| BRIEFING | TO: | Health and Wellbeing Board |
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| | DATE: | 20 March 2026 |
| | LEAD OFFICER | Councillor Joanna Baker-Rogers |
| | TITLE: | Ethnicity and Unequal Ageing: Experiences in Rotherham and Sheffield |

**Background**

**1.1**

1. Rotherham is ageing on average, with 1 in 5 (20%) people now aged 65 years and older, in line with what is happening across many countries. This population has grown in the last 10 years - particularly those aged 80 and over - grown by 20% in population size since 2011.
2. Ageing is often presented in the media as dominated by 'White British' groups. But this is increasingly false as Rotherham is a diverse town with 252 unique ethnic groups. This diversity has been enabled by short and longer-term social processes - international migration for work, migration reflecting colonial histories, EU enabled freedom of movement, refugees due to conflicts, as well as those communities establishing themselves in local areas and growing naturally. Some of these migrations are historical, whilst others, like the Roma population, are more recent. This diversity is a cause for celebration.
3. This diversity is growing over time - with all ethnic groups other than White British and White Irish growing in size since 2011 - especially the Pakistani community.
4. As Rotherham becomes a more diverse town, we can expect Rotherham's older adults to be more diverse too as these communities age.
5. But not everyone reaches older age in the same position, as our animation 'Unequal Ageing: Taking Intersectionality Seriously' explains.
6. Census data help to paint a picture of these inequalities, as our Report, 'What does the 2021 Census tell us about ethnicity and unequal ageing in Rotherham', documents.
7. However, these are just headline statistics from the Census. We need to unpack the statistics further to understand what drives the inequalities documented, including the longer-running life-course dynamics. In the UKRI-funded research project, 'Ethnicity and Unequal Ageing' (2022-2025), led by the University of Sheffield, co-produced with community partners, including Rotherham Ethnic Minority Alliance (REMA), we talked to some of the same communities described in the Census statistics in order to understand the causes of inequalities and how to tackle them to achieve more inclusive ageing scenarios.
8. Working with a team of Community Researchers, we collaborated with local organisations and people with lived experience to shape the research and engage groups often labelled 'hard to reach'. Primary data collection in Rotherham and Sheffield involved:
    a. **Biographical interviews:** We conducted two-stage interviews with 80 individuals (aged 50+) from South Asian, Middle Eastern, African, Caribbean, Roma, Eastern European and Irish backgrounds. We used 'go-along' interviews' (also known as walking interviews); followed by life history interviews.
    b. **Creative co-production:** We held 12 participatory arts-based workshops (theatre, dance, poetry, ceramics) in both Rotherham and Sheffield. Forty participants collectively explored inclusive ageing. culminating in

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| | exhibitions, performance and documentaries.<br>c. **Stakeholder engagement:** We carried out 15 individual interviews and three group meetings with local and regional policymakers, service providers and practitioners. These explored service provision for older racially minoritised people from the perspectives of these stakeholders.<br>d. These methods provided an overview of inequalities over the life course and across different places, and captured insights from racially minoritised communities, whose voices directly inform our findings.<br>9. Providing policymakers, service providers and practitioners with evidence-based insights into what can be done to promote inclusive ageing helps:<br>a. Design services that meet everyone's needs<br>b. Foster cohesive communities<br>c. Support more effective use of resources. |
| **Key Issues** | |
| **2.1** | In our presentation, we will focus on one of the key findings from the qualitative research in Rotherham - loneliness and social isolation. We found:<br>1. The experience of loneliness and isolation was common among our research participants.<br>2. Loneliness and isolation both created and exacerbated health problems, physical and mental.<br>3. While this is a widespread societal challenge, our findings highlight a range of factors that are specific to racially minoritised communities in Rotherham, including:<br>a. Some are new arrivals and face challenges rebuilding their lives in new places<br>b. For some, English is not their first language, including for longer-established communities, presenting barriers to participation & accessing services and support (see Policy and Practice Brief: Language Inclusion for Inclusive Ageing)<br>c. A stereotype of close-knit family-life exists in respect of some communities, creating stigma around loneliness, and an assumption that intervention is not needed<br>d. Economic-induced constraints to participation are likely sharper due to inequalities in socio-economic status<br>e. Health-induced constraints to participation are likely sharper due to accumulated life course disadvantage<br>f. Racially aggravated hate crime, and fear of, limits where people feel safe. |
| **Key Actions and Relevant Timelines** | |
| **3.1** | N/A |
| **Implications for Health Inequalities** | |
| **4.1** | Loneliness and social isolation create and exacerbate physical and mental health problems. Unless the social determinants of loneliness and social isolation among racially minoritised communities are addressed, racialised inequalities in health will persist. |
| **Recommendations** | |
| **5.1** | Loneliness and isolation is a universal challenge. Our findings highlight complex intersectional dimensions to this experience for racially minoritised populations, |

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| | necessitating an approach that is proportionate to the high level of need.<br><br>We recommend:<br><br>1. Funding and support to allow 'BAMER'-led community organisations to work together, and with statutory services, to achieve long term and sustainable change.<br>2. Making mainstream services (e.g. libraries) and initiatives (e.g. social prescribing) more inclusive (language, anti-racist, safe spaces).<br>3. Catalysing connections across diverse older groups and younger generations, including through arts and creative activities.<br>4. Recognising the importance of language inclusion: embedding language inclusion across health and wellbeing strategies; investing in ESOL for older people; valuing heritage languages; supporting multilingual arts and culture.<br>5. Addressing racially motivated hate crime that contributes to social isolation and reinforcing anti-racist practices in all services and spaces for older people.<br>6. Fostering age-friendly places and services through prioritising accessible, affordable spaces and inclusive public transport in local planning. |