

Ageing and ethnic diversity in the UK

A Policy Digest

PRIAE

Policy Research Institute
ON AGEING & ETHNICITY

PRIAE Policy Research Institute on Ageing and Ethnicity
10 years of making a difference to minority ethnic communities

PRIAE Policy Research Institute on Ageing and Ethnicity

PRIAE (pronounced 'preeya') is an independent registered charity working to improve pensions, employment, health, social care and housing, and quality of life for minority ethnic older people in the UK and across Europe.

The Institute aims to influence national and European policy and increase and encourage good practice in work with minority ethnic older people. PRIAE does this through creating and leading on often 'first of its kind projects' in research, information, service developments, training and consultancy.

PRIAE's Minority Ethnic Elders' Policy Network initiative, an innovative national project designed to empower minority ethnic older people, support the minority ethnic voluntary sector and promote culturally-sensitive policymaking, is funded by the Big Lottery Fund.

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The Minority Ethnic Elders' Policy Network (ME²PN)

ME²PN was launched by PRIAE in April 2006. This national project is funded by the Big Lottery Fund.

ME²PN is a first of its kind initiative that aims to:

- Empower minority ethnic older people through information, opportunities to engage with policymakers, and increased policy literacy;
- Support minority ethnic voluntary organisations;
- Promote culturally-sensitive policymaking.

For more information about ME²PN visit www.priea.org

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1. Foreword

I am delighted to introduce our Policy Digest *Ageing and ethnic diversity in the UK*. The Policy Digest is aimed primarily at policymakers and age organisations, to raise awareness of developments that are needed for minority ethnic older people. We also hope that this report will be useful for minority ethnic older people themselves so that they are empowered through better access to information. The focus of this report is policy but the issues raised will also be of interest to commissioners and practitioners.

This report aims to address three questions:

1. What are the key issues affecting minority ethnic older people in the UK?
2. What are the key policies affecting minority ethnic older people?
3. What more needs to be done for minority ethnic older people?

The first question may be particularly relevant to policymakers, commissioners and service providers, as the difficulties many mainstream organisations face engaging minority ethnic communities are well documented. PRIAE aims to support mainstream organisations with concise and practical information and by acting as a channel of communication to minority ethnic older people and community organisations.

The second question may be of particular value to minority ethnic older people and voluntary organisations. PRIAE aims to support minority ethnic older people to be able to actively engage policymakers. To do this, older people need information, and the ability to situate their concerns in a wider policy context. The Policy Digest provides an overview of policies that affect minority ethnic older people. Similarly, as an umbrella organisation, PRIAE works to strengthen the minority ethnic voluntary and community sector. Minority ethnic voluntary organisations can also benefit from a Policy Digest resource, as it is often a requirement of funding applications to situate proposals in a wider policy context.

The third question, ‘What more needs to be done for minority ethnic older people?’, is of relevance to all readers, and the action points highlighted should be taken forward by all those with the ability to shape and influence these agendas, and PRIAE is on hand to offer support.

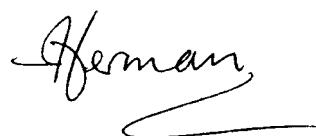
PRIAE works to support all older people, and much of the action called for is of equal relevance to ‘majority’ older people. As PRIAE’s Trustee Liam Hughes expressed it in February 2007:

“If we get things right for black and minority ethnic elders, by definition, we’re getting it right for all elders and everybody benefits from it, because it’s about quality and respect for each individual, in their cultural setting, belonging to their ethnic group, and in their place [locality].”

We have focused on specific themes: health and social care; housing; income security, employment, poverty and pensions; but our hope is to have created in this report a comprehensive Policy Digest and call to action, for policymakers, commissioners, service providers, the voluntary sector and, last but not most definitely not least, minority ethnic older people themselves.

The key issues identified will be taken forward by PRIAE as priority areas of work. This Policy Digest was written by Ian Smith with support provided by Akja Karajakulova.

PRIAE was founded in 1998 and in its ten year history has worked effectively to raise awareness of the issues affecting minority ethnic older people. There are many important challenges ahead however and we hope to have your continued and highly valued support.



Lord Herman Ouseley
Chair of PRIAE

2. Executive summary

2.1 Demographic trends relating to minority ethnic older people in the UK

In 2001, according to the Government Census, 6.7 million people (or 11.8% of the total population) were ethnic minorities living in the UK.

By 2014 projections suggest that the number of people over 65 will exceed those under 16 for the first time and then the gap will widen (ONS, 2006: 12).

The relatively young age structure of minority ethnic groups means that they are the fastest ageing groups within the population (Age Concern, 2002: 2). The number of minority ethnic older people in the UK is also set to increase quite dramatically over the next decades as those who migrated to the UK in the 1960s and 1970s reach retirement age (PRIAE, 2005a).

2.2 Key cross-cutting issues affecting minority ethnic older people

While this digest focuses on specific themes – health and social care; housing; income security, employment, poverty and pensions – there are also a number of issues that cut across these themes and are relevant to each of them.

It is argued that there are four such key cross-cutting issues:

1. Discrimination and racism
2. Information, isolation and access
3. Financial inequality
4. Consultation and engagement

2.3 Overarching policy frameworks

In addition to there being a number of key cross-cutting issues affecting minority ethnic

older people, there are also overarching policy frameworks that interact with specific policies such as policies on health, housing and social care.

Nine key overarching policy frameworks are discussed in this digest:

1. Opportunity Age
2. Employment Equality (Age) Regulations 2006
3. Single Equality
4. Equality Act 2006, the Equality and Human Rights Commission (EHRC) and human rights
5. The Race Relations (Amendment) Act 2000 and the Race Relations Act 1976 (Amendment) Regulations 2003
6. The Human Rights Act 1998
7. Social exclusion and inclusion
8. Community cohesion
9. Joining-up services

2.4 Health and social care

2.4.1 Key issues

2.4.1.1 Health outcomes

Older people from minority ethnic groups are more likely to describe their health status as poor than the total population (Age Concern, 2002: 3).

There are a number of health inequalities relating to minority ethnic older people. For example, particular groups of minority ethnic older people are more likely to be affected by:

- Coronary heart disease;
- Diabetes;
- Arthritis/rheumatism;
- Cerebro-vascular accident (stroke).

2.4.1.2 Accessing services

In no other area is the problem of accessing services more pronounced than in relation to health and social care, because, by definition, health and social care is largely a service-led sector.

Information is a key dimension effecting take-up of services.

2.4.1.3 Primary care

It is now well accepted that while “*black and minority ethnic populations are the highest users of primary care services, they are least likely to gain access to appropriate health services and treatment*” (Age Concern, 2006: 3).

2.4.1.4 Community health services

Although many older people from minority ethnic groups are registered to and use general practitioner services, the usage of community health services among minority ethnic older people tends to be low (Age Concern, 2002: 3).

2.4.1.5 Social care

Older people from minority ethnic communities do not always receive appropriate social care. Reasons include language barriers; insufficient knowledge of availability and rights to social and public services; lack of awareness of social rights; low expectations of their life in the UK; negative experiences of retirement; poor mental and physical health; racism – overt and often inadequate – at individual and institutional levels, including professional assumptions that their family will provide care and a ‘colour-blind’ approach to service provision and assessment; inadequate support from their family; lack of consultation with minority ethnic communities in service planning and delivery; geographical isolation, social exclusion and poor outreach (Age Concern, 2002: 4; Age Concern, 2003: 19).

2.4.1.6 Palliative care

Palliative care services are used mainly by people with cancer. Cancer mortality is relatively lower in most minority ethnic groups. However, emerging research from the USA suggests that there are ethnic disparities in clinical outcomes for cancer patients and that those from minority ethnic groups can have worse survival rates. Minority ethnic older people can also be more likely than White patients to receive inadequate cancer pain control (Gunaratnam, 2006: 4).

Despite relatively high levels of satisfaction with health and social care services (PRIAE, 2005a), there is some evidence to suggest poorer access to palliative care services for minority ethnic older people. Wider studies show that access

to services for minority ethnic groups can be limited, particularly by the ‘gate-keeping’ of GPs (Gunaratnam, 2006: 5).

2.4.2 Health and social care policies

Policy developments in seven areas are identified as particularly significant for minority ethnic older people:

1. Our Health, Our Care, Our Say: a new direction for community services
2. Personalisation and choice
3. Social care funding
4. Hospital care
5. A National Service Framework for Older People
6. Mental health
7. Palliative care

2.4.2.1 Immediate challenges for health and social care policy

1. Personalisation and choice: To ensure that services are person-centred and “*tailored to the religious, cultural and ethnic needs of individuals*” (DH, 2006a: 204), it will be essential to provide effective information, advice and advocacy to older people, to enable choice and access to services, particularly in relation to very recent policy developments such as the introduction of Direct Payments and Individual Budgets.

2. Social care funding: 2008 presents a real opportunity to develop an effective strategy on funding for long-term care. A Green Paper is due to be published in 2008. Some particularly influential investigations into models of funding for long-term care include the Royal Commission on Long-Term Care, Chaired by Sir Stewart Sutherland (PRIAE submitted evidence to the Royal Commission in 1999), and Sir Derek Wanless’ (2006) highly influential report *Securing Good Care for Older People: Taking a Long-Term View*. PRIAE will continue to engage closely with this debate.

3. Mental health: Investigations by the Commission for Social Care Inspection (CSCI), Audit Commission and Healthcare Commission (*Living well in later life: A review of progress against the National Service Framework for Older People*, 2006), and by the UK Inquiry into Mental Health and Well-being in Later Life (Age

Concern, 2007), report the ongoing existence of age discrimination in mental health services. It is essential that dignity and social justice be placed at the heart of mental health services for all older people. PRIAE will continue to engage closely with recent developments such as the Mental Capacity Act and the National Dementia Strategy.

4. Palliative care: A national end-of-life care strategy is being developed to deliver increased choice to people near the end of their life about where they are cared for and where they die. This is an important opportunity to improve palliative care services for minority ethnic older people and address the challenges that PRIAE has identified (e.g. 'not being taken seriously', language barriers, social and cultural taboos, education and training for culturally responsive care).

2.5 Housing

2.5.1 Key issues

2.5.1.1 Housing tenure

Older Black-Caribbeans are more likely to reside in local authority housing or housing association accommodation than other groups, while over a quarter of older Pakistani and Bangladeshis live in households with no central heating, and over a third live in households with more than one person per room (Age Concern, 2002: 2).

2.5.1.2 Housing conditions

Minority ethnic communities in general are less likely to live in decent homes – the English Housing Conditions Survey 2001 reports that 40% live in non-decent homes compared to 32% of White households – which will have implications as these communities age (Age Concern, 2002: 60).

Housing status and owner-occupation varies between ethnic groups but on the whole minority ethnic groups are more likely to live in poorer quality and overcrowded accommodation, regardless of tenure, and are also more likely to live in deprived areas, with higher than average crime rates and poorer access to facilities (PRIAE, 2005c: 4).

2.5.2 Housing policies

Policy developments in three areas are identified as particularly significant for minority ethnic older people:

1. Quality and Choice for Older People's Housing: A Strategic Framework
2. National Strategy for Housing in an Ageing Society
3. Extra care housing

2.5.2.1 Immediate challenges for housing policy

National Strategy for Housing in an Ageing Society:

This national strategy will be published in 2008 by the Department of Communities and Local Government (DCLG), following extensive consultation that PRIAE contributed to. PRIAE will continue to engage closely with the development of the national strategy. Some of the key challenges for the strategy include: (1) addressing housing quality and sustainability; (2) developing extra care and other forms of housing with care/support that are responsive to the needs of minority ethnic older people; (3) enabling independence and choice in old age.

2.6 Income security, employment, poverty & pensions

2.6.1 Key issues

2.6.1.1 Income security and poverty

Analysis of economic resources later in life confirms that minority ethnic groups are vastly over-represented in the bottom quintile of income distribution. Minority ethnic older people are also more likely to be receiving Income Support than their White counterparts (PRIAE, 2003b: 7).

Over three-quarters of older Pakistanis and Bangladeshis and 58% of older Black-Caribbeans are in receipt of Income Support compared with 33% of older people from the White majority population (PRIAE, 2005c: 18).

17% of all pensioners and 32% of older people from minority ethnic communities live in poverty (Age Concern, 2007a: 11).

Findings published by the Joseph Rowntree Foundation in April 2007 showed that the poverty rate for Britain's minority ethnic groups stood at 40%, double the 20% found amongst White British people.

2.6.1.2 Employment and unemployment

A recent study by the Equal Opportunities Commission, *Moving on up? The way forward* (2007), identified five gaps facing Bangladeshi, Pakistani and Black-Caribbean women:

1. Participation in the labour market
2. Unemployment
3. Progression
4. Pay
5. Occupation segregation

There is also evidence that such gaps continue to face men from particular ethnic minority communities.

Regarding unemployment, Labour Force Survey statistics have indicated that the unemployment rate for ethnic minorities is always equal to or higher than the rate among White groups, irrespective of age group. However, this difference in economic inactivity is most marked for Black and Pakistani/Bangladeshi groups, who experience three times more unemployment throughout their working lives than the majority population (PRIAE, 2003b: 4-5).

2.6.1.3 Pensions

The majority of older people are in receipt of the basic State Pension, but there are wide variations between groups, with a substantially lower proportion of South Asian older people receiving a state pension than other ethnic groups, particularly those of Indian and Other Asian backgrounds (PRIAE, 2005c: 18).

Today's minority ethnic pensioners are less likely to be receiving an occupational pension. This difference is most marked among Indian, Pakistani and Bangladeshi communities, who are less than half as likely to be receiving income from a former employer in retirement as their White peers (PRIAE, 2003b: 7).

While women are among the poorest pensioners, this income gap is arguably even more acute for ethnic minority women (PRIAE, 2003a: 7).

2.6.1.4 Information

Although information on pensions may not be accessible to a large number of majority older people because of its complexity, such difficulties are exacerbated in the case of minority ethnic older people who may face additional barriers and be less able to understand literature and communicate with officials (PRIAE, 2005b: 4).

Studies have shown that older Bangladeshis and Pakistanis have little understanding of whether they have contributed to an occupational pension scheme or accrued pension rights during their years of employment (PRIAE, 2005b: 7).

2.6.2 Income, employment and pension policies

Policy developments in four areas are identified as particularly significant for minority ethnic older people:

1. Current pension and anti-poverty measures (basic State Pension, Pension Credit, Council Tax Benefit, Winter Fuel Payment, free TV licences for over 65s)
2. Reports of the Pensions Commission
3. The Pensions Bill 2006
4. Personal accounts: a new way to save

2.6.2.1 Immediate challenges for income, employment and pension policies

1. Basic State Pension: From April 2007 the basic State Pension was £87.30 for a single person and £139.60 for a couple based on the husband's contributions (Age Concern, 2007a: 11). PRIAE has supported the campaign of the National Pensioners Convention and Age Concern and called for the basic State Pension to be increased to at least £114 for a single person per week at the earliest opportunity.

2. Pension Credit and Council Tax Benefit: Estimates of Pension Credit take-up in 2004/05 showed that between 61 and 69% of those eligible to receive Pension Credit were receiving the entitlement (DWP, 2006a: 25-26). Similarly, take-up of Council Tax Benefit was recently as low as between 53 and 59% (Age Concern, 2006). The Government needs to continue to pursue its strategy to increase the take-up of these benefits. This will require developing effective information products and, for minority

ethnic older people, working closely with 'community brokers' such as carers and minority ethnic voluntary organisations. The Government's target was for 3 million older people to be receiving a Pension Credit by April 2006. There is an additional target to reach 3.2 million pensioner households by 2008 (Age Concern, 2006: 14).

3. Key facts and issues

3.1 Who are minority ethnic older people?

The term ethnicity is well defined by Gunaratnam (2006) in a joint report by PRIAE and the National Council for Palliative Care (NCPC):

“There is considerable debate and misunderstanding about what the term ethnicity means. In this report it is used to refer to identifications with a group – real and imagined – based upon culture, language, religion and/or geography. Country of birth and/or nationality are not reliable indicators of ethnicity as they can exclude second and third generation groups...and can also exclude the complicated experiences and ties of those who have experienced multiple migrations...Although most readily associated with visible minorities, such as people from Black-Caribbean and South Asian groups, it is important to recognise that everyone has an ethnicity” (pp.5-6).

In contemporary European societies minority ethnic individuals can generally be said to come from one of three sources (PRIAE, 2005a):

“First, there are those who came, often from former colonial possession, to countries like the UK, the Netherlands, France and Germany during the period of post-Second World War reconstruction.

Second, there are those who came more recently, fleeing today’s wars and economic dispossession. A country like Switzerland, for example, with its elaborate and precise allotment of different status categories to different types of migrants, covers the whole range from those recently seeking asylum, to those who came as economic migrants in the post-war period, to those whose skills are eagerly sought.

Third, and finally, there are those whose case is, in some ways, the most difficult to redress, those who have known no other homeland, yet are endemically discriminated against in their countries of origin. Some of the most deep-rooted discrimination, affecting in profound ways their life chances, is that directed against the Roma throughout Europe. However, this is an issue that affects not just the Roma, but also groups who have been turned by warfare and ‘ethnic cleansing’ into new targets for racism and hostility, as the tragic history of Bosnia-Herzegovina demonstrates” (p.2).

Although ethnicity is not easy to define, it is perhaps even harder to provide a definition of ‘older person’ or ‘elder’. 50 or 55 and older are definitions frequently used, but realities and perceptions of ageing are culturally situated and subject to change. A ‘baby boomer’ aged 50 today is very different to a 50 year old at the turn of the century. It is also becoming increasingly common to distinguish between older people in general and the ‘older old’, who may be classed as the over-85s. It may not be productive therefore to attempt to quantify ‘older person’ for the purpose of this report. What is important to highlight however is that there is evidence that some minority ethnic older people may experience a phenomenon known as ‘early ageing’:

“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 ‘early ageing’ of minority ethnic elders beginning from the age of 55 years and the associated increased use of elder services, particularly regarding care” (PRIAE, 1999a: 266).

3.2 A demographic profile of minority ethnic older people in the UK

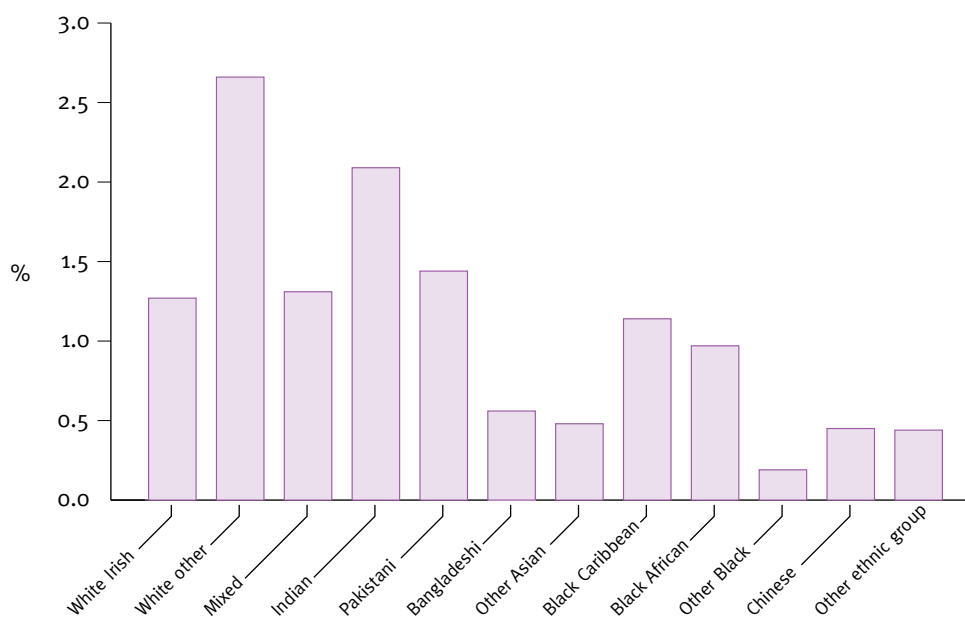
3.2.1 Ethnic composition of the UK population

In 2001, according to the Government Census, 6.7 million people (or 11.8% of the total population) were ethnic minorities living in the UK.

Table 1: Ethnic composition of the population of England in 2001

Ethnic group	No.	%	'Ranking' of minority groups
All people	49,138,831	100.00	
All minority ethnic groups	6,391,695	13.01	
White British	42,747,136	86.99	
White Irish	634,115	1.27	5
White other	1,308,110	2.66	1
Mixed	643,373	1.31	4
Indian	1,028,546	2.09	2
Pakistani	706,539	1.44	3
Bangladeshi	275,394	0.56	8
Other Asian	237,810	0.48	9
Black Caribbean	561,246	1.14	6
Black African	475,938	0.97	7
Other Black	95,324	0.19	12
Chinese	220,681	0.45	10
Other ethnic group	214,619	0.44	11

Figure 1: Ethnic groups in England 2001



Source:
Census 2001, ONS,
adapted by PRIAE

Observations

- White groups who were neither British nor Irish constituted the largest minority ethnic group in England in 2001;
- The next largest minority ethnic group was the Indian group, who was the largest of all the South Asian groups;
- The largest of the Black groups was Black Caribbean.

3.2.2 Age distribution of ethnic minority groups

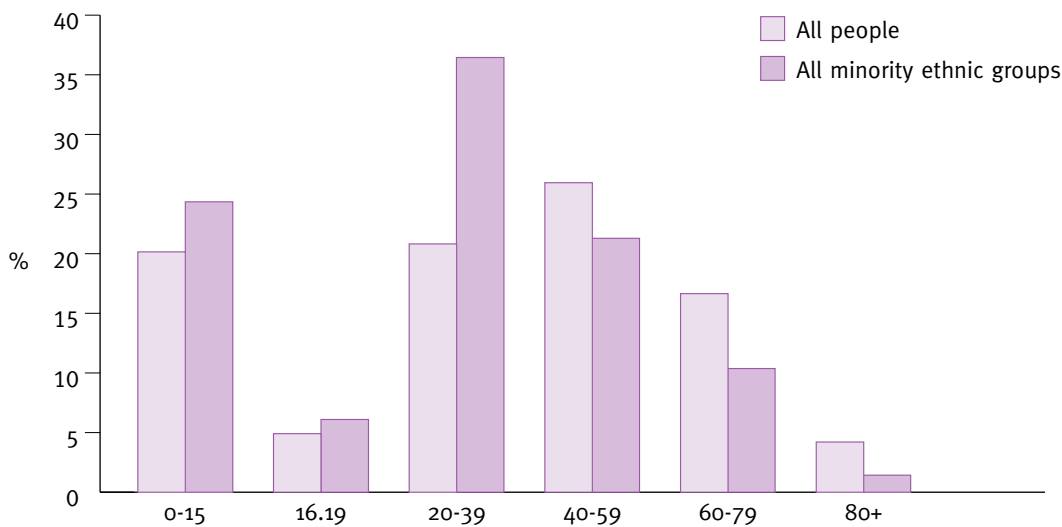
Table 2: Age distribution of ethnic minority groups, England and Wales, 2001

Ethnic group	0-15		16-19		20-39		40-59		60-79		80+	
	N	%	N	%	N	%	N	%	N	%	N	%
All people	10,488,736	20.15	2,555,590	4.91	14,634,325	20.82	13,505,737	25.95	8,666,809	16.65	2,190,709	4.21
All minority ethnic groups	1,585,546	24.36	379,305	6.10	2,372,471	36.45	1,385,369	21.29	674,664	10.37	92,820	1.43
White British	8,903,190	19.55	2,158,285	4.74	12,261,854	26.93	12,120,368	26.62	7,992,145	17.55	2,097,899	4.61
White Irish	37,796	5.89	13,405	2.09	162,774	25.36	209,662	32.67	186,568	29.07	31,599	4.92
White other	185,175	13.76	52,655	3.91	604,786	44.95	313,771	23.32	159,958	11.89	28,976	2.15
Mixed	330,603	50.01	55,087	8.33	181,662	27.48	66,513	10.06	22,844	3.46	4,325	0.65
Indian	237,327	22.89	77,913	6.94	365,926	35.29	255,745	24.67	95,942	9.25	9,954	0.96
Pakistani	250,066	34.98	61,421	8.59	246,556	34.49	109,442	15.31	43,417	6.07	3,924	0.55
Bangladeshi	107,945	38.44	25,186	8.97	97,692	34.79	33,541	11.94	15,641	5.57	825	0.29
Other Asian	56,708	23.50	14,682	6.09	90,185	37.38	59,952	24.85	17,957	7.44	1,790	0.74
Black Caribbean	114,809	20.36	29,705	5.27	197,815	35.08	130,161	23.08	85,068	15.09	6,285	1.11
Black African	144,740	30.18	31,339	6.53	199,909	41.68	84,226	17.56	17,832	3.72	1,619	0.34
Other Black	36,439	37.93	7,798	8.12	35,484	36.94	11,829	12.31	3,920	4.08	599	0.62
Chinese	41,589	18.33	21,247	9.36	91,056	40.12	55,259	24.35	15,961	7.03	1,836	0.81
Other ethnic group	42,349	19.27	12,867	5.86	98,626	44.88	55,268	25.15	9,556	4.35	1,088	0.50

Source: Census 2001, ONS, adapted by PRIAE

Ethnic minorities in England and Wales have tended to be younger than the majority of the population (see Figure 1).

Figure 2: All people and all minority ethnic groups in England by age



Source: Census 2001, ONS, adapted by PRIAE

Observations

- It can clearly be seen above that in the three youngest age cohorts, there was a higher proportion of people from minority ethnic groups, while in the three oldest age cohorts, the opposite pattern can be observed.

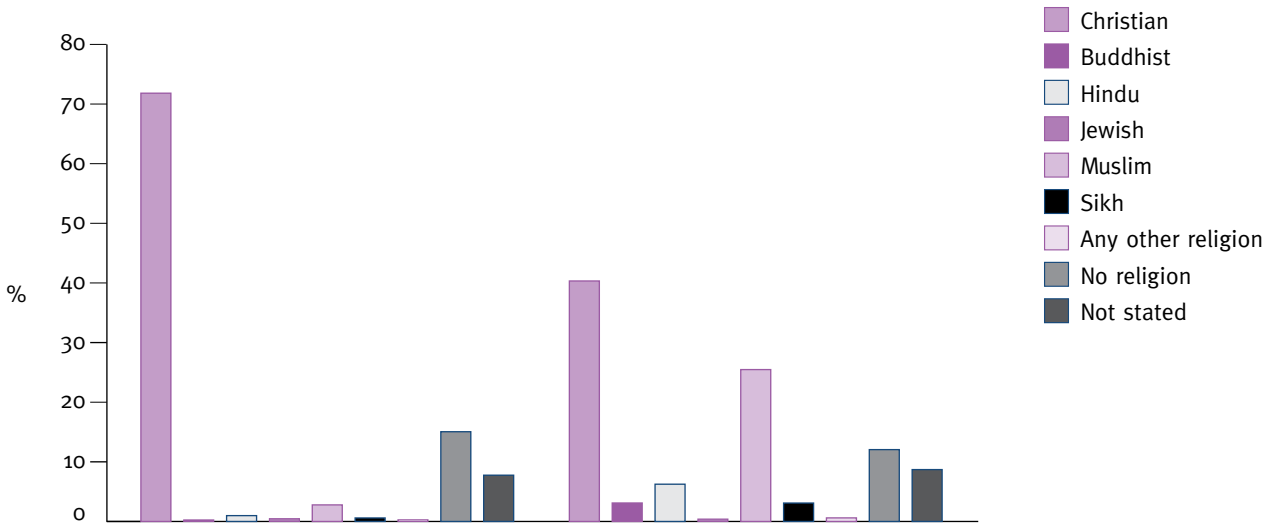
3.2.3 Religion

Table 3: Ethnic groups by religion, England and Wales, 2001

Ethnic group	Christian		Buddhist		Hindu		Jewish		Muslim		Sikh	
	N	%	N	%	N	%	N	%	N	%	N	%
All people	37,338,486	71.75	144,453	0.28	552,421	1.06	259,927	0.50	1,546,626	2.97	329,358	0.63
All minority ethnic groups	2,762,097	42.44	94,045	1.45	546,601	8.40	41,603	0.64	1,483,584	22.80	323,166	4.97
White British	34,576,389	75.96	50,408	0.11	5,820	0.01	218,324	0.48	63,042	0.14	6,192	0.01
White Irish	548,245	85.42	1,203	0.19	145	0.02	1,147	0.18	890	0.14	150	0.02
White other	843,164	62.67	4,429	0.33	1,275	0.09	32,164	2.39	115,841	8.61	551	0.04
Mixed	346,763	52.46	4,647	0.70	5,725	0.87	3,105	0.47	64,262	9.72	2,762	0.42
Indian	50,652	4.89	1,873	0.18	466,597	45.00	665	0.06	131,662	12.70	301,295	29.06
Pakistani	7,819	1.09	185	0.03	547	0.08	357	0.05	657,680	92.01	346	0.05
Bangladeshi	1,395	0.50	171	0.06	1,693	0.60	127	0.05	259,710	92.48	113	0.05
Other Asian	32,373	13.42	11,690	4.85	64,560	26.76	731	0.30	90,013	37.31	15,009	6.22
Black Caribbean	415,912	73.76	975	0.17	1,652	0.29	540	0.10	4,477	0.79	140	0.02
Black African	330,369	68.87	343	0.07	996	0.21	237	0.05	96,136	20.04	410	0.09
Other Black	63,989	66.61	189	0.20	346	0.36	128	0.13	5,732	5.97	67	0.07
Chinese	48,936	21.56	34,304	15.12	155	0.07	105	0.05	752	0.33	79	0.02
Other ethnic group	72,480	32.98	34,036	15.49	2,910	1.32	2,297	1.05	56,429	25.68	2,244	1.02

Source: Census 2001, ONS, adapted by PRIAE

Figure 3: Ethnic groups by religion in Great Britain



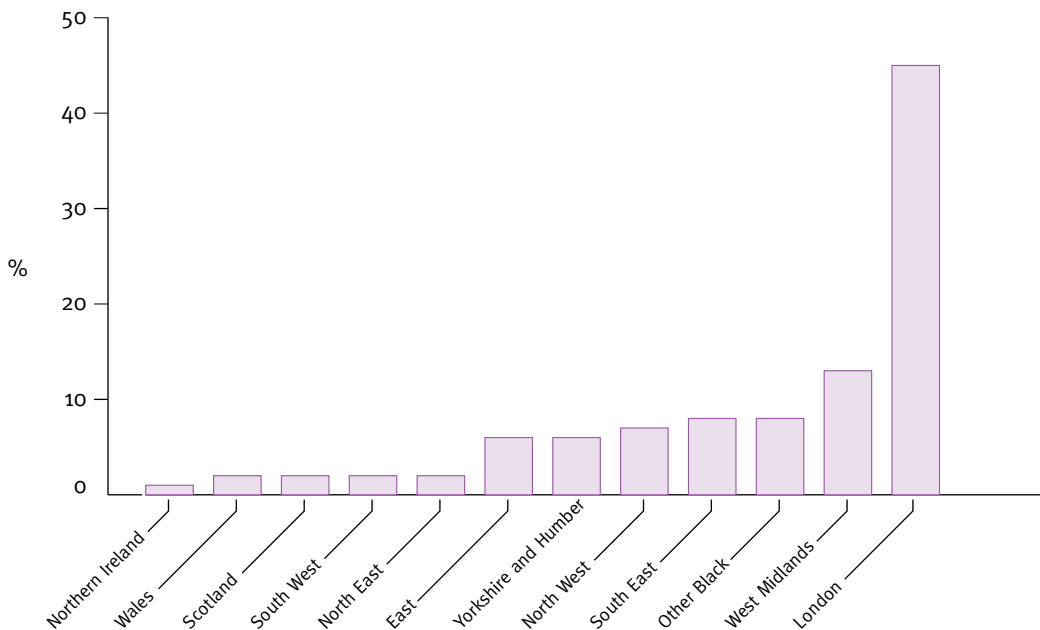
Source: Census 2001, ONS, adapted by PRIAE

Observations

- Chinese people (53%) and people from the Mixed group (23%) were most likely to say that they had no religion;
- The White Irish, Asian and Black African groups were most likely to have religious affiliation;
- Almost 72% of the population said that their religion was Christianity.

3.2.4 Regions of Residence

Figure 4: Regional distribution of minority ethnic populations, April 2001



Source: Census 2001, ONS, adapted by PRIAE

Observations

- In 2001 minority ethnic populations were most likely to live in England than in other UK countries;
- In 2001 nearly half (45%) of the total minority ethnic population of the UK lived in London;
- The smallest concentration of minority ethnic populations was in Northern Ireland.

3.3 Population change

According to the Office for National Statistics (ONS), the population of the UK grew by 3.9 million from 1971 to reach 59.8 million in 2004. There is a further projected increase of 7.2 million between 2004 and 2031.

Due to declining fertility and mortality rates during the last three decades of the 20th century, the population of the UK is ageing.

In 1971 there were 14.3 million people aged under 16 and 7.4 million aged 65 and over. By 2014 projections suggest that the number of people over 65 will exceed those under 16 for the first time and then the gap will widen. By 2021 it is projected that 17.6% of the population will be under 16 and 19.7% will be aged 65 and over (ONS, 2006: 12).

The relatively young age structure of minority ethnic groups means that they are the fastest ageing groups within the population (Age Concern, 2002: 2). The number of minority ethnic older people in the UK is also set to increase quite dramatically over the next decades as those who migrated to the UK in the 1960s and 1970s reach retirement age (PRIAE, 2005a).

3.4 Key cross-cutting issues affecting minority ethnic older people

3.4.1 Discrimination and racism

“How do you get out of the house to services – buses don’t stop if there are no white people at the bus stop, and it can be difficult getting priority seating due to racism”

Minority ethnic older person, Dec 2006

There is evidence that minority ethnic older people experience more discrimination in terms of both age and race than other groups within the population in health, community and social care services, income and housing (Age Concern, 2002: 3).

Age Concern found that ageism is the most prevalent form of discrimination in our society. 29% of people report that they have experienced ageism. Whereas people from White and mixed ethnic backgrounds reported age as the most frequent basis of prejudice, those from Black-Caribbean backgrounds were much more likely to identify ethnicity or race as the most common basis of prejudice against them. These groups were also much more likely than Whites to have experienced age-related discrimination (Age Concern, 2006: 6-7).

According to Adair Turner:

“Racial equality in Britain has progressed massively in the last 30 years; we should not allow important remaining problems to make us forget that fact. Blatant overt racism has almost entirely disappeared: there are no job or housing adverts warning ‘no blacks, no Irish’” (2006: 9).

While the above statement is arguably true, it is also important to note that examples of ‘blatant overt racism’ can still be found, and there is clear evidence of institutional forms of racism in a number of settings. Policymakers and other institutions clearly have a duty to challenge racism in all its forms.

3.4.2 Information, isolation and access

Problems older people from minority ethnic groups face include lack of information, lack of awareness of information or other services, language barriers or culturally inappropriate services and information (Age Concern, 2002: 5).

A 1998 survey of health information services (HIS) showed that while many HIS possessed written information in different ethnic languages, few staff spoke languages other than English (Age Concern, 2002: 6).

“If you want an interpreter, your appointment has to be arranged when the interpreter is available, not when it suits you”

Minority ethnic older person, Dec 2006

“There is a one stop shop in Brent, but this is not universal”

Minority ethnic older person, Feb 2007

According to Patel (1990):

“In order to acquire information, communication skills are essential, that is, communication in English. Although language is an important factor in acquiring information, it is also important to note that language does not determine the take up of services” (p.19-20).

Younger people are more likely to go online. Of people aged between 16 and 24 in Great Britain, 89% were Internet users (defined as having gone online in the three months prior to interview) in 2004/05. This compared with 16% of those aged 65 and over. Although the rates of Internet use have been growing among all age groups, the gap in Internet use between younger and older adults has widened. Between 2001/02 and 2004/05 Internet use grew by around 15 percentage points among all age groups under 65 years old. For those aged 65 and over, Internet use rose by 7 percentage points (ONS, 2006: 192).

3.4.3 Financial inequality

The income levels of minority ethnic groups are generally lower than the income levels of the majority UK population. The income distribution profile for minority ethnic older people is no different from the general minority ethnic picture (Patel, 2003). 65% of Pakistani and Bangladeshi older people, 55% of Indian older people, 43% of Black Caribbean older people and 46% of Chinese older people are in the bottom fifth of income distribution compared to just 27% of White older people (Lodwell *et al.*, 2000).

Minority ethnic individuals are also more likely to receive Income Support. A significant number of people aged 40-59 from minority ethnic communities receive Income Support compared to the White groups of the same age. Research has shown that one-third of the combined Pakistani/Bangladeshi group received Income Support, whereas the equivalent figure for White people in the same age band was merely

8%, highlighting the severe inequality faced by Pakistani and Bangladeshi people in pre-retirement (Patel, 2003).

3.4.4 Consultation and engagement

There is clear evidence presented in this report that public authorities and policymakers do not engage with minority ethnic older people sufficiently or effectively enough.

As a consequence it can be said that minority ethnic older people suffer through disengagement, and policymakers suffer through a lack of understanding of minority ethnic older people's needs.

An additional consequence is a clear lack of data about minority ethnic older people to inform policymaking. In particular, there are still gaps in our understanding of the causes of health inequalities and the socio-economic and housing conditions of minority ethnic older people.

3.5 Overarching policy frameworks

3.5.1 Opportunity Age

Opportunity Age: Meeting the challenges of ageing in the 21st century was published by the Government in March 2005 and represents the UK's first ever national strategy on ageing. Although this is clearly a step forward in terms of policy development for older people, Age Concern reports that:

“Worryingly the awareness of ‘Opportunity Age’ in Government departments appears low, and there has been little sense that the strategy is driving the development of co-ordinated policy across Government” (Age Concern, 2006: 10).

PRIAE agrees with this assertion.

3.5.2 Employment Equality (Age) Regulations 2006

The Employment Equality (Age) Regulations 2006 outlawed age discrimination in employment and learning from 1st October 2006.

Employees can still be forced to retire at age 65 however, contrary to the recommendation of the Pensions Commission in its first report to the Government and the position of Age Concern.

Age Concern has brought a court action known as the ‘Heyday’ case, against the UK’s Employment Equality (Age) Regulations 2006 on the following grounds: (1) there is still a default retirement age of 65, which Age Concern argues is contrary to the European Directive; (2) the regulations state that direct age discrimination is permitted if it is “a proportionate means of achieving a legitimate aim” but does not list specific instances. The Heyday case will be decided by the European Court of Justice (ECJ). Until this ruling, age discrimination claims brought by employees aged 65 or over who have been forced to retire must be put on hold pending the ECJ ruling.

The Final Report of the Equalities Review, *Fairness and Freedom*, was published in February 2007, and the Discrimination Law Review, led by the Department for Communities and Local Government (DCLG), has been overhauling the current anti-discrimination legislative framework from 2007 (Equalities Review, 2007).

3.5.3 Toward a Single Equality Act

In June 2007 the Discrimination Law Review published *A Framework for Fairness: Proposals for a Single Equality Bill for Great Britain*.

PRIAE commented in its response to the Discrimination Law Review that a Single Public Sector Equality Duty would “*help public authorities to integrate policies and processes concerned with various strands of equality and make efficient use of limited resources. It would offer a single effective lever for addressing discrimination and disadvantage. A single equality duty would also make it easier to address the needs of individuals and groups facing multiple discrimination*”.

There are many possible advantages to having a Single Equality Act in Great Britain. Legislation needs to ensure however that all strands of equality are effectively covered and that the system is capable of responding to cases of multiple discrimination.

3.5.4 Equality Act 2006, the Equality and Human Rights Commission (EHRC) and human rights

Until October 2007 Britain had three equality Commissions – the Commission for Racial Equality (CRE), Disability Rights Commission (DRC), and Equal Opportunities Commission (EOC).

The Equality Act 2006 created the EHRC, which started its work in October 2007, taking over the mandates of the three Commissions and assuming responsibility for more recent legislation on age, transgender, sexual orientation, and religion and belief. Crucially, it will take the lead in promoting the development of a human rights culture in Britain (Equalities Review, 2007: 13).

3.5.5 The Race Relations (Amendment) Act 2000 and the Race Relations Act 1976 (Amendment) Regulations 2003

The Race Relations (Amendment) Act 2000 amended the highly significant Act of 1976.

The significance of the 1976 Act is captured well by Trevor Phillips:

“The 1976 legislation itself helped to force new doors open, and not before time. The pernicious practice of ‘at-the-gate’ recruitment, for example, in which jobs were handed out without advertisement, was made effectively unlawful by the 1976 Act. For years, the practice of casual hiring was used to shut non-Whites out of work. Jobs were passed down from father to son, and anyone who wasn’t connected wouldn’t even know that jobs were available. It took some years to drive the practice out of the workplace...but to all intents and purposes, this era was over. One door shut for bigots, but another opened for minorities” (2006: 151).

According to Rabinder Singh on the 2000 Amendment Act:

“The 2000 Amendment Act made another fundamental change to the law, again in response to a recommendation in the Stephen Lawrence Inquiry Report. It introduced section 71, which imposes a positive duty on public authorities to have due regard to the need to eliminate racial discrimination and to promote equality of opportunity and good race relations” (2006: 136).

The Race Relations Act 1976 (Amendment) Regulations 2003 implement the EU Racial Equality Directive. Among the main amendments and changes are a new definition of indirect discrimination and an independent definition of racial harassment. The Act also makes it easier for complainants to bring cases against their employers.

3.5.6 The Human Rights Act 1998 (HRA)

This act places key responsibilities on all those working in the public sector. It is a vital part of the Government’s programme to encourage a civic society, in which the rights and responsibilities of all citizens are clearly recognised and properly balanced. The Act allows people to claim their rights under the European Convention of Human Rights (ECHR) in UK courts and tribunals, instead of having to go to the European Court in Strasbourg.

In the Department for Constitutional Affairs’ (DCA) review of the HRA, that was completed in August 2006, it was pointed out that the purpose of the HRA was still misunderstood by the public and that in a number of situations the Act had been misapplied. In this review it was recognised that the HRA is very important in raising standards in public services. It also committed the Government to improving guidance and support on human rights both within departments and throughout the public sector (Age Concern, 2007).

In October 2006, the DCA published two guides on human rights for managers in the public sector. The guide to the HRA for the public was also updated.

3.5.7 Social exclusion and inclusion

“In life the husband and wife are very important to each other. If one passes away, the other is often very lonely. Day centres and community centres where you can meet other people like you are very important”

Minority ethnic older person, Dec 2006

The Government published its first action plan on the social exclusion of older people in January 2006: *A Sure Start to Later Life: Ending Inequalities for Older People*.

This report highlighted that 29% of older people are excluded in one dimension such as social relations, 13% of older people are excluded in two dimensions such as social relations and cultural activities, and 7% of older people are excluded in three dimensions such as social relations, cultural activities and civic participation (SEU, 2006: 19).

It is reported that non-White older people are more likely to be excluded on the following dimensions:

- Exclusion from cultural activities
- Exclusion from basic services
- Exclusion from financial products
- Exclusion from material consumption

The report suggested piloting ‘Link-Age Plus’, discussed below under ‘Joining up services’.

Age Concern argues that:

“What is missing from the report is how progress against the actions will be monitored, evaluated and reported against. Government has set a positive agenda to tackle social exclusion, but it will need to be held to account to deliver on the promised actions” (2006: 10).

Age Concern also points out that the first action plan of the Cabinet Office Social Exclusion Task Force, which replaced the Social Exclusion Unit, did not mention older people (Age Concern, 2007: 5).

In September 2006 the Government published *Working Together: UK National Action Plan on Social Inclusion 2006-08*. Policy objective 3 is ‘improving access to quality services’, clearly of importance to minority ethnic older people, and older people are a key point of focus in the report. Despite attention paid to older people and minority ethnic communities however, including tackling discrimination, PRIAE would argue that insufficient attention overall is given to minority ethnic older people.

3.5.8 Community cohesion

“Have special events that bring old and young together”

Minority ethnic older person, Feb 2007

“Cross-cultural activities should be encouraged among older people”

Minority ethnic older person, Feb 2007

In June 2007 the Commission on Integration and Cohesion published its report ‘Our Shared Future’. Four key principals relating to integration and cohesion were proposed:

1. An emphasis on articulating what binds communities together rather than what differences divide them, and prioritising a shared future over divided legacies;
2. An emphasis on a new model of rights and responsibilities, one that makes clear both a sense of citizenship at national and local level, and the obligations that go along with membership of a community, both for individuals or groups;
3. An ethic of hospitality – a new emphasis on mutual respect and civility that recognises that alongside the need to strengthen the social bonds within groups, the pace of change across the country reconfigures local communities rapidly, meaning that mutual respect is fundamental to issues of integration and cohesion;
4. A commitment to equality that sits alongside the need to deliver visible social justice, to prioritise transparency and fairness, and build trust in the institutions that arbitrate between groups.

3.5.9 Joining-up services

In 2004 the Department for Work and Pensions (DWP), working with other government departments and partners, developed a ‘Link-Age’ model designed to provide a better integration of health, housing, benefits and social care for older people (Age Concern, 2006: 17).

According to the DWP:

“LinkAge Plus is a pilot programme which will expand the principles of joined-up working and provide access to a wide range of services, such as housing, transport, health and social care, and work and volunteering opportunities, as part of a seamless service for older people... The pilots will be designed to tackle inequality and promote social inclusion” (2006a: 26).

The Link-Age Plus model was designed to test out the Sure Start approach to older people. Older people had highlighted to the Social Exclusion Unit *“the importance of a full range of services being delivered locally and in one place – rather than being pushed from pillar to post by service providers”* (SEU, 2006: 9).

The model will also be piloted through Partnerships for Older People Projects (POPPS), which will increase preventative services for older people and understanding of ‘what works’ (SEU, 2006: 9-10).

The pilot funding for POPPS was announced in the Spending Review 2004 and provided ring-fenced funding of £60m. £41,049.00 was announced in phase one for projects running from 2006-08. In phase two, £18.5m is available for projects running from 2007-08.

The DWP is also currently exploring the case for a cross-government ‘Office of Ageing’ (Age Concern, 2007: 6).

3.6 Recommendations for action

- (1) There is need for a clear set of indicators for highlighting the inequalities that are faced by minority ethnic older people and the reasons behind them, improving understanding of minority ethnic older people and an assessment of data requirements
- (2) Equalities legislation needs to be implemented and assessed with regard to the needs of minority ethnic older people, who frequently experience multiple disadvantage and discrimination
- (3) Link-Age Plus Programmes and Partnerships for Older People Projects (POPPS) need to be evaluated in terms of their effectiveness at meeting the needs of minority ethnic older people

4. Health and Social Care

“Many young people think that older people are mad when doing physical exercises”

Minority ethnic older person, Feb 2007

KEY ISSUES

4.1 Health outcomes

Older people from minority ethnic groups are more likely to describe their health status as poor than the total population (Age Concern, 2002: 3).

PRIAE has in particular drawn attention to the problem of diabetes and coronary heart disease in minority ethnic communities through the ‘What Works For Us’ project, funded by the Department of Health.

Gunaratnam (2006) for PRIAE and the National Council for Palliative Care (NCPC) provides the following overview of evidence on health inequalities and issues affecting minority ethnic older people:

- There are higher rates of coronary heart disease amongst Pakistani and Bangladeshi groups and higher levels of hypertension in the Black-Caribbean group;
- Mortality rates associated with diabetes are higher for South Asian and the Black-Caribbean group and end stage renal failure is significantly higher among South Asian people with diabetes, compared to White, British diabetics;
- In general, older people from minority ethnic groups are more likely to report being in poor health and that activity in their daily lives has been restricted due to illness or injury;
- The most prevalent life-limiting diseases amongst older people from Black-Caribbean, South Asian and Chinese and Vietnamese backgrounds are coronary heart disease and cardiovascular conditions, with other chronic and co-existing conditions being diabetes, arthritis/rheumatism, lung/breathing problems,

osteoporosis and kidney problems;

- There is an excess of deaths from cerebrovascular accident (stroke) amongst Black-Caribbean older people; high rates of coronary heart disease amongst older people from South Asian backgrounds; and high rates of diabetes amongst older people from the Caribbean, Africa, Asia and the Middle East.

Additional significant health inequalities to note are:

- The Health Survey of England (1999) reports that South Asian men and women as well as all Black Caribbean women aged 55+ report relatively high levels of limiting longstanding illness compared to the general population (Patel, 2003: 21);
- The Health Survey of England (1999) also reports that Black Caribbean men and all minority ethnic women aged 55+ have a greater incidence of high blood pressure than the general population (Patel, 2003: 23);
- Among men aged 55+, Indians and Pakistanis consult their GP on mental health matters almost twice as often as the general population. South Asian and Black-Caribbean women aged 55+ have higher rates of consultation than the general population. This is particularly true of Pakistani women aged 55+.

In 2003 PRIAE completed its Minority Elderly Care (MEC) research project, a three-year project covering ten European countries¹, 26 ethnic minority backgrounds, 901 health and social care professionals, 312 voluntary organisations and which employed 30 or more researchers.

MEC was supported by the European Commission (EC) under its Fifth Framework Research Programme. The MEC proposal was awarded the highest research rating in its stream and remains the first and only research project to be supported in ageing and ethnicity in the EC’s 24 years of Framework funding.

In the UK, 390 face-to-face interviews were conducted with minority ethnic older people from three different ethnic minority communities², 101

1. France, Germany, the Netherlands, Spain, Finland, Hungary, Bosnia-Herzegovina, Croatia, Switzerland and the UK

2. African-Caribbean, South Asian, Chinese/Vietnamese

health and social care workers were interviewed using a face-to-face, structured questionnaire, and representatives from 50 minority ethnic voluntary organisations were interviewed in total. The interviews were conducted in London, West Yorkshire and Scotland.

MEC UK (PRIAE, 2005a) findings highlight a number of health inequalities relating to minority ethnic older people and also that there are a number of differences by ethnic group, gender, age, and location.

Health inequalities by ethnic group

- African-Caribbean older people had a higher incidence of high blood pressure than South Asians who, in turn, had a higher incidence than the Chinese/Vietnamese older people;
- African-Caribbean and South Asian older people had a higher incidence of diabetes than the Chinese/Vietnamese;
- Heart disease and lung/breathing conditions were highest amongst the South Asians;
- Osteoporosis and memory problems were highest amongst the Chinese/Vietnamese.

Health inequalities by gender

- Men had a higher incidence of diabetes compared to women (men 42%, women 26%). Women had higher incidences of arthritis/rheumatism, musculoskeletal disorders, osteoporosis and constant headaches/migraine. The differences between men and women with regard to muscle and bone disorders are quite marked: arthritis and rheumatism – women 63%, men 46%; osteoporosis – women 17%, men 8%; musculoskeletal disorders – women 46%, men 29%;
- More women had physical problems and more men had emotional problems. There were slightly more men than women with no problems at all.

Health inequalities by age

- The serious health problems were not related to age. The age-related conditions were problems with eyesight, high blood pressure, hypertension, dental problems, sleeping problems, hearing problems and kidney/urinary tract disorders;
- The Chinese/Vietnamese had a lower score than the other two groups on the index of

physical limitation. This index was related to age, with the measure rising across all age groups. The South Asians had a lower score than the other two groups on the index of well-being. There were no differences in this measure by region, gender or age. The African-Caribbeans had a higher score than the other two groups on the index of self-esteem. Those aged 64 years or below had a higher score than the older age groups.

Health inequalities by region

- There were only a few regional differences. Scotland had a higher incidence of dental problems and thyroid disorders. Yorkshire had a lower incidence than the other two regions of musculoskeletal disorders, kidney/urinary tract disorders and mental problems.

4.2 Accessing services

In no other area is the problem of accessing services more pronounced than in relation to health and social care, because, by definition, health and social care is largely a service-led sector.

The issue of minority ethnic older people accessing health and social care services is discussed in greater detail below in relation to primary care, community health services, and social care.

Age Concern argues that difficulty accessing or even being refused services reflects a lack of cultural sensitivity (2002: 4).

Information is also a key dimension affecting take-up of services, as PRIAE found when engaging minority ethnic older people and minority ethnic age organisation managers for its report to the Royal Commission on Long-Term Care:

“The delegates spoke cogently about why in the 1990s it was so difficult to establish what was available, where and how to access basic information on services. Research studies which we have cited all point to lack of knowledge and information on social care, primary and secondary health services (‘going beyond visits to the GP and the hospital’) among BEM [black and ethnic minority] elders

and carers” (PRIAE, 1999a: 259).

PRIAE found in its MEC UK research study that Social Services respondents were more likely than NHS respondents to agree that minority ethnic older people have special problems of access; and managers/planners were more likely than professionals to agree that minority ethnic older people have special access problems. The top reasons given for the special circumstances of minority ethnic older people were language problems, clients’ cultural norms and values, and the experience of discrimination (PRIAE, 2005a).

4.3 Primary care

In PRIAE’s 1999 report for the Ethnic Minorities Steering Group at Age Concern as part of the Millennium Debate of the Age, *Ageing Matters Ethnic Concerns*, it was reported that:

“Some...studies show evidence for a relatively high 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” (PRIAE, 1999b: 44-45).

It is now well accepted that while *“black and minority ethnic populations are the highest users of primary care services, they are least likely to gain access to appropriate health services and treatment”* (Age Concern, 2002: 3).

This may be due to language and communication problems, or cultural differences.

Through PRIAE’s MEC UK (PRIAE, 2005a) study we have been able to refine our understanding of how primary care services are used by different ethnic groups, levels of satisfaction, and associated consequences:

- High proportions of informants used GP services, dentists, opticians and also more than half the informants had used the hospital outpatient clinic. Overall, satisfaction levels with the different services were high with all mean scores being over the value of 3;
- The Chinese/Vietnamese older people used the GP service less than the two other groups.

The frequent users of GP services had a poorer standard of general health, a poorer quality of life and enjoyed life less. They needed more medical treatment to function every day and during the last month had more pain which interfered with their normal work or regular activities. They had more physical limitations and scored lower on the indices of self-esteem and well-being;

- The South Asian older people were rather less satisfied than the African-Caribbeans with GP services. A high proportion of Chinese/Vietnamese older people (64%) expressed themselves as ‘somewhat satisfied’ with their GP service;
- Those less satisfied with their GP service had poorer general health, a poorer quality of life and enjoyed life less compared to the more satisfied users. There was no difference in how much medical treatment the less satisfied or the more satisfied needed to function, but those who were less satisfied suffered more interference with their daily activities from pain and had a higher score on the index of physical limitations. They also scored lower on the indices of self-esteem and well-being.

4.4 Community health services

Although many older people from minority ethnic groups are registered to and use General Practitioner services, the usage of community health services among minority ethnic older people tends to be low (Age Concern, 2002: 3).

4.5 Social care

Older people from minority ethnic communities do not always receive appropriate social care. Reasons include language barriers; insufficient knowledge of availability and rights to social and public services; lack of awareness of social rights; low expectations of their life in the UK; negative experiences of retirement; poor mental and physical health; racism – overt and often inadequate – at individual and institutional levels, including professional assumptions that their family will provide care and a ‘colour-blind’ approach to service provision and assessment; inadequate support from their family; lack of consultation with minority ethnic communities in service planning and delivery; geographical

isolation, social exclusion and poor outreach (Age Concern, 2002: 4; Age Concern, 2003: 19).

A survey of social services departments' and district health authorities' provision of services for minority ethnic older people found that there was great variation between organisations in the extent to which they catered for any specific needs of minority ethnic older people. What provision did exist was patchy and small-scale. The main reasons given by staff for lack of provision were: lack of resources; lack of demand/small numbers; lack of organisational commitment; lack of initiative by minority ethnic populations themselves; racism; ageism (Age Concern, 2002).

PRIAE's MEC UK findings provide additional evidence on social care service usage patterns of minority ethnic older people, levels of satisfaction, and health outcomes:

Service usage

- The services with the highest proportion of users were the social day-care services and the transport services (the use of these two services could be linked). Excluding the residential services, those services which were regularly used (i.e. daily or once/twice a week) are home care, social day-care and transport services;
- The African-Caribbeans had a higher incidence of usage of social day-care services than the other two groups. The African-Caribbean older people were also more likely to use the services daily or once/twice per week than the other two groups.

Levels of satisfaction

- Overall, satisfaction with social care services was high. The South Asians were less satisfied with home nursing, home care and day care. The older informants (75 and over) were less satisfied with day care than younger informants. There were no differences in satisfaction levels with regard to gender, but there were some regional differences.

Health outcomes

- PRIAE compared the 'frequent users' of day-care with the 'less frequent users'. The frequent users had better general health, enjoyed life more, needed less medical

treatment, had less pain interfering with daily activities, and scored higher on the index of self-esteem and index of well-being than the 'less frequent users'. There were no differences between the groups with regard to their (self-assessed) quality of life, the availability of help when needed/wanted and the index of physical limitations.

Social care provision

- PRIAE is concerned that the number of residential care beds has been steadily reducing since 1995. Age Concern asserts that even with possible expansion of alternatives such as extra care sheltered housing [discussed in subsequent chapter], demand for residential beds is likely to grow, meaning that the availability of residential care beds will not be able to meet demand (Age Concern, 2006: 54).

4.6 Palliative care

Palliative care services are used mainly by people with cancer. Cancer mortality is relatively lower in most minority ethnic groups. However, emerging research from the USA suggests that there are ethnic disparities in clinical outcomes for cancer patients and that those from minority ethnic groups can have worse survival rates. Minority ethnic older people can also be more likely than White patients to receive inadequate cancer pain control (Gunaratnam, 2006: 4).

Deaths from all types of cancer are high in Irish people in the UK and most are in excess of all other groups (Age Concern, 2003: 11).

It must also be noted that particular ethnic groups are at greater risk of contracting particular types of cancer and therefore the general pattern noted above must not divert attention away from more concentrated work on minority ethnic older people and rates of cancer.

Despite relatively high levels of satisfaction with health and social care services (PRIAE, 2005a), there is some evidence to suggest poorer access to palliative care services for minority ethnic older people. Wider studies show that access to services for minority ethnic groups can be limited, particularly by the 'gate-keeping' of GPs (Gunaratnam, 2006: 5).

4.7 Our Health, Our Care, Our Say: a new direction for community services

Type of policy: White Paper

Date published: 30th January 2007

Key messages

Four main goals are outlined in the White Paper:

- 1. Better prevention and early intervention for improved health, independence and well-being;**
- 2. More choice and a stronger voice for individuals and communities;**
- 3. Tackling inequalities and improving access to services;**
- 4. More support for people with long-term needs.**

Minority-specific messages

“Services should be person-centred, seamless and proactive. They should support independence, not dependence and allow everyone to enjoy a good quality of life, including the ability to contribute fully to communities. They should treat people with respect and dignity and support them in overcoming barriers to inclusion. They should be tailored to the religious, cultural and ethnic needs of individuals” (DH, 2006a: 204).

4.8 Personalisation and choice

Key messages

Direct Payments and Individual Budgets are key components of the government's personalisation and choice agenda.

Direct Payments are cash payments to individuals who have been assessed as needing services, in lieu of social service provisions. They can be made to disabled people aged 16 or over, to people with parental responsibility for disabled children, and to carers aged 16 or over in respect of carer services.

The commitment to pilot **Individual Budgets** was made in *Improving the Life Chances of Disabled People; Opportunity Age; Independence, Well-being and Choice*; and 'Our Health, Our Care, Our Say'.

Key features of Individual Budgets are:

- A transparent allocation of resources, giving individuals a clear cash or notional sum for them to use on their care or support package;
- A streamlined assessment process across agencies, meaning less time spent giving information;
- Bringing together a variety of streams of support and/or funding, from more than one agency;
- Giving individuals the ability to use the budget in a way that best suits their own requirements;
- Support from a broker or advocate, family or friends, as the individual desires.

PRIAE evidence

On 4th December 2007 PRIAE's Information and Policy Manager spoke at the Society Guardian Conference *Commissioning Care for Older People: Defining the landscape for service provision*. The presentation stated that "the advocacy role is going to be crucial to the success of Individual Budgets, and it's particularly crucial for BME elders that advocacy and advice are provided by people with the necessary language skills".

4.9 Social care funding

Key messages

A Green Paper on social care funding is due to be published in 2008. A highly influential report on social care funding, *Securing Good Care for Older People: Taking a Long-Term View*, was written by Sir Derek Wanless and published by the King's Fund in 2006. The report has been widely influential and therefore it is important to present an overview of its recommendations.

The Wanless Report states that there are three main options for social care funding:

1. The **partnership** model: provides people with a free-of-charge minimum guaranteed amount of care – this is set in the model at 66% of the total benchmark care package, but could be varied either up or down. Individuals can then make contributions matched by the state (up to a limit): in the model, every pound that people contribute is matched by a pound from the state until the benchmark care package is achieved (thereafter extra private contributions are not matched). Those on low incomes would be supported in making additional contributions through the benefits system;
2. **Free personal care** provides a full package of personal care without charge;
3. A **limited liability** model is a hybrid, effectively a means-tested system for the first three or four years of care and then free personal care thereafter.

Wanless concluded that the partnership model was the best option.

PRIAE evidence

PRIAE submitted evidence for Research Volume 1 of the Royal Commission on Long Term Care published in 1999. The Royal Commission was chaired by Professor Sir Stewart Sutherland and all nine Royal Commissioners were signatories to the recommendation that “*in principle the costs of ‘personal care’, should be met by the state*”.

4.10 Hospital care

Key messages

The Government planned for all NHS Trusts to become NHS Foundation Trusts by 2008. NHS Foundation Trusts were established by the Health and Social Care Act 2003, and are independent public benefit corporations. They must meet national targets and standards, but are not subject to directions from the Secretary of State. Regulation is undertaken by Monitor, an independent non-departmental public body (Age Concern, 2006: 40).

PRIAE evidence

PRIAE has found that the services with the lowest level of satisfaction amongst minority ethnic older people were hospital accident and emergency, and rehabilitation (PRIAE, 2005a).

In 2000 between October and November PRIAE interviewed 32 older people from three ethnic groups (African-Caribbean, Asian and Chinese, with a number of them sharing sub-ethnicity, language, religion and social class) in England and Scotland for a joint report with Help the Aged *Dignity on the Ward* (2001).

The older people were aged 55-80 years and over. Twenty were women, twelve were men, and they came from East Scotland, Leeds and three London Boroughs.

PRIAE reports that the changes older people would make are:

- The availability of interpreters on the ward;
- To be kept informed about their medical status and to be actively involved in any decisions about their care;
- More nursing staff from ethnic minorities;
- Nursing staff who have a sensitive approach and are aware of racial and cultural needs;
- Measures to tackle rudeness and insensitive attitudes on the part of hospital staff;
- Radical improvements in the type, quality and quantity of food;
- Menus could be illustrated to overcome language difficulties;
- To have religious needs met;
- Care tailored to the individual's needs;
- Better staffing levels;
- Privacy and confidentiality on the ward;
- Separate male/female wards;
- Improved shower/washing facilities.

PRIAE continues to support the above as recommendations.

Additional evidence

Despite recent policy statements on the importance of dignity in care, considerable work still needs to be done. In March 2006 the Commission for Social Care Inspection (CSCI), Audit Commission and Healthcare Commission reported that:

“some older people experienced poor standards of care on general hospital wards, including poorly managed discharges from hospitals, being repeatedly moved from one ward to another for non-clinical reasons, being cared for in mixed-sex bays or wards and having their meals taken away before they could eat them due to a lack of support at meal times. All users of health and social care services need to be treated with dignity and respect. However, some older people can be particularly vulnerable and it is essential that extra attention is given to making sure that givers of care treat them with dignity at all times and in all situations. To fail to do this is an infringement of their human rights” (CSCI et al., 2006: 9).

“Old age means dignity. Having good friends, having peace of mind, also the ability to contribute to the community”

Mr M A Khan Lodhi, speaking in the PRIAE film
‘Progressing Policy with Passion’

4.11 A National Service Framework for Older People

Type of policy: National Service Framework (NSF)

Date published: 24th May 2001

Key messages

It sets eight national standards for the health and social care of older people in England and guidance on medicine management:

Standard One: Rooting out age discrimination

Standard Two: Person-centred care

Standard Three: Intermediate care

Standard Four: General hospital care

Standard Five: Stroke

Standard Six: Falls

Standard Seven: Mental health in older people

Standard Eight: The promotion of health and active life in older age

Minority-specific messages

In April 2006, *A New Ambition for Old Age: Next Steps in Implementing the National Service Framework for Older People* (DH, 2006c) was published by Professor Ian Philp, National Director for Older People. This superseded *Better Health in Old Age* published in November 2004.

The implementation report covered ten programmes under three themes: Dignity in Care; Joined-Up Care; and Healthy Ageing. In relation to Healthy Ageing the report states that one of the main aims is to *“improve access to health care and health promotion services for older people who are socially excluded, living in poverty, have mental health problems, and those from black and minority ethnic groups, and protect vulnerable older people from cold and heat-related illness”*.

PRIAE evidence

PRIAE has expressed support for the creation of an Active Ageing Unit (PRIAE, 1999b: 33) and maintains that *“active ageing as part of age as a resource is as healthy for the individual and the communities as for the public purse”* (PRIAE, 1999b: 33).

Initiatives to promote physical activity in old age must be culturally appropriate and PRIAE is in the process of developing a culturally diverse physical activity training programme through its AIM (Ageing Actively in Minority Communities) project.

PRIAE was a member of the task group that formulated the National Service Framework for Older People Standard 7. The Institute played a key role in securing recognition of the shortfalls in provision for sufferers from the ethnic minorities.

4.12 Mental health

Key messages

In July 2005 the National Clinical Directors for Mental Health and Older People, Louis Appleby and Professor Ian Philp, published *Securing better mental health for older adults*. This highlights the fact that because the National Service Framework for Mental Health focuses on ‘adults of working age’, older people have not benefited from some of the developments seen for younger adults and some of the developments in older people’s services (such as intermediate care) were not fully meeting the health needs of older people (Age Concern, 2006: 39). There is therefore a growing drive towards age equality in mental health services.

The Mental Capacity Act received Royal Assent in the spring of 2005. The aim of the act is to improve and clarify the decision-making process for adults (over 16) who are unable to make decisions for themselves. It extends the legal framework of decision-making beyond matters of property and financial affairs to health and personal welfare (Age Concern, 2006: 39).

Minority-specific messages

“PCTs should support access to assessment, treatment and care for all those at risk, paying particular attention to the needs of those from black and minority ethnic communities and other groups that may be hard to reach”.

PRIAE evidence

PRIAE produced a ground-breaking study in 1998 detailing measures to improve provision to ethnic minority people suffering from dementia. This work brought together researchers from the UK, Denmark and France who produced a series of recommendations for good practice (Patel, N. *et al.*, 1998).

The study was followed by an innovative video in 1999, *Dementia Matters Ethnic Concerns*, which sought to continue informing mainstream and statutory providers of the needs of ethnic minority older people suffering from dementia.

The key recommendations from the CNEOPSA (Care Needs of Ethnic Older People Suffering from Alzheimer’s) project are:

- Targeted developments and research must be put in place to assist ethnic minorities in accessing dementia care, as this has been so impoverished in the past. The involvement of mainstream statutory and voluntary providers is crucial due to the resource limitations of the dementia sector as a whole;
- An information and communication strategy needs to be put in place to increase awareness of dementia and support for carers. A number of cultural barriers continue to prevent ethnic minority groups from recognising the onset of Alzheimer’s or seeking outside help;
- A training package needs to be put in place for health and social care professionals, allowing them to engage with the issues and develop their own appropriate strategies;
- Mainstream organisations need to employ specialist minority ethnic workers, who are well placed to ascertain needs and anticipate problems. This would also help to stimulate appropriate care developments for the future.

PRIAE has also argued that policymakers need to recognise that minority ethnic organisations are essentially acting as primary providers of care in the absence of mainstream services. This should be reflected in future funding arrangements, as they currently suffer from scarce and short-term resources.

Additional evidence

The Commission for Social Care Inspection (CSCI), Audit Commission and Healthcare Commission, in their March 2006 report *Living well in later life: A review of progress against the National Service Framework for Older People*, state that explicit age discrimination has declined since the NSF was published as a result of NHS trust auditing policies on access to services and social services reviewing their eligibility criteria.

The exception to this decline however is said to be mental health services, where the organisational division between mental health services for adults of working age and older people has resulted in the development of an unfair system, as the range of services available differs for each of these groups. For example, out-of-hours services for psychiatric advice and crisis management for older people are not as developed as those for adults of working age. Older people who have made the transition between these services when they reached 65 have said that there were noticeable differences in the quality and range of services available (CSCI et al., 2006: 8).

The second report of the UK Inquiry into Mental Health and Well-being in Later Life, *Improving services and support for older people with mental health problems* (Age Concern, 2007b), concluded that there is “tremendous unmet need” in this area, and identified five main areas for action: (1) ending discrimination (age discrimination was identified as the most fundamental problem); (2) prioritising prevention; (3) enabling older people to help themselves and each other; (4) improving current services; and (5) facilitating change.

4.13 Palliative care

Key messages

A national end-of-life care strategy is being developed to deliver increased choice to people near the end of their life about where they are cared for and where they die. This will involve: establishing end-of-life care networks to improve co-ordination between services and help identify people in need; extending the existing end-of-life care programme to ensure that all staff who care for people who are dying are properly trained; and investing in community-based specialist palliative care services to provide rapid response and Hospice at Home services (DH, 2006b).

PRIAE evidence

In 1999 PRIAE argued for the creation of a good guide of practices which would enable minority ethnic elders to exercise their beliefs and choice on end-of-life issues (PRIAE, 1999b: 11). PRIAE has subsequently published a guide providing information and help for older people on palliative care services (PRIAE, 2007).

In 2006 Gunaratnam for PRIAE and NCPC made the following recommendations and observations on tackling palliative care service inequalities for minority ethnic older people:

Not being taken seriously

- Minority ethnic older people and carers can feel that a patient's experiences and symptoms are not taken seriously by doctors. Advocacy, intervention and support from family and friends can make a significant difference to some older people's care.

Language

- People who do not speak English face particular barriers in accessing and using services. For some elders who do not speak English, treatment and care can be mystifying, while also rendering them passive. The inability to communicate with minority ethnic patients can also cause dissatisfaction and stress amongst professionals. Initiatives involving multi-lingual and multi-media resources and the provision of interpreters and health advocates (bilingual interpreters trained in health advocacy and the palliative care approach) are developing within the cancer and palliative care fields...[however]...Despite growing attention to the needs of those who do not speak English, access to trained interpreters, advocates and bi-lingual professionals is highly variable across palliative care services (Gunaratnam, 2006: 19-20).

Social and cultural taboos and the challenge for awareness raising

- Some cancer and palliative care services are addressing the need to work with minority ethnic voluntary and community organisations to raise awareness of palliative care, dispel common myths and misunderstandings about illness and to promote greater access to services and support.

Resilience

- The need for professionals to understand and build upon the sources of resilience in minority ethnic patients' and carers' lives is being recognised by researchers and palliative care professionals.

Education and training for culturally responsive care

It has been recognised that there needs to be two-way education between specialists and generalists in order to provide better access to palliative care for those older people with non-malignant conditions. However, this recognition has not taken into account the need for education and training to address diversity amongst older people.

4.14 Recommendations for action

- (1) The availability and quality of social services provision for older people needs to be effectively monitored by Government and local authorities
- (2) Monitor the effectiveness of the implementation of the White Paper '*Our Health, Our Care, Our Say*' for minority ethnic older people
- (3) Monitor the success of Individual Budgets in the 13 local authorities piloting the scheme. In particular, how can local authorities enable people with specific support needs (e.g. language barriers) to make effective use of Individual Budgets?
- (4) An equitable solution to the cost of personal care needs to be established by the forthcoming Green Paper on social care funding
- (5) Ensure the promotion of dignity in care, including at end of life, as a human rights principle
- (6) Age equality in mental health services needs to be achieved, including the promotion of mental health as part of active ageing. The Mental Capacity Act needs to be assessed in terms of adequacy for minority ethnic older people
- (7) Minority ethnic older people and minority ethnic age organisations need to be able to engage with the national end-of-life care strategy and end-of-life care networks

5. Housing

5.1 Patterns of housing settlement

Employment patterns generally determined the broad patterns of settlement of ethnic minorities, close to the industrial conurbations chiefly in London, the North West, South and West Yorkshire, East and West Midlands.

The PSI Survey (1984) summarises this situation:

“...it should be remembered that just as the jobs that were available to black people were those not wanted by white people, so the areas in which black people worked and lived tended to be those that white people were already moving away from” (Patel, 1990: 14).

5.2 Housing tenure

Older Black-Caribbeans are more likely to reside in local authority or housing association accommodation than other groups, while over a quarter of older Pakistani and Bangladeshi live in households with no central heating, and over a third live in households with more than one person per room (Age Concern, 2002: 2).

5.3 Housing conditions

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

Many Asian older people, particularly members of Pakistani and Bangladeshi communities, live in the worst housing in terms of size of home, lack of adaptations, poor design, poor insulation, disrepair, inconvenient location, poor access, overcrowding, problems with neighbours, isolation from family, religious and cultural institutions, and poor health and safety. In a 2001 survey carried out by Age Concern, 78% of Bangladeshi householders said that they lived

in households with five or more people, while none contained five or more bedrooms. 55% of Pakistani respondents said that they lived in households with five or more people, but only 3% of households contained five or more bedrooms (Age Concern, 2002: 5).

Housing status and owner occupation varies between ethnic groups, but on the whole minority ethnic groups are more likely to live in poorer quality and overcrowded accommodation, regardless of tenure, and are also more likely to live in deprived areas, with higher than average crime rates and poorer access to facilities (PRIAE, 2005c: 4).

5.4 Household size

Asian households are larger than those of any other ethnic group. Households headed by a Bangladeshi person were the largest of all with an average size of 4.5 people in April 2001, followed by Pakistani households (4.1 people) and Indian households (3.3 people). Asian households are most likely to contain more than one family with dependent children. These types of households made up 2% of all households in Great Britain whereas among the Bangladeshi community they made up 17% of households. The smallest households were found among the White and Black-Caribbean households (average size 2.2 people). This means that older people from minority ethnic groups, particularly Pakistani and Bangladeshi older people are more likely to live in households containing more than one generation, indeed only 2% of Bangladeshi older people live in pensioner only households, compared with 27% of Irish older people (PRIAE, 2005c: 5).

Living in an extended family does not necessarily mean that the family provides for older people's material and psychological needs (PRIAE, 1999b: 42).

5.5 Quality and Choice for Older People's Housing: A Strategic Framework

Type of policy: Strategic framework

Date published: January 2001

Key messages

Five key priority areas were identified:

1. Diversity and Choice

ensuring the provision of services which are responsive to all older people's needs and preferences

2. Information and Advice

ensuring that information and advice is accessible both to professionals and older people themselves on the variety of housing and support options available

3. Flexible Service Provision

assisting local authorities and service providers to review housing and service models to improve flexibility

4. Quality

emphasising the importance of quality of housing and support services, both in terms of ensuring homes are warm and safe and in monitoring the services provided

5. Joint Working

improving the integration of services delivered at the local level by housing, social services and health authorities

Independence is another key theme emphasised:

"to ensure older people are able to secure and sustain their independence in a home appropriate to their circumstances".

HOPDEV (Housing for Older People Development Group), an external development group made up of older people, individuals from local councils, the NHS, housing associations and others, was established in 2001 to help the Government deliver on the strategic framework '*Quality and Choice for Older People's Housing*'.

Minority-specific messages

In the forward by Chris Mullin, then Parliamentary Under Secretary of State for the Department of the Environment, Transport and the Regions (DETR)³, and John Hutton, then Minister of State for Health, it was stated that:

"Through the ongoing development and improvement of this strategic framework we are seeking to explore the key housing issues affecting all older people and to ensure that policies and actions are in place to address them. This includes meeting the specific concerns of older people from black and minority ethnic communities, older people with dementia, and other groups with specific needs and requirements" (DH & DETR, 2001).

3. DETR became the Office of the Deputy Prime Minister (ODPM) which is now Communities and Local Government

Diversity and choice

- The number of older black and minority ethnic households will rise faster than the remainder of the population and they have specific housing needs and preferences that need to reflect cultural factors. A survey of housing associations (Registered Social Landlords (RSLs)), published in September 2000, has shown that there is still much more to be done in consulting black and minority ethnic groups about their housing needs (with over half the RSLs in the study not undertaking consultation) (DH & DETR, 2001: 10);
- The Housing Corporation has produced specific strategies for minority ethnic groups involving the development of a number of black-led housing associations under its strategies from 1986-1992, many of which provide housing and support services for older people (DH & DETR, 2001: 10);
- Local authorities through HIP (Housing Investment Programme) guidance are reminded of their duties to reflect diversity and are urged that local housing strategies have an ethnic dimension (DH & DETR, 2001: 11).

Information and Advice

- Many people from black, minority ethnic and refugee groups use their community organisations as the point of call for advice and support (DH & DETR, 2001: 13);
- Advice and information that is appropriate for all older people – in different settings, formats and languages (DH & DETR, 2001: 14).

Joint Working

A key outcome to have “*More integrated services and a shift in the cultural barriers that have made joint working difficult*” (DH & DETR, 2001: 29).

PRIAE evidence

PRIAE made a number of recommendations relating to ‘The Built Environment’ in *Ageing Matters Ethnic Concerns* (PRIAE, 1999b):

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

PRIAE believes that housing and other strategies must be developed at a local level in relation to the overall ‘built environment’. PRIAE therefore welcomes the statement made in *Quality and Choice for Older People’s Housing: A Strategic Framework* in relation to joint-working:

“In considering policy on housing and older people, it is important to take a holistic approach, looking at crime, distance to shops, amenities, transport links and cultural amenities and preferences as well as physical aspects of the housing stock” (DH & DETR, 2001: 26).

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

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

5.6 National Strategy for Housing in an Ageing Society

Type of policy: National Strategy

Date published: Forthcoming

Key messages

The priorities outlined in the National Strategy for Housing in an Ageing Society pre-strategy document related to improving quality of life for all older people now and in the future, through:

- Housing that meets basic standards
- Better health
- Greater independence
- Sustainability
- Preventing crisis
- Reducing inequalities and promoting culture of age equality
- Stronger communities
- Better use of housing resources

Minority-specific messages

One of the priority areas for action in the pre-strategy document was:

“We also want to ensure housing services meet the needs of diverse communities including those in rural areas, and in black and minority ethnic communities, and those from the most excluded groups such as homeless people”.

PRIAE evidence

PRIAE responded to the National Strategy for Housing in an Ageing Society pre-strategy document in June 2007 and presented much of the evidence included in this chapter.

PRIAE also stated that it strongly supports greater choice and diversity in the housing market, including greater support for extra care housing for minority ethnic older people. PRIAE has observed little progress to date with regard to funding for minority ethnic extra care housing which it considers to be unacceptable. The *National Strategy for Housing in an Ageing Society* should advise specifically on funding for minority ethnic extra care housing.

5.7 Extra care housing

Key messages

PRIAE noted in 2006 that:

“A plethora of Government documents, including the White Paper ‘Our Health, Our Care, Our Say’, and the recent Office of the Deputy Prime Minister Supporting People consultation paper, Creating Sustainable Communities: Supporting Independence, place an increasing emphasis on creating links across strategies and policies, particularly between housing, social care and health. Furthermore, for the period 2004 to 2008, the Department of Health has allocated £147 million to support the development of extra care housing, with the support of the ODPM and Housing Corporation. The Housing LIN [Learning and Improvement Network] has been instrumental in helping local authorities and PCTs [Primary Care Trusts] deliver local housing-based solutions in response to locally assessed needs” (PRIAE, 2006b: 3).

In *Preparing Older People’s Strategies: Linking Housing to Health, Social Care and Other Local Strategies*, it was stated that:

“The Department of Health wishes to encourage the future development of extra care housing which extends the choices available to older people. An increasing number of local authorities and their health partners are starting to make the strategic shift away from residential care and towards a broader range of supported housing models, including extra care housing. This will result in a wider choice, greater independence and control for older people in line with changing aspirations” (ODPM, 2003: 7).

In the 2005 White Paper *Sustainable Communities: Homes for All*, it was also stated that the Government will:

“Meet the needs of older people and disabled people, providing housing related support and improved homes to enable independent living, and ensuring new homes meet people’s needs at all stages of their lives.”

Minority-specific messages

In *Older People’s Strategies: Linking Housing to Health, Social Care and Other Local Strategies*, the following statement is made in relation to minority ethnic older people:

“Particular emphasis needs to be given to the needs and requirements of growing numbers of frail older people and those from black and minority ethnic backgrounds. Strategies need to address how the specific needs of these groups can be addressed both in the short and longer term, and give consideration to planning for the needs of future groups of ethnic elders (i.e. those from Eastern Europe and the Middle East)” (ODPM, 2003: 6).

There is clearly therefore a drive in current Government policy towards extra care housing in particular, and meeting the needs of minority ethnic older people.

PRIAE evidence

PRIAE put together a Proposal for a Chinese Extra Care Home in London in April 2004 in light of the ongoing campaign by Mrs Shu Pao Lim MBE and colleagues of the Great Wall Society Limited⁵ to secure such a facility in London. This would be a joint enterprise with Hanover Housing Association.

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

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

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

PRIAE stated that, at present the number of minority ethnic older people in the UK is relatively small, but is expected to increase substantially over the next 20 years. However numbers should not mask the level of demand which is currently high [and outstrips supply]. Minority ethnic older people, like majority older people, look for housing solutions that best meet their needs, aspirations to autonomy and quality of life. As they continue to age there will be an increasing demand from minority ethnic communities for better and more flexible forms of care, including extra care housing (PRIAE, 2006b: 4).

5.8 Recommendations for action

- (1) The *National Strategy for Housing in an Ageing Society* needs to respond to the needs of minority ethnic older people, and promote independence, choice, and diversity in the supply of housing. Health, social care and housing need to be considered as mutually dependent, and effort needs to be made to join-up government policy and operations across the three areas
- (2) A policy framework for the provision of extra care housing for minority ethnic older people is needed and should be developed in close collaboration with minority ethnic older people and minority ethnic voluntary organisations

6. Income security, employment, poverty & pensions

KEY ISSUES

6.1 Income Security and Poverty

6.1.1 Income distribution

- Analysis of economic resources later in life confirms that minority ethnic groups are vastly over-represented in the bottom quintile of income distribution. Minority ethnic older people are also more likely to be receiving Income Support than their White counterparts (PRIAE, 2003b: 7);
- Over three-quarters of older Pakistanis & Bangladeshis and 58% of older Black-Caribbeans are in receipt of Income Support compared with 33% of older people from the White majority population. A significant proportion of minority ethnic older people are financially disadvantaged and are dependent upon income from the State (PRIAE, 2005c: 18);
- In July 2007 the Institute for Fiscal Studies (IFS) published *Pensioner Poverty over the Next Decade: What Role for Tax and Benefit Reform?* Simulations using the English Longitudinal Study of Ageing (ELSA) suggest that ‘the private incomes of individuals aged 65 and over are likely to rise over time, as new generations reaching this age do so with higher incomes; such income growth arises mainly from a projected growth in income from employment, but also from other sources, including private pensions; the rises in private incomes are greater at the lower end of the income scale, implying a reduction in levels of private income inequality among the population aged 65 and over’. While this suggests a future reduction in income inequality, the IFS do qualify however that their models may be unable to capture accurately all the distributional changes that might occur in the future, so the findings should be taken with some caution (IFS, 2007: 2).

6.1.2 Differences by ethnic group

- One-third of older Black-Caribbeans, half of older Indians and three-fifths of Pakistani and Bangladeshi older people are in the bottom fifth of income distribution compared to just over a fifth of White and a quarter of Irish older people (Age Concern, 2002: 2);
- Indian older people are least likely to experience multiple deprivation, displaying similar levels to White older people, while under half of older Pakistani and Bangladeshis, two-fifths of older Black-Caribbeans and a quarter of Irish older people experience medium or high deprivation (Age Concern, 2002: 2).

6.1.3 Poverty

- 17% of all pensioners and 32% of older people from minority ethnic communities live in poverty (Age Concern, 2007a: 11);
- Findings published by the Joseph Rowntree Foundation in April 2007 showed that the poverty rate for Britain’s minority ethnic groups stood at 40%, double the 20% found amongst White British people.

6.2 Employment

The early surveys from the Policy Studies Institute (1977; 1984) explained the unequal distribution of minority ethnic workers in the 70s and 80s (i.e. the older people 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, there is evidence to suggest that discrimination in earnings followed suit (PRIAE, 1999b: 34).

In 2004, over a third of minority ethnic

employees (35%) worked in hotels, distribution and transport, and communications. But they were far less likely than White people to work in manufacturing industries; only about 14%, compared to almost 25% of the White working population (Equality and Human Rights Commission, 2006).

There are a number of reasons why these communities are likely to work in these industries, including lower qualifications and discrimination in other types of employment (PRIAE, 2003a: 7; PRIAE, 2005b: 6).

There is evidence suggesting that minority ethnic groups have high levels of self-employment. There may be several reasons for such a high tendency toward entrepreneurship among particular minority ethnic groups. There are 'pull' factors, such as cultural predisposition, and 'push' factors, such as the potential or actual experience of discrimination in the paid employment sector. We must also add that the distribution of self-employment for Chinese and Pakistanis is almost double that of the White group. It has long been recognised that self-employment particularly in small-scale businesses (e.g. shopkeepers) helps to conceal under-employment within the family with reduced net income for the household (PRIAE, 1999b: 35).

6.3 Unemployment

For the emerging generation of minority ethnic older people 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 (PRIAE, 1999b: 34).

Labour Force Survey statistics have indicated that the unemployment rate for ethnic minorities is always equal to or higher than the rate among White groups, irrespective of age group. However, this difference in economic inactivity is most marked for Black and Pakistani/Bangladeshi groups, who experience three times more unemployment throughout their working lives than the majority population (PRIAE, 2003b: 4-5).

This can be explained by a number of factors,

including a shorter working life in the UK due to migration patterns and settlement, a lack of awareness of and disposition against claiming benefits and racial discrimination in earnings from employers (PRIAE, 2005b: 4).

6.4 Pensions

“To get rid of poverty, it is better to raise pensions for older people. Nevertheless, government is not interested in pensioners today”

Minority ethnic older person, Dec 2006

“Increases in the cost of living are greater than increases in the State Pension – people can't afford to invest in private pensions – the system is unfair”

Minority ethnic older person, Feb 2007

6.4.1 Basic State Pension

- The majority of older people are in receipt of the basic State Pension, but there are wide variations between groups, with a substantially lower proportion of South Asian older people receiving a state pension than other ethnic groups, particularly those of Indian and other Asian backgrounds (PRIAE, 2005c: 18).

6.4.2 Occupational and personal pensions

- Occupational and private pensions are important determinants of where older people appear in the income distribution. One of the Government's *Opportunity for All* indicators is therefore the proportion of working age people contributing to a non-state pension (ONS, 2006: 84).

6.4.3 Differences by age and gender

- In general older workers are more likely to have personal and/or occupational pensions than younger workers, and in general men are more likely than women to have personal and/or occupational pension arrangements (PRIAE, 2005c: 17).

6.4.4 Differences by ethnicity

- While introduction of the Stakeholder Pension may go some way to alleviating demand on the basic State Pension [however, take up so far has been low (PRIAE, 2005c: 17)], today's minority ethnic pensioners are less likely than the White majority group to be receiving an occupational pension. This difference is most marked among Indian, Pakistani and Bangladeshi communities, who are less than half as likely to be receiving income from a former employer in retirement as their White peers (PRIAE, 2003b: 7);
- A considerably lower proportion of older people from ethnic minority groups are in receipt of a pension from their former employer than White British or Irish older people, with the exception of older Black-Caribbean people who are more likely than other ethnic groups to have worked in the public sector (PRIAE, 2005c: 18);
- People from minority ethnic groups often work in lower-paid jobs which do not have occupational pension schemes. They are also less likely to have a private pension due to lower incomes and the inability to afford the personal contributions. This problem is exacerbated if the person is a first generation migrant;
- There are a number of hidden factors that can contribute to ethnic minority workers not saving, including remittance payments made to family that continue to reside overseas. In addition, self-employed workers, such as shopkeepers, can often be masking an overall deficit in household income (PRIAE, 2003b: 6).

6.4.5 Differences by ethnicity with gender

- In 2002 White British/Irish people of working age were more likely than any other ethnic group to have an occupational and/or personal pension and this applies to both men and women. 40% of White British/Irish women had an occupational/personal pension, followed by 37% of Black-Caribbean women (reflecting the high numbers of these working in the public sector), 29% of Indian women and 25% of Black-African women. By comparison, only 9% of Pakistani and 4% of Bangladeshi women had an occupational

and/or personal pension. There were also differences between men and women in ethnic minorities. Only Black-Caribbean and Black-African women were more likely than their male counterparts to have an occupational/personal pension, whilst Pakistani/Bangladeshi men were almost twice as likely as their female counterparts to have these products (PRIAE, 2005c: 17).

6.5 Women

While women are among the poorest pensioners, this income gap is arguably even more acute for ethnic minority women, many of whom have remained outside formal paid employment altogether. The industries where such women have worked, such as textiles, have often been in the black market, rendering them without National Insurance contributions or access to an occupational pension scheme (PRIAE, 2003a: 7).

PRIAE recognises that there is a diversity of female employment among different minority ethnic groups (Pakistani and Bangladeshi women have lower employment than Indian and African-Caribbean for example) – differences which need to be addressed in targeting information and measures. However, PRIAE would maintain that the contributory nature of the state pension is key to the inadequacy of women's pensions as women are unable because of lower earnings and unemployment to make the same contributions as men (PRIAE, 2005b: 9).

The higher prevalence of self-employment among Chinese and Pakistani communities can also mean that women do not have an income of their own, although they may work in the family business. This phenomenon has also masked under-employment within families.

In March 2007, the Equal Opportunities Commission (EOC) published *Moving on up? The way forward*, a report on the EOC's investigation into Bangladeshi, Pakistani and Black-Caribbean women and work. The report identified five employment gaps facing Bangladeshi, Pakistani and Black-Caribbean women:

1. **Participation in the labour market:** Bangladeshi and Pakistani women have the lowest rates in Britain, but women from this

background born in Britain are twice as likely to be economically active as those born abroad... and rates of economic activity vary by 38 percentage points for Pakistani women and 34 percentage points for Bangladeshi women;

2. **Unemployment:** Working-age Bangladeshi and Pakistani women are around four times as likely to be unemployed as White British women, and Black-Caribbean women twice as likely;
3. **Progression:** Bangladeshi, Pakistani and Black-Caribbean women continue to be under-represented in senior level jobs, despite the fact that those in work are more likely to have a degree than White British women;
4. **Pay:** Although women as a whole face a pay gap, for many ethnic minority women, it is worse. For example, Pakistani women working full-time earn 28% less than White British men working full-time;
5. **Occupation segregation:** Minority ethnic women, even more than White British women, are clustered in a narrow range of workplaces, jobs, sectors and local labour markets.

Many parallels can be drawn between the experiences of the majority of women and minority ethnic groups in accessing pensions, in terms of fewer years worked, employment in lower paid industries and restricted access to private and occupational pension provision. This combination of factors during working life leads to lower pensionable income for these groups, translating into poverty in retirement (PRIAE, 2003a: 8).

6.6 Information as a key issue

Although information on pensions may not be accessible to a large number of majority older people because of its complexity, such difficulties are exacerbated in the case of minority ethnic older people who may face additional barriers and be less able to understand literature and communicate with officials (PRIAE, 2005b: 4).

Studies have shown that older Bangladeshis and Pakistanis have little understanding of whether they have contributed to an occupational pension scheme or accrued pension rights during their years of employment (PRIAE, 2005b: 7).

6.7 Current pension and anti-poverty measures

Key messages

Basic State Pension

- From April 2007 the State Pension was £87.30 a week for a single person and £139.60 for a couple based on the husband's contributions (Age Concern, 2007a: 11).

Pension Credit

Pension Credit replaced the minimum income guarantee in 2003 (ONS, 2006: 120).

From April 2007 the Pension Credit guaranteed a minimum income of £119.05 for a single person and £181.70 for a couple as long as a claim is made (Age Concern, 2007a: 11).

According to the DWP:

“Pension Credit is a major tool in tackling pensioner poverty by targeting money at those who need it... Pension Credit also rewards people aged 65 and over who have made modest provision for their retirement. Although over 2.7 million households are receiving Pension Credit, there are many more that are eligible. Estimates of Pension Credit take-up in 2004/05, which were released on 11 May 2006, show that between 61 per cent and 69 per cent of those eligible were receiving their entitlement. The Pension Service has written to every pensioner household and is using data matching to help identify people likely to be entitled to Pension Credit but not claiming, so that it can approach and persuade them to take up their entitlement. A direct mail initiative, ‘It’s time you stopped missing out’, was targeted at 1 million people most likely to be entitled to Pension Credit over the three months from April to June 2006” (DWP, 2006a: 25-26).

The Government's target was for 3 million older people to be receiving Pension Credit by April 2006. There is an additional target to reach 3.2 million pensioner households by 2008 (Age Concern, 2006: 14).

Council Tax Benefit

- Take up is between 53 and 59% (Age Concern, 2006);
- In 2004 the Government gave a ‘one-off’ payment of £100 to people over 70 in recognition of Council Tax costs and other expenses and in 2005 Council Tax paying households where someone was 65 or over received a £200 payment (Age Concern, 2006: 16). The Government has not made a commitment to provide similar payments in the future.

Winter Fuel Payment

- Now stands at £200 for pensioner households.

TV licenses

- Free for over 65s.

Poverty strategy

- The Government's annual report *Opportunity for all* states that ‘it is essential that we continue to tackle poverty among older people’. However, there have never been any specific targets for the abolition or reduction of poverty among older people (Age Concern, 2007a: 16).

PRIAE evidence

On the basic State Pension

The basic State Pension is crucial to the income of minority ethnic older people in retirement, as they often do not have the capacity to build up savings. In this regard, it is not appropriate for the onus of retirement income to be shifted to the private sector (PRIAE, 2003b: 7).

In 2005 PRIAE argued that the basic State Pension should be raised to ‘at least £109 per week’ – this was proposed by Age Concern and the Fawcett Society (PRIAE, 2005c: 21). In 2007 PRIAE called for the basic State Pension to be increased to at least £114 for a single person per week – which is in support of a campaign by the National Pensioners Convention and Age Concern.

On Pension Credit

The Pension Credit provides additional means-tested support to poorer pensioners, depending on their income and capital, providing them with sufficient resources to maintain a minimum income. However up to 30% of people eligible for Pension Credit do not claim, probably due to a lack of information, i.e. people are unaware that they are eligible and the complexity of the system. Often the groups not claiming are among the poorest and according to DWP estimates this will include a high proportion of minority ethnic women. This was indicated by PRIAE’s research on minority ethnic older people at 50+ (PRIAE, 2005c: 17).

For as long as Pension Credit remains a central tool in the Government’s armoury to tackle pensioner poverty, greater effort is needed to improve take-up rates, particularly for those most in need and most at risk of social exclusion.

On means-testing

Although Pension Credit is currently a key tool in the fight against poverty in old age, PRIAE is ultimately critical of means-tested benefits, and would welcome a greater move towards flat-rate (universal) benefits and minimum income guarantees:

- Means-testing can act as a barrier for minority ethnic communities as this requires an understanding of the system and the appropriate agencies to administer such means-testing. PRIAE remains concerned that new measures such as the Pension Credit rely on such an assessment of eligibility. PRIAE has argued that the ineffective nature of means-testing for the ethnic minorities can be demonstrated by reference to historically low take-up of all benefits. If the government is genuinely committed to eradicating pensioner poverty, this should not be complicated by qualifications that, ultimately, bar access to provision (PRIAE, 2003b: 7).

6.8 Reports of the Pensions Commission

Key messages

The Pensions Commission was an independent body established by the Government following the pensions Green Paper in December 2002.

The Pensions Commission was chaired by Adair Turner, Vice Chairman of Merrill Lynch Europe, a director of United Business Media Plc, who was recently appointed as an independent cross bench peer in the House of Lords. The additional two members were Jeannie Drake, Deputy General Secretary for the Communication Workers Union who recently completed her term as president of the Trades Union Congress, and John Hills, Professor of Social Policy and Director of the ESRC Research Centre for Analysis of Social Exclusion (CASE) at the London School of Economics.

Although not a policy as such, the work of the Pensions Commission heavily informed subsequent pension policies, and therefore warrants attention in this context.

First Report of the Pensions Commission: *Pensions: Challenges and Choices*, 2004

The First Report argued that:

“Faced with the increasing proportion of the population aged over 65, society and individuals must choose between four options. Either:

- (i) pensioners will become poorer relative to the rest of society; or*
- (ii) taxes/National Insurance contributions devoted to pensions must rise; or*
- (iii) savings must rise; or*
- (iv) average retirement ages must rise.*

But the first option (poorer pensioners) appears unattractive; and there are significant barriers to solving the problem through any one of the other three options alone. Some mix of higher taxes/National Insurance contributions, higher savings and later average retirement is required” (Pensions Commission, 2004: 10).

Second Report of the Pensions Commission: *A New Pension Settlement for the Twenty-First Century*, 2005

In the Second Report, the Commission proposed an integrated set of policies to create a new pension settlement for the 21st century.

There were four key dimensions of the integrated approach proposed:

- State system reform to deliver a more generous, more universal, less means-tested and simpler state pension. Over the long term this will require some increase in the percentage of GDP devoted to state pensions and an increase in the State Pension Age. This increase in State Pension Age is fair and appropriate, given increasing life expectancy, provided the detailed implementation is sensitive to differences in life expectancy by socio-economic group;
- Strong encouragement to individuals to save for earnings-related pensions through the application of automatic enrolment at a national level;
- A modest minimum level of matching employer contributions to ensure that savings are clearly beneficial for all savers;
- Where there is not good employer-sponsored pension provision, a role for the state as an organiser of pension savings and bulk buyer of fund management to ensure low costs and thus higher pensions and better incentives to save, i.e. the creation of a National Pension Savings Scheme (NPSS) or an equivalent.

(This summary was presented in the Final Report of the Pensions Commission: *Implementing an integrated package of pension reforms*, 2006.)

Minority-specific messages

The only reference to minority ethnic communities by the Pensions Commission identified by PRIAE is in its Second Report, which states:

“Latest trends in private pension provision on average and across different gender, socio-economic and ethnic groups, and of participation and contribution rates within the NPSS, and thus the overall coverage and adequacy of pension provision”.

PRIAE evidence

PRIAE did make a general critical observation of the Pensions Commission’s work, which is applicable to many policy statements:

“The Pensions Commission’s First Report was an ideal opportunity to raise the issues of concern to BME elders and it is unfortunate that this opportunity was not adequately taken up with only minimal coverage of BME specific provision issues” (PRIAE, 2005b: 4).

The Pensions Commission did however help to focus attention on the key issues that needed to be addressed and in that sense was remarkably successful in building a national consensus.

On higher taxes and National Insurance (NI) contributions

PRIAE’s concern is that such changes could potentially lead to a disproportionate impact on minority ethnic older people during their working lives because of their lower relative earnings. PRIAE has argued that unless taxes are only raised for those on higher incomes some minority ethnic older people risk being pushed below the poverty line. PRIAE would therefore seek some reassurance that increased taxes and NI contributions would not have such an effect (PRIAE, 2005b: 5).

6.9 The Pensions Bill 2006

Key messages

In November 2006, following consultation on the White Paper *Security in retirement: towards a new pensions system*, the Government published the Pensions Bill. The Pensions Bill lays out the framework for the legislative changes required to implement the White Paper proposals, as accepted by the Government.

So what were the proposals outlined in the White Paper?

The White Paper *Security in retirement: towards a new pensions system* (DWP, 2006b), stated that:

Having assessed the recommendations of the Pensions Commission, we will:

- Introduce low-cost personal accounts to give those without access to occupational pension schemes the opportunity to save. People will be automatically enrolled into either their employer's scheme or a new personal account, with the freedom to opt out. Employers will make minimum matching contributions;
- Improve the foundation for all while continuing to tackle pensioner poverty. We will reform the state pension system by uprating both the guarantee element of Pension Credit and the basic State Pension in line with earnings growth, rather than prices. We will make the State Pension fairer and more widely available and we will raise the State Pension Age in line with increased longevity.

Some specific proposals

- The Government's objective, subject to affordability and the fiscal position, is to re-link the uprating of the basic State Pension to average earnings in 2012;
- It is estimated that the State Second Pension will become a simple, flat-rate weekly top-up to the basic State Pension around 2030 or shortly afterwards;
- The number of years needed to qualify for the basic State Pension will be reduced to 30 years;
- Home Responsibilities Protection will be replaced with a new weekly credit for those caring for children;
- The initial contribution conditions to the basic State Pension will be abolished so that caring for children or the severely disabled will build entitlement to the basic State Pension, without having to make a minimum level of contributions.

Minority-specific messages

In *Security in retirement: towards a new pensions system*, there are no specific recommendations relating to minority ethnic older people.

PRIAE evidence

On the contributory system

Many migrants arrived in the 50s and 60s, often having a shorter 'working life' than their UK-born counterparts. This may have had an impact on their ability to build up adequate rights to a basic State Pension. PRIAE suggests that those workers who do not currently have enough National Insurance contributions built up to receive a full state pension on retirement should be given the option of 'buying back years' of contributions. This would allow them to alter the state provision in retirement where applicable, improving their sense of financial control over the future (PRIAE, 2003a: 5).

The above problem is further compounded by the under-claiming of benefits among minority ethnic older people (PRIAE, 2005b: 4).

Any scheme to enable individuals to 'buy back years' of contributions would have to be publicised appropriately and set at an affordable level (PRIAE, 2003b: 5).

In July 2007 PRIAE supported an amendment to the Pensions Bill which was passed in the House of Lords, allowing people at any point in their working lives to buy back up to nine years of lost National Insurance contributions.

On higher savings

PRIAE is concerned that higher savings will not be viable for some minority ethnic communities who experience lower income due to higher unemployment. PRIAE would welcome greater appreciation and more realistic solutions for those who cannot save more, or afford to pay higher taxes, and therefore may simply be forced to suffer the health consequences of later retirement – or live in poverty (PRIAE, 2005b: 5).

On increasing retirement age

Minority ethnic older people participating in PRIAE's DTI commissioned consultation on age discrimination (PRIAE, 2003c) asserted that with current low income and high unemployment, lengthening the retirement age would simply extend their current misery rather than offer real choices with increased quality of life.

This issue also needs to be considered because of the high levels of ill health experienced by this group. Although there is diversity of sectoral employment among different minority ethnic groups, minority ethnic employees are disproportionately concentrated in manual forms of labour. A later retirement age may therefore force them to stay in employment longer and may have an adverse effect on their health.

Mortality rates also differ among socio-economic groups and this may also lead to a shortening of the retirement phase of their lives as compared to other more affluent socio-economic groups (PRIAE, 2005b: 5-6).

On employment of minority ethnic older people

The increase in retirement age must clearly be coupled with measures to enable minority ethnic older people to remain in employment in later life, which requires development of skills, training and lifelong learning.

In seeking to re-employ ethnic minority workers over 50, PRIAE has argued that consideration should be made of the skills that may be possessed by this group, but never put to use in employment due to discrimination. Many UK migrants had alternative careers and qualifications to support their professions, which can now be brought to the fore in the drive to involve older workers in the labour market (PRIAE, 2003a: 7).

PRIAE has also argued that, in the area of education, grants should be available to minority ethnic older people to ensure they are given an opportunity to acquire new knowledge and skills and therefore seek better employment which does not have an adverse effect on their health (PRIAE, 2005b: 6).

On women

PRIAE welcomes the following policy changes:

- Home Responsibilities Protection will be replaced with a new weekly credit for those caring for children;
- The initial contribution conditions to the basic State Pension will be abolished so that caring for children or the severely disabled will build entitlement to the basic State Pension, without having to make a minimum level of contributions;

but maintains its position outlined in 2005 that: *“We would recommend that reforms such as the right to accruals for those earning below the Primary Earning Threshold and the improved treatment of the low paid should also be aimed at improving the position of BME elders”* (PRIAE, 2005b: 9).

6.10 Personal accounts: a new way to save

Type of policy: White Paper

Date published: December 2006

Key messages

The White Paper *Personal accounts: a new way to save* contained the following main proposals:

- all eligible employees will be automatically enrolled into either a personal account or an employer-sponsored scheme. Employees will contribute a minimum of 4%, matched by a minimum 3% employer contribution and around 1% in the form of a normal tax relief from the State. This will overcome the inertia and short-termism that characterise attitudes to saving;
- a new scheme of low cost personal accounts based on the approach outlined by the Pensions Commission. This approach will maximise coverage among our target group, minimising charges and delivery risk;
- a new national minimum employer contribution to improve incentives to save and increase pension participation;
- a simple choice for members, which we expect to include ethical and branded funds for those who want them, and a default fund for those who do not want to make a choice;
- an innovative approach to delivering the scheme using a delivery authority, staffed by individuals with expertise in business and financial services;
- a governance scheme with operational independence, whose duty to consult members and act in their interests will insulate it from external pressures; and
- a set of policies to ensure that personal accounts will complement, rather than compete with, existing high quality pension provision, including no transfers in and out of personal accounts and a maximum annual contribution of at least £5,000.

Minority-specific messages

The White Paper noted that “*American research into 401(k) schemes showed that automatic enrolment had the largest effect among people with low incomes, minority ethnic groups and women*”.

PRIAE evidence

PRIAE responded to the White Paper in March 2007 and made the following recommendations:

- Given the particular disadvantages many ethnic minorities face in employment (as recently noted in PRIAE’s summary of results from the CEMESME (Contribution of Ethnic Minority Employees to Small and Medium Sized Enterprises (SMEs)) research study, including lower wages, greater risk of unemployment, and ‘fewer years in employment’ due to migration, problems which are often compounded by poorer health in minority ethnic communities, which limits ability to earn and save, pension measures through employment and earnings will always have a limited impact on minority ethnic older people, and such measures must only be one part of a broader strategy. *Pensions policy must be part of a broader strategy to promote equality in the workplace and address health inequalities as minority ethnic older people can be disadvantaged through ‘race’ and age during their lives, and ethnic minority women face additional disadvantages;*
- There is a high prevalence of self-employment among minority ethnic communities, particularly in Chinese and Pakistani communities. *Suitable provision must be made for the self-employed to ensure they can benefit equally from the new system of personal accounts. This will include an effective information and publicity campaign which will result in increased awareness. But PRIAE also states that awareness in all areas must be translated to capacity and action;*
- Information on personal accounts must be delivered in a culturally appropriate form and in an appropriate setting. *The Government should work in partnership with minority ethnic voluntary organisations to provide financial advice and information to minority ethnic older people, and with minority ethnic media and other sources to disseminate information;*

- *All Government front-line staff providing information and advice on personal accounts must receive adequate cultural awareness training and Government agencies must make adequate provision of interpretation/translation and their policies in this regard should be made explicit;*
- *Policy recommendations need to be carried out with a good level of understanding of cultural norms and practices viz. finance in retirement (PRIAE, 2005b: 8). For example, the practice of ‘committee’, where savings are pooled together among the ‘committee’ members for individual use in rotation, are effectively co-ordinated and directed by women in many communities, and Shari’a Islamic law prohibits Muslims from accruing interest on any savings they have, as this constitutes income without effort. *In order to provide a good service, those working in the financial industry should be aware of specific cultural norms and practices, as part of the standard provision of person-centred services (PRIAE, 2003a: 6);**
- *A savings strategy should be coupled with a greater exploration of the role of housing assets and equity release. PRIAE has recommended previously that “Many migrants who arrived in the fifties and sixties, often have a shorter ‘working life’ than their UK-born counterparts. This may have had an impact on their ability to build up adequate rights to a basic State Pension. PRIAE suggests that those workers who do not currently have enough National Insurance contributions built up to receive a full state pension on retirement should be given the option of ‘buying back years’ of contributions. This would allow them to alter the state provision in retirement where applicable, improving the sense of financial control over the future” (PRIAE, 2003a: 5). *This same principle of ‘buying back years’ of contributions should apply to personal accounts, and PRIAE does not therefore agree that the annual contribution limit be set at £5,000. The scheme should be flexible and offer individuals the opportunity and choice to ‘buy back years’ of contributions. Failure to recognise this need would discriminate against minority ethnic communities and others with a ‘broken’ history of ‘contributing’. Because housing assets are thought to be more evenly distributed than pension assets and financial wealth, the Government should explore how housing assets could be used to build up an individual’s personal account;**
- *Given the particular disadvantages minority ethnic older people face, and the lower take-up of many benefits and services in minority ethnic communities, PRIAE maintains that the onus of retirement income should remain with the basic State Pension. PRIAE therefore welcomes the statement in the White Paper Personal accounts: a new way to save that policies will ensure that “personal accounts will complement, rather than compete with, existing high quality pension provision”.*

6.11 Recommendations for action

- (1) In 2008, assess the level at which the basic State Pension should currently be set to ensure it is fair and equitable for all older people
- (2) The Pensions Bill needs to be implemented with due regard to equity for minority ethnic older people
- (3) Lifelong learning and employment opportunities for minority ethnic older people need to be better promoted

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