

Ethnic disparities and inequality in the UK: call for evidence

Commission on Race and Ethnic Disparities

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Emma.sutton@ageuk.org.uk

Age UK
Tavis House
1-6 Tavistock Square
London WC1H 9NA
T 0800 169 80 80 F 020 3033 1000
E policy@ageuk.org.uk

www.ageuk.org.uk

Age UK is a charitable company limited by guarantee and registered in England (registered charity number 1128267 and registered company number 6825798). The registered address is Tavis House 1-6 Tavistock Square, London WC1H 9NA.

About this consultation

The Government has recently set up The Commission on Race and Ethnic Disparities, with the aim of looking at inequality in the UK. The Commission has launched this consultation focusing on the following key areas: education, employment, health and crime and policing to understand why disparities in society exist.

Introduction

Age UK is a national charity that works with a network of partners, including Age Scotland, Age Cymru, Age NI and local Age UKs across England, to help everyone make the most of later life, whatever their circumstances. In the UK, the charity helps more than seven million older people each year by providing advice and support. It also researches and campaigns on the issues that matter most to older people. Its work focuses on ensuring that older people have enough money; enjoy life and feel well; receive high quality health and care; are comfortable, safe and secure at home; and feel valued and able to participate.

We welcome the opportunity to contribute to the Commission's consultation to explore why inequalities exist in the UK.

Older BAME people have overlapping identities, for example being an older Asian woman. Often meaning they face multiple inequalities that compound each other, which are often exacerbated by one another. It is important to recognise the effects of different identities on older BAME people's experience of inequality.

According to the 2011 Census, 8% of people aged 60+ in England and Wales are from BAME communities, compared to 14% of the total population.ⁱ Although the age structure of minority ethnic groups is younger than the white British population it is set to grow; with the ethnic population in England and Wales aged 65+ estimated to reach 2.7 million by 2051.ⁱⁱ It is vitally important to understand the needs of these communities, and recognise diversity when designing policy.

Since the beginning of the Covid-19 pandemic in the UK there has been significant evidence that shows people from ethnic minority communities have been more at risk of the worst consequences of Covid-19 than the white population. The latest ONS data shows that all ethnic minority groups (except the Chinese community) have higher rates of death involving Covid-19, with black Caribbean men aged 65+ having the highest rates of deaths at 1097.35 per 100,00 almost 2.3x higher than white men aged 65+.ⁱⁱⁱ Even when taking account for socio-economic disadvantage, pre-existing health conditions, disability and deprivation they don't fully account for the disparities in the additional risk of death from Covid-19 for ethnic communities. The factors that lead to increased risks of both catching and dying from coronavirus for older BAME people are driven by the structural racism and resultant inequalities that older BAME communities in the UK experience across their lives.

Key points and recommendations

- The Government should develop a plan to reduce racial and ethnic disparities, which is fully reflective of the diversity of BAME people within British society.
- To fully understand the impact of inequalities on older BAME people, improvements must be made to data collection methods. This should include all protected characteristics so analysis can recognise the different identities that many people possess. It is important to recognise that older BAME people are not one homogenous group.

- To improve the health and care which older BAME people receive, it is essential that further research is conducted on their experiences. This includes ensuring that older people from BAME communities experiences are included in existing research studies, including the English Longitudinal Study of Ageing. Research must take account of the differences between and within different ethnic groups in the UK.
- Multiple discrimination, which was left out of the Equality Act, should be re-examined and Section 14 should be brought into force.
- Introducing the socio-economic duty under the Equality Act would significantly reduce inequality in the England.
- There is evidence to suggest that the Public Sector Equality Duty (PSED) has been poorly implemented and largely disregarded by public authorities. The Government needs to ensure that this has the necessary power to influence behaviour and effect change.

1. What do you consider to be the main causes of racial and ethnic disparities in the UK, and why?

Britain's colonial past provides the foundations for many of the UK's racial and ethnic disparities, institutional and structural racism have embedded themselves within society as a result.

Events such as the Windrush scandal illustrate this structural racism. This scandal impacted on a group of older Black Britons at a time in their lives when they particularly needed care and support from family and friends, as well as the state in the form of health care, social care, benefits and housing. As a result of the scandal, they were turned away, or deterred from using these services; they were wrongly detained, deported and denied legal rights, demonstrating the institutional racism and failures in the immigration system.^{iv} The Windrush compensation scheme was launched in 2018, to compensate victims for the loss of earnings and periods of detention experienced. There have been 1,641 claims to date, but only 226 people have received payment representing just 13.8% of claims made.^v Delays in processing claims have meant that some victims have been waiting over 2 years for compensation with at least nine people having died before receiving payments after applying for the scheme. It has been shown that the Home Office did not comply with the PSED in understanding the impact on the Windrush generation when developing the 'hostile environment' policy agenda with negative consequences being repeatedly ignored^{vi}.

The life course of older BAME people has a substantial impact on their ability to plan for later life often affecting all aspects of their life. Structural racism, and inequalities in access to education, work patterns, family structures and socio-economic status all affect a person's economic situation in later life, often resulting in them facing disadvantage. It is important to recognise that economic and social inequalities vary by ethnic group, with Black, Bangladeshi and Pakistani groups faring worse.^{vii}

People from ethnic minority communities have only 10% of the wealth than white British people^{viii} the wealth gap has also worsened in the UK because of Covid-19. Older BAME communities are less likely to be in employment during their working age life, current unemployment rates for ethnic minority communities stand at 8.5% compared to 4.5% for the white population^{ix}. This has significant effects on their ability to save for later life, with people from ethnic minority backgrounds aged 50-70 more likely to be in the poorest 20% of the population in England compared to white people.^x Those that are in employment on average have lower income jobs and are less likely to have been able to save for a private pension. The ethnicity pension gap is large, with older ethnic minority people estimated to have 24.4% lower pension income than older white people, equating to £3,350 annually. When taking

gender into consideration this gap rises to 51.4% for ethnic minority females compared to white males.^{xi} Older BAME communities are also more likely to live in pensioner poverty than white British group.^{xii}

Housing deprivation tends to be higher amongst ethnic minority communities compared to the white British population, exacerbating levels of inequality further. The proportion of BAME people living in private rented accommodation with higher levels of deprivation is increasing.^{xiii} BAME people are more likely to be living in urban areas where housing stock tends to be poorer, with overcrowding among ethnic minorities being five times higher than the white population.^{xiv} As older BAME people age their care and support needs change, but those needs are unlikely to be met within the existing housing stock. Given the higher prevalence of long-term illness and housing deprivation, adaptations that often come with these illnesses are not made, making some accommodation for older ethnic minority communities not fit for purpose.

Older BAME communities are more likely to experience inequalities across all aspects of life but the issues mentioned above all compound and contribute to why existing ethnic and racial disparities are now being exacerbated in society due to Covid-19. These issues cannot be looked at in isolation of one another, any policy proposals taken forward must not only take an intersectional approach in terms of identity but also in addressing inequality.

6. Which inequalities in health outcomes of people in different racial and ethnic groups are not (wholly) explained by inequalities in underlying determinants of health (for example, education, occupation or income)?

In the UK there has not been any specific data collected on the health of older BAME people. Research focusing on ethnic communities tends to explore the experiences of younger people and those in mid-life, while later life research is based on the experiences of older white people. The omission of older BAME communities from research needs to be urgently addressed.

From the limited available evidence, it is clear that there are health disparities between older white English people and older BAME people, even after controlling for social and economic disadvantage. Older BAME people have poorer self-reported health: while 34% of white English people aged 61- 70 say they are living in poor health, this increases to 86% for Bangladeshi people; 69% for Pakistani people; 63% for Indian people; and 67% for black Caribbean people.^{xv}

Older BAME people are also more likely to experience poor health earlier in their lives. The health of white English people aged 61-70 is equivalent to that for Caribbean people in their late 40s or early 50s, Indian people in their early 40s, Pakistani people in their late 30s, and Bangladeshi people in their late 20s or early 30s. Disability free life expectancy for white British men is 61.7 and for white British women is 64.1, whereas it is 54.3 for Bangladeshi men and 55.4 for Pakistani women^{xvi}.

There is additionally a higher prevalence of long-term conditions amongst some ethnic groups in the UK. For example, one in four black men in the UK will be diagnosed with prostate cancer compared to the national average of one in eight men. After developing prostate cancer, the death rate for black men is 30% higher than it is for white men^{xvii}.

Take-up of health services, including GPs^{xviii}, dementia services^{xix}, and end of life or palliative care^{xx}, is lower amongst older BAME people than white English. There are a range of reasons for this. Older people from minority ethnic communities may be less aware of the services which are available to them. For example, Black Caribbean and South Asian older

people are more likely to report a lack of information about palliative care services, than older white people^{xxi}. Older BAME people who have more recently migrated to the UK, or who do not have English as a first language, are more likely to be unfamiliar with the support available^{xxii}. Older BAME people who have previously experienced racism or discrimination when accessing health services may also be reluctant to speak to health professionals and therefore delay getting treatment^{xxiii}.

When accessing health and care services, older BAME people report that care is not always culturally sensitive or able to meet their needs.^{xxiv} This includes not providing translators for older people with limited English, failing to provide food which meets religious dietary requirements, or not meeting preferences about the gender of healthcare practitioners. Not only is this distressing for older BAME people but it risks leaving them with unmet needs and poorer health outcomes. For example, when older people are not provided with a translator, they will often be reliant on a friend or family member to attend appointments with them. As a result, they may feel less comfortable discussing certain issues and decide not to disclose all the information healthcare practitioners need for diagnosis. They may also avoid seeking help as they do not want to be a burden on their loved ones^{xxv}. Despite receiving poor care there is evidence that older BAME people will be less likely to complain than their peers because they are unaware of the complaints process or fear being labelled 'trouble-makers'^{xxvi}.

Cultural stereotypes can additionally stand in the way of older people receiving the care which they need to stay well and independent. For example, it is commonly assumed that older BAME people, particularly South Asian older people, will receive care from their family members and will not want or accept support from outside organisations. As a result, GPs are less likely to refer patients from minority ethnic communities to care services and social workers are less likely to check in on their patients care^{xxvii}. There is also evidence that GPs have been less willing to discuss depression with older Asian and Caribbean people as they presume that they would be unwilling to accept that they may have a mental health condition^{xxviii}. Older Irish people additionally report facing stereotypes from health professionals, including presumptions that they must be drinkers, which impacts on the care they are offered^{xxix}.

7. How could inequalities in the health outcomes of people in different ethnic groups be addressed by government, public bodies, the private sector, and communities?

- Age UK believes it is imperative that action is taken to ensure the needs of older BAME people are recognised and met. Government should work with the third sector and other organisations to develop a cross-departmental plan to reduce racial and ethnic disparities to combat the social determinants of health and wider inequalities faced by older BAME people.
- A reduction in health inequalities will only take place if we are levelling up older BAME people economically. Age UK is calling for the enactment of the socio-economic duty of the Equality Act 2020 which would require public bodies to take steps to combat and reduce inequalities that result from differences in social class, occupation and education.
- Age UK also calls for the enactment of the dual discrimination duty under Section 14 of the Equality Act 2010; to recognise that discrimination can take place based on more than one characteristic at a time. In addition, there is a need for a more focused PSED that can hold public bodies to account and make sure the needs of older BAME people are considered. The Duty has the potential to build equality considerations into all public authority decision-

making. However, there is evidence to suggest that the PSED has been poorly implemented and largely disregarded by public authorities.

- It is especially important that government and public bodies collect data on all protected characteristics including age and race. The Government should work with the ONS to conduct an audit of all public sector data sources to establish where there are gaps in data collection around age and race. Government should then explain how it intends to fill these gaps. This will enable a better understanding of the needs of older BAME people and where the largest inequalities exist; without data we cannot fully assess where gains in the reduction of inequality are taking place and what impact programmes are having.
- All older people should receive personalised care, based on their personal preferences, and decisions about people's care must never be based on unfounded and harmful cultural stereotypes. Personalised care will provide older BAME people with more control over the amount and type of support they receive, allowing them to use services that fit better with their ethnic, cultural, and religious values and preferences.
- Services need to take proactive steps to ensure that they are accessible to all older people. Older BAME people should be consulted on service design. This includes providing information in languages which meets the needs of the user, ensuring translators are offered and available to those who need them, and that care is provided in a culturally sensitive way. This carries a financial cost which public bodies will need funding to meet. Proactive steps also need to be taken to raise awareness amongst older BAME communities around which services are available and how they can access them.
- To understand the needs of older BAME people it is important to engage with local community and religious leaders. Improving relationships and understanding of community needs will allow for better awareness raising initiative, communications, and service design.

ⁱ [Office for National Statistics](#), Census 2011

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