Ageing & Ethnicity in England
A Demographic Profile of BME Older People in England

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University of Leicester
December 2006
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Foreword

Britain in the 21st century is increasingly diverse - we are all part of a multi-ethnic, multi-racial and multi-faith society. We are also part of a rapidly ageing society, and our ageing population is increasingly reflecting the ethnic and cultural diversity evident across the population as a whole. The BME Elders Forum is delighted to present this Briefing on ‘Ageing & Ethnicity’ in England, written by Dr Savita Katbamna and Ruth Matthews from the University of Leicester. The Briefing aims to provide a succinct and readable picture of some of the key demographic trends in terms of both ageing and ethnicity nationally.

We hope that this Briefing will be a useful resource for voluntary and statutory agencies working with and providing services for older people from BME communities. We particularly hope that it will be useful to the many BME community and voluntary organisations which are working in the ‘frontline’, providing direct services and support for the increasing numbers of older people from black & minority ethnic communities across England. We hope that this Briefing will be useful to you in helping to raise awareness of the growing numbers of older people from BME communities, and to make the case for the need for culturally appropriate and accessible services to be provided to meet their needs, both now and in the future.

We would be grateful for any feedback or comments that you may have on this Briefing, and any suggestions of topics for future Briefings would also be welcome. Contact details for the BME Elders Forum are given on the back cover page of this Briefing.

Amin Mann
Chair, BME Elders Forum
About the Authors

Dr Savita Katbamna is a Research Fellow at the Leicester Nuffield Research Unit, University of Leicester. Research interests include minority ethnic groups with particular reference to ageing, health and social care, and women’s health. Recent publications include “South Asian Carers, a review of literature on Best Place of Care for Elderly People”; “Mental Health Advocacy for Black and Minority Ethnic People”; “Access to Social Care for Older People, Attitudes to Ageing and Financial Planning for Care in Old Age in the South Asian Communities”, “Needs of Black and Minority Ethnic Older People in Rural Areas”. She is also the author of “Race and Childbirth”, Open University Press, 2000.

Savita is currently working on a project funded by Help the Aged to investigate Age Discrimination in Social Care.

Ruth Matthews is a Research Fellow at the Leicester Nuffield Research Unit, University of Leicester. Ruth is a statistician, with research interests in ageing and the health of older people, with a particular focus on inequalities in health and disability. Recent publications include “Does socio-economic advantage lead to a longer, healthier old age?”, “Socioeconomic factors associated with the Onset of Disability In Older Age: A Longitudinal Study of People Aged 75 Years and Over”, “Risk Factors for Disability Onset in the Older Population in England and Wales” and “Standard of Living in the Retirement Survey: a predictor of disability onset and mortality in women but not in men at ages 55-69 years”.

Ruth is currently engaged in a European Commission funded project looking at healthy life expectancy in relation to mental disorder.
Introduction

This briefing report was commissioned by Age Concern England, on behalf of the BME Elders Forum, to gather and document information about the current and future characteristics of Black and Minority Ethnic (BME) older people in England. The work was undertaken by Savita Katbamna and Ruth Matthews in the Leicester Nuffield Research Unit, University of Leicester.

The aims of the project

- To provide an overview of the BME population in England and Wales with specific focus on key characteristics – age, gender, geographical distribution, religion and informal carers;
- To provide a breakdown of ethnic differences in the size, age and gender distribution, geographical spread, pensioner households, health status, and distribution in institutional settings of BME people aged 60+;
- To provide future projections of ethnic differences in the profile of BME people aged 50-65 years and over in terms of gender and regional distribution, limiting long term illness, self rated health and religion;
- To document key messages concerning the current and future cohorts of BME older people from the analysis of 2001 Census and other relevant data sources and to highlight implications of findings for policy makers in statutory and voluntary organisations, commissioners and health and social care providers.

Method

The report has been compiled using primarily the 2001 Census data from the Standard Tables provided by the Office of National Statistics1 and other relevant sources of published literature.
Britain’s Diverse Communities

Ethnic diversity has become a defining feature of the British society. Since the Second World War, the demographic profile of British society has become increasingly more complex and diverse. Although British society is still predominantly White, the arrival of people from countries in the former British colonies, countries in the European Union and countries bordering it, has made British society more culturally, socially and economically diverse.

Ethnicity is a self-defined and fluid concept, which can embrace a number of features such as skin colour, national or regional identity, cultural, religion, country of birth, language, dress and political affiliation. The term “Black and Minority Ethnic” (BME) refers predominately to people who migrated to Britain after the Second World War and whose ancestral roots can be traced to countries in the former British colonies in Africa, Indian sub-continent, Ireland, China and the Far East and the Caribbean. The term also applies to other minority ethnic people of White ancestry who identified themselves as either Irish or White Other which includes people from Canada, Australia and South Africa, citizens of countries in the European Union and the migrant workers from non-European countries who have settled in Britain.

The results of the 2001 Census suggest that the demographic profile of England has changed significantly in the last decade. These changes are reflected in the steady growth in overall population of the UK from 57.5 million in 1991 to 60.2 million people in 2001. There has also been a steep rise in the population of older people from 13% to 16%. In the same period the number of people from minority ethnic background also increased from 6% to 9% in 2001. Clearly, the demographic profile, in particular the age structure of BME groups, is also changing significantly as the number of people approaching retirement age grows.

To illustrate current and future trends in the population of England, we used 2001 Census data to summarise some of the main features of all ethnic groups and to highlight the main characteristics of cohorts of BME people aged 65 and over and 50-64 years.
Ethnic Breakdown of the Population in England

In the 2001 Census, Britain's ethnic groups were classified into 5 main ethnic groups and 16 sub-groups. The majority of England’s population in 2001 were White British 87.0 %. The remaining 13% of the total population was made up of people of minority ethnic background which included White and non-White groups. The white minority group was made up people of Irish descent (1.3%) and Other White (2.7%). The BME group was the largest and included 4.6 % Asian or British Asian, 2.3% Black or Black British 1.3% Mixed and just under 1% Chinese and Other group. The numbers and proportion of the main groups in the total population of England and the proportion of sub-groups are set out in Table 1 and Chart 1.

<table>
<thead>
<tr>
<th>ENGLAND</th>
<th>Numbers</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL PEOPLE</td>
<td>49,138,831</td>
<td>86.9</td>
</tr>
<tr>
<td>White British</td>
<td>42,747,136</td>
<td>86.9</td>
</tr>
<tr>
<td>White Irish</td>
<td>624,115</td>
<td>1.27</td>
</tr>
<tr>
<td>Other White</td>
<td>308,110</td>
<td>2.66</td>
</tr>
<tr>
<td>Mixed</td>
<td>643,373</td>
<td>1.31</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>2,248,289</td>
<td>4.57</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>1,132,508</td>
<td>2.30</td>
</tr>
<tr>
<td>Chinese or other ethnic group</td>
<td>435,300</td>
<td>0.89</td>
</tr>
</tbody>
</table>

Source: 2001 Census – Standard themed table S101
Chart 1: Breakdown of Ethnic groups in England, 2001 (total population 49,138,831)

Source: 2001 Census – Standard themed table S101
Population of black and minority ethnic groups in England

On the surface, the BME groups appeared as if they were each homogeneous groups. This was far from the case, as there were further differences within the main BME groups. Each ethnic group was divided into subgroups, which varied both in size and structure. The relative size of sub-groups within the four largest ethnic groups is set out below.

Asian or British Asian

Asian or British Asian comprises of people whose ancestral roots can be traced back to countries in the Indian sub-continent: India, Pakistan and Bangladesh, including those who arrived in Britain via East and Central Africa. There are four major subgroups: people of Indian origin were by far the most numerous (46%), followed by Pakistani (31%), and then two remaining sub-groups of roughly equal size – the Bangladeshis (12%) and Other Asian (11%).
**Mixed Group**

The population of mixed group was spread between four sub-groups. According to the 2001 Census, people of Mixed parentage were one of the fastest growing minority ethnic population groups in England. People of White and Black Caribbean parentage were one of the largest groups (35%), followed by White and Asian (29%) and Other Mixed (24%). People of White and Black African parentage were relatively small (12%).

![Chart 3: Breakdown of Mixed groups in England, 2001](image)

Source: 2001 Census – Standard themed table S101

**Black or Black British**

The ancestral roots of people identifying themselves as Black or Black British were in the countries of the Caribbean islands. In 2001, they made up the fourth-largest BME population group in England and were divided into three subgroups. People of Black Caribbean origin were the largest group (50%), followed by Black African (42%) and Other Black making up just 8% of the total population.
Chinese and other

In 2001, Chinese and other was one of the smallest minority ethnic groups in England and included two subgroups: people whose roots were in the mainland China and Hong Kong and people from other countries in the Far East.

Age and gender profile of ethnic groups

The population pyramid for the White group in England in 2001 (Population pyramids for Ethnic groups in England and Wales: Chart 5) showed that the pyramid had a broader spread in the middle than at the base - suggesting that the White group had an older age structure. The older age structure was accounted for by the increase in the number of people born after Second World War (and now approaching retirement age). The pyramid also showed that both sexes were evenly distributed for all age groups with the exception of older people aged 75 and over group where women outnumbered men.
Chart 5: Population pyramids for Ethnic groups in England and Wales (total population: 52,041,916)

The population pyramids for BME groups (Charts 5i, 5ii, 5iii and 5iv) showed overall a relatively youthful population compared to the White group, with the population of school-age children and young adults outnumbering the population of older adults. This was most evident in the case of Asian British and Mixed groups, where the shape of the pyramid was a lot broader at the base and narrower at the apex (Charts 5i and 5ii).

Chart 5i: Asian or Asian British (total population: 2,248,289)
Chart 5ii: Mixed (total population: 643,373)

Chart 5iii: Black or Black British (total population: 1,132,508)

Chart 5iv: Chinese or other (total population: 435,308)
However, the shape of pyramids for sub-groups within the Asian group showed marked differences in the age structure. The Indian group, for example, had a higher proportion of middle-aged people who will reach old age in the next 20 years (Chart 5ia), compared to Pakistani and the Bangladeshi groups which had a higher proportion of school-age and young adult population (Charts 5ib and 5ic). The population pyramid for Black or Black British group (Chart 5iii) had a similar shape as the Indian group, showing a higher proportion of people in the 40 plus age group who will also be getting old in the next 20 years.

The older age structure of Indian and Caribbean groups reflects the large scale migration of people from these groups to England in the 1950s. Overall, there were relatively small differences in the age structure of males and females in all BME groups - with the exception of Bangladeshi group where there was an older age structure among men than women.

Chart 5ia: Indian (total population: 1,028,546)
Ethnicity and religion

In the 2001 Census, respondents were asked to state their religious affiliation voluntarily. The results of 2001 Census revealed a picture of a multi-faith society. Christianity had by far the largest number of followers in England, with 76% White, 53% Mixed, 71% Black or Black British and around 27% Chinese and Other stating that they were Christians (Chart 6).
Islam was one of the rapidly expanding religions and the largest concentration of people identifying themselves as followers of Islam were Asian or Asian British origin including the Pakistanis and Bangladeshis (50%), Chinese or Other (13%) and Mixed group 10%. Among the remaining Asian group, 24% of Asian Indians were Hindus and 14% were Sikh. In the Chinese or Other Ethnic group, almost 15% of population were Buddhists. However, a significant proportion of England’s population around 22% claimed to have no religion or did not state their religion.

Population of people aged 65 and over

In 2001, England’s population aged 65 and over was predominately White (97.08%).

Of the White group aged 65 and over, just around 2% were White Irish and just under 2% were White Other. The BME group made up 2.92% of the total population of over 65s in England, of which Asian or British Asian was the largest group at 118,816 (1.52%), followed by Black or Black British at 73,256 (0.94%). The number of older people in the remaining two groups was comparatively small: with 18,556 (0.24%) in the Mixed group and 17,531 (0.22%) Chinese or other ethnic groups. (Table 2).
### Figures for Age 65 and Over

#### Table 2: Ethnic breakdown of population aged 65 plus for England, 2001

<table>
<thead>
<tr>
<th>ENGLAND</th>
<th>Numbers</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL PEOPLE</td>
<td>7,808,000</td>
<td></td>
</tr>
<tr>
<td><strong>White</strong></td>
<td>7,579,841</td>
<td></td>
</tr>
<tr>
<td>British</td>
<td>7,290,679</td>
<td>93.37</td>
</tr>
<tr>
<td>Irish</td>
<td>155,295</td>
<td>1.99</td>
</tr>
<tr>
<td>Other</td>
<td>133,867</td>
<td>1.71</td>
</tr>
<tr>
<td><strong>Mixed</strong></td>
<td>18,556</td>
<td></td>
</tr>
<tr>
<td>White and Black Caribbean</td>
<td>5,292</td>
<td>0.07</td>
</tr>
<tr>
<td>White and Black African</td>
<td>1,673</td>
<td>0.02</td>
</tr>
<tr>
<td>White and Asian</td>
<td>6,463</td>
<td>0.08</td>
</tr>
<tr>
<td>Other</td>
<td>5,128</td>
<td>0.07</td>
</tr>
<tr>
<td><strong>Asian or Asian British</strong></td>
<td>118,816</td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td>68,164</td>
<td>0.87</td>
</tr>
<tr>
<td>Pakistani</td>
<td>29,436</td>
<td>0.38</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>8,918</td>
<td>0.11</td>
</tr>
<tr>
<td>Other</td>
<td>12,298</td>
<td>0.16</td>
</tr>
<tr>
<td><strong>Black or Black British</strong></td>
<td>73,256</td>
<td></td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>59,464</td>
<td>0.76</td>
</tr>
<tr>
<td>Black African</td>
<td>10,801</td>
<td>0.14</td>
</tr>
<tr>
<td>Other</td>
<td>2,991</td>
<td>0.04</td>
</tr>
<tr>
<td><strong>Chinese or other ethnic group</strong></td>
<td>17,531</td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td>11,310</td>
<td>0.14</td>
</tr>
<tr>
<td>Other ethnic group</td>
<td>6,221</td>
<td>0.08</td>
</tr>
</tbody>
</table>

Source: 2001 Census – Standard themed table S101
Population of Black and Minority Ethnic older people

There were wide variations in the population of people aged 65 and over within BME groups in England (Chart 7i: Breakdown of BME groups for population aged 65 and over in England 2001). For example, Irish and Other White was the largest group with 56% of people aged 65 and over, followed by Asian or Asian British (23%), and Black or Black British (14%). Of the remaining two groups: Chinese or Other (4%) and Mixed (3%) were the smallest.

Chart 7i: Breakdown of BME groups for population aged 65 plus in England, 2001
(total population 7,808,000)

Source: 2001 Census – Standard themed table S101
White – Irish white and other white, excludes British white

The analysis of the 2001 Census revealed that there were further differences in the relative size of the population aged 65 and over within individual ethnic groups.
In the Asian group, the Indian group had the largest proportion of over 65s with 68,164 (57%), followed by Pakistani 29,436 (25%), Other Asian 12,298 (10%) and Bangladeshis 8,918 (8%). (Chart 7ii: Breakdown of Asian ethnic groups for population aged 65 and over in England 2001).

**Chart 7ii: Breakdown of Asian or Asian British ethnic groups for population aged 65 plus in England, 2001 (total population 118,816)**

Source: 2001 Census – Standard themed table S101
In the Black or British Black group (Chart 7iv: Breakdown of Black ethnic groups for population aged 65 and over in England 2001), the Black Caribbean group had the largest proportion of 65 and over with 59,464 (81%), followed by Black African 10,801 (15%) and Other Black just 2,991 (4%) were aged 65 and over.

**Chart 7iv: Breakdown of Black or Black British ethnic groups for population aged 65 plus in England, 2001 (total population 73,256)**

- **Black Caribbean:** 59,464 (81%)
- **Black African:** 10,801 (15%)
- **Other:** 2,991 (4%)

Source: 2001 Census – Standard themed table S101
The overall size of 65 and over population in the Mixed group was small (Chart 7iii: Breakdown of Mixed ethnic groups for population aged 65 and over in England 2001): White and Asian 6,463 (34%); White and Black Caribbean 5,259 (29%); Other Mixed 5,128 (28%) and White and Black African 1,673 (9%). The overall small size of the Chinese and Other ethnic group (total population 17,531) was also reflected in the population of older people: 11,310 (64.5%) people aged 65 and over were Chinese and 6,221 (35.5%) people belonged to Other ethnic group.

Chart 7iii: Breakdown of mixed ethnic groups for population aged 65 plus in England, 2001 (total population 18,556)

Source: 2001 Census – Standard themed table S101
Gender distribution of older people

The analysis of the 2001 Census revealed that there were wide variations in the ratio of men to women aged 65 and over in ethnic groups in England (Charts 8: Sex distribution of people aged 65 years and over in England by ethnic group). The differences may be accounted for by mortality rates, migration and settlement patterns and marriage practices. Women aged 65 and over generally outnumbered men in the White, Mixed and Chinese groups. For instance, 58% of White, 55% of Mixed and 54% of Chinese aged 65 and over were women.

![Chart 8: Sex distribution of people aged 65 years and over in England by Ethnic group](chart_url)
In marked contrast, in the Asian and Black groups, men generally outnumbered women (Chart 8i). In the South Asian group, just 34% of Bangladeshi and 45% Pakistani population aged 65 and over were women compared to 66% of Bangladeshi and 55% Pakistani men. The Indian group was unique in the sense that there was even distribution of men and women in the 65 and over age group.

**Chart 8i: Sex distribution of people aged 65 years and over in England by Ethnic group**

**Health status of ethnic groups aged 65 years and over**

Analysis of the 2001 Census showed that there were marked ethnic differences in the health status of people aged 65 and over in England according to ethnicity. This was most evident in relation to the percentage of population experiencing limiting long-term illness. Limiting long-term illness refers to health problems or disabilities that limit daily activities or work, including problems due to old age.
Although almost 50% of people aged 65 and over in England were afflicted by limiting long-term illness, in some groups the rates were particularly high. For example, 60% of Asian and 54% Black people aged 65 and over were affected by limiting long-term illness (Chart 9: Limiting long-term illness in population aged 65 years and over in England by ethnic group). It is widely acknowledged that the age-corrected rate of limiting long-term illness is higher in minority ethnic groups than in the general population. For example, after standardising for age, Bangladeshi, Pakistani, Indian and Black Caribbean groups are at increased risk of diabetes, coronary arteries disease, arthritis, stroke, and respiratory disorders, predisposing them to higher levels of limiting long-term illness than the general population. Unfortunate consequences for black and minority ethnic people afflicted by chronic conditions pose an increased likelihood of experiencing higher levels of disability in old age and being at an increased risk of becoming dependent on others at an earlier age than their contemporaries in the general population (see box on page 26 for focus on ‘Diabetes in Disadvantaged Groups’).
A similar pattern was also noted in the self-perceived notion of general health over the twelve months prior to Census day (29 April 2001). Under 25% of the 65 and over age group in the White, Mixed and Chinese group reported poor health, whereas, 35% of Asian and 33% of Black people aged 65 and over reported poor health (Chart 9i: Self-reported quality of health in population aged 65 years and over in England by ethnic group).
Diabetes in disadvantaged groups

Diabetes is one of the greatest health challenges facing the UK today

The numbers diagnosed are expected to reach over 3 million by 2010. Around half these cases will be people from disadvantaged communities. These are also the people who are less likely to access the appropriate care. Unless it is diagnosed and effectively treated diabetes can put people at risk of complications such as heart and kidney disease, blindness, strokes and amputations. Deaths from diabetes are expected to rise by 25 per cent in the next 10 years.

The most deprived in the UK are 2.5 times more likely to have diabetes

1.3 million people with diabetes are aged over 65.

People from black and minority ethnic (BME) groups are up to six times more likely to develop diabetes.

Complications of diabetes such as heart disease, stroke and kidney damage are three and a half times higher in the lower socio-economic groups.

People from deprived or ethnic communities are less likely to have their body mass index or smoking status recorded. They are also less likely to have records for HbA1c, retinal screening, blood pressure, and neuropathy or flu vaccination.

Those who are least well educated are more likely to have retinopathy, heart disease and poor diabetes control.

Of the 2.2 million people diagnosed with diabetes in the UK, 344,000 are from black and minority ethnic groups, 1.3 million are aged over 65 and 80 per cent of people with Type 2 diabetes are overweight or obese at diagnosis.

Ethnicity and culture

People of South Asian origin are up to six times more likely, and Black African-Caribbean origin up to five times more likely, to develop diabetes compared to white people.
Figures suggest that 20 per cent of the South Asian community and 17 per cent of the Black African and Caribbean community living in the UK have Type 2 diabetes in contrast to 3 per cent of the general population. For those with diabetes morbidity is also much higher, especially heart disease (two to three times higher in South Asians), renal failure (four times higher in Asians) and stroke (three times higher in African-Caribbeans).

Reasons for this include socio-economic deprivation, genetic risk factors, displacement and mobility, discrimination and racism, language, communication and literacy, cultural and religious influences on behaviour (including physical activity and food choices), the role and status of women, and access to services.

The Audit Commission Patient Survey highlighted significant gaps in patient knowledge, understanding and confidence in managing diabetes, which were substantially more pronounced for ethnic minorities than the white population.

The 2001 Census showed that six out of 10 ethnic minority households do not speak English as their main language at home. Services available are often inappropriate, where language and cultural barriers between patients and healthcare professionals lead to misunderstanding or even no information at all being given.

Analysis of the UKDIABS dataset, despite limitations, showed that people with diabetes from BME groups are less likely to have annual health checks for HbA1c, cholesterol and blood pressure etc. In 2004/2005, 40 per cent of Primary Care Trusts (PCTs) didn’t have any strategies in place for BME communities.

Research carried out by MORI in 2006 also showed awareness of diabetes and its complications to be extremely low from people in BME groups. Only 37 per cent thought that diabetes could lead to blindness and only 34 per cent thought it could lead to kidney failure compared to average awareness of 63 per cent and 51 per cent respectively.

Source – ‘Diabetes and the disadvantaged: reducing health inequalities in the UK’
A report by the All Parliamentary Group for Diabetes and Diabetes UK – World Diabetes Day, 14 November 2006
Pensioner households by ethnic groups

In 2001, there was a wide variation in the level of single-pensioner households between ethnic groups in England (Chart 10). The vast majority of single pensioner households were White (15%), followed by Black (7%) and then Mixed (5%). Chinese and Asian single pensioner households were relatively less numerous – representing around 4% of households.

![Chart 10: Percentage of single pensioner households in England by ethnic group](chart.png)
Good Practice Guidance

There were fewer couple than single-pensioner households across all ethnic groups in England (Chart 10i). Ethnic differences in couple-pensioner households followed similar pattern as in single pensioner households: of the couple-pensioner households, 9% were White and only 2% belonged to each of the four main BME groups.

![Chart 10i: Percentage of couple pensioner households in England by ethnic group](chart)

**Regional distribution of BME older people**

As the map of England showed that the population of BME people aged 65 and over in English regions in 2001 was unevenly distributed with some regions more heavily populated than others (Chart 11). The relative size of the population of BME older people in regions closely matched the regional distribution of BME groups overall in England. For instance, the highest concentrations of BME older people groups were in the South East, particularly London where over 7% of the BME older people belonged to the Asian group; to the 6% Black group and around 1% to the Chinese and Mixed groups.
The second largest concentration of BME older people was in the West Midlands where Asians accounted for 3%, Black 2% and Chinese and Mixed groups less than 0.5% of the local population.

Chart 11: Proportion of population aged 65 plus in ethnic minority groups, by Government Office Region (%)
Other areas of England with relatively large concentrations of BME older people were in the East Midlands, and the North West and North East Yorkshire regions where the share of BME older people in the local population was fairly uniform: 1.5% Asian, 0.5% Black and Chinese and Mixed around 0.2% of the local population. It is particularly interesting to note that in the North and South West regions which are predominately rural, the population of BME older people was thinly distributed.
Projected Future Trends in the BME Population

Ethnic and gender differences in the population of BME people aged 50-64

The demographic profile of England’s population of people aged 50-64 in the 2001 Census is of particular interest as they represent the future generation of older people. According to the Office of National Statistics, there were 19.8 million people aged 50-64 years in the UK in 2002. Between 1961 and 2004, the population of people aged 50 and over had increased by 24% (16.0 million to 19.8 million). In 2001, people aged 50 and over in the BME groups made up around 15% compared with 33% of the overall population (www.statistics.gov.uk).

The figures for sex differences in proportion of people aged 50-64 years by ethnic group in 2001 (Chart 12) showed that men and women were unevenly distributed across the five main ethnic groups in England.

Chart 12: Sex distribution of people aged 50-64 years in England by ethnic group

Source: Census 2001 – Standard table S101
Whilst in the White and Asian groups, the proportions of men and women aged 50-64 were evenly distributed, in other sub-groups, women generally outnumbered men. This was most evident in the Chinese, Black and Mixed groups where 58%, 56%, and 52% of women respectively were in the age group 50-64 years. Although similar pattern of gender distribution was repeated for people aged 50-64 across most of the sub-groups, some differences were evident in the Asian group where men of Pakistani and Other Asian origin outnumbered women (Charts 12i and 12ii). This gender unbalance in the Asian groups could be accounted for by migration and settlement patterns.

![Chart 12i: Sex differences of people aged 50-64 years in England by ethnic group, 2001](source: Census 2001 – Standard table S101)
Ethnic differences in the health status of population aged 50-64 years

Figures for limiting long-term illness in people aged 50-64 years in England by ethnic group show that the health of people in this age group followed a worryingly identical pattern to that of older people 65 years and over (Chart 13). This has major implications for planning and delivery of health care services. People aged 50-64 years in the Asian, Black and Mixed groups were most likely to be affected, with 40% Asian, 36% Black and 30% Mixed reporting limiting long-term illness. The analysis of self-reported health for the 50-64 age groups also showed that almost 25% Asian and 20% Mixed and Black group described their health as poor (Chart 13.i).
Limiting long-term illness refers to health problems or disabilities that limit daily activities or work, including the problems that are due to old age. General health refers to health over the twelve months prior to Census day (29 April 2001).
The Changing Profile of England’s BME Population

Key messages

The evidence presents a picture of a society in England which is multi-ethnic, multi-cultural and multi-faith. The key findings from the 2001 Census revealed:

- An overall increase in the size of the population, including a significant increase in the population of the BME groups.

- An ageing population, with the White group in particular having an older age structure. Not all BME groups are ageing at the same rate. Mixed and Chinese groups had relatively youthful age profiles, whereas some groups were beginning to show an ageing population. This was most evident within sub-groups in the Asian British and Black British population. In contrast to Pakistani or African subgroups, the Indian and the Black Caribbean groups had a larger share of people aged 65 and over. It is important to recognise that the overall youthful age structure of the BME population conceals a significant proportion of people over the age of 65. It is vital that policy advisers and service planners and providers in the central and local governments and voluntary bodies are fully aware of the demographic trends, and the implications for health and social care services of the ageing of BME groups within society.

- The older age profile of the Indian and the Caribbean groups is closely tied to migration and settlement patterns of people from these communities who arrived in Britain as young adults in the 1950s and 1960s. In addition, the Indian and Black Caribbean groups also have a higher proportion of people in the 50-64 age groups. This has major implications for policy and practice development, as this age group will swell the ranks of over 65s in the near future. Furthermore it is highly likely that the needs and aspirations of this current cohort of 50-64 years olds (who have spent most of their adult lives in Britain) will be very different from the current generation of older people. Future policy and service provision will have to reflect these changing needs.
• In contrast to the White group (where women over 65 outnumber men), distribution of men to women across all age groups in the BME groups was fairly even. Bangladeshi and Pakistani groups, however, were an exception - men aged 65 and over outnumbered women. This gender imbalance has major social and financial implications for women in these groups who are more likely to be widowed by the time they reach retirement age.

• Although a vast majority of single and couple pensioner households were White, BME pensioner households are likely to increase. The uneven representation of sexes in the over-65 age group in some BME groups will also have a major impact on the composition of pensioner households which in turn will have major implications for the provision of formal and informal support in the future.

• Analysis of the 2001 Census revealed that the over-65s from BME groups had poor perception of their general health. The fact that rates of limiting long-term illness were worryingly high also indicates that demand for help with activities of daily living is likely to increase in the future. The over-65s in the Asian and Black groups were disproportionately affected by poor quality health and high rates of limiting long-term illness. Unfortunately, in consequence, BME older people afflicted by chronic conditions pose an increased likelihood of experiencing higher levels of disability in old age and are at an increased risk of becoming dependent on others at an earlier age. Since health inequalities affect some BME groups more than others and also persist in the middle-aged groups (50-64), the implications for formal and informal providers of health and social care are significant.

• The population of BME groups is unevenly distributed across England, with a vast majority living in large metropolitan or inner city areas and only a small minority living in rural areas of England. It is widely accepted that problems experienced by BME people living in inner city areas are closely linked to the problems of deprivation in many inner city areas where resources and services are particularly stretched. Problems for those who live in rural areas or areas with much smaller BME populations are often compounded by social isolation and the lack of recognition of their needs by service providers. This will have major implications for the provision of services in both inner city and rural areas for the current and the future generations of BME elders. It is imperative that decisions concerning the planning and delivery of services for BME older people should reflect and respond to local demography, and should be based on direct consultation and a clear assessment of their specific needs for public services and support.
References


