Ageing matters

Ethnic concerns

Chair of EMSG, Janet Boateng

Report from Naina Patel, PRIAE
Policy Research Institute on Ageing and Ethnicity
University of Bradford Management Centre

For Ethnic Minorities Steering Group (EMSG)

Part of the Millennium Debate of the Age
Age Concern

With Support from Sir Anwar Pervez OBE, The Bestway Foundation

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FOREWORD by Janet Boateng,
Chair of Ethnic Minorities Steering Group (EMSG)

I am proud to be associated with a report that speaks cogently from the perspective of *all* black and minority ethnic elders in our society, for today and for tomorrow. The report raises some serious issues of concern to the black and minority ethnic elderly which have been compounded by racial discrimination and disadvantage. This report therefore recognises and celebrates the contribution they have made, and can yet make, to our diverse society.

The report could not have been possible without the generosity of Sir Anwar Pervez, The Bestway Foundation and Lord Dholakia.

I pay tribute to the hard work and commitment of the Steering Group who have risen to the challenge in their contribution and have been a pillar of strength and support to me as the Chair and to Naina Patel as rapporteur, working to what was of necessity a demanding time schedule.

Ageing and ethnicity is not a new concept neither is it a new development or a discovery. As we enter the *new* millennium, we are still locked into separate groups raising issues around age, ethnicity and race. At the same time, responding to the *old* messages of unequal access, discrimination and marginalisation.

The themes discussed in this report are not new. They have been echoed, rehearsed and registered in the past, yet the desire to embrace them and to be visionary has not always been forthcoming.

The number of Black and Ethnic Elders are increasing and will continue to do so in the future. The assumption that black and ethnic elders have plans to return home no longer holds true-if it ever was more than an illusion clung to by unseeing planners, policymakers and researchers, it was a reflection of early hopes and aspirations of some of those early migrants long since abandoned.

There is an urgent need to create a climate in Britain where trust, credibility, equity, inclusiveness and effectiveness in all our services should be seen as the status-quo. Central and Local Government, the voluntary sector, black and minority ethnic communities, their organisations and professionals share a responsibility in promoting such a climate where it is possible to achieve standards of well being and good care to black and minority ethnic elders.

This report offers a snapshot of the challenges that lie ahead for all of us. The recommendations are not written simply to be read, but to raise the critical question:

> *What lies behind this, and what action can we take to contribute to the solution now?*

As we put this report together, we were struck, as will those reading it, just how much was happening already, particularly the contribution of black and ethnic minority organisations. We need to build on a foundation of good practice, education, research and policy. Such a foundation can help us to be better informed and prepare the way for improved services to black and minority ethnic elders in the future.

We need to radically examine and explore new ways of working and living with our elders in our communities. Young people also have to 'embrace' them and society ought to accord dignity and 'value' to old age and life experience.

I am proud that this report will be one of the last reports of the century. This report ought to make the necessary impact to see the closure of one chapter of unequal access discrimination and inequality and the opening of another more positive chapter in which we have an opportunity to write in a new vocabulary of

> *Respect, Equality and Dignity.*

Janet Boateng
Chair of Ethnic Minorities Steering Group (EMSG)

ABSTRACT

Ageing matters Ethnic concerns, as the title suggests highlight the position and recommendations concerning black and minority ethnic older people. This is in relation to the five main themes identified by Age Concern Millennium Debate of the Age. They are Values and Attitudes; Work and Lifestyles; The Built Environment, Health and Social Care and Paying for Age. A new theme, *Age as a Resource,* was introduced by the Ethnic Minorities Steering Group Chair, Janet Boateng. Values and Attitudes thus is subsumed under this overall theme.

This report arises from the discussion and member's reports from the Ethnic Minorities Steering Group. It also draws on several empirical based studies and the latest reports from PRIAE on behalf of the Royal Commission on Long Term Care for the Elderly (1999) the Department of Health (1998) and Age Concern (1998). It concludes with key recommendations for each of the five themes, targeted at specific audiences.

The establishment of the Steering Group by Age Concern was made possible via support from Lord Dholakia and a grant from Sir Anwar Pervez, The Bestway Foundation.

ACKNOWLEDGEMENTS

The journey to recognising that *you know* black and minority ethnic people like everyone else, also grow old and are in need of various support and have good quality of care, has been a long and sometimes a turbulent one. Amid this, the elders have grown old and many have ensured that this agenda was established and services developed several years ago. Our thanks and appreciation to *all* the elders who have contributed in one way or another to building a foundation to support their own ageing but of the elders of tomorrow. This report is another major building block to this continuity of progress.

Our warm thanks to the Ethnic Minorities Steering Group Chair, Janet Boateng and its members, those who attended and those who could not, but corresponded. The limited time was managed by them with practical steps, hard work and in good spirit - to make a report their own.

The draft report produced by PRIAE in early August with discussion cards produced by Age Concern, was used as the basis for consultation with several external groups. Individuals also responded with their comments - most reinforcing what the draft report had said. They are fully acknowledged in the report. The group events were initiated by Age Concern staff and by Nirmala Bandopadhyay from the Commission for Racial Equality. Our thanks to everyone who took part in this process.

We also extend our appreciation to the support from Age Concern staff - Gordon Lishman, Meena Patel, Caroline Humphreys, and Keith Manning.

We hope that resulting from this initiative, the report will be made effective to make the experience of ageing of future black and minority ethnic elders, one that we would *all* wish to have.

Best wishes for the new millennium.

PRIAE
Policy Research Institute on Ageing and Ethnicity
On behalf of the EMSG, Millennium Debate of the Age at Age Concern

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- Carol Wooller,   *Chief Officer, Age Concern Bradford and District*
- Dr. Cecile Wright,   *Reader in Sociology, Nottingham Trent University*

REPORT CONSULTATION

The following members and groups contributed to the Age Concern consultation exercise regarding the draft report (August - October 1999). Our thanks to you all, to those who sent comments verbally and to anyone else that participated but are not listed here.

1. External members attending the Ethnic Minorities Steering Group meeting in Nottingham, 24th June 1999

2. Members attending the Debate held at the Chinese Community Centre in China Town, London, 10th September 1999

3. Association of Sikhs in England

4. Older Refugee Women's Network

5. East London Initiative, Debate of the Age - the role of traditional Chinese medicine

6. Professor Michael Chan

7. Professor Akinsanya

8. Tibetan Buddhist Centre, Dumfriesshire

9. Practitioners from black and minority ethnic organisations, Age Concern, Local Authorities, Race Equality Council's and some elders' attending the Commission for Racial Equality Seminars in Birmingham and Manchester, 7th and 13th October 1999

EXECUTIVE SUMMARY

*'We have had too much discussion,
Action is overdue'.*

**-Black & Minority Ethnic Elders
(PRIAE Royal Commission report, 1999)**

Introduction

This report covers the issues concerning black and minority ethnic elders living in the UK. Their experience like the majority population of elders is diverse. However, the last twenty years indicate particular patterns generated by their experience of belonging to a minority ethnic group which experience discrimination and disadvantage. It can be said that with a few exceptions in the mainstream ageing arena, the issues concerning black and minority ethnic elders have remained invisible or receive superficial treatment. Similarly, in the *general* area of race and ethnic relations, when the efforts have been to meet the needs of black and minority ethnic groups and to counter racism, old age has sometimes been marginalised.

The report thus speaks to *all* black and minority ethnic elders of today and tomorrow, whether they or their relatives came as a result of economic, colonial or refugee background. The urgency of the above quote is emphasised throughout this report: the current efforts have been to raise and develop the general area of ageing and ethnicity. Consequently the specific areas of for example, black and minority ethnic frail elders, women elders or particular ethnic elder groups have not been considered. This report does not imply lack of importance to such areas. There is simply much to be done.

As Janet Boateng, Chair of the Ethnic Minorities Steering Group asks in the Foreword, why have the recommendations if they are not to be considered and implemented?

The recommendations below are thus addressed to all who have the power to make a difference: in several areas the responsibilities need to be recognised as shared between policymakers, planners and minority ethnic elders and their communities. In others, the recommendations are clearly addressed to policymakers at central, national, local government, national bodies and to professionals and their associations. Clearly the

Central Government   (including parliament in Scotland, Wales and N. Ireland) and national bodies relating to the themes of this report have a core responsibility for establishing the necessary climate where issues concerning black and minority ethnic elders are *specifically* addressed in policy matters. To hope that they will be 'integrated' in general age agendas in policy, professional and practice settings, is to allow for their continued invisibility or superficial mention.

Summary Principles

a.   To recognise that like the majority elders' group, there is diversity in ethnicity, age, gender, disability, family and social networks, beliefs, material circumstances, nature of migration, area of living and the type/ level of care and income needs.

b.   To recognise that age-agendas cannot be *colour*-blind: black people/minorities age also. Similarly 'race'/ethnicity agendas reflecting class, gender, disability cannot be *age*-blind.

c.   Elders from black and minority ethnic groups contribute considerably: as carers, workers, leaders, volunteers, diplomats and so on, engaging inter and often intra communities. They bring a wealth of life experience, knowledge, skills and energy to all our communities.

d.   To understand that being an elder minority is not just about appreciating different cultural, linguistic and faith based issues. It is also about appreciating how
   - Communication and isolation are continuing features and
   - prevalence of racism and poverty have structured

the experience of black and minority ethnic elders (and their families) - in their working period - and now in their old age.

e.   To appreciate that there are many parallels with elders from the majority group in general. But there exist specific areas of differences and/or concern arising from culture, language, faith and consequences of the experiences of racism.

Herein lie the distinctiveness and the need for this report and its recommendations.

2. Specific Recommendations, by themes

(a) *Age as a Resource: Values and Attitudes*

1. To encourage and support the 'repositioning' of minority ethnic elders' - within their communities, age-related agendas and society at large by designing, developing and supporting initiatives which enable them to have a fulfilled life [1] in their old age.

2. To identify and produce a good guide of practices which enable black and minority ethnic elders to exercise their beliefs and choice on end of life issues.

3. To structure Volunteering locally and nationally since *'volunteering is too important to be left to volunteers'*. There should be a payment system to the elders for costs incurred in the process of volunteering.

(b) *Work and Lifestyles*

1. A planned debate needs to be supported to establish Black and minority ethnic elders' views on the relationship between work and life in minority ethnic communities, as part of 'thinking positively towards maturing old age'.

2. It should be recognised that when pricing policy and practice on pensions and care is determined, that migration/refugee arrival patterns, disadvantage, discrimination and family/community conditions should be considered. This is because they have placed black and minority ethnic elders (by different ethnic groups, age bands and gender) in different socio-economic circumstances. Such factors will determine their ability, willingness and potential to pay as well as to provide for the family in the future.

3. Increased efforts must be made to counter individual and institutional racism in education, training, and employment.

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[1] 'Fulfilled life' is used as an all-encompassing term rather than the sole concept of active ageing, independent ageing - as it includes choice eg. culture bound notions give a different meaning to active ageing

(c).   ***The Built Environment***

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

2. Housing demand should be urgently mapped since for some communities, no provision exists and where it does, the demand outstrips supply.

3. Decisions concerning housing developments to minority ethnic elders should have participation methods to ensure that other resources which elders need, and depend upon, are within close proximity of the housing.

4. Minority ethnic enterprises need to be encouraged to respond to their changing consumer base to provide elder - sensitive services as part of community resources.

5. Recognition and support should be given to Black and minority ethnic housing associations providing culturally responsive housing services, particularly when their price differential may be greater due to the service offered.

6. The development of 'Balanced Communities' must ensure that minority ethnic communities and elders are not only consulted but have participation and negotiation potential.

7. *Healthy ageing by implication must have healthy living and safer neighbourhoods.* Targeted programmes of work should be developed to ensure that the quality of environment in which black and minority ethnic elders live contains good transport, amenities and is free from racial harassment and age-related attacks.

8. There is a need to plan and implement a housing and transport facilities communication programme.

(d)   ***Health and Social Care***

1. At a local and regional level, good quality information on the *current* demand and supply of health and social care services, *potential* demand and supply, and *source* of provision by mainstream, minority ethnic voluntary and majority voluntary providers should be produced within a defined time.

2. At a national level, a country profile on the present and future trends on the health and social care needs of black and minority ethnic elders should be produced within a defined time.

3. *'It should be a priority for Government to improve cultural awareness in services offered to black and minority ethnic elders,'* said the Royal Commission in its recommendations to the Government (1999). We would add to this, the implications of the recommendations from the Macpherson Report and the recognition given to institutional racism. This necessitates effective antiracist strategies and programmes in all aspects of services and specific in research, development, communication and training.

4. A planned strategy should be urgently devised and enacted concerning communication of services, fair access, appropriateness of services and best professional practices to achieve effective care to black and minority ethnic elders. as required by the Joint Investment Plans (JIPS), Health Improvement Programmes (HImPs) Best Value, National required standards for residential and nursing homes for older people and the forthcoming National Services Framework. (NB: For Scotland there are similar plans and requirements).

5. Black and minority ethnic elder care centres should as a priority be supported, strengthened, expanded and regarded as primary providers of care rather than as an alternative to the mainstream. Commissioning and funding bodies need to act in a non-stereotypical way in support of infrastructure and investment decisions.

6. Black and minority ethnic elders via care centres should be encouraged, supported and strengthened to harness their knowledge and practice on complementary health for healthy ageing and building resources for future use in the communities.

7. A planned strategy should be urgently devised and enacted concerning employment, education, training, and professional qualifications.

8. A planned research and development programme needs to be supported in areas where gaps are identified. *Who* conducts the research and *How* is it implemented, are important questions in addition to normal considerations of research?

9. Policymakers, planners and professionals should not regard Black and minority ethnic elders seeking support as increasing dependency. They are part of the mainstream society and require forms of support, which help as well as provide autonomy for better living.

(e)   *Paying for Age*

1. Specific measures, which enhance black and minority ethnic elders' living circumstances and access uptake in benefit entitlements, must be urgently supported. This is to address current low pensionable income with consequences on their ability to pay for care.

2. Policymaking on the costs of care should address the principle:

> 'those who have means must pay
> those who have no means must be provided for
> without hesitation nor humiliation'
> *(re: Black and EM Elders in Royal Comm. report, recommendation, 3a)*

This principle contains a qualification: elders' have expressed their *willingness* to pay if they are *able* to. This is not withstanding a continuing debate that payment acts as a disincentive to savings, broken promises by the State etc - registered to the Royal Commission by elders from both majority and minority groups (1998). However as explained above, for many minority ethnic elders, their current low income would prohibit purchase of day and nursing/residential care unless it is supported by the State.

3. Carers' informal care should be recognised in monetary terms for the care they provide. They should be further supported in information, personal and skills development including financial planning, to aid greater economic independence in their *own* old age.

f. *Implementation of the recommendations*

The EMSG suggests a good practice principle: that agencies responsible for providing a range of services to black and minority ethnic elders' as citizens and users, should consider how the issues raised in this report are evidenced in the individual agency's cycle of strategy, action plans, performance measurements, monitoring and review.

1. INTRODUCTION

Problem of Communication

'Language', said Mulla Nasruddin, 'was devised to describe actions as well as thoughts.
That means that all you have to do is to get the words right, and everything will be understood.'
'But Mulla,' said a friend, 'surely that cannot apply to everything?'
'Yes, it should.'
'Then can you describe to me how the silk industry is carried out?'
'Certainly. The first part is to get the worms and untwist that which is twisted.
The second part is to get rid of the worms and retwist that which has been untwisted.' (pg. 97)[2]

Clearly, progress sometimes does not come as fast as we would like.

1.0   Progress: past, present and the future

1.1   In the 1970's and in particular 1980's, policymakers and all those engaged with majority ageing were being persuaded by many people, particularly from black and minority ethnic backgrounds (BME), that *you know* people from these communities also grow old, like everyone else. They too need different forms of care and support - to a variable degree. And unless this issue was addressed, we in Britain would face considerable challenges in the future. This is because they said then, that in the next two decades, the growth would be in the 45-64 year age category.

That challenge is upon us now, ten years on: yesterday's young are today's and tomorrow's elders - and increasingly policymakers, planners and those engaged with older people's agenda now recognise the need to address this growing group.

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[2] Shah, I. (1983) *The exploits of the incomparable Mulla Nasrudin*, Octagon Press Ltd.

1.2 Recognition, reaction, action

1.2.1 If the **recognition** that *you know* people from black and minority ethnic communities also grow old has been slow, the **recognition** that BME organisations act as *critical providers* has been even slower. The recommendations in Chapter 8 point to even slower pace regarding **action**.

1.2.2 In PRIAE's report to the Royal Commission on Long Term Care for the Elderly (Patel 1999) we reiterated the following to convey the current position in understanding the context and the urgency of investment and support required in meeting care and other needs of black and minority ethnic elders. As its Chair, Sir Herman Ouseley has said,

> ' *black and minority ethnic elders of today cannot wait for good ageing because policymakers, planners and professionals are still debating whether BME elders need care or not. These elders have faced the experience of old age with remarkable aplomb. They need support, not inaction'.*

1.2.3 In the 1980's, we analysed empirical studies and reached several conclusions, one of which concerned the centrality of BME organisations in the **supply** of care. Assessing the evidence, such organisations were acting as *'primary providers'* (substituting mainstream services) rather than acting as *'complementary providers'* to mainstream health, social and housing services (Patel 1990). Nor were white voluntary organisations filling the gaps with long term funding (Bowling 1990).

1.2.4 In the late 1990's, the Government's own inspection survey (Murray and Brown 1998), point to the inadequacies of mainstream providers and the compensatory effect of minority ethnic organisations who continue to act as 'primary providers' in the post-community care era. We characterised the current situation from this report as,

> ' *reading the vast recommendations one can reach the conclusion that some authorities are making good progress, while others are slow and some are not doing anything at all'.*

1.2.5   Given the *continuity* of mainstream neglect and/or indifference, we can state that this constitutes *de facto* racism. In other words, the mainstream services *by default* are structuring the segmentation of care to minority ethnic elders into a long-term solution.

Our concern here is not that the location of services is in BME elder care centres. Rather that such location tends to be inadequately supported, neither maintained nor expanded. This makes the development of comprehensive services and an ability to reach all sections of BME elders (disabled, frail for example) problematic.

1.2.6   Moreover, as Table 1 indicates, the current number of minority ethnic older people (i.e. 65+ years) stands at 3.7% or 4.2% of the ethnic minority population (depending on under-renumeration) with the increase to come in the approaching old age category (13.6% in the 45-64 years of age).

1.2.7   The current lack of a foundation or low level of service developments will be dramatically felt in the next decade or two for the latter group, as there will be a larger share of minority ethnic elderly population.

1.2.8   It is in this context that BME elders, carers and BME organisations' managers said at the Royal Commission seminars in Scotland, and England - echoing a similar message in Wales (for the Welsh Office) that they were vexed by the question of funding for care and alternative models of care: they said that they have already had to manage in the absence of both appropriate and effective mainstream provision. They really have been looking after their own!

1.2.9   The continuity of *same* messages but little response can no longer be acceptable as shown by BME elders' emphasis and ours in the recommendations in this report (see chapter 8).

> *'we have had too much discussion,*
> *action is overdue'. (PRIAE, 1999)*

This is the spirit in which this report is written and conveys similar sharing of views from the Ethnic Minorities Steering Group (EMSG), as summarised by its Chair, Janet Boateng:

> *'The irony is that if the recommendations proposed here are not implemented, for the future generation of elders, the same scenario could continue. The future cannot be a continuation of these same struggles. The Debate of the Age therefore needs to recognise, consolidate and act.'*

1.3 Age and 'Race' on the Agenda: the EMSG

1.3.1 And yet as we near the millennium, it is a salutary reminder that inspite of some progress made in the last two decades, much work still needs to be done to ensure that minorities are treated as *a part* of the UK society and not *apart*. Age Concern England as part of the Debate of the Age established the Ethnic Minorities Steering Group (EMSG).

This is because the existing five theme groups with the exception of Values and Attitudes omitted to consider the implications for black and minority ethnic elders in their respective interim reports. Age Concern as a national organisation on ageing has a major role to play in addressing the issues affecting BME elders.

1.3.2 The EMSG was established with Lord Dholakia's help; financial support from Sir Anwar Pervez, Bestway Foundation and Janet Boateng accepting to Chair the EMSG.

The Group was formed and launched at the House of Lords on 4th March 1999.

At this stage, the five theme groups - Values and Attitudes; Work and Lifestyles; the Built Environment, Health and Social Care and Paying for Age - had already produced their Interim Reports. A new theme, *Age as a Resource,* was introduced by the EMSG Chair. Values and Attitudes thus are subsumed under this overall theme.

1.3.3 This report is written following four half-day meetings and with members' producing brief papers to aid the debate. A specific 'age and race' card with key

statements was also produced. This has been widely used to generate debate and inform the Group's recommendations.

1.3.4   Clearly the context in which the group was set up and required to keep to the same dates for final report submission, determined how the report should be constructed, consulted and completed.

Further since the EMSG decided to cover all the five themes with Values and Attitudes subsumed under a new theme, *Age as a Resource,* this report essentially highlights the key issues facing black and minority ethnic older people with specific recommendations.

EMSG proposed that the recommendations should also re-appear in each of the five subject reports. Such a process should ensure that black and minority ethnic elders are considered *a part* of the main report and as a specific group. Hence a separate report from the EMSG (this report) as well as an integrated focus in each of the five subject reports should be the outcome.
Better progress would thus be made possible, even at a late stage.

The material for this report arises from the discussion and member's reports presented to the EMSG. It also draws on several empirical based studies and the latest reports from PRIAE *Black and Minority Ethnic Elderly (1999)* on behalf of the Royal Commission on Long Term Care for the Elderly; the Department of Health: *They Look after Their Own, Don't They? (1998;)* and PRIAE's *CNEOPSA[3] study, 'Dementia and Minority Ethnic Older People (1998).* Age Concern's publication, *Double Discrimination (1998)* contains related information.

1.3.5   This report is organised by themes of the Debate. It locates the position of black and minority ethnic elders and their organisations in a historical context as necessary point in appreciating their current and future position. The report concludes with key recommendations for each of the five themes.

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[3] CNEOPSA is part of PRIAE and stands for **C**are **N**eeds of **E**thnic **O**lder **P**erson**s** with **A**lzheimer's

2.   WHO ARE THE BLACK AND MINORITY ETHNIC ELDERS?

"'Who has sent old age?
Strength in the body disappears,
Work progresses in slow motion
But I like the "ladoos"(cakes)
And the idea of visiting places - an
adventure.
Faith in god and belief in oneself will see
that this adventure comes-
There is so much to see and learn!"
- Shantaben, aged 80 years[4]

2.0   BME Elders in a Historical Context

2. 1   Today's Black and Minority Ethnic (BME) Elders are in the main, yesterday's young adults who arrived in Britain as a result of migration and/or refugee status. Migration in search of work is not a recent phenomenon. Similarly BME presence in Britain is not a recent phenomenon either: Black people have been in Britain for approximately 500 years with many settling permanently. When we speak of black presence in the UK, we often refer to the long established communities in Cardiff as well as Liverpool, apart from London. By 1910, Cardiff had the second highest population that was 'foreign born' after London - but 'though born in Britain with mothers and grandparents', the message of 'they should be got rid of' was frequent (Fryer pg. 350).

2.2   The labour market is the largest international market of all, trading their labour power. In Wales the earlier BME presence points to economic development (PRIAE's report to the Welsh Office, 1999). So Triangular Trade helped to finance S.Wales Iron and Coal Industry and N.Wales the Slate industry. Together came 'free labour' with the slave trade, indentured labour through seamen, domestic servants. In post-war Britain, BME elders' role as young adults ensured that the real beneficiary was the British economy itself: with the domestic economy expanding (as in Europe) and surplus labour in the colonies, importation of such labour met the needs of capital perfectly. For example, in textile industrial

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[4] UK entry in Patel, N. and Mertens, H (1998) *Living and Ageing in Europe*, NIZW

areas like Bradford it is known that employment of Pakistani workers was closely associated with the introduction of new capital investment, which required either shift work or very long hours. Moreover with the arrival of SS Windrush 1948 where post-war migration to Britain from the Caribbean is often dated, the demand for labour and the number of black adults arriving is related. The 'flow of labour' was also determined by active participation of the State, in direct recruitment practices, not to forget Enoch Powell who as a Health Minister, openly welcomed Caribbean nurses!

For some BME in their youth (e.g. Caribbean, Indian, Polish groups), they had already served the Empire's needs in areas as far afield as Europe, N.Africa and Burma during the Second World War. Ironically pension rights have not been distributed evenly: *'fighting fascism for Britain in Burma did not earn me a war pension today - why?'* (A. Rehman, aged 79 years).

2.3   Peter Fryer in his book, *Staying Power* (1984), cites examples of 19th century living and intermarriage in Wales (pg. 235) as well as riots which 'began in June 1919, …in South Wales which experienced…"one of the most vicious outbreaks of racial violence that has yet occurred in Britain"…..one victim had a crowd of about 1,000 after him' (pg. 303, 306)…murder charges against six white men were dropped for lack of evidence' (pg. 307). Thankfully as we approach the millennium, such **scale** of violence is not evident but of racially motivated incidents recorded in 1995 in Britain, S.Wales came third (CRE Factsheet 1999). And the Macpherson Report (1999) into the murder of Stephen Lawrence indicates how far we have to progress to eliminate the 'cancer of racism' (Economist 28th February 1999) in our society.

2.4   The above socio-economic and historical characteristics of migration and 'racial' status have determined the quality of life of BME elders today. The recording of *Resistance and Rebellion* by the Institute of Race Relations (1987), examples from Windrush Celebrations (1998) and CRE's exhibition *Roots to the Future* (1996) all provide substantial material that BME elders have not been passive nor powerless - as the above quote shows, 'adventure' is still left in many. In addition to fighting for racial and social justice, they have been involved in the daily

struggles of bringing up children and keeping families intact amid growing hostility in this country.

2.5   The BME elders of today were part of this resistance and hence their struggle against racism and exploitation in old age is not new. Portraying it as new plays into the hands of those who divide BME generations into 'passive' and 'active' categories, seeing older people as passive and content to accept their position in British society, while black youth are viewed as suffering from 'culture-clash', alienated etc.

2.6   Demographic Trends

2.6.1   A black and minority ethnic presence in the UK is not a recent phenomenon – with the Irish in the 16th, 17th and 18th centuries and the Jews, the Poles and other minority groups in the late 19th and 20th century – the migration of people from the Caribbean and Indian sub-continent mainly dates from the post-war period. According to the 1991 Census there were some 3.2 million minority ethnic people constituting some 5.5% of the total population in the Great Britain. Their presence extends to most districts of Great Britain and N. Ireland, making the UK a multi-ethnic society.

2.6.2   **Table 1** below shows the distribution of the population in Great Britain according to age and ethnicity. Specific data relating to elder refugees is yet unavailable. The table 1 based on 1991 census shows

- the relative youth of the minority ethnic population compared to the White population
- diversity in patterns of ageing amongst different ethnic groups.
- over 4 percent of minority ethnic people are in the over 65 years of age category compared to 16 percent of the White population.

That is, of some total 8.8 million people aged 65+ years, 130,000 were from minority ethnic groups.

- In the 85+ age group, minority ethnic groups account for 3,871 people from a total population of 830,678.

- There are variations in the ageing profile depending upon location and gender so for example men outnumber women particularly among Bangladeshi and Pakistani groups.

- As for location concentrations – some 45% of all minority ethnic groups reside in Greater London (Owen, 1996); England contains 86% of the total British population together with ' 99% of the Black-Caribbean, 98% of the Indian, 97% of Black-Other, 97% of the Bangladeshi, 94% of the Pakistani and 90% of the Chinese ' (Peach and Rossiter, 1996 pg. 115).

2.6.3   If we consider the share of the total population in different age ranges for BME and White groups, we find that

- minority ethnic groups make up 1.3 and 4 percent of the 65+ and 45-64 year age ranges, respectively, compared to 98.7 and 96 percent for the corresponding age ranges for White groups (Owen, 1996; Warnes, 1996).

This means that in the next decade there will be an increased percentage of minority ethnic people reaching retirement age resulting in a considerable change in the present profile described above. And that the rate of change is greater than the majority White groups. Add the low level of developments mentioned in the introduction it becomes clearer why for at least a decade, we and others working in this area, have continued tirelessly to stress 'urgency' in investing in this area.

2.6.4   **Tables 2** and **3** provides information using a different age range (60+; 50+ compared to 65+ years as in Table 1) and is derived from the Labour Force Survey, 1993-1996 and the latest ONS report on older people (1999), respectively.

- It is estimated that by year 2030, the minority ethnic elder population will have increased from 175,000 to 1.7 million - a tenfold increase!

This variation is explained by patterns of migration, refugee arrivals and settlement. This settlement is further dispersed. For example, there are greater concentrations of 'Asians' in Yorkshire than 'Black' groups; Chinese in Wales compared to Asians while this group is larger in Glasgow or Bangladeshis in Tower Hamlets in London and so on. Nor are these distributions equal: as can be seen from Tables 1,2 and 3 diversity in age is apparent between groups.

As we have stated before (Patel 1999), the settlement of minority ethnic communities determined by economic, political, social and housing availability, give rise to particular area concentrations by sub-ethnic groups. Variations in the level of concentrations namely *ethnicity* (Chinese, Afro-Caribbean where the population is more widely distributed) *class* (e.g. professional groups in Wales marked also by specific ethnicity) *gender* and *rural-urban differences* should be noted. Since convergence of these groups with the majority population is unclear (though there is some movement of professional middle-class groups), for the majority of ethnic minority communities at least, existing spatial distribution and concentration represent considerable advantage in the planning process for appropriate care services.

TABLE 1: AGE BREAKDOWN OF ETHNIC GROUPS IN GREAT BRITAIN, 1991

(Note: based on data adjusted for Census under-renumeration)

Ethnic Group	Total population	Percentage of total population					
		Age 0-4	Age 5-15	Age 16-24	Age 25-44	Age 46-64	Age 65+
White	52,893.9	6.5	13.0	12.9	29.3	19.2	19.3
Ethnic minority groups	3,117.0	11.1	21.7	16.4	32.9	13.6	4.2
Black	*925,5*	*11.1*	*18.0*	*16.5*	*33.8*	*15.4*	*5.1*
Caribbean	517.1	7.6	14.1	15.3	33.4	21.8	7.7
African	221.9	11.8	17.1	17.0	42.7	9.5	1.8
Other	186.4	20.1	29.6	19.3	24.6	4.4	1.6
South Asian		*10.9*	*24.6*	*16.5*	*30.5*	*13.5*	*3.9*
Indian	*1,524.3*	8.9	20.5	15.5	34.9	14.9	5.2
Pakistani	865.5	13.2	29.2	17.9	26.1	11.3	2.4
Bangladeshi	491.0	15.1	31.9	17.9	20.8	12.7	1.5
	167.8						
Chinese and other		*11.6*	*20.1*	*16.1*	*36.9*	*11.4*	*3.8*
Chinese	*667.2*	7.1	16.0	18.4	41.4	12.7	4.4
Other - Asians	162.4	8.0	16.2	15.1	43.6	13.7	3.1
Other - Other	204.3	16.4	25.0	15.5	29.9	9.2	3.9
	300.5						
Entire population	**55,969.2**	**6.7**	**13.5**	**13.1**	**29.5**	**18.9**	**18.5**

Source: Owen, D. (1996) page, 116)

TABLE 2: AGE BREAKDOWN OF ETHNIC GROUPS IN GREAT BRITAIN, 1993-6
Using 60 years age as a base range (compared to 65 years in Table 1)

Age %

Ethnic Group	45 - 59 years	60 - 74 years	75 & over years
Bangladeshi	10	4	0.2
Black African	8	2	0.2
Black Caribbean	15	11	1
Chinese	13	5	1
Indian	15	6	1
Pakistani	9	4	0.4
White	18	14	7

Source: Labour Force Survey, Spring 1993-Spring 1996

TABLE 3: AGE BREAKDOWN OF ETHNIC GROUPS IN GREAT BRITAIN, 1991
Using 50 years and over as a base range (compared to 65 years in Table 1)*

Age %

	50-59	60-69	70-79	80 and over	All aged 50 and over	All ages
White	10.8	10.5	7.7	3.9	32.9	100.0
Black Caribbean	14.5	8.2	2.2	0.4	25.3	100.0
Black African	5.2	1.9	0.6	0.2	7.9	100.0
Black Other	2.4	1.4	0.5	0.2	4.4	100.0
Indian	8.8	4.6	1.7	0.5	15.6	100.0
Pakistani	7.2	2.9	0.6	0.2	10.9	100.0
Bangladeshi	8.4	2.7	0.4	0.1	11.7	100.0
Chinese	7.5	3.7	1.4	0.5	13.2	100.0
Other Asian	7.1	2.8	1.0	0.3	11.2	100.0
Other ethnic minorities *(incl. mixed origin)	4.9	3.1	1.4	0.5	10.0	100.0
All ethnic groups	10.6	10.1	7.3	3.7	31.8	100.0

Source: 1991 Census, Office for National Statistics
Author's modification in presentation title

2.7   A Focus on Ethnicity

2.7.1   The issue of who is a minority ethnic member is not a straightforward matter, as in age or gender. The purpose of this section is to explain how we have used this term in this report.

First, everyone has ethnicity and an ethnic identity. The term 'ethnic minorities', 'minority ethnic groups', 'black people' etc. all generate some discussion and disagreement. In this report we use the broad terms 'black' and 'minority ethnic people', to signify the fact that minority status gives recognition not only to their numbers but to the presence of discrimination and racism which gives rise to differential treatment and unequal outcomes.

We have used the broad term, black and minority ethnic older people' to include elder refugees. This is because though there are significant differences in rights and the experience of trauma for example, their minority status provides for similar issues and trends concerning unmet needs in old age.

2.7.2   The Macpherson Report into the murder of Stephen Lawrence gave a clear direction on the nature of racism in our society by for example recognising the presence of institutional racism. It defined institutional racism as

>   *'collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness, and racist stereotyping which disadvantage minority ethnic people' (pg. 321).*

This led the Economist to say that the Macpherson Report represents a

>   *'defining moment in race relations.... by exposing the cancer of racism ..it has stripped away any complacency that all is well.'*
>   (27th February 1999).

2.7.3   We also recognise that this broad terminology, divided into ten sub-categories for Census collection in 1991,

> *'conflates an enormous number of groups with quite distinct cultural, spatial and religious heritage's; for example, a variety of Northern European groups, including the indigenous British and, significantly, the Irish and those of Greek or Turkish origin (including Cypriots of both national origins)'*
> (Ratcliffe, 1996 pg. 5).

The 1991 census for the first time determined ethnicity without resorting to 'country of birth', but it specifically omitted the category 'Irish' amid demands.

The 2001 census clearly addresses this omission as well as refers to religious identification. Nevertheless as the Macpherson report shows, 'colour' is still an important factor in determining life chances in today's Britain. Black and minority ethnic elder women also require specific attention.

Our concern here is not to posit the debate in terms of *' x group is less important than group y',* but to recognise that there are group disparities within minority ethnic groups - for example by ethnicity, income, gender, disability, age variations - and require responses which may not be **equal** for all minority groups.

3.   *AGE AS A RESOURCE: Values and Attitudes*

3.0   Ageism, recognition and roles

3.1   There is a certain degree of certainty and self-interest for us all on the process of ageing, as the above quote found in a London hospital ward shows.

3.2   The central focus of this theme is that black and minority ethnic elders *are* a resource. And not solo empty units - *'in society's eyes the aged person is no more than a corpse under suspended sentence'* said Simone de Beauvoir -a comment that strikes a familiar chord in Britain. Valuing black and minority ethnic elders as *a part* of society rather than *apart* is in the elders' interest and of society at large.

3.3   Black and minority ethnic elders have connections with the past, present and insight to help to shape the future. They are repository of knowledge, have a sense of history, experience and skills - to be used or not depending on their wishes, their capacity to participate and to respond with support and encouragement.

In this we need to recognise the opportunity costs for the wider society and ourselves if we fail to learn and realise from their potential.

This is because today's minority ethnic elders have engaged with a range of players in the wider society and have been a part of either raising their families, managing their lives if they are separated from their families and having social interactions within their own community. Their trajectory of life is made distinctive by their experience of migration or refugee status, consequences of discrimination and racism and now ageing in a country in which they made it as their 'home', over time. The yearning to 'go back and settle' is still experienced by many -and some do manage - or alter with period of stay in Britain and abroad.

For those minority ethnic elders who were born in the UK because of long established settlement, the connection with one's cultural heritage is still relevant and for some, emphasised in old age.

3.4   In preparing a paper for this theme, an African-Caribbean elder said to Janet Boateng,

> *' old age is not a sickness*
> *but a process of ripening time*
> *when we should be picked'.*

3.5   **Why should this be?**

For several good reasons:

3.5.1   Transmission of values, beliefs, traditions and practices which give us all a sense of identity, place and balance on who we are and where we are going.

Examples include anecdotal and oral history which can benefit minority ethnic elders' own community and wider society. Approaches to health and well being which work but are not recognised (though recently several Schools of Medicine have announced that acupuncture and other alternative treatments are to form part of medical student's training).

3.5.2   Transmitting philosophical, cultural, religious understanding and practices including resistance to racism and other inequalities, to younger members of black and minority ethnic groups. This is 'to give them an informed understanding of their past to enable them to move forward to the future'.

3.5.3   To act as role models for the young through mentoring, coaching and supporting to engender sense of belonging and self -esteem which give the young the necessary tools and skills to take up the challenges of an increasingly complex world but also to foster necessary values particularly in relation to collective responsibility, and not simply 'the "me" world'.

3.5.4   Through volunteering, enable greater fulfilment of active old age and learning from each other (re: peers from same and/or different communities). Current examples range from social and community work to leisure related pursuits,

including those which are not ethnic -specific, say visit to the Gardens, Museums etc.

3.5.5 *'Remain active and independent'* signals a good clear message not only to the current group of elders but of tomorrow's. (PRIAE's report to the Royal Commission). Examples range from personal to group work - strategies elders use in motivating oneself to engaging with Yoga, devotion, Tai Chi, Dance and 'keeping busy' in the family and community affairs.

3.5.6 In other words the ability to transact these varied roles requires:

- black and minority ethnic elders' material position to be improved so that they can devote greater space to other aspects of living. When we know the extent of material disadvantage among this group, such agendas may seem 'beyond reach'. So for black and minority ethnic elders themselves to wish to exercise the *'choice, voice and control'* (D. Divine), there is an urgent need to address material issues which 'free' elders to live their old age with dignity, respect and independence.

- society at large and minority ethnic communities to confront ageism and to empower elders so that such roles can be fulfilled.

- society at large to see and recognise the contribution made by black and minority ethnic elders as active members today and in their earlier working period.

3.6 Clearly the emphasis on social, caring, economic, educational, spiritual and many other roles which black and minority ethnic elders today manage and could enlarge with greater recognition and support disguises the diversity within this large heterogeneous group viz. gender, class, disability, ethnicity, presence of social networks and amenities and geographical location. So for example minority ethnic elders in Fife (Scotland) and in Wales said that they could *do so much more- to help themselves and others - if they had facilities to meet as groups'*. Absence of tangible developments (e.g. day centres for meetings, activities) mean

that the ability and capacity to realise one's potential is limited (PRIAE report to the Royal Commission and for Welsh Office (1999).

3.7   Can this happen?

Yes - and as many minority ethnic elder organisations show through their activities, progress is being made. The recent formation of Ethnic Minority Elders Forum, Scotland chaired by an eighty year old elder is such an example.

Added with the Better Government for Older People initiative and Active Ageing Unit, both supported by the Cabinet Office together with the emphasis in the White Paper for Social Services and for Health, the context is well set for further progress. This is because active ageing as part of age as a resource is healthy for the individual and the communities as well as for the public purse.

According to the Commission for Racial Equality, a partner in the Debate of the Age, the Macpherson Report provides the context and legitimacy that age and 'race' matter. Its coverage that all public organisations as part of addressing 'institutional racism' must produce strategies to support antiracist practices provides the necessary climate for age and race equity agenda. The Inquiry Report covers various spheres of economic and social life including employment, community safety, urban regeneration, and services - areas that determine quality of life of minority ethnic groups. By extension such measures would also enhance life expectations and quality of old age for black and minority ethnic elders.

3.8   Sources of information

To produce the above and the recommendations, following papers by members were presented together with author's own material. They were in the main:
Janet Boateng, Cecile Wright, Nirmalya Bandopadhyay (CRE), Helena Scott (oral presentation) with sources from PRIAE (Royal Commission Report, Report to the Welsh Office, 1999) and 'Race Against Time' (Patel 1990).

4.   *WORK and LIFESTYLES*

'The history of black diaspora in Britain begins here.......what they were coming to was not a 'Mother Country' a land of milk and honey,
where streets were paved with gold......
there were opportunities, life-chances -
chances to be taken by those who
were willing to gamble with the future
because they had so much at stake
and so little to loose '
- Stuart Hall, 1988

4.0   Employment and Income

4.1   Historical, social and political factors have determined the economic and social welfare position of today's black and minority ethnic elders. We explain below how sectoral- segmentation in employment, discrimination, unions and earnings with current under-claiming of entitlements have generated a pattern of low pensionable income and consequent life-style choices.

4.2   The early surveys from the Policy Studies Institute (1977; 1984) explained the unequal distribution of minority ethnic workers in the 70's and 80's (*i.e.* the elders of today) by sector and industry, as being due to differences in labour requirements between various industries and discrimination by employers and unions. Once in jobs, discrimination in earnings followed suit. The disparity in earnings as regards 'working period' as well as the length of working life, coupled with known under-claiming of welfare benefits, account for differences in pensionable income (Askham *et al.*, 1995).

4.3   For the emerging generation of elders we must add the effects of long-term unemployment, characterised by the decline of the manufacturing base (foundries, textiles, transport) where many ethnic minorities had been concentrated. These factors may contribute to the use of services in many centres by minority ethnic elders beginning from the age of 55 years. This has serious implications for policy since there may be 'early ageing' amongst this group.

4.4   In the 1990's the concentration of employment has been in manufacturing; wholesale, retail; real estate, business activities; and health and social work.

4.5   The unemployment rate experienced by 16-59/64 age groups was more than double the rate for White people, for both women and men. The CRE Factsheet (1998) states,

> *' 35% of economically active 16-24 year-old black people were unemployed in spring 1997 compared with 13% of young white people. For refugees the figures can be as high as 80%. As for earnings, those from minority ethnic groups received 92% (average hourly, full-time) compared to White employees '.*

4.6   On average, earnings between white and minority ethnic women were the same except for Pakistani and Bangladeshi women (PSI Survey 1997, Labour force Survey, 1995-1996). The effect of low income for particular minority ethnic older women and carers who have remained outside of the formal paid employment carry implications regarding savings and pensionable income. (Patel 1990, Netto 1996, Modood et al 1997).

We must also add the distribution of self-employment where for Chinese and Pakistanis, it is almost double that of White group. It has been long recognised that self-employment particularly in small-scale businesses (e.g. shopkeepers) helps to conceal the under-employment within the family with reduced net income for the household. Although we must recognise the mobility of some minority ethnic groups as illustrated by the latest PSI report (1997), on the whole such figures indicate a broad picture of inequity in employment and earnings for the emerging generation of elders.

4.7   Cultural practices and links with families *'back home'* contribute to further withdrawal of existing income and savings.

The 1991 census data allow us to comment on remittances sent by minorities: all these effects result in a *net lower current income* with a lower savings ratio than might otherwise be the case. It remains to be seen whether these financial duties and relationship continue in the future for the current younger age groups.

4.8   The DSS data on distribution of disposable income, 1994-95, confirm that generally (although there are variations between the minority groups) there is an over-representation of minority groups in low-income households - with Pakistanis or Bangladeshi households occupying the bottom quintile.

4.9   Richard Lam, a member of EMSG provided a case study of the Chinese elders for this theme. He identifies the following issues:

Unlike their N. American counterparts, the Chinese in the UK have shown greater reliance upon their community as a source of employment, social network and resources. This is particularly the case for older semi-skilled and manual workers.

The professional young and old have experienced greater mobility. Nevertheless they recognise what minority status means: their career progression will develop at a slower pace than their white counterparts. This can also have a knock-on effect where they become disillusioned where 'employment on merit' is not the only deciding factor. Thus they return to traditional work such as catering, restaurants, travel which offer a substitute. Confidence in written and spoken language is another impediment.

Lam believes that the path of Chinese elders is tied to their employment and class position, determining their abilities to 'negotiate' with the wider society. He notes the following as main sources of influence for the future:

(a) The size of the Chinese elders of the future is tied to current birth rate and not migration, since immigration is virtually static.

(b) There is reverse- dependency: the independent nature of the Chinese is under attack due to the fostering of a dependant 'caring society' ethos. This view may be debatable since the Chinese elders clearly express need (housing, day care to reduce isolation) which were not being met. This illustrates the need to question the issue of balance: at what point does the state withdraw support because it reinforces dependency? Is asking for equal services displacing self-generated responses within Chinese and for that matter other minority ethnic communities?

(c) Opportunities, which enhance quality of life in working and old age, are restricted: education, career and business development. *'A positive environment in these areas will create a more independent community'*.

(d) Social structure and presence of discrimination is preventing society at large to utilise skills and knowledge of the Chinese young. This results in individuals and a community not being able to realise their full potential. Such an impoverishment is not only a cost to society but to the individuals concerned. This is because in old age, their level of pensionable income, quality of life and expectations will have been curtailed.

4.10   Although Lam's paper is illustrative of one specific community, there are several similarities with other minority ethnic groups and the effect on how they will experience old age. For example the point above raises a question on whether the 'downward cycle' where social exclusion necessitates BME to return to their community resources is a self-imposed one or to do with barriers in the employment market.

The net effect is that since BME community resources are often at a lower economic base, the 'downward cycle' continues. Inevitably lower income, lower expectations set in and these have implications for health and how old age is experienced. It is the more remarkable that in such a context, we witness countless examples of black and minority ethnic elder initiatives - often generated by elders themselves.

Such a context has also emphasised the need to take a wider view. For example, when issues relating to the National standards for residential and nursing homes were being written by the Centre for Policy on Ageing and/or National Service Frameworks are devised, PRIAE and BME have emphasised the need to look beyond services - in the make-up of employment.

This is because in the process of creating appropriate services, creating employment for BME people *per se* is also a major consideration.

We have elsewhere voiced concern at the problematic relationship often created when age and 'race' developments are initiated: unless there is a conscious employment opportunity plan created, BME people will continue to provide the rich 'raw' material but occupy lower positions in the decision-making, planning and the general employment ladder.[5] This means that the social capital and economic base which needs to be built up and strengthened in BME communities will be at a very slow pace. This is what *structured* disadvantage and poverty means.

Nor is this scenario restricted to individuals: as we mentioned in the introduction, BME elder organisations are critical primary providers of care. If they continue to survive on shoe-string and temporary budgets, the potential to develop BME people from their communities is stunted. We also note that when BME individuals and organisations manage successfully to raise age and 'race' agendas, they may find that their own position remains unaltered: Why? Because they may find that organisations and individuals from the majority group, who are better placed to access the new resources, do so. PRIAE's own project on CNEOPSA for dementia provide examples of withdrawal of scarce resources to the area because larger white organisations have decided that they now need to gear up in dementia care to minority ethnic groups. This makes the task of building a strong foundation for good multi-racial partnerships and promotion of equality that much harder.

It is here that we must welcome the current new structures such as PRIAE, Elders Forum in Scotland, the Ethnic Minority Foundation, Home Office programme on building infrastructure in BME organisations, to name a few.

It is also in this context that we should emphasise that BME elders are often pre-occupied about raising quality of life for people from their communities rather than their own well-being as an elder person. Afterall they can see how their own employment and earning patterns are, sadly, repeated for today's younger members. They clearly want a better future for tomorrow's BME elders. (see chapter 7 on paying for age).

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[5] We have termed this 'internal -colonialism' - see pg 41 in 'Race against time? 1990

4.11   As for the future, the crucial point here is that when we add the experience of unemployment and existing lower income in households, this means that the future generation of older people from minority groups may well show similar characteristics.

The 1991 Census analysis and PSI Fourth Survey (Modood et al.1997) speak of economic mobility for some groups but the issue of convergence is not clear: i.e. minorities closely approximate trends in majority groups rather than the margins. An elder's comment summarises aptly what would enhance her quality of life in old age. When asked what her main wish was currently, the response was
'can you arrange for the bills to stop coming in'.

Such a comment may seem no different to that of many elders in general. However, it is the cumulative disadvantage of effects over time due to structural forces and evidence of systematic discrimination in our society that put black and minority ethnic elders' (and many elders of tomorrow) in such a precarious economic position.

5   Sources of information

To produce the above and the recommendations, following papers by members were presented together with author's own material. They were in the main:
Richard Lam and with sources from PRIAE (Royal Commission Report and Report to the Welsh Office, 1999) and 'Race Against Time? (1990).

5.   THE FUTURE of the BUILT ENVIRONMENT

Getting about is good -
elders are a part of this society and should
not hide away because it is 4 p.m. Are we not
entitled to see the country?
(re: travel pass criteria - an elder at PRIAE
-Royal Commission Report 1999)

5.0   Housing needs

5.1   Housing is often equated with built environment. This is not surprising since housing is a basic necessity. For our purpose we are also concerned to comment on transport and general infrastructure in areas where black and minority ethnic elders live.

5.2   We outline some key facts and issues regarding this theme.

5.3   As we mentioned in Chapters 1 and 2, ensuring a steady stream of labour to fuel Britain's expansion was in the interest of the State and employers - providing housing and social amenities were clearly not. Employment, earning power and housing locates the position of BME elders in the context of migration, refugee status and settlement. This impacts directly on their income power today and the consequent quality of life, with housing as an important factor.

5.4   As for household composition, 1 in 6 Indian household is a three-generation one compared to 1 in 40 for White groups. Regarding single parent families with dependent children, 32% of black families belonged to this group compared to 8% of White families. The 1991 Census and PSI Survey (1997) indicate variation in housing ownership among minority ethnic groups: 80% among Indian and Pakistanis compared to 45% for Bangladeshis. At the same time it is recognised that the type of housing owned and its concentration in urban areas determine its low realisable value. Such composition of families and ownership of housing stock point to considerations in the future on whether a large section of the minority groups can afford to plan and/or translate their current assets to future stream of earnings for care in their old age.

5.5   A decade ago we wrote,

'the popular image of a white British family whether
projected on a cereal packet .....is a husband, wife and two children. For a black
family (irrespective of ethnicity) the popular image is one of extended family
network, 'families within families', providers of care and social and psychological
support. Strangely such virtues are married to a conception of 'overcrowded
households'! (Patel 1990).

Ten years on, this image among public service-decision makers still pervades in
the provision of social care as the latest Department of Health report into black
elder care services show.

The title is intended to be ironical, *'They look after their own, don't they?*
However the reader may well reach the same conclusion that *'they really do',*
don't they? when examining the role of black and minority ethnic voluntary
organisations acting as primary care providers in the absence of effective services
from health, social care and housing. We thus see, *Unity, Ujama, ASRA,*
Eastwards Trust, Aashiana, Sadeh Lok, Pine Court are some examples of black
and Chinese housing associations confidently responding to a growing need.

Such housing associations like BME elder care centres have emerged as a direct
response to BME elders' needs in the absence of mainstream housing provision.
They are meeting key considerations of BME elders viz. home location,
composition of staff and residents, appropriate food, language, religious and
spiritual practices and countering prejudice and racism (often the residents are
from multifaith, multilingual backgrounds since categories of Asian, Caribbean,
Chinese disguises vast differences).

Herein lies the problem for many:
Where housing services are accessed and are culturally appropriate, the very
nature of making them culturally appropriate is creating a higher price differential
due to increased costs of imported daily raw materials. The higher price
differential is then the deciding factor for authorities locating BME elders in a
white elder centre rather than one which may be desired by the elder and is

culturally appropriate. Choice and meeting diverse needs is thus overlooked in managing care.

The general experience of excess supply in residential care is not a feature for BME housing associations. Indeed it is the reverse. This indicates that the demand for housing expressed by BME elders is not satisfied.

There is also diversity in demand and supply within the situation outlined above. Some groups are better catered for than others. For example, Chinese elders in London specifically require residential care (re: Chinese external group meeting). No such provision currently exists. Residential housing as distinct from sheltered accommodation appears to be an expressed demand from this group.

5.6   Although the facts show a larger proportion of multi-generational families among some minority ethnic groups (see 4.4 above), the experience of the above housing associations suggest a considerable unmet housing need among black and minority ethnic elders, inspite of research which indicate a resistance to sheltered housing (Hanover Housing Association 1998). Such information can obfuscate question of care: living in an extended family does not necessarily mean that the family provides elders' material and psychological needs.

We should not assume that those living alone are permanently isolated from their family, relatives and friends. Nor should we think that communities, which have been settled for generations, have a diminished need for appropriate culturally based housing. In Wales, not a single housing initiative exits for minority ethnic elders - though one is likely to emerge for the Somalian elders in Cardiff (PRIAE's report to the Welsh Office 1999). Family structures do not remain static over time and black and minority ethnic families are not an exception: changes are continually taking place as they adjust to internal and external conditions.

5.7   Black and minority ethnic elders are increasingly expressing housing needs as well as its location: to be within close proximity of social amenities and not *'tucked away in a nice leafy area, absent of familiar people'*. The obvious question might be asked, is why is not possible to do both, as for example Peabody Trust manages in the middle of its London sites.

5.8   *'Getting about'* is clearly important to minority ethnic elders. We stated in the Royal Commission report, **'**Access should not be limited to considerations in social, health and housing care. There should be pro-age policy in rail travel as it is for buses, and the limits on time should be revised: *'elders are a part of this society and should not hide away because it is 4 p.m.'*. Such practice would have multiplier effects in strengthening a better social mix between generations, encourage active ageing among the old and *'allow BEM elders to see the country'* which may affect race relations (pg. 278). Facilities like 'dial-a ride' can offer help in transport to elders but do black and minority ethnic elders have knowledge, access to make use of this?

5.9   'Balanced Communities' approach suggests the need to bring together a cross-section of groups to support various local services (main group report). Minority ethnic elders' participation is essential in determining the make-up of 'balanced communities', which are safe and accessible to a range of amenities, transport, and communities.

6.0   Sources of information

To produce the above and the recommendations, following papers by members were presented together with author's own material. They were in the main: Sharmin Lilani and with sources from PRIAE (Royal Commission Report and Report to the Welsh Office, 1999) and 'Race Against Time? (1990).

6.   *HEALTH and SOCIAL CARE*

> *'Why don't we know about all the services which if we need,*
> *we'd know how to get them?*
> *It is the hush-hush system, you know -*
> *don't know, don't say - don't get'.*
> - ***Elder at the PRIAE-CRE Royal Commission Seminar (1998)***

6.0   Summary of issues to date

6.1   Black and minority ethnic (BME) elders are not a homogeneous group requiring *all* forms of care. They too belong to different income bands, experience different housing conditions and display various degrees of psychological and physical well-being across ethnic groups, class, gender and generational divides. The degree of care required, therefore, depends on their social experience throughout life. Their social and health care needs cannot be understood without reference to their experience of employment, housing and income.

We noted in Chapters 2 and 4 how today's BME elders have occupied a vulnerable position in employment and income in Britain. Consequently they have faced health hazards through their concentrations in certain fields of employment (foundries, textiles, transport and nightshift work).

6.2   Minority ethnic elders thus face a range of health problems, and mainstream health and social services have been inadequate in meeting their needs in England, Scotland and Wales as various studies show (Bhalla & Blakemore, 1981; Farrah, 1986; Patel 1990; The GOAL Project 1994; Pharoah, 1995; Askham *et al.*, 1995; Lindesay *et al.,* 1997; Bowes and Dar 1997, Patel, Mirza et al. 1998; Murray and Brown, 1998). Some of these studies also show evidence for a relatively higher frequency of using health services, including general practitioners (GP's) by elderly Afro-Caribbean and Asians compared to White

groups. However, frequency of contact with GP's and hospitals does not necessarily reflect the quality of treatment received.

6.3   The latest Murray and Brown Survey (DH 1998) provide us with good information on policies, strategies and practice in the care of black elders by social services departments. This survey adds to the empirical studies conducted in the last 18 years.

For health we have considerably less information, although the *CNEOPSA* study (1998) presents epidemiological data on dementia, a summary of the health profile of black elders from various surveys with specific recommendations on diagnosis, professional care and building specialist dementia care services in selected BME organisations. It is the systematic approach of this project that earned the study the commendation from the then Junior Minister of Health, Mr Paul Boateng MP as *'impressive and authoritative- with ready development proposals'* (March 1998); the Askham et al (1995) and Pharoah studies (1995 at ACIOG) provide a good range of information on the responsiveness of health professionals to care 'appropriately'.

As for studies on carers of older people (Patel et al. 1998, Katbamna et al.1998, Netto 1996) all point to a 'mirroring effect' to issues outlined for black elders: low income and support, lack of knowledge on services and benefits, culturally and linguistically inappropriate services and lack of recognition by health, housing and social care to work with diverse needs of carers and their elders.

6.4   What do BME elders need?

All the major studies we examined in the 1980's, in the 1990's and EMSG's comments point to a consistent and clear pattern in needs being expressed: that care must be appropriate, accessible and adequate.

So requiring a particular type of food, being able to exercise religious and spiritual practices, day centres in appropriate locations and available for more than a day, having staff who can understand and communicate appropriately, being able to live with dignity in a nursing, residential, sheltered housing without

having to face racial abuse from residents or staff, being able to wash in privacy and so on- are not special requirements.

They are not even choices.

They are basic ordinary needs for daily living, which we probably take for granted.

6.5   So who has been taking care of black and minority ethnic elders?

The answer lies in the elders themselves, the informal sector, and black and minority ethnic voluntary organisations (BME Elder Centres). Since the EMSG had at least five members who come from such organisations and this is one aspect we have strongly commented upon over a decade, we outline the key features below.

6.5.1   Studies on minority ethnic elders'/community care by Patel (1990), Atkin (1993), Askham et al (1993), The Goal Project (1994), Butt (1996), Bowes and Dar (1997), Patel, Mirza et al (1998) and Murray and Brown (1998) all point to the critical fact that such organisations

      (i)   make black and minority ethnic elders' issues visible and

      (ii)   that they meet their basic needs in the absence of an adequate response from mainstream providers.

BME Elder Centres are meeting basic needs in most cases, innovating in some areas and attempting to shift priorities to meet growing demands. They also act as a 'bridge' between mainstream providers and BME elders and carers, advocating on their behalf. Their significant strength lies in the fact that they deal with multi-agencies in response to the needs of elders and carers - in essence co-ordinating services. Many of these Centres were/are pioneered by today's elders and this is reflected in the appropriateness of what is available and how best it is delivered
The weakness of BME Centres lies in the role they have taken as *primary providers* of care, when considered within the historical context of temporary, low level funding, with poor infrastructure and a funding system determining the

services they provide. For example, in one London Borough the Chinese Community Centre had two part time workers who met *all* the demands of Chinese elders and carers. As new groups of elders emerge in the locality, the funding source meets additional competition.

6.5.2   Regarding determination of services, as Patel (1990) and Murray (1998) comment, BEM elder services have been *'inserted'* into a standardised mainstream concept without much room for experimentation. The pattern has been established and within that, minorities have made adjustments in *how* the services are delivered rather than examining the entire constitution of the services *per se*.

It is our view that the funding system from both mainstream and charitable organisations have locked the BME elder Centres into continuing with this practice: delegates at the Royal Commission seminar spoke of applications being rejected if it was a 'novel' idea trying to meet certain aims by experimenting with different care approaches. This is also PRIAE's experience and it suggests that such bodies have formulated a view of what it is that BME elders require. Unless there is a break in this tradition, we see the future of care as being determined by funding criteria rather than meeting the diverse needs of BME elders and carers.

6.5.3   Not withstanding the above, views were also expressed about improvements in the BME elder Centres to promote activity and 'intellectual refreshment'.

In a technological world, what opportunities are there for them to be exposed to such learning? Harbinder Kaur presenting her paper at the EMSG however suggests that the increasing attention to the 'technological developments' need to be matched by an equal emphasis on the African, Chinese, Indian etc. art of health, healing and well being. For elders such elements carry high validity - and a key issue emphasised in Boateng's paper (see age as a resource, chapter 3).

6.5.4   The above highlights a significant difference in the receipt of care between white elders (predominantly relying upon mainstream services with complementary services from the voluntary sector) and minority ethnic elders (predominantly

relying upon BME elder centres located in the voluntary sector with or without funding from the mainstream, as secondary providers).

The *source of supply* of care is therefore different, and historically the funding base is clearly different. It is generally accepted that the different evolution of BME elder Centres is the result of ineffective care being provided by the mainstream. It has been a response rather than a desire to be 'separate'.

6.5.5   Quality care assumes that the staff who plan, diagnose, design and deliver care are competent in all respects so that all groups of elders receive high quality care.

Given for example, the current context of inadequate and inappropriate nursing and social care training viz. black and minority ethnic elders, there is then an urgent need to develop necessary qualifications, training and recognition so that work with this group - and indeed generally on older people - is seen as worthy and give real meaning to quality care.

6.5.6   Considerable investment is geared to health promotion, communication and management of specific conditions. CNEOPSA study in dementia care noted how a targeted programme of work is essential to reach BME groups because it found evidence to support the statement, *'the world of dementia is colour-blind and the minority ethnic world is dementia blind' (Marshall 1998).*

Several areas in old age and ethnicity, which affect the well being of BME elders need to be explored, researched, developed and implemented. However within BME elder communities there is considerable research fatigue - and this urgently needs to be addressed, if new areas are to be explored.

6.5.7   The challenges for researchers and funders in the millennium will be on whether they support innovations and give opportunities to BME personnel to make a difference to BME elders or whether they continue with more of the same needs analysis as they have done for the last two decades. BME elders have clearly cast their vote on the latter approach.

6.5.8   The challenges for BME personnel will be whether they will help to extend the horizons in millennium BME elder care. That indeed is a challenge to us - as elders of the future and or planners, professionals' etc.

6.6   Sources of information

To produce the above and the recommendations, following papers by members were presented together with author's own material and the Department of Health report. They were in the main:

Harbinder Kaur, Gillian Dalley, Taskin Saleem and Meena Patel from EMSG, the DH report, 'They look after their own, don't they?' with sources from PRIAE (Royal Commission Report, Background Paper; Report to the DH on Nursing 1999) CNEOPSA study (1998) and 'Race Against Time? (1990).

7.   *PAYING for AGE*

7.0   Views and Position of BME elders on Paying for Age

7.1   We have noted in several chapters (2, 4, 6) the importance of historical and socio-economic patterns in determining BME elders' quality of life.

7.2   The concentration of employment in particular areas of the job market, disparity in earnings in the 'working period' as well as the length of working life directly accounts for differences in pensionable income. BME elders' pensionable income is further reduced by the level of National Insurance contributions, by the type of and access to occupational pension schemes, by the levels and period of unemployment experienced, in many cases status as 'dependants, thereby reducing their entitlements to social security benefits and by remittances sent 'back home'. The current experience of low income and poverty for many BME elders is determined by the above factors.

Their poverty is further compounded by the state's failure to remove racial barriers to claiming benefits and their appropriate assessments. The following summarises the experience of inequity by one elder:

> '*Paying Taxes I'm treated as an English person;*
> *Getting services I'm treated as an Asian'.*

7.3   Material deprivation is a major factor in explaining inequalities in health. Less disposable income also determines access to leisure amenities, visits to maintain, expand social networks, ability to take part in volunteering activities and simply being a part of the general life: availability of resources, affordability and willingness to expend the resources are key factors in determining whether you

can engage with many 'actors' who contribute to one's experience of well-being and active ageing.

When it is known that elders have considerable difficulties in paying for fuel and other basic necessities, participating in leisure may seem rather unreal. But should we accept such severe financial constraints experienced by BME elders as 'inevitable' as we approach the millennium. The recommendations of the EMSG suggest not.

Similarly the views expressed by elders in PRIAE's report to the Royal Commission on paying for care gives a very clear message to the Government still pondering on the Commissions' recommendations. As EMSG did not have sufficient time to debate this theme fully, and that the above report represents a first attempt on attitudes on paying for care from BME elder perspective, we cite the sections from PRIAE's report fully. The BME elders said:

- Paying for care should also not be accepted since it will act as a disincentive to hard work and financial prudence in working life.

- Carers' informal role should be recognised in monetary terms for the care they provide and the savings they generate for the state. Their improved income base may not only help them and the family but may contribute to greater economic independence in their own old age.

- The socio-economic basis for current low pensionable income should be taken into consideration when assessments are made - they must be free from racial discrimination. Cultural aspects of redistribution of income and joint or non-asset holding – i.e. high numbers of non-working BEM women and the higher concentration of self-employed in certain communities - need to be added to the overall understanding of financial capabilities in later age.

- As to asset holding, it was recognised that among some BME groups there was greater owner occupancy households. It was also recognised that many of these households were multi-generational and that it was unlikely that the elder commanded a share, having already distributed it among family

members. This made assessments difficult and when required to pay for care family conflict ensued and in some cases led to elder abuse.

7.4   Recognition was also given to the culturally specific pattern of re-distributing one's income to family back home. Remittances were regularly sent back thus reducing current income. If carers were involved, the lack of extra income in the household clearly reduced current disposable income as well as the potential for larger remittances.

7.5   The introduction of large scale payment would be counter-productive according to the elders group: first at a personal level, during ones working age it would cause a disincentive to work hard and save as a planning method for old age. This in turn may generate various dependencies.

Second, introduction of a full pricing policy would dissuade elders from visiting day centres etc. Lack of demand may spur multiplier effects in BME communities, which already have high unemployment. It is not the best recipe for encouraging active ageing. Third a very strong feeling articulated by elders was that they have already paid into the system with an expectation that this had a purpose: to contribute to their well being in old age.

7.6   The findings here give support to the preliminary analysis conducted at PRIAE's request by Clarke (1998) from the larger research study on attitudes towards funding and provision of care in old age (Parker, NCCSU). It was found that the significant difference between white and BME sub-samples concerned the issue of long term care Insurance (LTCI). BME respondents showed a greater propensity (including younger members) to oppose such a cover.

7.7   Sources of information

To produce the above and the recommendations, following papers were used: Author's own report from PRIAE to the Royal Commission on Long Term Care Patel N (1999) pg. 278, Research vol.1 HMSO and PRIAE's Background Paper.

8. RECOMMENDATIONS

> *'We have had too much discussion,*
> *Action is overdue'.*
>
> **-Black & Minority Ethnic Elders**
> **(PRIAE Royal Commission report, 1999)**

8.0   Structure

8.1   This paper provides for broad recommendations under each theme underpinned by general principles.

8.2   The composition of the Steering Group and their contribution, significant recent work (CRE's *Race, Culture & Community Care: an agenda for action* (1997); The DH Report, *'They Look After their Own, Don't They?'* (1998); *Black and Minority Ethnic Elderly*: PRIAE's report to the Royal Commission on Long Term Care for the Elderly (1999); and many years of agenda setting, research and practice developments in the area have generated considerable level of information and recommendations. These inform the recommendations proposed below.

8.3   The recurring theme from the work beginning in the 1980's and 1990's which have been extensively analysed (Norman 1985; Patel 1990; Askham et al 1993; Atkin 1993) suggest the *lack of urgency* attached to the area of old age among minority ethnic groups. It was therefore not surprising that BME elders, carers and managers said to PRIAE the following, in its report to the Royal Commission

> *'We have had too much discussion,*
> *Action is overdue'.* (1999):

8.4   The determination of the recommendations and its emphasis on their implementation must, by necessity, be brief and focussed. Each theme can be picked up and applied depending on authorities' responsibility for whole or part of the area.

8.5   General Principles

8.5.1   To recognise that like the majority elders' group, there is diversity in ethnicity, age, gender, disability, family and social networks, beliefs, material circumstances, nature of migration, area of living and the type/ level of care and income needs.

8.5.2   To recognise that age-agendas cannot be *colour*-blind: black people/minorities age also. Similarly 'race'/ethnicity agendas reflecting class, gender, disability cannot be *age*-blind.

8.5.3   Elders from black and minority ethnic groups contribute considerably: as carers, workers, leaders, volunteers, diplomats and so on, engaging inter and often intra communities. They bring a wealth of life experience, knowledge, skills and energy to all our communities.

8.5.4   To understand that being an elder minority is not just about appreciating different cultural, linguistic and faith based issues. Nor is it about 'small numbers' when 'needs' are unmet. It is also about appreciating how

- Communication and isolation are continuing features and
- prevalence of racism and poverty have structured

the experience of black and minority ethnic elders (and their families) - in their working period - and now in their old age.

8.5.5   To appreciate that there are many parallels with elders from the majority group in general. But there exist specific areas of differences and/or concern arising from culture, language, faith and consequences of the experiences of racism.

Herein lie the distinctiveness and the need for this report and its recommendations.

8.6.   Specific Recommendations, by themes

8.6.1   Age as a Resource: Values and Attitudes

1. **To encourage and support the 'repositioning' of minority ethnic elders' - within their communities, age-related agendas and society at large by designing, developing and supporting initiatives which enable them to have a fulfilled life [6] in their old age.**

    This would require

    -   Recognition of the central importance of dignity, respect and value of each human being, irrespective of age, ethnicity, level of income and health.
    -   Countering ageism as part of everyday living.
    -   Promoting and supporting positive aspects of old age and strategies used as a minority citizen, worker, family member etc.
    -   Promoting and supporting public message of minority elders' occupying multiple roles (*re: to counter notions of passivity and dependency*) through targeted programme making in the media, publications and events.
    -   Strengthening learning from each other as elders and between the young and the old

    (re: learning is not equal since the old were once young but the young have not become old yet - repository of knowledge, experience and wisdom).

2. **To identify and produce a good guide of practices which enable black and minority ethnic elders to exercise their beliefs and choice on end of life issues.**
    (re: fulfilment of life does include allaying EM elders' concerns about death matters & in support of their personal wishes).

3. **To structure Volunteering locally and nationally since** *'volunteering is too important to be left to volunteers'.* **There should be a payment system to the elders for costs incurred in the process of volunteering.**

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[6] 'Fulfilled life' is used as an all-encompassing term rather than the sole concept of active ageing, independent ageing - as it includes choice eg. culture bound notions give a different meaning to active ageing

(re: recognition given to BME who have acted as volunteers prior to their retirement, encouraging others to volunteer and attacking isolation).

(*Sources: Papers by J. Boateng, C. Wright, N. Bandopadhyay, verbal contribution from H. Scott, discussion in the Group -18 May 1999, Black and EM Elders in PRIAE's Report to the Royal Commission, recommendation, 4a &4b, 1999, external group of elders and professionals attending EMSG meeting in Nottingham, June 1999).*

8.6.2   Work and Lifestyles

1. **A planned debate needs to be supported to establish Black and minority ethnic elders' views on the relationship between work and life in minority ethnic communities, as part of 'thinking positively towards maturing old age'.**
   (re: Black and EM Elders in PRIAE's Report to the Royal Commission, 3.5 pg 275).

2. **It should be recognised that when pricing policy and practice on pensions and care is determined, that migration/refugee arrival patterns, disadvantage, discrimination and family/community conditions should be considered.**
   This is because they have placed black and minority ethnic elders (by different ethnic groups, age bands and gender) in different socio-economic circumstances. Such factors will determine their ability, willingness and potential to pay as well as to provide for the family in the future.

3. **Increased efforts must be made to counter individual and institutional racism in education, training, and employment.**
   Increased opportunity, self-help ethos of the communities combined can generate improved economic circumstances independence and ability to plan, pay and receive care as required in the future.
   (re: Paper by R. Lam 1999, PRIAE's Background Paper to the Royal Commission 1998).

8.6.3   The Built Environment

1. **Current and future housing policy and planning should address the anticipated sharp increase in housing demand by future generation of black and minority ethnic elders - and seek methods of engagement and participation with them to contribute to the future shaping of *their* built environment.**
(due to changing patterns in household composition, current elders' have low yield in housing stock, and desire towards independent ageing and living).
(re: Paper by S. Lilani and group discussion).

2. **Housing demand should be urgently mapped since for some communities, no provision exists and where it does, the demand outstrips supply.**
(re: Black and EM Elders in the Royal Commission report, 4.2 c, pg 277).

3. **Decisions concerning housing developments to minority ethnic elders should have participation methods to ensure that other resources which elders need, and depend upon, are within close proximity of the housing.**
(re: Group discussion, Paper by S. Lilani).

4. **Minority ethnic enterprises need to be encouraged to respond to their changing consumer base to provide elder - sensitive services as part of community resources.**

5. **Recognition and support should be given to Black and minority ethnic housing associations providing culturally responsive housing services, particularly when their price differential may be greater due to the service offered.**
(re: Black and EM Elders in PRIAE's Report to the Royal Commission, 3.3 b).

6. **The development of 'Balanced Communities' must ensure that minority ethnic communities and elders are not only consulted but have participation and negotiation potential.**
(re: Paper by S. Lilani).

7. *Healthy ageing by implication must have healthy living and safer neighbourhoods.* **Targeted programmes of work should be developed to ensure that the quality of**

environment in which black and minority ethnic elders live contains good transport, amenities and is free from racial harassment and age-related attacks.

8. **There is a need to plan and implement a housing and transport facilities' communication programme.**

   E.g. to increase a general uptake in schemes aimed at increasing mobility of elders travel passes, dial -a - ride schemes; those seeking independent living but have no means.

   (re: Paper by S. Lilani and H. Kaur; Black and EM Elders in PRIAE's Report to the
   Royal Commission).

8.6.4   Health and Social Care

1. **At a local and regional level, good quality information on the *current* demand and supply of health and social care services, *potential* demand and supply, and *source* of provision by mainstream, minority ethnic voluntary and majority voluntary providers should be produced within a defined time.**

   (re: N. Patel [1990, 1992, 1993,1994, PRIAE's Background Paper to Royal Commission
   Recommendation 2, 1998]; Paper by M. Patel and Group discussion, 18th May 1999).

2. **At a national level, a country profile on the present and future trends on the health and social care needs of black and minority ethnic elders should be produced within a defined time.**

   (re: PRIAE's Background Paper to Royal Commission Recommendation 2, 1998).

3. *'It should be a priority for Government to improve cultural awareness in services offered to black and minority ethnic elders,'* said the Royal Commission in its recommendations to the Government (1999). **We would add to this, the implications of the recommendations from the Macpherson Report and the recognition given to institutional racism.** This necessitates effective antiracist strategies and programmes in all aspects of services and specific in research, development, communication and training.

   (re: Royal Commission Report Recommendation no. 8 - and relates to H. Kaur, T. Saleem
   (18 May 1999) and G.Dalley's paper).

4. **A planned strategy should be urgently devised and enacted concerning communication of services, fair access, appropriateness of services and best professional practices to achieve effective care to black and minority ethnic elders**. as required by the Joint Investment Plans (JIPS), Health Improvement Programmes (HImPs), Best Value, National required standards for residential and nursing homes for older people and the forthcoming National Services Framework. (NB: For Scotland there are similar plans and requirements).

   (re: Black and EM Elders in PRIAE's Report to the Royal Commission recommendation, 2a &2b, Papers by H. Kaur, T. Saleem, G. Dalley, M.Patel and Group discussion).

5. **Black and minority ethnic elder care centres, as a priority should be supported, strengthened, expanded and regarded as primary providers of care rather than as an alternative to the mainstream.** Commissioning and funding bodies need to act in a non-stereotypical way in support of infrastructure and investment decisions.

   (re: Patel, N (1990), Black and EM Elders in PRIAE's Report to the Royal Commission recommendation, 1a; Papers by H. Kaur, T. Saleem).

6. **Black and minority ethnic elders via care centres should be encouraged, supported and strengthened to harness their knowledge and practice on complementary health for healthy ageing and building resources for future use in the communities.**

   (re: Black and EM Elders in PRIAE's Report to the Royal Commission recommendation a; Papers by H. Kaur, T. Saleem, G. Dalley and R.Lam).

7. **A planned strategy should be urgently devised and enacted concerning employment, education, training, and professional qualifications.**

   This would include:

   - employment of BEM personnel to reflect the local population, should be the approach in stimulating training, experience and expectations so that a ready qualified pool exists to manage care
   - specialist and competent staff are required for which current health and social care training deficits need to be addressed

- all elder care related personnel should receive culturally responsive anti-ageist education and training, grounded in antiracist principles and practice.

(re: Black and EM Elders in PRIAE's Report to the Royal Commission recommendation, 4g&h; Papers by H. Kaur, T. & Saleem).

8. **A planned research and development programme needs to be supported in areas where gaps are identified.** *Who* **conducts the research and** *How* **is it implemented, are important questions in addition to normal considerations of research?**

(re: PRIAE's Background Paper to Royal Commission Recommendation 2, 1998, Paper by C.Wright and Group discussion).

9. **Policymakers, planners and professionals should not regard Black and minority ethnic elders seeking support as increasing dependency.** They are part of the mainstream society and require forms of support, which help as well as provide autonomy for better living.

8.6.5   *Paying for Age*

1. **Specific measures, which enhance black and minority ethnic elders' living circumstances and access uptake in benefit entitlements, must be urgently supported.** This is to address current low pensionable income with consequences on their ability to pay for care.

(re: PRIAE's Background Paper to Royal Commission Recommendation 1).

2. Policymaking on the costs of care should address the principle:

> 'those who have means must pay
> those who have no means must be provided for
> without hesitation nor humiliation'

(re: Black and EM Elders in Royal Commission report, recommendation, 3a).

This principle contains a qualification: elders' have expressed their *willingness* to pay if they are *able* to. This is not withstanding a continuing debate that payment acts as a

disincentive to savings, broken promises by the State etc - registered to the Royal Commission by elders from both the majority and minority groups (1998). However as explained above, for many minority ethnic elders, their current low income would prohibit purchase of day and nursing/residential care unless it is supported by the State.

3. **Carers' informal care should be recognised in monetary terms for the care they provide. They should be further supported in information, personal and skills development including financial planning, to aid greater economic independence in their *own* old age.**

    (re: Black and EM Elders in PRIAE's Report to the Royal Commission recommendation, 3b).

8.6.6   *Hopes for Implementation of these recommendations*

The EMSG suggests a good practice principle: that agencies responsible for providing a range of services to black and minority ethnic elders' as citizens and users, should consider how the issues raised in this report are evidenced in individual agency's cycle of strategy formulation, action plans, performance measurements, monitoring and review. This would enable a systematic building of progress in the care and quality of life of black and minority ethnic elders of today, and of tomorrow.

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10.   About the Organisations

Age Concern

Age Concern cares about all older people and finds effective ways to make later life fulfilling and enjoyable.

Nationally, Age Concern campaigns on ageing issues, undertakes research, provides information and advice and offers a wide range of training. Locally, a network of 1400 groups and 250,000 volunteers provides community-based services such as lunch clubs, day centres and home visiting.

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The Bestway Foundation

The Bestway Foundation, a charitable trust, was set up in 1987. The trust receives its income from monies allocated each year by Bestway, Britain's leading independent cash and carry company, headed by Sir Anwar Pervez OBE.

PRIAE

Policy **R**esearch **I**nstitute on **A**geing and **E**thnicity

Policy **R**esearch **I**nstitute on **A**geing and **E**thnicity is the first institute in the UK specialising in the care and quality of life concerning black and minority ethnic elders. Soon after its establishment it produced the UK report for the Royal Commission on Long Term Care for the Elderly. The method enabled direct participation of Black and minority ethnic elders and organisations throughout the UK. The institute has produced policy, research and development work including for the Government, the European Commission and is currently launching a **'Pledge of the Age'**. This is to secure support for PRIAE's recommendations to attract greater investment in the area of ageing and ethnicity. PRIAE also has a flagship project in dementia care and has produced the first European book and a video called, *'Dementia matters Ethnic concerns'*. Naina Patel founded PRIAE, Sir Herman Ouseley chairs it and Lord Dholakia is the Vice Chair. PRIAE is an independent institute associated with the University of Bradford.

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