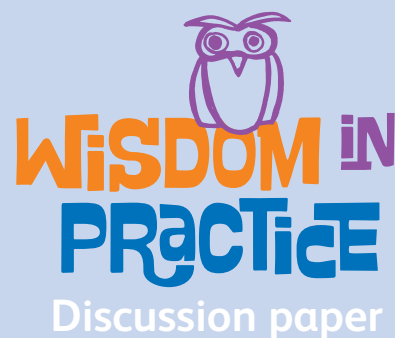


# Getting older, feeling valued – Older people in BME communities



## What do we know about older BME people in Scotland today?

- Scotland has always had minority communities – people who are different from the majority community because of their race and ethnicity, religious faith or denomination, language or cultural tradition. For instance, there have been Jewish and Polish communities for over 200 years.
- The 2011 census recorded a BME population of 211,000, or nearly 4% of the total population of Scotland.
- That 4% does not include people from non-UK white ethnic groups (including Polish, Irish and Gypsy/Travellers) who account for another 4% of the total population.
- There are people from BME communities living in all local authority areas.
- In many rural areas BME groups make up between 1% and 2% of the population, with less than 1% in Orkney and the Western Isles.
- Many BME people live in the four biggest cities where they account for between 6% and 12% of the total populations.

There are lots of younger people in Scotland's BME communities. Older people in every ethnic group, other than white, form only a small proportion of the total group. The 2011 census recorded that:

- People aged over 60 make up 24% of the population of all white groups, but only 6% of each of the three main Asian groups.
- There are 8,500 people aged over 60 across all Asian ethnic groups. This includes over 3,000 Pakistani, 2,000 Indian and 2,000 Chinese people.
- There are 2,000 people aged over 60 in all African and Caribbean ethnic categories.
- BME people currently account for less than 1% of all Scottish over 60s.

BME is an abbreviation for 'Black and Minority Ethnic'. BME is used to describe people from minority ethnic groups, particularly those who have suffered racism or are in the minority because of their colour and/or ethnicity. Not everyone will agree with this term. There are as many differences between and amongst BME groups as between and amongst other ethnic groups.

Over the next few decades, there will be much larger numbers of BME older people as people who are already living in Scotland grow older. In recent years, after a decade and more of migrant workers from Eastern European and particularly Poland coming to live here, there has been substantial change to the ethnic make up of the Scottish population. Most people in these new population groups are aged between 20 and 40 and many of them are not planning to live in Scotland for the long term.

## Getting older can be more difficult for BME people

- The proportion of BME older people living with their families is higher than for white groups. Many individuals are happy about this.
- Some older people who are not able to live within the wider family may feel disappointment.
- Others may prefer to live independently.
- Some South Asian and Chinese people feel that there are positive aspects to ageing such as becoming wiser and more tolerant.
- Many older people had little opportunity to learn English when they first came to Scotland. Using a second language tends to get harder as we get older.
- Older people may be reluctant to access health and other public services, for language and other reasons including culture and gender, particularly if they do not have relatives or friends to help them.

- The proportions of older people feeling lonely are higher for some BME communities in Britain than for white people. Poor command of English and experience of racism may be factors in this difference.
- For people identifying themselves as having a Chinese, Black African or Pakistani ethnicity, 24-50% of people saw themselves as lonely. For people of Indian ethnicity the rate was similar to the British rate of 10-12%.
- The expectations of older people that they would be valued and respected for their contribution to childcare and other family responsibilities may not be realised.
- The potential for feeling excluded and isolated can then be acute, particularly when younger relatives are unable to speak the language of origin and generally distance themselves from the cultural and religious practices of a community.

*“I can raise to the sky because I have family support. I am very satisfied with my family and my life.”*

Older people from BME communities tend to have poorer health.

- South Asian groups tend to report the poorest health of all ethnic groups.
- Rates of dementia in South Asian and Black African-Caribbean people seem to be higher than average.
- Some ethnic groups may be more liable to experience depression, or other mental health problems, particularly in later life.
- Rates of diabetes, hypertension and coronary heart disease are higher than average in South Asian groups.
- In UK as a whole, nearly half of all Pakistani and Bangladeshi pensioners are living in poverty, which is about three times more than for white pensioners. Poorer people generally have significantly more health problems than other people.

There have been community led organisations for minority ethnic, language and religious groups in Scotland for over a hundred years. For instance:

- A number of Polish clubs offer social interaction and entertainment, particularly for the older generation of Polish people who came to Scotland in the 1940s and 1950s.
- There are organisations providing residential care and home care specifically for Jewish people and such services are highly valued by many older people.

In Glasgow an Asian Muslim women’s group initially came together with a number of mums supporting each other. The group, which has no formal structure, has now been meeting every week for about 20 years in various premises. These meetings offer social interaction and emotional support to members now that they are all moving into older age.

## What works well in groups for older people in BME communities?

A number of BME older people’s organisations in the main cities of Scotland have been bringing people together for many years. Many people - although not everyone - value the chance to spend time with people from a similar cultural background and to speak their mother tongue.

The Amina Muslim Women’s Resource Centre in Dundee seeks to inspire women to fulfil their potential for participation in society. The Amina ‘carers befriending project’ supports socially isolated Muslim and minority ethnic women through befriending services, walking groups and lunch clubs and a variety of outings.

Edinburgh Chinese Elderly Support Association provides a range of services for older Chinese people. These include: day care, information and advice on welfare rights and benefits, recreational and social activities, a lunch club, a home visiting project and a support group for carers.

MILAN Senior Welfare Organisation was established in 1991 to provide services in Edinburgh and Lothian to older people from India, Pakistan, Bangladesh and Mauritius. It includes three days per week day care, information/advice, befriending/homevisit and a carers group. It also celebrates the major festivals of the four communities. Transport is provided to those people for whom public transport is not accessible.

Some groups are now looking at ways to establish a community centre where people from their community can come together on a regular basis.

*“We live in all parts of the city, and it’s good to meet up in a central place. We chat and tell stories about our lives. It’s good to spend time with people who have the same culture and language - we don’t have to explain things or start from the beginning because everyone understands.”*

*“We are in the same generation. Life could be quite empty. It is not easy to join the social circle of the local people. We think we should get together...to solve problems when they arise, to organise some entertainment ... to talk about our children, our family ... it is better than sitting at home.”*

*“In the past, we were just passive service users. But ten years ago we voluntarily came together to serve other older Chinese and become service providers.”*

*“When you are looking towards the end of your life, you want to be with your own.”*

## What works well in mainstream groups and services?

MEAD (the Minority Ethnic Access Development project of Perth and Kinross Association for Voluntary Service, PKAVS) helps people from minority ethnic communities in using public services, particularly where there are language barriers. Older people from South Asian and Chinese communities have also attended targeted English and computer classes. Walking, swimming and yoga groups have all helped keep people fit and active.

The new SDS (self directed support) arrangements give people flexibility in making care arrangements that suit them. This may work especially well for older BME people who may welcome support from carers who have the same language and culture. For instance, a ‘service brokerage model’ developed by the MECOPP Carers Centre and jointly delivered with West Lothian Council supports Asian women to pool their direct payments to purchase tailored support.

The Glasgow anti-stigma alliance specifically engaged with older Indian, Chinese, Pakistani and African/Caribbean people in the city to increase understanding of their attitudes and behaviours around mental health problems. The ‘community conversations’ in this work gave people more confidence to talk about such problems themselves and encouraged more access to treatment.

## Benefits for all when things do change

- With some BME older people experiencing loneliness even more than the white majority, community initiatives bringing people together for social interaction can be very welcome.
- People are less likely to experience mental health problems including depression when they have mutual support and activities to fill the week. This includes both groups run by and for older people in a particular community and when older BME people join in activities for anyone living in that area.
- When people can support each other, they are more likely to live independently at home and stay out of hospital and other residential care for longer. The opportunity to continue living in the family home into very old age is particularly valued by some BME people.
- Cultural difference can bring interest and mutual learning when people from different ethnic groups mix together. For instance, some older people will enjoy learning how to cook different cuisines and sometimes find healthier ways of eating.
- Some of the healthy activities undertaken by South Asian and Chinese people can also be useful to other older people. For instance, many older people do yoga or tai chi every day, or play mahjong with friends.
- With a changing population mix, mainstream voluntary and community groups will start to struggle for numbers if they fail to attract BME older people as members and volunteers.

*“Everyone will get old. We organise this place now and hope that the younger generations could inherit this. It is like digging a well for them. They don’t have to do it in the future.”*

## Risks and points to watch

There are risks to the wellbeing of BME older people when they are not included in the planning of older people services generally.

- The needs of BME older people can get overlooked in consultations because of low numbers and their very low levels of participation in mainstream national older people groups.

- People who are planning services sometimes assume that all older BME people want separate support and activities. Very often there is little effort to build the capacity of mainstream groups to reach out and include different ethnic groups.
- In areas with very small and scattered BME populations, they may be almost invisible to services so that there is little if any planning for their needs.
- The skills and capacity of support providers may be low – partly because of lack of experience as the numbers of BME older people are still low.

As BME populations age over the coming decades, there will be a considerable increase in the percentage of BME people in the older population as a whole. The negative impact of downplaying the needs of BME older people when planning services will increase accordingly.

Many people assume that family bonds remain very strong for all Asian people and particularly that most if not all Asian families give excellent support to their older relatives who continue living with their children or other relatives, rather than in supported accommodation. But this may not be right for some older people. Some families will struggle to provide the support as a consequence of their own ill-health, other family commitments, unsuitable housing, relationship or financial pressures – just like in other communities.

Older people may experience shame that their own family is not providing the support that it would traditionally provide for its respected elders. This may make it hard for them to accept any sort of external assistance.

Many BME people, and particularly older people who came to Scotland many decades ago, have experienced racism and harassment. Some people may therefore hesitate before engaging with mainstream organisations and services, outside their own communities.

On the other hand, some individuals may have difficulty in engaging with support organisations within their own communities. Some such individuals may have experienced stigma around issues such as dementia and mental illness. Others may have become alienated from friends and family due to differences in faith, sexual orientation or lifestyle.

Some services intended for all older people may struggle to meet the needs of people from BME communities. This can be in practical ways – such as not adapting for people who eat different food – and in the attitudes and skills of the staff, volunteers or other members.

In some South Asian communities, and particularly amongst older generations, dementia is seen as a form of madness and both contagious and hereditary. As a result people with dementia may drop out of their key social, religious and cultural circles of support.

Stigma around mental health problems is present in most ethnic groups living in Scotland, and is generally higher amongst older people. The effect of stigma and other factors may then mean that people are less likely to seek treatment or talk about their problems - with the consequences for individuals likely to include further isolation and decline in wellbeing.

There are groups run by and for people in BME communities in other parts of the UK where there are larger BME populations. They have been building up a lot of experience in supporting people as they get older. One example is WEAD (the Wolverhampton Elder Asian and Disabled Group), a charity that specifically helps local South Asian families living with dementia. We may forget to find out about and learn from the experience of groups in other places.

*“Yesterday on my way home someone told me that we don’t belong here and should go home. I didn’t understand. What does it mean? I felt scared.”*

*“I worry that we’ll get it wrong when some of the Muslim ladies come to us. We’re all nervous so we make them feel uncomfortable. It’s not how we want it to be but we’re not sure how to change it and make the drop-in work for everyone.”*

## Continuing the discussion

**For mainstream groups and organisations**  
Do we know much about the needs of older black and minority ethnic people in this area? If not, then how can we find out more and get in touch with them?

What might older BME people currently find unwelcoming in our activities and services?

How can we make our group or organisation more accessible to BME people?

**For BME specific groups and organisations**  
What are the needs of older people in our community? How can we find out and reach more people?

Do we want to organise activities for older people in particular ethnic groups? Or do we want to support them to access mainstream activities and services from other voluntary and community groups and from the public sector?





## Information and advice

Organisations can find out more about the stories of men and women who came to Scotland as immigrants half a century ago from India, Pakistan, China, Africa and the Caribbean.

[www.equalityscotland.com/6/24/Publications/Scottish-Memories.html](http://www.equalityscotland.com/6/24/Publications/Scottish-Memories.html)

[www.nkshealth.co.uk/htm/southAsianLinks.html](http://www.nkshealth.co.uk/htm/southAsianLinks.html)

**The Joseph Rowntree Foundation** aims to 'respond positively to the opportunities and challenges of an ageing society'. JRF has produced resources reflecting the voices of South Asian, Chinese and Gypsy Traveller older people.

[www.jrf.org.uk/work/ageing-society](http://www.jrf.org.uk/work/ageing-society)

**MECOPP**, which supports minority ethnic carers, has published a 'Self-Directed Support Translation Guide' in Bengali, Chinese, Punjabi and Urdu.

The guide is available in the Resources section at:

[www.mecopp.org.uk](http://www.mecopp.org.uk)

### **Scotland 2011 ethnicity and age brief analysis**

(additional analysis will be published by various organisations in due course, following release of Census 2011 ethnicity data in early/mid 2014)

[www.wisdominpractice.org.uk](http://www.wisdominpractice.org.uk)

**The Equality Scotland website** offers resources around elder abuse and dementia in BME communities developed by Trust Housing Association [www.equalityscotland.com](http://www.equalityscotland.com)

## About Wisdom in Practice

Wisdom in Practice is a project which supports and promotes the development of services and other activities led by older people. It is funded by the Scottish Government through the Equalities Programme and is run by Outside the Box.

There is a range of resources for groups, including publications, 'how to guides', events and development support for individual groups and projects.

This is one of a series of discussion papers on topics which older people have said are important to them.

There is more information at [www.wisdominpractice.org.uk](http://www.wisdominpractice.org.uk)

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