ETHNICITY AND UNEQUAL AGEING in ROTHERHAM and SHEFFIELD

https://www.ethnicityandunequalageing.ac.uk/

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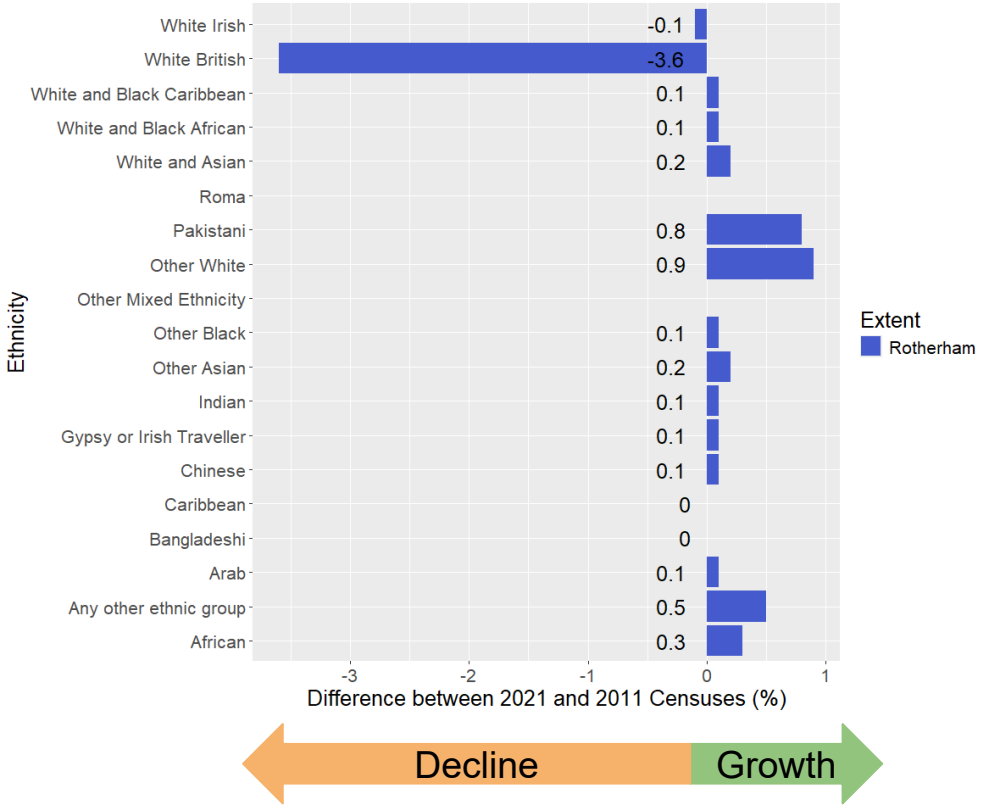
Ethnicity and Ageing in Rotherham

- Rotherham is **ageing**; 1 in 5 people are aged 65 years and older
- Rotherham is a **diverse** place with 252 unique ethnic groups
- 5% of households with at least one member whose main language is not English
- Rotherham's diversity has **grown** over time (see graph)
- The increasing diversity of Rotherham will **change** who is 'older' in the town



Ethnicity and *Unequal* Ageing in Rotherham

Not everyone in Rotherham reaches older age in the same position.
Census data tell us that:

- The Roma and Irish Traveller ethnic groups are consistently excluded across most aspects of society
- Chinese, Indian and Bangladeshi groups are doing well in education and employment outcomes
- Ethnic inequalities are consistent across age groups, demonstrating the enduring effect of ethnicity across the life course and over generations
- Need to unpack these Census data to see what drives these outcomes

What did this project do?

- A multi-methods intersectional, life-course framew combining quantitative analysis with qualitative participatory methods
- Primary data collection in Rotherham and Sheffield:
  - Go-along & life-history interviews with 80 people (37 in Rotherham / 43 in Sheffield) aged 50+ identifying as Muslim African, Roma or Irish, men and women
  - Creative co-production involving participatory arts workshops (12 in each place) with 40 of of th individuals
  - Stakeholder engagement involving 15 individual in and 3 group meetings

Project findings for Rotherham Health and Wellbeing Board

Project terminology

- "Racially minoritised people / communities":
  - Individuals and communities minoritised through social, political and cultural processes of power and marginalisation linked to racialisation
  - 'Minority' in terms of position of power, not in numbers
  - Often majority populations, globally

Loneliness and social isolation is a key challenge

“I put the TV to listen something, sometime, Or some time I’m walking …. By my own. Nobody have time here. This one is a bad thing. Nobody time for another one now …. I try hard to bring one of my nieces or nephew, but nobody, I try, try, try, but nobody to help”
African woman, 51

“Now people don’t do as much. Back then, we used to look after our friends and neighbours, we would give food to people”
Muslim women, 70

“You’re told when you phone for a service or a query, go into this, do that, do this. Well, what’s wrong with talking to people? … it’s just getting horrible”
Irish man, 77

Loneliness and social isolation is a key challenge

“We (women’s group) go out to different places and towns, parks, we’ve never been. Sitting at home you can get stuck in your head, depressed, so having two hours in a group is a lot of help. Sitting at home alone, you just start thinking about the past”
Muslim woman, 64

“This lady was saying to me how she enjoys coming to the leisure centre because since then she’s made friends with people through the exercise … They’ll come in the winter because they’re out of the house for a few hours and they don’t have to worry about the heating being on”
Muslim woman, 70

“I live alone so for me personally I do get about. I like to go out. I do have visitors, you know, and I do do activities. I don’t just sit there watching television, which a lot of people do, unfortunately”
Muslim man, 69.

Loneliness and social isolation is a key challenge

Strangers No More

Watch minutes 6.21 to 9.00 for ‘Loneliness Scenario’

Loneliness and social isolation is a key challenge

- Issues specific to racially minoritised communities in Rotherham
  - Some are new arrivals - challenges of rebuilding lives in new places (especially in later life)
  - English is not first language, including for longer-established communities - barrier to participation & accessing services and support
  - Stereotype of close-knit family-life in some communities - stigma around loneliness & assumption that intervention is not needed
  - Economic-induced constraints to participation are likely sharper due to inequalities in socio-economic status
  - Health-induced constraints to participation are likely sharper due to accumulated life course disadvantage
  - Places were some racially minoritised communities live contribute to isolation
  - Racism, and fear of, limits where people ‘feel safe’

Community organisations as fundamental *assets* of inclusive ageing

Sustaining community assets

BAMER-led voluntary organisations are lived-experience ‘assets’

Addressing Health Inequalities

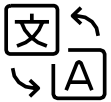
Saving lives during C19 pandemic and support for ongoing health issues (e.g., dementia, diabetes)

Community Wellbeing

Tailored activities to combat loneliness, isolation, including community outreach

Citizen Advice and Advocacy

Support with legal help (e.g., pensions, citizen rights) and in financial difficulties



Translation and Interpretation

Providing free of charge language services for meetings and documents

Other Voluntary Work

Older residents as community leaders and work to maintain clean and safe environments

Tackling loneliness and social isolation

BAMER-led organisations and community wellbeing role

"I think it's a major issue, I think the greatest threat or the greatest concern I have for the 50+, is the way things are, they will feel isolation, they will be isolated. **They're going to be more lonely because of the lifestyles that are here, as compared to those back home**. Families are becoming more narrow, narrow focussed, as in the classic nuclear family is taking shape, that is the wife, the husband and the parents and the kids. The parents are, sort of, becoming sidelined and I fear for the consequence that that's going to give rise to."

(BAMER-led, Stakeholder 2, ROTH)

"(...) it was for, just for dementia but now it's open to all. And the way we work we look at the interest and the main interest is exercise. **And it's a way of getting them out from the social isolation**, away from home and being in an environment where they're comfortable, meeting other people at the age level where they can communicate, socialise. We'll read on information, you know, **we provide with newspapers, with provide with different services coming in, talking to them, what's out there, whether it's benefits, whether it's to do with health**. Anything that would benefit the group and that they ask for we will make sure it's provided."

(BAMER-led, Stakeholder 3, ROTH)

In need of adequate financial recognition

- Provide key services free of charge
- Financially struggling, many ceased to exist putting pressure on those remaining
- Feel as they are not seen as equal partners

"The stuff we do with the [our organisation], we do that under our remit to support community groups. And in fact, right now, **nobody pays for that**. So when we do spend on that sort of stuff, it's actually coming from our reserves. We **no longer have support from local authority** to provide group support."
[BAMER-led, Stakeholder 3, ROTH]

Challenging loneliness through social connection

- The experience of having recently arrived in the UK/South Yorkshire often means the loss of social networks
- Being racially minoritised can further contribute to feelings of social isolation
- Many older people taking part in our project highlighted the importance of:
  - engaging with friends, family and members of the wider community of all different ages
  - the opportunity to connect with people from different backgrounds (Muslim, Irish, Roma, African, Caribbean) that they would not normally come into contact with

'We should all be trying to create a better place where we can grow

What older people told us needs to change

'We need more spaces for people of all ages and social groups to come together'

- Both younger and older people feel they want regular opportunities to reap the benefits of coming together
- They said it was important that opportunities are created for children and young people to come together with older members of the community
- They wanted more of the kinds of activities - creative sessions, performances, debates, etc - that have happened as part of this project

Project’s key message

Loneliness and isolation is a universal challenge. Our findings highlight complex intersectional dimensions to this experience for racially minoritised populations, necessitating an approach that is proportionate to the high level of need

Project’s key recommendations

1. Funding and support to allow ‘BAMER’-led community organisations to work together, and with statutory services, to achieve long term and sustainable change.
2. Making mainstream services (e.g. libraries) and initiatives (e.g. social prescribing) more inclusive (language, anti-racist, safe spaces).
3. Catalysing connections across diverse older groups and younger generations, including through arts and creative activities.
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.
5. Addressing racially motivated hate crime that contributes to social isolation and reinforcing anti-racist practices in all services and spaces for older people.
6. Fostering age-friendly places and services through prioritising accessible, affordable spaces and inclusive public transport, in local planning.

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