universal, male candidates from India and East Asia (China, Japan, South Korea and Vietnam) – the so-called ‘model minorities’ – are just as likely to be called for interview as the majority group.^{40,41}

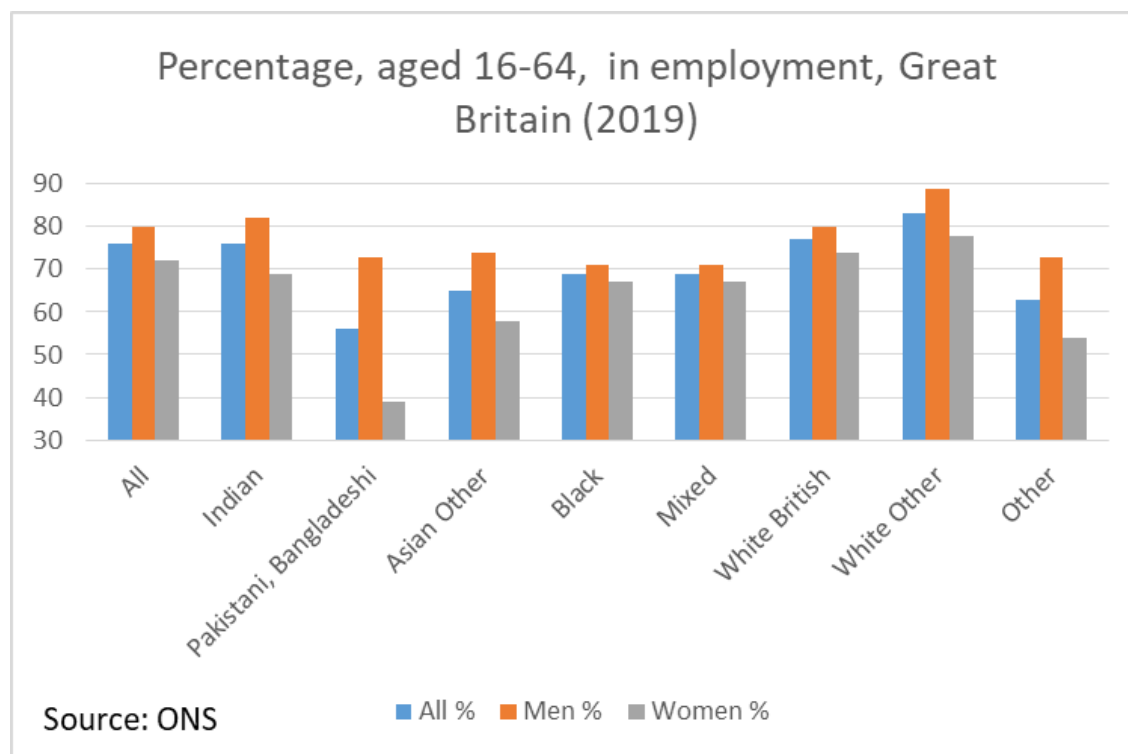
What is the net effect on the employment of ethnic minorities during their working life? Data from ONS for working age adults in 2019 shows that the ‘Other White’ group is the most likely to be in

³⁹ Phoenix Insights *The Longer Lives Index: A crisis of confidence* (London: The Phoenix Group), 2022

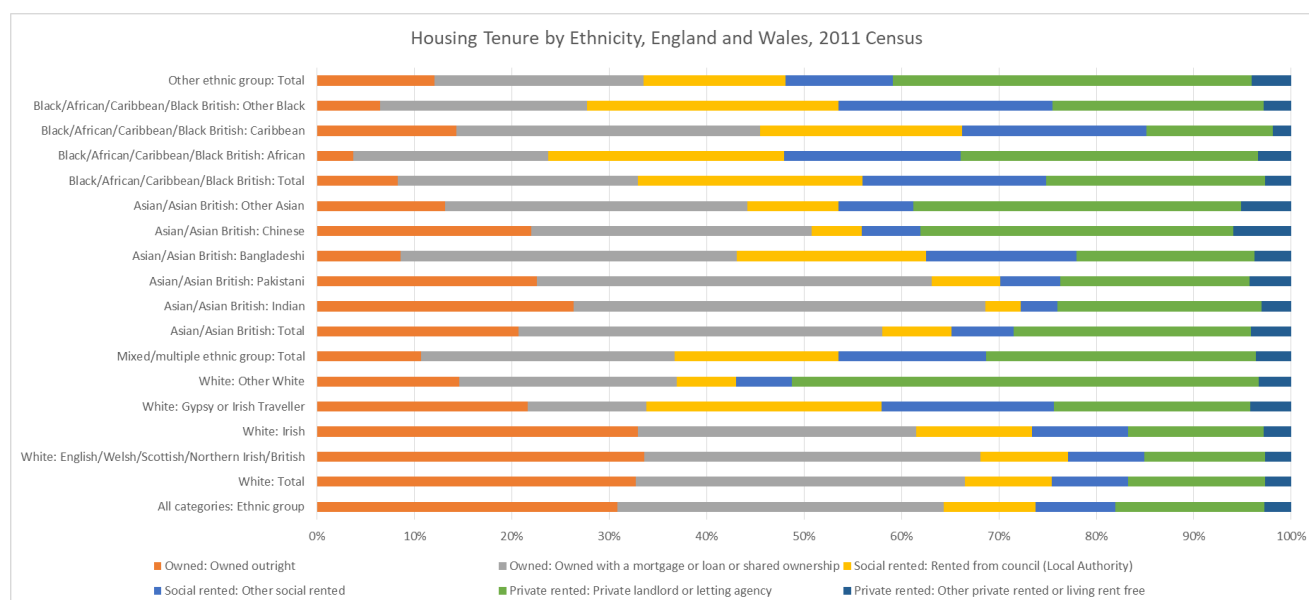
⁴⁰ Heath A F, Di Stasio V, *Racial discrimination in Britain, 1969–2017*, *The British Journal of Sociology*, 2019

⁴¹ Khan O, (2020) *The colour of money*, Runnymede Trust

employment, with comparable levels of employment for the Indian and White British ethnic groups. The Bangladeshi/Pakistani group is the least likely to be in employment, in part because of the very small proportion of women in employment within that ethnic group.



Housing, neighbourhoods and the environment



Home ownership, outright or with a mortgage, is greatest among the White, Indian, Pakistani, Black Caribbean and Bangladeshi ethnic groups.

It is well known that, at ages 50 and above, the majority white British population of England tends to increasingly move to seaside and rural areas. While the geographical distributions of individual

minority ethnic groups in older age are very different from each other, older minority ethnic groups as a whole tend to remain concentrated in urban areas. This concentration of minority ethnic groups in urban areas contributes to the unequal distribution of property types between ethnic groups, and the overcrowding and deprivation experienced, in particular, by those of Pakistani, Bangladeshi and Black African ethnicity.⁴²

Several reports looking at the housing, neighbourhood and community needs of older people from minority ethnic groups have emphasised the importance placed by older people themselves of ‘ageing in place’.⁴³

“It is important that older people with a shared cultural identity have places where they can meet to maintain their sense of identity, and to maintain relationships and networks between people who share some form of commonality.”⁴³

The causes of ethnic minority disadvantage in older age

Discrimination

There are, within this summary review, clear examples where older minority ethnic groups are disadvantaged through prejudice and racism. One of the clearest examples is the willingness or unwillingness, during a lifetime of employment, to call candidates for an employment interview based on identical CVs but different ethnic characteristics.⁴⁰

Expectations and confounding factors

Throughout their life, from childhood, minority ethnic older people are likely to have been influenced by the attitudes and expectations of family and friends within that ethnic group. Parents within individual ethnic groups may have different attitudes towards, and expectations of, their children.^{44,45} These expectations and levels of pressure and support, can have a lasting effect on achievement throughout life. The level of achievement in later life can be strongly influenced by social attitudes, parental occupation and social class in early life.⁴⁶

Individual ethnic groups have different average group experiences in terms, for example, of social class, income level, housing tenure, family size and nature of employment. It has been argued that it is these factors, and not ethnicity itself, which are the source of disadvantage. Once these factors have been taken into account the disadvantage is reduced or disappears. For example minority ethnic groups “tend to have poorer socioeconomic circumstances which lead to poorer health outcomes”⁴⁷. It has been counter-argued that these ‘component’ or ‘confounding’ factors are an integral part of describing ethnicity and its effects and cannot be disambiguated.

⁴² de Noronha N, *Housing and the older ethnic minority population in England*, Race Equality Foundation and Housing LIN, 2019

⁴³ Yarker S, *Ageing in Place for Minority Ethnic communities: The importance of social infrastructure*, GMCVO, 2020

⁴⁴ Brind T, Harper C, Moore K, *Education for Migrant, Minority and Marginalised Children in Europe*, 2008

⁴⁵ Shaw B, Menzies L et al, *Ethnicity, Gender and Social Mobility*, Social Mobility Commission, 2016

⁴⁶ Friedman S, Laurison D, *The Class Ceiling: why it pays to be privileged*, Policy Press, 2019

⁴⁷ Public Health England, *Beyond the data: Understanding the impact of COVID-19 on BAME groups*, 2020

“If racial inequalities are primarily driven by class inequalities then the quickest way to solve them would be by attending to class. On the other hand, it can be somewhat misleading to think about, for example, class or education merely as controls, or, more specifically, to assume any inequalities in those factors didn’t come about due to discrimination or racism.”⁴¹

The ‘Sewell Report’, findings from the UK Government’s Commission on Race and Ethnic Disparities, reporting in March 2021, after examining the evidence, found that “most of the disparities we examined, which some attribute to racial discrimination, often do not have their origins in racism. ...our enquiries have also underlined to us that the roots of advantage and disadvantage for different groups are complex, and often as much to do with social class, ‘family’ culture and geography as ethnicity.”

“...we no longer see a Britain where the system is deliberately rigged against ethnic minorities. The impediments and disparities do exist, they are varied, and ironically very few [are] simply implicitly accepted rather than explicitly examined.”

These views, as expressed in the Sewell Report, have been challenged in responses from a number of organisations including *British Medical Association*, *Joseph Rowntree Foundation*, *Centre on the Dynamics of Ethnicity*, and *Runnymede Trust*, who feel that the Sewell Report underplays the day-to-day racial discrimination experienced by many people from ethnic minority groups and the effects that has on their life chances.

The Sewell Report itself goes on to say...

“We do not believe that the UK is yet a post-racial society which has completed the long journey to equality of opportunity. And we know, too many of us from personal experience, that prejudice and discrimination can still cast a shadow over lives. Outright racism still exists in the UK, whether it surfaces as graffiti on someone’s business, violence in the street, or prejudice in the labour market. It can cause a unique and indelible pain for the individual affected and has no place in any civilised society.”⁴⁸

Lifetime experience, familiarity and change

The problem of coping with change in later life is not confined to minority ethnic groups. It might even be conjectured to be less of a problem for Asian and British Asian minority ethnic older people as they are less likely to live alone and therefore more likely to have support from other, younger, family members. The evidence however suggests, if engagement with the internet is an indicator, that this is not the case. In the first quarter of 2019, for older people age 75+ in the UK, 29.9% of those of Asian ethnicity had used the internet in the past 3 months, compared with 47.6% of the White population.⁴⁹ Issues facing older people include the move to ‘digital by default’, with no easy alternative. Older people living alone are the least likely to have internet access with 59% having access in 2018, compared with 90% of all households⁵⁰. Related issues include the move towards a cashless society with fewer businesses accepting cash payments, and the decline in the use of

⁴⁸ Sewell T (Chair) *Commission on Race and Ethnic Disparities: The Report, 2021*

⁴⁹ <https://www.ethnicity-facts-figures.service.gov.uk/culture-and-community/digital/internet-use/latest#by-ethnicity-and-age-group>

⁵⁰ ONS - *Internet access – households and individuals, Great Britain: 2018*

cheque payments. Older people, including older minority ethnic people, are no longer able to use the systems with which they have become familiar throughout their life. In addition, in an older person's lifetime, marketisation of utility provision has made it necessary to 'shop around' for the best deal rather than there being a fixed price. In many cases, older people in particular, suffer a 'loyalty deficit' for failing to do so.

Diversity and Intersectionality in older age

An older person's ethnicity is just one of many characteristics associated with that older person and they may be as much defined by their gender, sexuality, social class, level of disability or religion as their ethnicity⁵¹. Ethnicity itself, at a broad group level, may not be meaningful. Within the broad Asian group the location and experience of Bangladeshi, Pakistani and Indian minority ethnic older people can be very different. Even within the UK Bangladeshi community, in Tower Hamlets, a high proportion of Bangladeshis come from Sylhet and speak Sylheti rather than Bengali. Refugees and asylum seekers have a very different experience from economic migrants. Within the Black African ethnic group, for example, Somali refugees, identified by country of birth rather than ethnicity, are seen as having distinct needs.^{52,53}

As for the majority white population, no two individual ethnic minority older people have the same characteristics or life experience. While it is important to generalise to gain a better understanding of key policy issues, over-generalisation or over-simplification runs the risk of missing key nuances that are necessary for a proper understanding of the needs of older people from individual ethnic groups.

⁵¹ Barnard H, Turner C, *Poverty and ethnicity: a review of evidence*, Joseph Rowntree Foundation, 2011

⁵² Centre for Policy on Ageing, *Older refugees and Asylum seekers*, 2016

⁵³ https://en.wikipedia.org/wiki/Somalis_in_the_United_Kingdom

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