

Housing and the older ethnic minority population in England

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Summary

This briefing, by the Race Equality Foundation and the Housing Learning and Improvement Network (LIN), addresses the future mainstream housing needs of older black and minority ethnic (BME) groups as they converge towards the age profile of the UK. This paper does not address the specialist housing needs of older black and minority ethnic groups; indeed, a recommendation is made that this topic should be further addressed elsewhere. In relation to general housing needs, therefore, this briefing provides comprehensive data and analysis that identifies the demographic changes, the extent to which older BME people experience housing disadvantage compared to the white British population, what factors may contribute to this disadvantage and the spatial concentration of BME older people in urban areas in England. In particular, it finds:

Older BME populations are likely to grow in future years subject to differences in life expectancy and migration. Existing research evidence suggests that most minority groups will experience poor health earlier than the white British. Most minority ethnic groups experience higher levels of housing deprivation than the white British, and Bangladeshi and black African people were most likely to be housing deprived.

Housing histories are likely to have contributed to deprivation and may reflect different stories including racial exclusion by local housing authorities, private landlords and neighbours, as well as more recent experiences of stigmatisation, gentrification and displacement. The unequal distribution of property types between ethnic groups reflects patterns of cumulative disadvantage experienced by some people which may in turn reflect the concentration of BME groups in urban areas. There are higher levels of housing deprivation for Bangladeshi and black African people living in terraced houses and flats, and Pakistani people living in terraced houses. The higher rates of housing deprivation for Pakistani, Bangladeshi and black African owners may reflect patterns of cumulative disadvantage caused by lower incomes that have restricted the ability of some to improve their housing conditions.

Access to affordable housing for those who do not own their home seems to be more difficult for BME people. There is an increasing proportion of BME groups living in the private rented sector together with higher levels of housing deprivation. Higher levels of housing deprivation for Bangladeshi and black African people in social housing may reflect the difficulty in accessing larger accommodation from existing stock. Rental tenures, both social and private, are associated with higher levels of

housing deprivation than ownership. The lower rates of home ownership for BME groups aged 50-64 compared to those aged 65 and over suggest that levels of housing deprivation will increase over time.

Older people in routine jobs or unemployed were more likely to experience housing deprivation. The percentage of BME people in routine jobs or unemployed experiencing housing deprivation were higher than the white British, notably the white other, Bangladeshi and black African groups. BME groups who were economically active experienced more housing deprivation compared to those who were retired or economically inactive. This might reflect the financial support available to some economic inactivity e.g. disability, sickness or caring responsibilities where housing costs are covered by benefits enabling people to access more suitable accommodation.

Older Indian, Pakistani, Bangladeshi and black African people continue to live in *other* households¹ for longer than other ethnic groups. This is likely to contribute to the higher levels of housing deprivation, particularly overcrowding, that they experience. The extent to which this reflects a choice to live with extended family in the case of the Asian people or constraint imposed by housing costs in the case of black African people is worth exploring in local area engagement. Higher levels of housing deprivation for the relatively small number of lone parents from BME and black African and Caribbean single people may also be reflected differentially in local areas.

Living with a partner mitigates the effect of housing deprivation for Indian, Pakistani and Bangladeshi older people whilst the protective effect for white other people is no longer apparent for those aged 65 or over. People living by themselves are more likely to be at risk of social isolation and an understanding of this aspect of the local population can inform successful interventions.

The proportion of older people from different ethnic groups born in the UK and the data of their migration to the UK is variable reflecting different waves of migration and more recent arrivals experience much higher levels of housing deprivation. The complexity of these stories is masked by the inadequacy of the data available at national level. The white other and black African ethnic categories are too broad to

¹ Other households encompass households with two adults who are not a couple or three or more adults. They may include extended families or some other sharing arrangements.

make meaningful inferences whilst all ethnic groups may include returning migrants with citizenship rights. At a local level, the complexity of these stories needs to be unpicked to enable meaningful policy interventions.

As BME people age, their need for adaptations and additional care and support will grow, in order to enable them to live independently. The extent to which their needs can be met within existing accommodation is likely to be limited given the levels of housing deprivation that many older BME people experience. It would be beneficial to collect evidence of the ways that housing associations have successfully provided accommodation and services to meet the needs of older BME people. The extent to which extra care and retirement housing, care and nursing homes can meet the needs of BME older people would also benefit from investigation of what works well.

Lastly, this briefing finds that BME older people are concentrated in urban areas in and around London and major cities. Some urban areas have a complex demography of ethnic ageing to consider as they develop policy and interventions to meet their local population needs.

Introduction

This briefing explores the evidence on housing disadvantage amongst the older black and minority ethnic (BME) population. Whilst local interventions and studies have highlighted the experiences, needs and aspirations of these groups in the population, national studies by race and ethnic scholars have paid relatively little attention whilst ageing researchers have done limited work on race and ethnicity (Torres, 2015; Phillipson, 2015). The study addresses future housing needs as BME and migrant people converge towards the age profile of the UK with the likelihood of increased demand for supported housing and adaptations to their homes. This paper identifies the demographic changes, the extent to which older BME people experience housing disadvantage compared to the white British population, what factors may contribute to this disadvantage and the spatial concentration of BME older people in urban areas in England. It uses 2011 Census microdata and 2011 Census aggregate data². Housing deprivation is indicated by overcrowding, having no central heating or living with another household.

Why does housing deprivation matter for older BME people?

Opportunity Age (HM Government, 2005) identified the need for state investment in active ageing. Driven by economic concerns about the ageing population and the likelihood that the UK would need to provide more financial support for older people the strategy focussed on people aged 50 and over. It made clear that older people were responsible for their own well-being in later life. It identified the importance of employment and planning for retirement and defined the government approach to active ageing. It identified barriers to older people getting the most out of life as age discrimination, poor housing and fear of crime. For older BME people the effect of discrimination on the grounds of race or religion and belief may also create barriers. It called for strategies which enabled older people to influence local decisions that affected them, to be able to access services and opportunities such as learning, leisure and volunteering. It promised to promote healthy living, well-being and independence including being able to influence decisions about what happened in their local area.

² The microdata are a 5 per cent representative sample of the census (ONS, 2015). The aggregate data provides counts of household level data at different geographical levels.

More recently a review of research on older people by the Centre for Ageing Better (2017: 1) identified

... stark inequalities in how different people experience later life. While some of us enjoy the benefits of longer lives, others may experience later life as a time of profound challenge.

The report evaluated existing evidence for older people and reflected the experience of the different cohorts from age 50 onwards (Centre for Ageing Better, 2017). It highlighted inequalities in subjective well-being, physical and mental health, life and healthy life expectancy, financial security, social connections and living environment including the home and neighbourhood. The report also drew attention to the lack of information about the experiences of black and minority ethnic (BME) people's experiences of ageing. This briefing seeks to address this gap in knowledge of ageing and housing in England.

As people age their health deteriorates through disability, limiting long-term illness and their perceptions of their own health. These effects have been shown to reflect structural inequalities in earlier life through the process of cumulative advantage and disadvantage (Phillipson, 2015; Centre for Ageing Better, 2017). These studies use a life course methodology to capture experiences that contribute to cumulative advantage and disadvantage. Most life course studies on ageing have tended to focus on a relatively stable view of the life course which, when applied to some people from ethnic minorities in England will need to account for disruption through "migration flows, natural catastrophes, civil wars and global financial crises" (Phillipson, 2015: 921). Phillipson (2015) argues that research on ethnicity opens up the opportunity to understand global and local social change by paying attention to the transnational links of migrant groups and the effect in communities which have cohered in particular areas through the availability of faith institutions, services and protection from experiences of racism.

Policy interventions and some research around race has tended to rely on static essentialist definitions of ethnicity based on categories derived for the census (for example, the race equality audit carried out by the government in 2017). Racial and ethnic studies have adopted a more critical stance, recognising that ethnicity is constructed through relationships with others and reflects and adapts to local, national and international issues. Racisms develop in specific times and contexts and

may change the way that people identify themselves (Garner, 2017). The data analysed in this report is bound by the census ethnic categories and focusses on larger ethnic groups where there is enough evidence to examine their experiences. Within these broad categories it is likely that there a range of experiences of health and housing deprivation. Whilst this paper uses the census ethnic categories the extent to which they should inform policy interventions need to be tempered by caution. Local investigations should take account of people's experiences, their self-identification of ethnicity and other identity characteristics and any perceptions of unequal access, treatment or outcomes based on these personal characteristics.

Research shows that social isolation is damaging to health and older people are particularly vulnerable (Buffel et al., 2018). These experiences may be compounded for some BME groups with limited access to their social and family contacts through distance or lack of accessible transport. For others living close to family and friends may mitigate the chances of social isolation. There is no consensus on how to generate community measures of social isolation so there is little information to assess the extent to which it might affect BME older people.

There is a consensus that Britain faces a "crisis" caused by a lack of affordable housing and that this has particularly affected black and minority ethnic (BME), and migrant groups (Lukes et al., 2018; de Noronha, 2015). UK border policies as seen in the recent scandal surrounding the treatment of the 'Windrush generation' show how the state adoption of a 'hostile environment' for migrants has disrupted transnational relationships for long-standing migrants (de Noronha, 2018). As Brexit approaches the ramifications of the UK immigration policy framework is likely to have an increasing effect on older residents without or *perceived to be without* citizenship rights.

The relationship between housing conditions and health is well-established. The negative impact on physical and mental well-being is linked to overcrowding and hazards such as cold, damp and fire risk. The insecurity and poor conditions associated with homelessness and the private rented sector have been demonstrated and the insecurity through inadequate safety in social housing was thrown in stark relief by the tragic fire at Grenfell Towers (de Noronha, 2015, 2017). Ethnic inequalities in housing have been demonstrated using data from the 2011 census (Finney and Harries, 2013; Finney and Lymperopoulou, 2014; de Noronha, 2015).

This briefing:

- explores the demographic profile of the larger ethnic groups who are likely to contribute to the growth of the BME population
- identifies housing deprivation of ethnic groups by age and explores the factors that contribute to the higher levels of housing deprivation experienced by BME groups
- identifies the usage of care and residential homes by ethnic group and discusses future demand
- discusses the geographical concentrations of ethnic groups and the different demands this is likely to place on local services.

Demographic change and ageing amongst BME groups

Older BME populations are likely to grow in future years subject to differences in life expectancy and migration. Existing research evidence suggests that most minority groups will experience poor health earlier than the white British.

Population age

Figure 1 shows the age breakdown by ethnic group based on the 2001 and 2011 census. White British and black Caribbean people aged 50 or over have grown slowly between 2001 and 2011 in contrast to other minority ethnic groups. The growth of the white other and black African group is likely to include significant migration whilst the growth of other ethnic groups will also include the natural growth due to higher birth rates amongst the comparatively younger adult population. The fall in the proportion of people under the age of 20 in the Indian, Pakistani, and Bangladeshi ethnic groups in 2011 suggests a gradually ageing population since 2001.

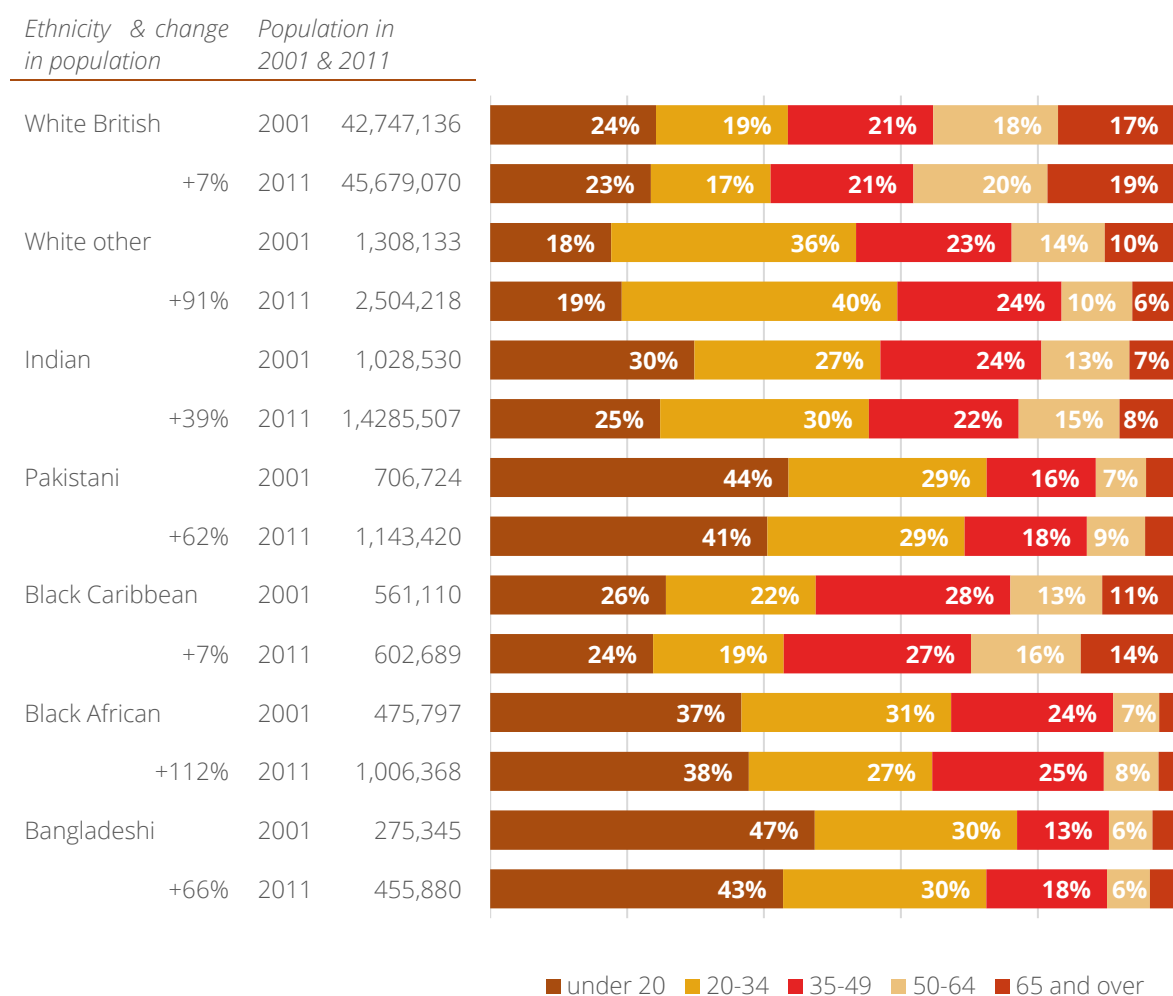


Figure 1 Age breakdown by ethnic group in 2001 and 2011
 Source: Standard tables ST101, 2001 census and DC2101EW, 2011 census

Table 1 provides a further breakdown by ten year age groups. It shows that the percentage of the selected minority ethnic groups in the older age groups was smaller than the white British population in 2011. This reflect historical migration patterns of younger people which will converge towards the white British age profile subject to differences in death rates and migration. This seems to be the case as the longer standing migrant groups, black Caribbean and Indian, are close to the white British proportion in the 50-59 cohort.

Table 1
Ethnic population of England and Wales by age cohort

Ethnic group ('000s)	50-59	60-69	70-79	80 and over
White British	2,958 (13%)	2,811 (12%)	1,931 (8%)	1,536 (7%)
BME	308 (8%)	172 (5%)	114 (3%)	57 (2%)
White other	104 (8%)	64 (5%)	38 (3%)	29 (2%)
Indian	79 (11%)	48 (7%)	29 (4%)	12 (2%)
Pakistani	37 (7%)	18 (3%)	12 (2%)	4 (1%)
Bangladeshi	11 (5%)	7 (3%)	4 (2%)	1 (0%)
Black African	33 (6%)	13 (3%)	6 (1%)	1 (0%)
Black Caribbean	44 (14%)	22 (7%)	24 (7%)	9 (3%)

Source: Standard table DC2101EW, 2011 census

Other demographic change

Evidence on mortality, life expectancy and migration is not routinely available within the official statistics published by the government. Research using the 2001 census data to produce ethnic estimates of disability free and healthy life expectancy suggested that black and Asian ethnic men and women had lower life expectancy and were likely to experience more years of disability or poor health (Wohland et al., 2015). Older BME people with transnational families may choose to live outside the UK for long periods of time as has been evident with the patterns of British retirement to Spain (for more detailed analysis and estimates of these components of population change see Lievesley, 2010).

Housing deprivation

Most minority ethnic groups experience higher levels of housing deprivation than the white British. Bangladeshi and black African people were most likely to be housing deprived.

Table 2 provides a detailed breakdown by ten-year age groups of the experience of housing deprivation³ amongst older people by ethnic group. It shows higher levels of housing deprivation for all minority groups than the white British.

³ Housing deprivation is measured as a household experiencing one of overcrowding by the bedroom standard, lacking central heating or sharing a kitchen or bathroom. Health and disability deprivation is measured by a subjective assessment of poor health or having a long-term limiting illness.

Table 2
Housing deprivation by selected ethnic group

	50-59	60-69	70-79	80 or over
White British	18,234 (6%)	13,492 (5%)	8,963 (5%)	7,750 (7%)
BME	8,371 (20%)	3,071 (14%)	1,916 (14%)	710 (13%)
White other	1,820 (18%)	663 (11%)	272 (8%)	220 (10%)
Indian	1,150 (15%)	487 (11%)	292 (10%)	143 (13%)
Pakistani	958 (26%)	315 (18%)	221 (16%)	92 (24%)
Bangladeshi	397 (35%)	129 (26%)	154 (32%)	36 (33%)
Black African	1,197 (36%)	338 (29%)	211 (36%)	48 (37%)
Black Caribbean	613 (16%)	255 (13%)	278 (13%)	103 (13%)

Source: 2011 census microdata

The first part of the briefing focusses on the factors associated with housing deprivation. It explores the impact of cumulative disadvantage through the type of property people live in, their tenure, economic activity and occupational social class. Living arrangements are significant as shown by the analysis of household type and, to a lesser extent, marital status. Finally, more recent arrivals to the UK are shown to be more likely to experience housing deprivation.

Cumulative disadvantage

Housing histories are likely to have contributed to deprivation and may reflect different stories including racial exclusion by local housing authorities, private landlords and neighbours, as well as more recent experiences of stigmatisation, gentrification and displacement. The unequal distribution of property types between ethnic groups reflects patterns of cumulative disadvantage experienced by some people which may in turn reflect the concentration of BME groups in urban areas. There are higher levels of housing deprivation for Bangladeshi and black African people living in terraced houses and flats, and Pakistani people living in terraced houses. The higher rates of housing deprivation for Pakistani, Bangladeshi and black African owners may reflect patterns of cumulative disadvantage caused by lower incomes that have restricted the ability of some to improve their housing conditions. Access to affordable housing for those who do not own their home seems to be more difficult for BME people.

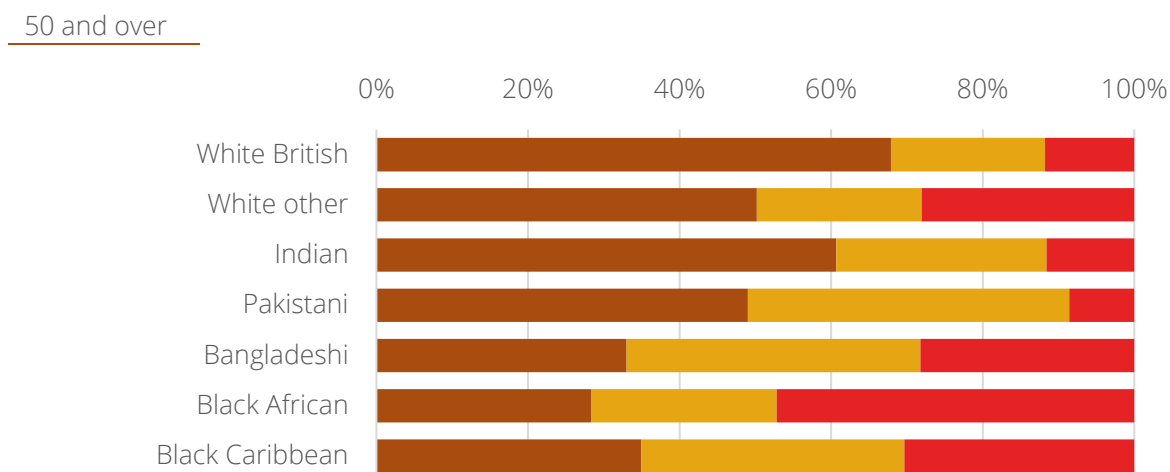
There is an increasing proportion of BME groups living in the private rented sector together with higher levels of housing deprivation. Higher levels of housing deprivation for Bangladeshi and black African people in social housing may reflect the difficulty in accessing larger accommodation from existing stock. Rental tenures,

both social and private, are associated with higher levels of housing deprivation than ownership. The lower rates of home ownership for BME groups aged 50-64 compared to those aged 65 and over suggest that levels of housing deprivation will increase over time.

Older people in routine jobs or unemployed were more likely to experience housing deprivation. The percentage of BME people in routine jobs or unemployed experiencing housing deprivation were higher than the white British, notably the white other, Bangladeshi and black African groups. BME groups who were economically active experienced more housing deprivation compared to those who were retired or economically inactive. This might reflect the financial support available to some economic inactivity e.g. disability, sickness or caring responsibilities where housing costs are covered by benefits enabling people to access more suitable accommodation.

Property type

Figure 2 shows that a higher percentage of older white British live in detached or semi-detached houses compared to BME groups. Nearly half of black African older people are living in flats whilst 40% of Pakistani and Bangladeshi older people live in terraced houses.



65 and over

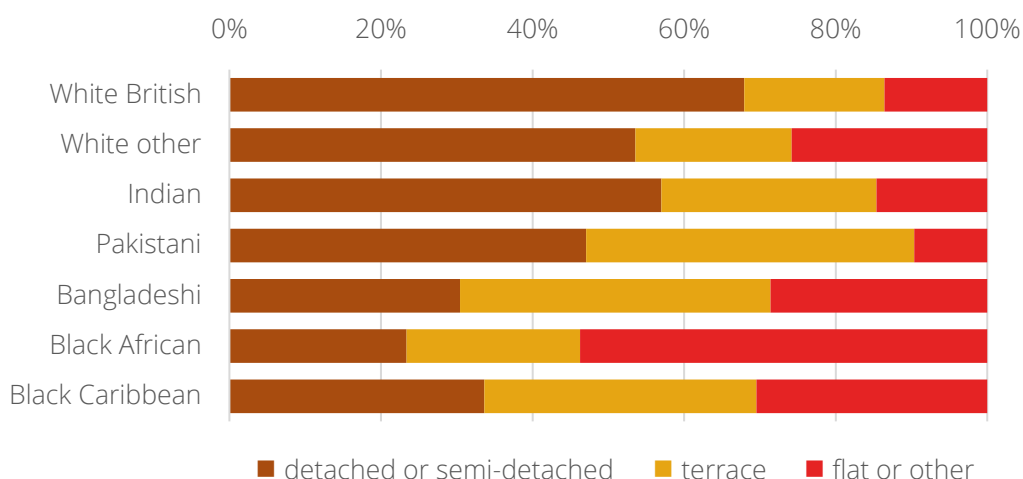


Figure 2 Property type by ethnic group

Source: 2011 census microdata

Table 3 shows that housing deprivation increases for all ethnic groups from living in a detached or semi-detached house to terraced housing to flats. All ethnic minority groups over the age of 50 have higher rates of housing deprivation in all types of property. Particularly notable are Bangladeshi and black African people in flats where nearly half of those aged 50 or over experienced housing deprivation. Around 40% of Pakistani, Bangladeshi and black African people aged 65 or over living in flats experienced housing deprivation.

Table 3

Housing deprivation by property type, age and ethnicity

Ethnicity	Detached or semi detached	Terraced	Flat or other
<u>50 and over</u>			
White British	17,759 (3%)	14,146 (8%)	16,534 (16%)
White other	655 (6%)	510 (11%)	1,810 (31%)
Indian	837 (8%)	641 (14%)	594 (31%)
Pakistani	653 (18%)	698 (23%)	235 (38%)
Bangladeshi	167 (23%)	246 (28%)	303 (48%)
Black African	313 (21%)	315 (25%)	1,166 (47%)
Black Caribbean	249 (8%)	266 (9%)	734 (28%)
<u>65 and over</u>			
White British	8,364 (3%)	6,235 (8%)	7,748 (14%)
White other	163 (4%)	114 (7%)	456 (23%)
Indian	228 (7%)	161 (10%)	226 (27%)
Pakistani	161 (14%)	194 (18%)	89 (38%)
Bangladeshi	57 (23%)	93 (28%)	98 (42%)
Black African	54 (19%)	67 (25%)	274 (43%)
Black Caribbean	100 (7%)	97 (7%)	318 (26%)

Source: 2011 census microdata

Tenure

Figure 3 shows that most older people own their homes. More than 90% of white British people aged 50 and over own their homes compared to 70% of black African and 75% of white other ethnic groups. BME groups aged 50 and over who do not own their homes are mainly accommodated in the private rented sector.

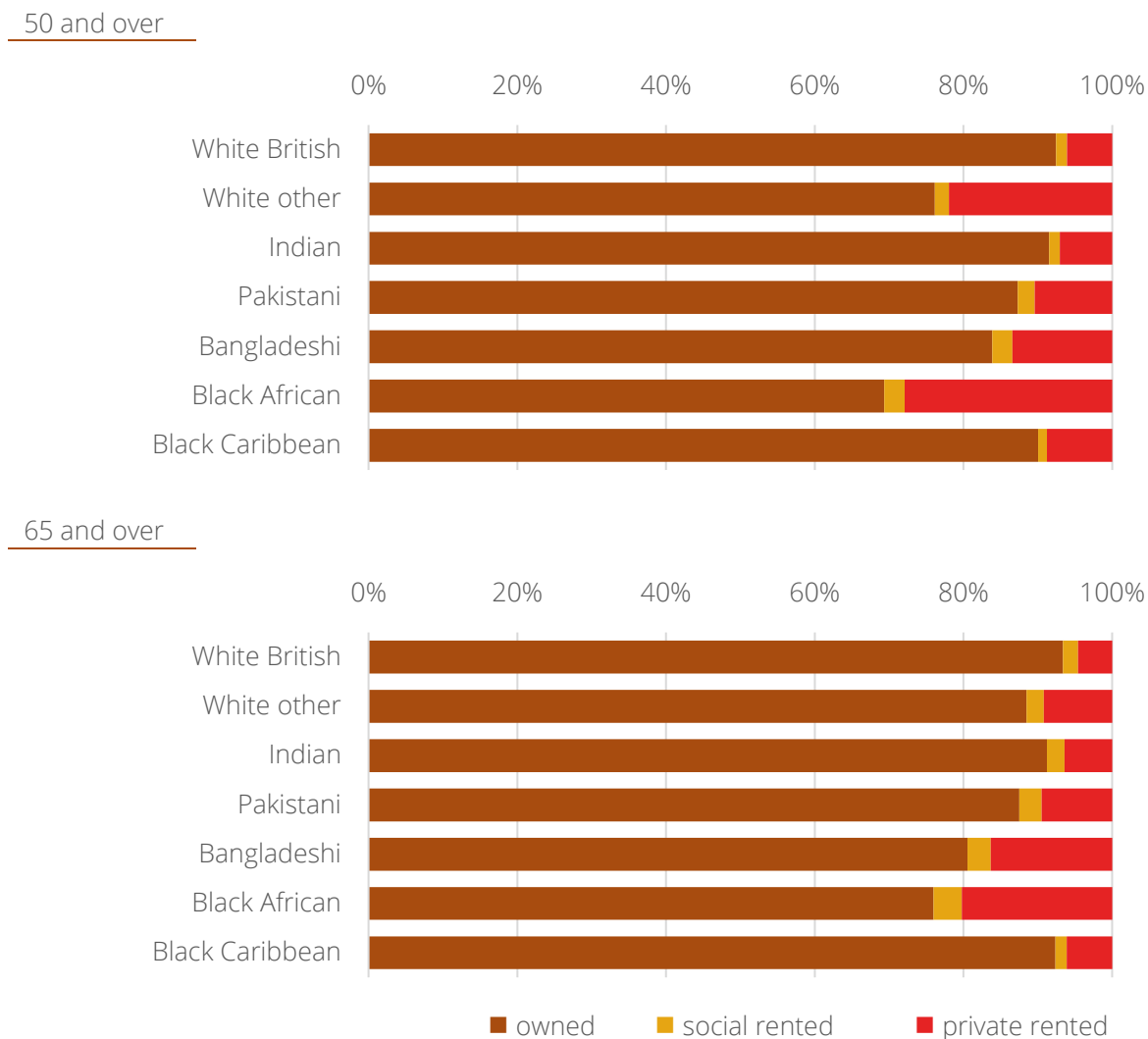


Figure 3 Tenure by ethnic group

Source: 2011 census microdata

Table 4 shows the lowest levels of housing deprivation for older people who own their homes. For most ethnic groups aged 50 and over housing deprivation is higher in the private rented sector. Exceptionally Bangladeshi and, to a lesser extent black Africans had higher rates of housing deprivation in social housing. White British and white other people aged 65 and over were most likely to experience housing deprivation in the private rented sector. For other ethnic groups aged 65 or over higher levels of deprivation were found in social housing.

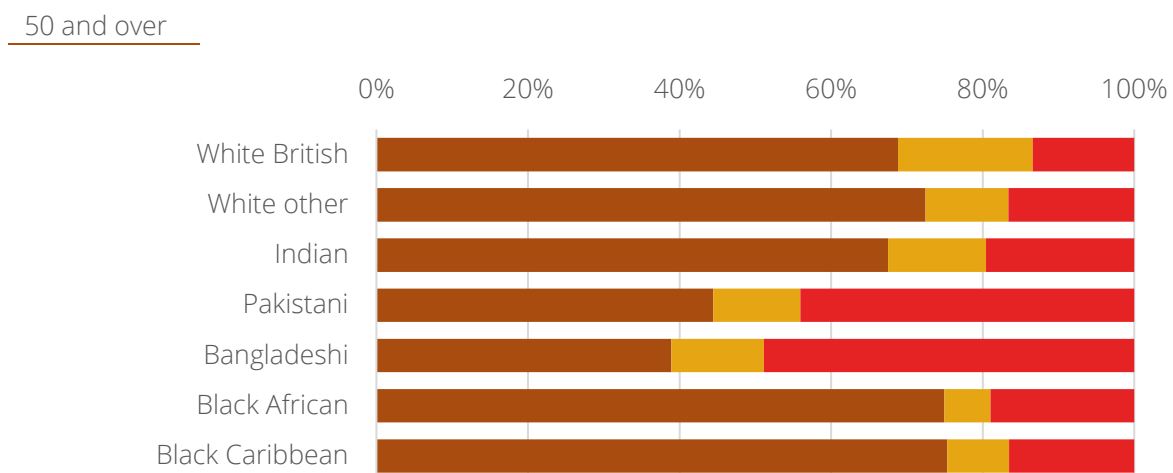
Table 4
Housing deprivation by tenure, age and ethnicity

Ethnicity	Owned	Social Rented	Private Rented
<u>50 and over</u>			
White British	14,639 (4%)	6,455 (11%)	4,662 (16%)
White other	588 (7%)	460 (26%)	1,152 (34%)
Indian	978 (11%)	194 (31%)	262 (35%)
Pakistani	802 (21%)	153 (31%)	169 (36%)
Bangladeshi	212 (27%)	207 (42%)	37 (34%)
Black African	380 (23%)	707 (44%)	291 (40%)
Black Caribbean	267 (9%)	346 (23%)	115 (32%)
<u>65 and over</u>			
White British	12,703 (4%)	6,397 (10%)	2,590 (16%)
White other	324 (6%)	221 (21%)	172 (28%)
Indian	362 (8%)	148 (28%)	88 (26%)
Pakistani	305 (16%)	74 (29%)	52 (25%)
Bangladeshi	104 (25%)	118 (40%)	21 (25%)
Black African	90 (20%)	252 (43%)	44 (36%)
Black Caribbean	188 (7%)	280 (22%)	33 (20%)

Source: 2011 census microdata (ONS, 2015)

Economic activity and occupational social class

Figure 4 shows that Pakistani and Bangladeshi people aged 50-64 are more likely to be economically inactive than other ethnic groups.



65 and over

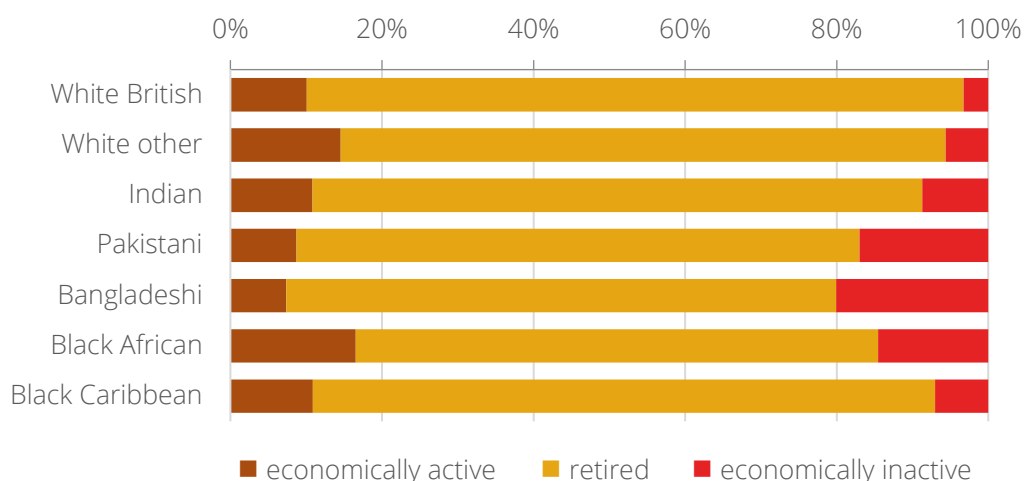


Figure 4 Economic activity by ethnic group

Source: Census 2011 microdata (ONS, 2015)

Table 5 shows the levels of housing deprivation by economic activity and ethnic group. For older people being retired or economically inactive (which includes caring responsibilities, disability and long-term sickness) is associated with lower levels of housing deprivation than being economically active.

Table 5

Housing deprivation by economic activity and ethnic group

Ethnicity	Economically active	Retired	Economically inactive
50 and over			
White British	11,567 (4%)	1,562 (2%)	878 (2%)
White other	1,205 (12%)	74 (5%)	133 (6%)
Indian	511 (7%)	51 (4%)	88 (4%)
Pakistani	240 (11%)	17 (3%)	127 (6%)
Bangladeshi	98 (18%)	9 (5%)	37 (5%)
Black African	799 (26%)	36 (15%)	125 (18%)
Black Caribbean	375 (10%)	15 (4%)	35 (5%)
65 and over			
White British	1,250 (3%)	5,626 (2%)	190 (1%)
White other	72 (6%)	168 (3%)	16 (4%)
Indian	21 (3%)	101 (2%)	21 (4%)
Pakistani	10 (5%)	55 (3%)	8 (2%)
Bangladeshi	6 (10%)	24 (4%)	14 (9%)
Black African	39 (20%)	90 (11%)	28 (16%)
Black Caribbean	33 (7%)	114 (3%)	6 (2%)

Source: census 2011 microdata (ONS,2015)

Figure 5 shows the occupational social class of the economically active people by ethnic group. Given the relatively small percentage of people aged 65 or over who are economically active this shows the whole population aged 50 to 64. Around 30%

of white British people are from the professional and managerial social class compared to 25% of Indian and less than 20% Pakistani and Bangladeshi. Around 40% of Pakistani people work for themselves compared to around 25% for most other ethnic groups with less than 20% of black African and Caribbean. Pakistani and Bangladeshi people have higher rates of unemployment.

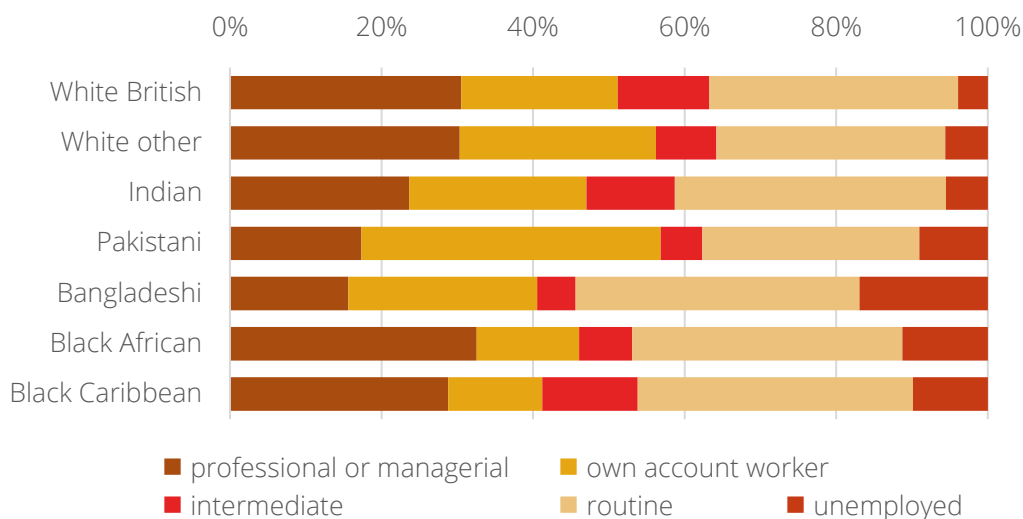


Figure 5 Occupational social class by ethnic group
 Source: Census 2011 microdata (ONS, 2015)

Table 6 shows the percentage housing deprived by occupational social class of those who are economically active aged between 50 and 65. Whilst all older people in routine jobs or unemployed experience higher levels of housing deprivation these rates were significantly higher for BME groups, notably white other, Bangladeshi and black African. For white other and Bangladeshi people there was a clear association of higher percentages experiencing housing deprivation with being self-employed, in routine occupation or being unemployed.

Table 6
 Housing deprivation by occupational social class by ethnicity for those who are economically active aged 50-64

Ethnicity	Professional or managerial	Own account worker	Intermediate	Routine	Unemployed
White British	2,514 (3%)	2,046 (4%)	1,248 (3%)	4,927 (5%)	832 (6%)
White other	180 (6%)	285 (12%)	61 (8%)	593 (19%)	86 (15%)
Indian	98 (6%)	84 (5%)	47 (5%)	250 (9%)	32 (8%)
Pakistani	37 (10%)	95 (12%)	11 (9%)	75 (12%)	22 (11%)
Bangladeshi	7 (8%)	20 (15%)	3 (11%)	49 (23%)	19 (19%)
Black African	224 (23%)	100 (25%)	50 (23%)	323 (30%)	102 (29%)
Black Caribbean	98 (9%)	41 (9%)	43 (9%)	146 (12%)	47 (12%)

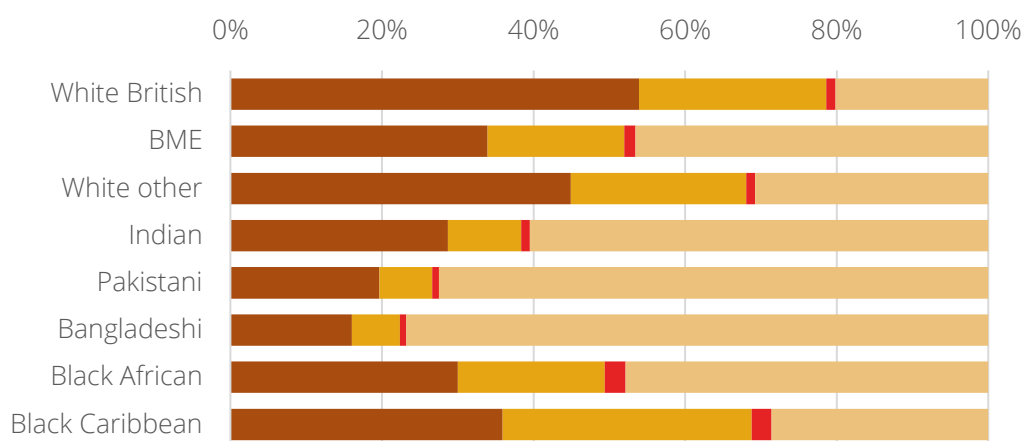
Source: census 2011 microdata (ONS,2015)

Living arrangements

Older Indian, Pakistani, Bangladeshi and black African people continue live in other households for longer than other ethnic groups. This is likely to contribute to the higher levels of housing deprivation, particularly overcrowding, that they experience. The extent to which this reflects a choice to live with extended family in the case of the Asian people or constraint imposed by housing costs in the case of black African people is worth exploring in local area engagement. Higher levels of housing deprivation for the relatively small number of lone parents from BME and black African and Caribbean single people may also be reflected differentially in local areas.

Figure 6 shows that people aged between 50 and 64 are more likely to live in *other* households than those over 65, due perhaps to their adult children and partners⁴, or their parents living with them. The evidence for this is limited as the classification of other households is not disaggregated in standard census tables. For some ethnic groups these living arrangements were sustained for longer, particularly those from India, Pakistan and Bangladesh, and to a lesser extent black African. This may be explained by the choice of some ethnic minority groups to live in extended family arrangements (Catney and Simpson, 2014). It may also reflect the high costs of housing that lead extended families to pool their resources to access shared accommodation.

50 and over



⁴ These households are enumerated as concealed families and are considered as an indicator of latent demand in the housing market (ONS, 2014). 161,000 concealed families in 2001 and 270,000 in 2011 (ONS, 2011; ONS, 2013).

65 and over

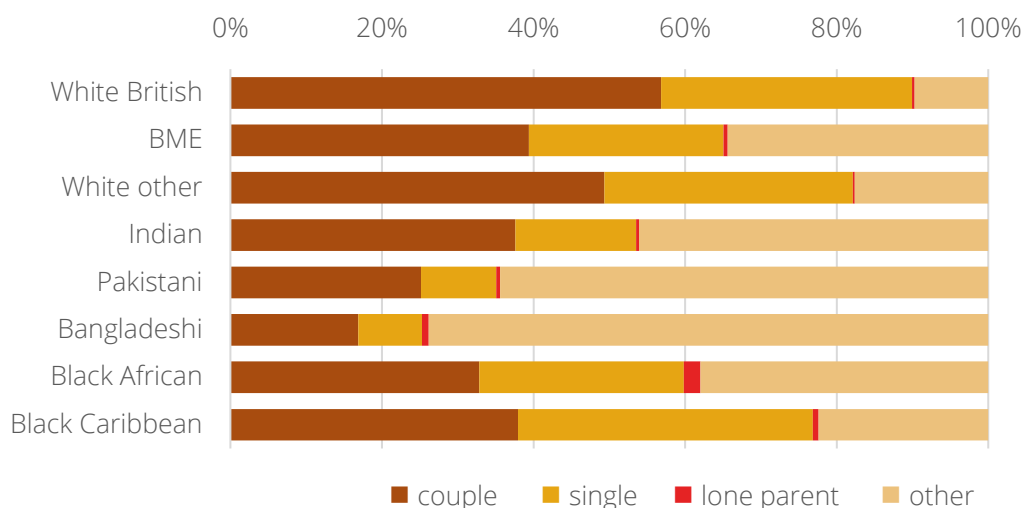


Figure 6 Living arrangements by ethnic group
 Source: 2011 census microdata (ONS, 2015)

Table 7 shows that a larger percentage of lone parents and *other* households were housing deprived. For white British and Indian respondents aged over 50, a larger percentage of lone parents were housing deprived. For other ethnic groups it was *other* households, notably 37% of Bangladeshi and 44% of black African *other* households where the respondent was aged over 50 were housing deprived. Though there were only forty four BME lone parents aged over 65 who were housing deprived, the percentage (36%) was higher than the white British percentage of 22%. BME *other* households were more likely to be housing deprived than the white British, particularly Bangladeshi (37%) and black African (45%). The main reason for this was likely to have been overcrowding which is measured by the bedroom standard⁵ (illustrated below).

⁵ Bedroom standard definition of overcrowding

(4) For the purposes of the bedroom standard a separate bedroom shall be allocated to the following persons—

- (a) a person living together with another as husband and wife (whether that other person is of the same sex or the opposite sex)
- (b) a person aged 21 years or more
- (c) two persons of the same sex aged 10 years to 20 years
- (d) two persons (whether of the same sex or not) aged less than 10 years
- (e) two persons of the same sex where one person is aged between 10 years and 20 years and the other is aged less than 10 years
- (f) any person aged under 21 years in any case where he or she cannot be paired with another occupier of the dwelling so as to fall within (c), (d) or (e) above."

Housing (Overcrowding) Act 2003

For single people housing disadvantage reflects either lack of central heating or sharing a kitchen or bathroom. The higher percentage of black African and Caribbean single people reflects this form of housing deprivation. The relatively high levels of housing deprivation amongst Indian, Pakistani, Bangladeshi and black African people are associated with the higher percentage living in *other* households.

Table 7
Housing deprivation by living arrangements

Ethnicity	Couple	Single	Lone parent	Other
50 and over				
White British	15,810 (8%)	18,063 (4%)	1,450 (14%)	13,116 (8%)
BME	1,851 (17%)	1,655 (8%)	214 (24%)	6,672 (24%)
White other	729 (15%)	754 (8%)	50 (20%)	1,442 (22%)
Indian	243 (15%)	189 (4%)	44 (24%)	1,596 (16%)
Pakistani	107 (21%)	71 (5%)	15 (23%)	1,393 (27%)
Bangladeshi	54 (38%)	21 (6%)	6 (32%)	635 (37%)
Black African	392 (39%)	256 (16%)	52 (37%)	1,094 (44%)
Black Caribbean	326 (11%)	364 (12%)	47 (20%)	512 (20%)
65 and over				
White British	8,031 (6%)	10,301 (4%)	322 (22%)	3,693 (9%)
BME	607 (11%)	686 (8%)	44 (38%)	1,613 (21%)
White other	210 (8%)	279 (7%)	7 (39%)	237 (17%)
Indian	100 (11%)	98 (5%)	11 (50%)	406 (15%)
Pakistani	37 (15%)	34 (5%)	5 (42%)	368 (23%)
Bangladeshi	13 (19%)	9 (7%)	3 (43%)	223 (37%)
Black African	102 (32%)	80 (21%)	10 (38%)	203 (45%)
Black Caribbean	145 (9%)	186 (12%)	8 (26%)	176 (20%)

Source: census 2011 microdata (ONS, 2015)

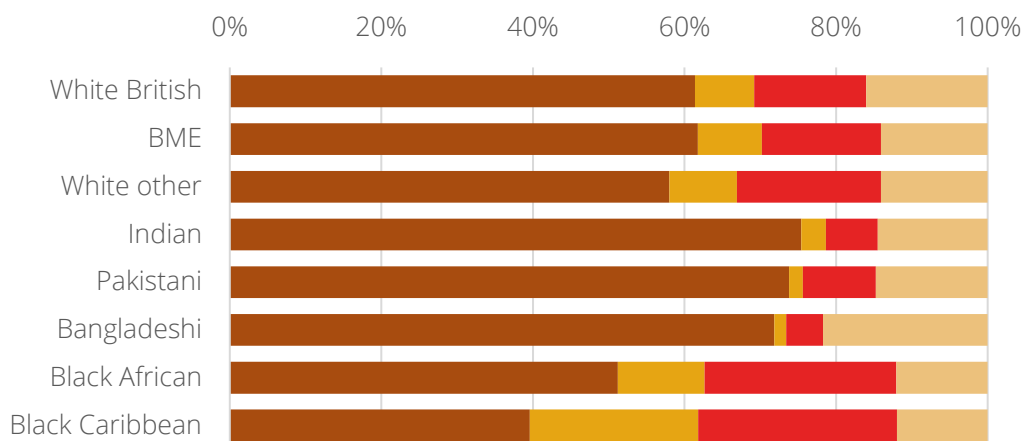
Marital status

Living with a partner mitigates the effect of housing deprivation for Indian, Pakistani and Bangladeshi older people whilst the protective effect for white other people is no longer apparent for those aged 65 or over. People living by themselves are more likely to be at risk of social isolation and an understanding of this aspect of the local population can inform successful interventions.

Figure 7 shows that more Indian, Pakistani and Bangladeshi respondents over 50 were living in a couple than the white British whilst less black African and Caribbean were. It also shows that 22% of Bangladeshis were widowed compared to 12-15% of other groups, that around 25% of the black African and Caribbean ethnic group were

separated compared to 15% of white British, 7% of Indian, 10% of Pakistani and 5% of Bangladeshi, and that 22% of black Caribbeans were single compared to 2-3% of Indian, Pakistani and Bangladeshi and around 10% of other groups. There was a similar pattern for those aged over 65 except that the proportion widowed increased to around 30% for all groups except the black Caribbean (22%).

50 and over



65 and over

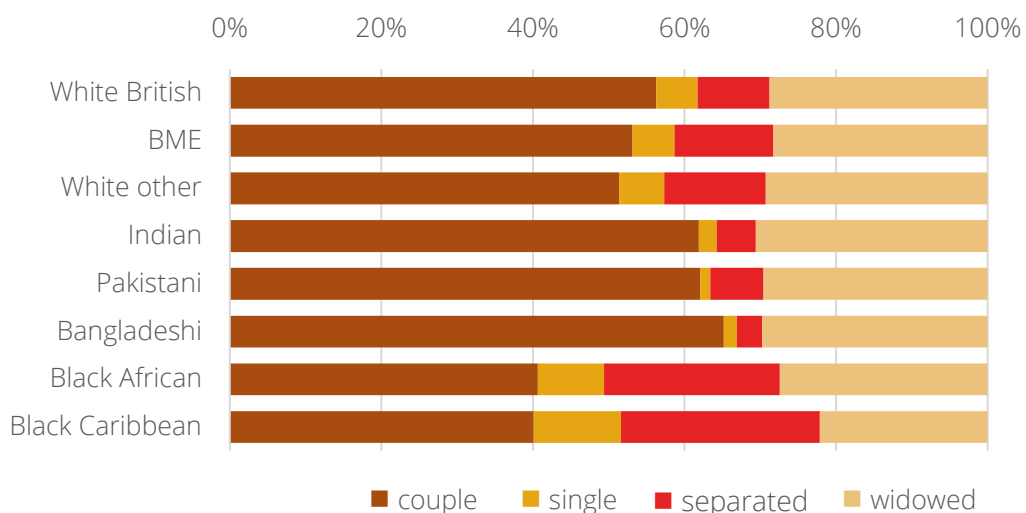


Figure 7 Marital status by ethnic group
 Source: Census 2011 microdata (ONS, 2015)

Table 8 shows the comparative benefit of living with a partner rather than being single, separated or widowed. Bangladeshi women in both age groups were significantly more likely to experience housing deprivation than Bangladeshi men. Older people living by themselves are also more at risk of social isolation. The report by Buffel et al. (2017) for Ambition for Ageing in Manchester explores the evidence

available and identifies a range of potential interventions to address social isolation in older people.

Table 8

Percentage of older population experiencing housing deprivation by marital status and ethnic group

Ethnicity	Couple	Single	Separated	Widowed
50 and over				
White British	18,760 (4%)	8,530 (13%)	12,063 (9%)	9,086 (7%)
BME	5,592 (15%)	1,169 (22%)	2,091 (22%)	1,540 (18%)
White other	1,342 (11%)	444 (23%)	807 (20%)	382 (13%)
Indian	1,416 (11%)	114 (21%)	190 (17%)	352 (15%)
Pakistani	1,131 (21%)	34 (26%)	175 (25%)	246 (23%)
Bangladeshi	485 (30%)	13 (37%)	35 (32%)	183 (38%)
Black African	859 (32%)	212 (35%)	478 (36%)	245 (39%)
Black Caribbean	359 (10%)	352 (18%)	406 (17%)	132 (12%)
65 and over				
White British	7,644 (3%)	3,004 (13%)	3,818 (9%)	7,881 (6%)
BME	1,130 (9%)	298 (24%)	526 (18%)	996 (16%)
White other	227 (5%)	110 (23%)	166 (15%)	230 (10%)
Indian	274 (8%)	37 (27%)	42 (14%)	262 (15%)
Pakistani	210 (14%)	14 (42%)	45 (26%)	175 (24%)
Bangladeshi	144 (27%)	4 (29%)	8 (30%)	92 (38%)
Black African	143 (29%)	40 (38%)	82 (29%)	130 (39%)
Black Caribbean	132 (8%)	93 (19%)	183 (17%)	107 (12%)

Source: census 2011 microdata (ONS, 2015)

Migration history

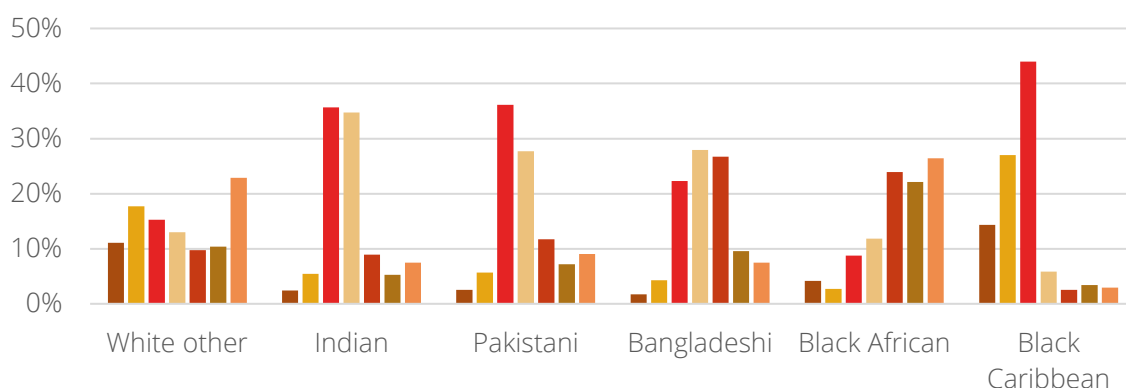
The proportion of older people from different ethnic groups born in the UK and the date of their migration to the UK is variable reflecting different waves of migration; more recent arrivals experience much higher levels of housing deprivation. However, the complexity of these stories is masked by the inadequacy of the data available at national level. The white other and black African ethnic categories are too broad to make meaningful inferences whilst all ethnic groups may include returning migrants with citizenship rights. At a local level the complexity of these stories needs to be unpicked to enable meaningful policy interventions.

Figure 8 shows the arrival patterns by decade of people aged 50 and over for each of the ethnic minority groups covered in this report who are still living here⁶. Black

⁶ Continuing migration of people who were aged under 50 in 2011 has not been considered in this report. It is quite likely that the later migration patterns for new Commonwealth citizens reflects British citizens or their relatives / spouses who had the right to citizenship rights.

Caribbean migration started before 1961 and peaked between 1961 and 1970 with much smaller numbers arriving after that date. Indian and Pakistani migration peaked in the 1960s fell slightly in the 1970s and then fell significantly after that. Significant levels of Bangladeshi migration started in the 1960s, peaked in the 1970s and 1980s before falling to below 10% in subsequent decades. The migration patterns of the white other and black African groups are likely to be diverse reflecting earlier migrations - for example, the European Voluntary Workers scheme which encouraged migration to Europe by new Commonwealth migrants from Africa to support the reconstruction of Britain after the Second World War, different patterns of migration after joining the European Union and flows of refugees from Africa. The other white population over 50 is composed of 10-15% from the post war decades with a growth to over 20% between 2001 and 2011 when the A10 accession countries were allowed to move to the UK. The majority of the black African older population have come to Britain during the 1980s.

50 and over



65 and over

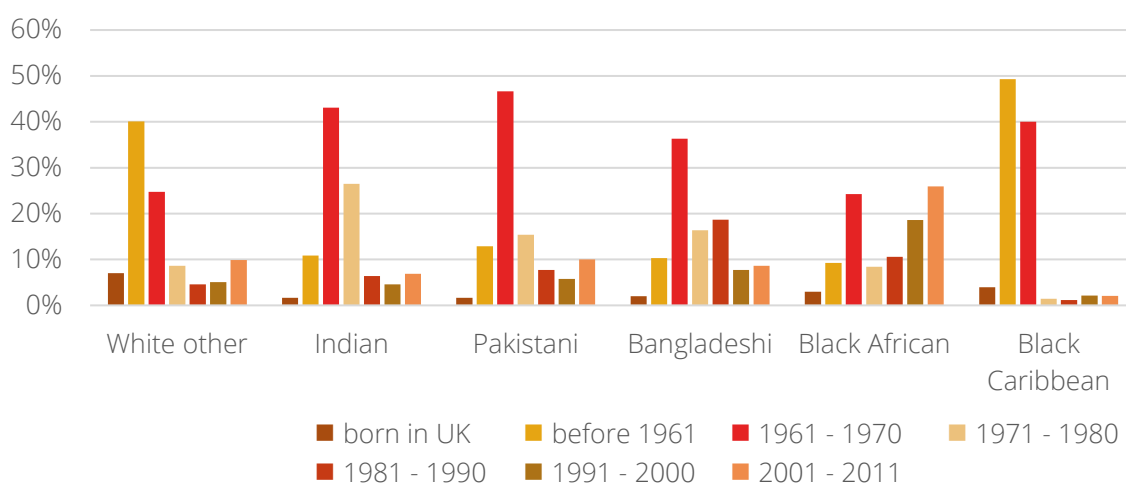


Figure 8 Year of arrival in the UK by ethnic group

Source: census 2011 microdata (ONS, 2015)

Table 9 shows the pattern of housing deprivation by year of arrival and ethnicity. Levels of housing deprivation are higher for more recent migrants. It is not possible to identify the extent to which return migrants with the right to British citizenship are reflected in the data available.

Table 9
Housing deprivation by year of arrival and ethnicity

	Born in UK	before 1961	1961- 1970	1971- 1980	1981- 1990	1991- 2000	2001-2011
50 and over							
White British	47,075 (6%)	649 (6%)	264 (7%)	124 (8%)	92 (10%)	131 (13%)	104 (11%)
White other	279 (12%)	264 (7%)	223 (7%)	247 (9%)	234 (11%)	369 (17%)	1,359 (28%)
Indian	63 (16%)	81 (9%)	486 (8%)	652 (11%)	241 (16%)	189 (22%)	360 (29%)
Pakistani	38 (21%)	71 (17%)	457 (17%)	429 (21%)	217 (25%)	139 (27%)	235 (36%)
Bangladeshi	13 (33%)	27 (28%)	135 (27%)	162 (26%)	215 (36%)	87 (41%)	77 (46%)
Black African	74 (34%)	36 (25%)	97 (21%)	146 (23%)	452 (36%)	459 (39%)	530 (38%)
Black Caribbean	188 (15%)	258 (11%)	496 (13%)	93 (18%)	58 (26%)	88 (29%)	68 (26%)
65 and over							
White British	21,736 (5%)	413 (6%)	93 (8%)	24 (6%)	23 (11%)	35 (13%)	23 (8%)
White other	86 (15%)	221 (7%)	111 (6%)	63 (9%)	35 (9%)	61 (15%)	156 (20%)
Indian	24 (24%)	47 (7%)	162 (6%)	157 (10%)	68 (18%)	64 (24%)	93 (23%)
Pakistani	8 (20%)	55 (17%)	156 (14%)	65 (17%)	39 (20%)	36 (25%)	85 (34%)
Bangladeshi	4 (25%)	24 (29%)	77 (26%)	32 (24%)	49 (32%)	27 (43%)	35 (50%)
Black African	13 (36%)	26 (23%)	67 (23%)	28 (27%)	50 (39%)	85 (38%)	126 (40%)
Black Caribbean	37 (23%)	211 (10%)	206 (12%)	7 (12%)	12 (25%)	21 (24%)	21 (25%)

Source: census 2011 microdata (ONS 2015)

Housing needs of older BME people

As BME people age the need for adaptations to enable them to live independently, additional care and support will grow. The extent to which their needs can be met within existing accommodation is likely to be limited given the levels of housing deprivation that many older BME people experience. It would be beneficial to collect evidence of the ways that housing associations have successfully provided accommodation and services to meet the needs of older BME people in their mainstream and specialist housing. For example, the extent to which extra care housing and retirement housing can meet the needs of BME older people would also benefit from investigation of what works well.

For many older people the experience of limiting long-term illness or disability require adaptations to enable them to live independently. This may be in their existing accommodation or through moving to specialist housing provision. Table 10 shows that older Pakistani and Bangladeshi people report higher levels of limiting long-term illness or disability compared to other groups. Amongst those aged 65 and over a larger proportion of Indian and black Caribbean people also experience higher levels of limiting long-term illness or disability.

Table 10

Proportion of older people experience long-term limiting illness or disability by ethnicity and age

Ethnicity	50 and over		65 and over	
	A lot	A little	A lot	A little
White British	874 (10.4%)	1,055 (23.0%)	2,109 (26.6%)	2,092 (52.9%)
White other	21 (8.2%)	26 (18.5%)	39 (25.8%)	36 (49.6%)
Indian	26 (12.6%)	32 (27.8%)	38 (32.9%)	32 (60.8%)
Pakistani	21 (21.8%)	21 (43.9%)	21 (42.8%)	14 (70.6%)
Bangladeshi	7 (24.3%)	7 (50.7%)	7 (43.7%)	5 (71.9%)
Black African	7 (9.3%)	8 (19.4%)	6 (26.4%)	5 (48.9%)
Black Caribbean	11 (11.2%)	11 (23.1%)	26 (31.6%)	21 (56.9%)

Source: 2011 standard census table DC3205EW

In the symposium held by the Centre for Ageing Better local housing providers identified issues about the provision of specialist housing. Providing information on the availability of appropriate services and accommodation had been a challenge for some whilst others had had more success. It would be useful to gather evidence of the challenges faced and the ways these had been overcome to meet the needs of BME older people.

Figure 9 shows the proportion by age group and ethnicity who live in a communal establishment to receive social care or nursing support⁷. Around 3% of white British and black Caribbean aged 85 or over live in these establishments compared to just over 2% of black African, 1% of Indian and ½% of Pakistani and Bangladeshi. For those aged between 75 and 84 about 1% of black African and Caribbean live in these establishments compared to 0.8% of the white British and less than ½% Indian, Pakistani and Bangladeshi.

⁷ This could include a care or nursing home, supported, sheltered or extra care housing

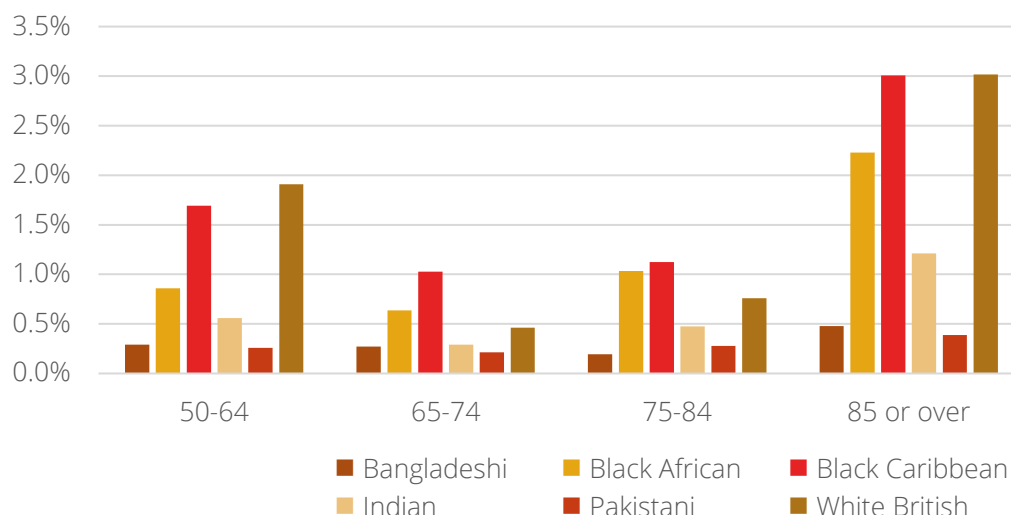


Figure 9 Proportion of population by age and ethnic minority group living in communal establishments for social or nursing care

Source: Standard 2011 census table: DC2117EW1a

Where do older BME people live?

BME older people are concentrated in urban areas in and around London and major cities. Some urban areas have a complex demography of ethnic ageing to consider as they develop policy and interventions to meet their local population needs.

Figure 11 shows significant variation in the percentage of older people living in each local authority district in England. There are generally lower levels of older people compared to the overall population and concentrations in some seaside and rural areas.



Figure 11 Percentage of older people compared to the population by local authority district in England

Source: standard 2011 census table LC2109EW (ONS, 2013)

Figure 12 shows the relative proportion of white British older people by local authority compared to what would be expected if they were evenly distributed by the size of the overall population of each district. This shows that the white British group conforms to the overall pattern of older people concentrated outside the main urban areas and in some coastal and rural districts.



Figure 12 Standardised comparison of white British over 50s by local authority

Source: standard 2011 census table LC2109EW (ONS, 2013)

In contrast figure 13 shows that BME people aged 50 or over tend to be more concentrated in urban areas. The scales for the subsequent figures have been expanded to reflect the patterns of concentration and sparsity.



Figure 13 Standardised comparison of BME over 50s by local authority
 Source: standard 2011 census table LC2109EW (ONS, 2013)

These patterns of concentration and sparsity are more evident in the maps prepared for individual ethnic groups. Table 11 summarises these by ethnic group and highlights local authorities where older people from this ethnic group are particularly concentrated. For many London boroughs and major city councils there are concentrations of older ethnic minority groups who are increasingly likely to require support.

Table 11
Concentration of older ethnic minorities in local authorities

Ethnic group	Minimum	Maximum	Local authorities with concentrations
White other	16%	7 times	Kensington and Chelsea, Westminster and Enfield
Indian	0%	13 times	Leicester, Harrow, Brent and Hounslow
Pakistani	0%	9 times	Bradford, Slough, Pendle, Birmingham and Luton
Bangladeshi	0%	39 times	Tower Hamlets, Newham, Camden, Luton, Redbridge and Oldham
Black African	0%	12 times	Southwark, Hackney, Lambeth, Newham and Lewisham
Black Caribbean	0%	9 times	Lewisham, Lambeth, Brent and Hackney

Source: derived from standard 2011 census table LC2109EW (ONS, 2013)

Figure 14 shows the population cartograms for the ethnic minorities discussed in this report.

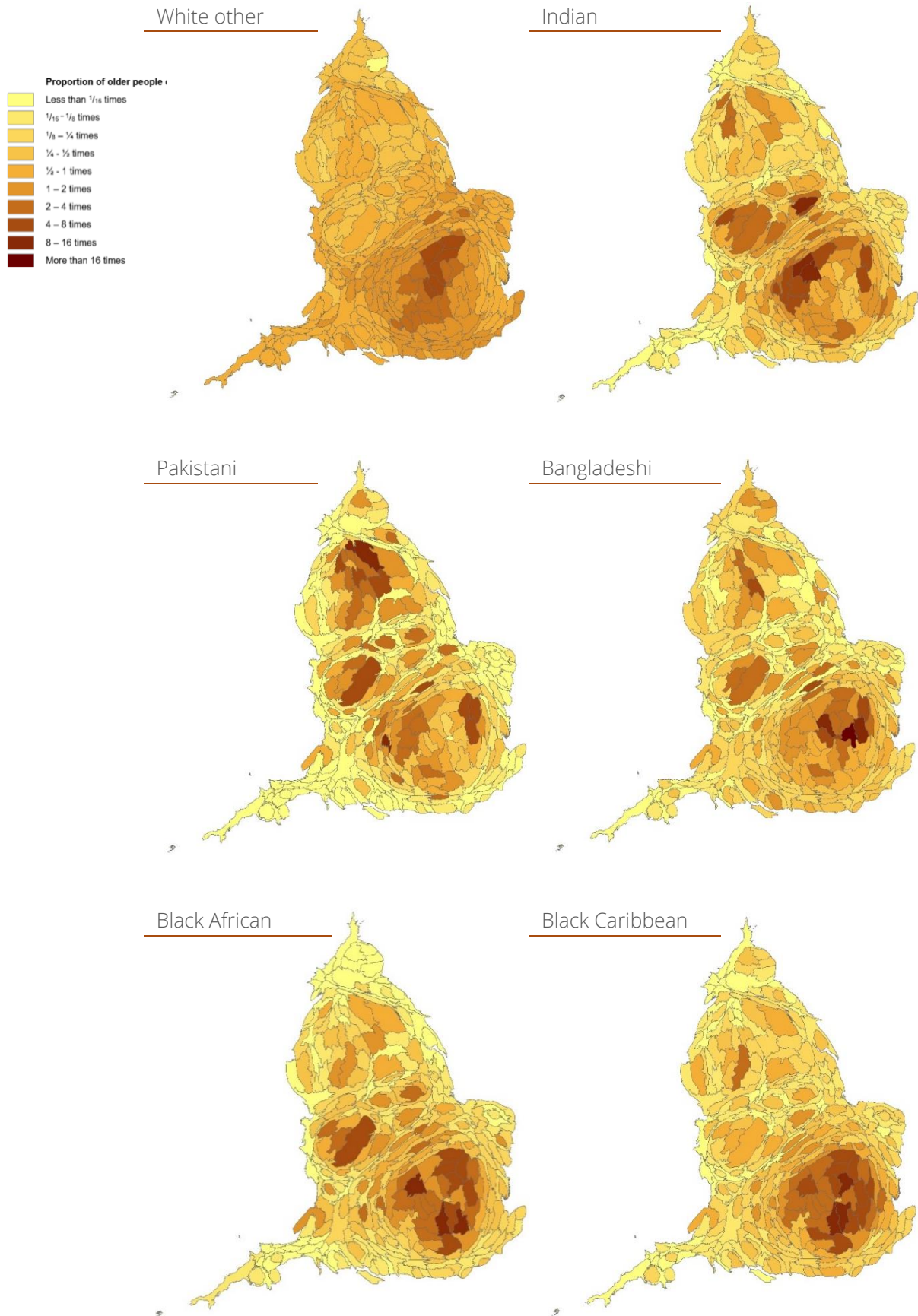


Figure 14 Standardised comparison of BME over 50s by local authority
Source: standard 2011 census table LC2109EW (ONS, 2013)

Conclusion

This briefing highlights the housing experiences of the older BME population in England. The importance of engaging with this reflects the increasing ageing population amongst BME groups. The briefing shows that some older BME groups experience higher levels of housing deprivation than the white British. There seem to be factors that have contributed to this through their life course. Cumulative disadvantage is evident through lower values of property assets, occupational social class and employment and tenure patterns, particularly for those aged 50-64. The living arrangements of people from the Indian sub-continent and black Africans contribute to higher levels of housing deprivation. This may be because of living in extended family arrangements. Housing deprivation is more likely for those who have come to the UK recently. The concentrated residential settlement of the older BME population in major urban centres means that local public services need to understand their local population and develop housing to meet their needs.

The briefing is part of a broader dialogue with the Race Equality Foundation, Housing LIN and the Centre for Ageing Better. It reflects the opportunity to improve the quality of life of older BME people by collecting evidence of the barriers that affect their experiences of housing and the ways that local agencies have overcome them.

Looking to the future, there appears to be an ongoing gap in the evidence base regarding the extent to which older black and minority ethnic people have access to suitable, high quality extra care and specialist housing which meets their needs and aspirations. The Housing LIN would be keen to attract funding and support from any partners / sponsors who are interested in working with us to explore this area further, via <https://www.housinglin.org.uk/AboutHousingLIN/Sponsorship/crowdfunding/>.

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We welcome feedback on this paper and on all aspects of our work. Please email briefings@racefound.org.uk



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