**Pensioner Poverty & black, Asian & Minority Ethnic Older People -**

**Briefing Paper - September 2022**

**Introduction**

People’s financial position in later life is generally linked to their circumstances over their lifetime. Of the 2.1 million pensioners living in poverty, for older people from black, Asian & Minority Ethnic (BAME) groups the risk of poverty is twice as high as for white pensioners. Figures show that 30% of older people from Black, ethnic groups are in poverty compared to 18% of white pensioners. Minority ethnic groups have lower average incomes, are more likely to receive benefit and less likely to receive private pensions. 44% of Black older households receive occupational pensions compared to 61% of white households. It is important to recognise that older people from BAME backgrounds are not a homogenous group. There are differences between and within groups. They have overlapping identities. They face multiple inequalities which are often exacerbated by one or the other. It is crucial to recognise the effects of the different identities on older BAME people’s experience of inequalities.

**Background**

Older people from BAME backgrounds are more likely to have been in lower paid occupations, with fewer prospects of promotion, and in some cases have experienced discrimination in the workplace and in severe cases have been victims of systemic racism. Low income jobs have resulted in low pensions, reduced savings which in turn have impacted badly on quality of life in retirement. Few have managed to build up a private pension for their later years. Others have not always had the kind of support which would help them understand their pension rights and entitlements. Some of the lower income pensioners have found themselves resorting to food banks as the cost of living hits. Of greatest concern is that poverty is exacerbated by the rising cost of living, health and social care inequalities, substandard housing, and digital exclusion amongst others.

**Housing**

Housing deprivation is more common amongst BAME groups than their white counterparts. Housing deprivation is closely linked to some disadvantages of low pay experienced in employment. The ability to pay for social housing, rental accommodation, housing association living and even buying a house is directly linked to one’s earnings. Pensioner poverty is a great deterrent to living in comfort and safety. The lack of affordable housing is major factor in low income pensioners acquiring decent homes. Many older people from BAME communities live in poor, cold, damp, poorly insulated homes which expose them to ill health. (Ref: excess winter deaths). Poverty has also resulted in increased homelessness and related mental health conditions among BAME elders. The cultural norm of living in extended families is affected by the lack of the provision of bigger homes as family sizes increase. Overcrowding becomes a big issue. Furthermore, language constraints and the inability or reluctance to deal with officialdom prevent some groups from accessing the benefits they are entitled to. In some instances this is related to cultural pride i.e. that of looking after yourself and your family regardless.

**Health Inequalities**

From the limited evidence available, there are health disparities between older white English people and older BAME people 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 Caribbean people. Older BAME people are also more likely to experience poor health earlier in their lives. One in four black men in the UK will be diagnosed with prostate cancer compared with the national average of one in eight men. After developing prostate cancer, the death rate for black men is 30% higher than for white men.

Poverty, poor housing, and health are closely related. Poverty has resulted in older BAME older people’s inability to afford to eat healthily, to access the services that promote good health and in some cases to their having to resort to self-medication where non-prescription medicines are unaffordable.

Pensioner poverty amongst BAME older people has had a role in delaying recovery from COVID with respect to heating and eating, recuperating in a comfortable home, and getting the care and support that they need. The pandemic virus seems to affect particular groups such as older people with underlying health conditions, those living in deprived areas, lower skilled workers, those living in social care, those living in care homes and BAME groups more than any of the groups.

**Take up of health services**

Take up of health services including GPs, dementia services and end of life or palliative care is lower amongst BAME people than white English people.

* Lack of awareness of services available and or inadequate information on how to access the services results in low take-up
* Language constraints preclude many from providing sufficient and correct information for informed diagnoses and appropriate health care when required. This includes not providing translators which result in unmet health care provision
* Older people who have experienced racism or discrimination may be reluctant to speak to health professionals and therefore delay treatment
* Certain religious sects reject health interventions like blood transfusions which could improve /save lives in some instances

**Social Care**

There are issues of gender, race, culture, and ethnicity which need to be taken into consideration when planning and delivering health care for Older BAME people. There are reports that:

* When accessing health and care services the care is not always culturally sensitive or able to meet their particular needs
* There are failures in providing food which meets religious dietary requirements and of not meeting preferences about gender of healthcare practitioners
* When they are not provided with translators, they are often reliant on a friend or family member to attend appointments with them. As a result they feel less comfortable in discussing certain issues. They may also avoid seeking the help they need as they do not want to be a burden on family members
* In instances of poor care there is evidence that older BAME older people are less likely to complain for fear of being labelled trouble makers
* BAME older people are not always aware of the complaints procedure and therefore fail to have their grievances addressed

Cultural stereotypes can additionally stand in the way of BAME older people from receiving the care which they need to stay well and independent. There is an assumption 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. In BAME older people’s reluctance to call on support, GPs are less likely to refer patients from minority ethnic communities to care services. There is also a taboo among older Asian and Caribbean people to talk about mental health problems and for GPs willingness themselves to broach the issue with them.

**Conclusion**

In addition to the impact of the gross under funding of the NHS and care services, and the Health and Social Care Act, BAME older people experience disadvantages, inequalities, and lack of opportunities with regard to income, housing, health and social care, access to information over and above their white counterparts. It is crucial therefore that we raise awareness of and consider these factors when debating and planning to meet the needs of and the impact on the quality of life of older communities.

**Recommendations**

* Action needs to be taken to recognise and meet the needs of older BAME communities in the light of afore-mentioned experiences
* They need a voice to articulate their concerns and interests
* They need to know that the NPC serves the people they purport to campaign for
* They need to be included in the decision making processes which determine their life chances
* BAME older people look for the kind of support that will empower them to confront the many challenges that impact on their lives

**Further information**

The NPC aims to make the organisation more inclusive by ensuring that the principles of equality, diversity and inclusion inform and permeate the work across working parties thereby validating the claim that the main objective of the NPC is to promote the welfare of all pensioners as a way of securing dignity, respect and financial security in retirement

The on-going NPC Structure Working Party review on barriers to participation, improving access to information, equality, diversity and inclusion and the impact of Covid to ensure that the NPC is fit for the future.

**Resources**

NPC Minority Elders Committee - [www.npcuk.org/minority-elders-committee](http://www.npcuk.org/minority-elders-committee)

Health Inequalities of older BAME people - [https://ageing-better.org.uk](https://ageing-better.org.uk/) -September 2020

Health and Social Care workforce: NHR Policy Research Unit in Health and Social care Workforce at Kings College. - August 2020

Briefing on Housing for black and minority older people - [https://raceequlityfoundation.org.uk](https://raceequlityfoundation.org.uk/)

Black, Asian and Minority Older people - [www.commissioncare.org](http://www.commissioncare.org/)

**National Pensioners Convention**

**Marchmont Community Centre**

**62 Marchmont Street**

**WC1N 1AB**

**London**

[**www.npcuk.org**](http://www.npcuk.org)