BME older people's needs assessment – Richmond upon Thames

Corporate policy

9 January 2019

BME Older People Needs Assessment London Borough of Richmond upon Thames

Contents

1. Executive Summary

- Currently, BME older people aged 65+ make up approximately 6.3% of the total older population. This is below the borough profile for BME residents which shows that 14.05% of all residents are BME.
- People aged 65+ make up 14% of the total population of Richmond however BME older people aged 65+ make up 5.86% of the total BME population, highlighting that the BME community in Richmond has comparatively a younger age profile. This is also highlighted by the fact that only 2.84% of residents aged 85+ are BME.
- BME residents aged 65+ are currently concentrated in the Whitton and Heathfield wards with 30.44% of the overall population belonging to BME ethnic groups. These two wards also have the highest concentrations of the Asian British: Indian population in the borough. This is where current services are focused
- The gender split within BME residents aged 65+ is 45.5% male and 54.4% female.
- In terms of ethnic groups, 64.61% of the 65+ BME older peoples group are Asian (including Chinese), which is to be expected given the borough profile. The Mixed group is 11.75%, Arab is 6.28%, Black is 7.40% and Other ethnic group 9.95%
- Looking at the group aged 45-64, there are 4936 BME residents in this group which numbers 18.79% of the total BME resident population and 11.86% of the general Richmond population in this age category. If this group of residents stay in the borough then demand for specialist services will also increase as they age.
- In terms of geographical location, Barnes, Heathfield, North Richmond and West Twickenham are the wards with the highest percentages of BME residents in the 45-64 age groups and will see the largest changes in their future BME population aged 65+. As well as seeing numbers increase in these wards, BME groups will also become more geographically dispersed across others such as Kew, Petersham, Ham and North Richmond. If these residents stay in the borough this has implications for where services for BME older people will need to be focussed in the future
- The number of Black, Minority & Ethnic (BME) older people in the borough of Richmond upon Thames is projected to increase from 2284 in 2017 to 7694 in 2050, an increase of 237%. With this forecast increase in the population they are predicted to make up **17%** of the older people's population by 2050. As the BME population ages and increases so will the challenge of responding to the needs of a very diverse group of residents and their carers.
- The 65+ BME male and female projections show substantial increases across all ethnic groups by 2050, however there is a surprising increase in the Black male and female category, particularly the male. This may be an issue which could require further investigation.
- The projected percentage increase in the BME 75+ age group is significant as this group is projected to rise in the borough at a much higher rate than that compared to Greater London.
- The number of BME residents aged 65+ on the housing register is over double their number in the 65+ population at 14%, with residents from an Asian background making up the largest group.
- The projected growth in the numbers of elderly BME may have implications for demand for care homes, retirement and extra care housing in the borough

- BME groups are more likely to have poorer health than the White British population and this will have significant impact on health and social care services as this group ages, increases and lives for longer with long term conditions
- BME groups are projected a seven-fold rise in the prevalence of dementia as the population ages, in comparison to a two-fold rise in the population as a whole. This will have implications for future health and social care services, as well as for BME families and carers of those suffering from dementia.
- Recording of ethnicity is not consistent across voluntary sector groups, housing providers as well as council services themselves. The use of different ethnic categories as well as different IT systems means there are limitations in the data and this is an area which may require further focus in the future.

2. Introduction

In response to the increasing number of Black and Minority Ethnic (BME) older people in the borough and the predicted increase in this group both London and England wide, the Council has produced a review of the needs of this population in respect of employment and income, health and well-being, safety and security and access to information.

This needs assessment aims to provide a snapshot of current needs of BME older people in Richmond, to inform the short and the longer - term commissioning intentions of the Council.

This report aims to consider the breadth of the needs of the BME older population according to the objectives set out below.

3. Objectives

Objectives of this assessment are to:

- Provide a comprehensive snapshot of the needs of BME older people in the borough focusing on:
    - A picture of Richmond: the older BME population in numbers
    - Employment and income
    - Housing & safety
    - Health & wellbeing
    - Access to information

- What are the barriers faced by this group when accessing services and what are their future needs

- Provide a summary of local and national best practice relevant to the areas of need identified

4. Approach

The following outlines the approach used to conduct the needs assessment:

- Review of qualitative evidence available gathered through:
    - Desk/on-line research focusing on local and national research data
    - Liaison with relevant data analysts within the Council

- o Collecting relevant data sets and documents for review and analysis

- Liaison with key stakeholders in the voluntary sector covering various areas of expertise including healthcare; community engagement; charity and community groups; benefits and welfare; community safety; housing and homelessness; employment and sports and leisure.

- Review and analysis of local and national best practice: desk research (on & off line); client liaison: consultation with relevant organisations and/or individuals

- Make recommendations to help inform decisions relating to future strategies and commissioning intentions

Definition of BME older people

For the purpose of this needs assessment it was agreed that the term "older people" would be defined as all those living in Richmond aged 65+. As well as those over retirement age i.e. aged 65+, this assessment will also include the more vulnerable age groups aged 75+ and 85+.

5. Richmond in numbers

Richmond upon Thames – key facts

- The population of Richmond upon Thames is 195,846 according to the 2016 Office for National Statistics Mid-Year Estimates. Approximately 51% of the population are female and 49% are male. 24% of the population are children and young people, 65% are working age and 14% are older people aged 65+. (JSNA Knowing our borough 2015).
- The latest ONS Subnational Population Projections project that the population of Richmond will rise by 25% by 2036 to 235,920 (short-term migration scenario).
- People aged 65+ make up 14% of the total population of Richmond. This is predicted to rise to 18% by 2035. People aged 75+ make up 7% of the total population and people aged 85+ make up 2% of the total population of Richmond.
- The population is ageing; the number of people aged 65 or over is projected to increase by almost 60% in the next 20 years (from 28,900 in 2015 to 46,000 in 2035 – GLA projections), three times the growth of the overall population, and with this comes the challenge of caring for increasing numbers of people living with multiple long-term conditions.
- In terms of a high-level breakdown of ethnic groups - 71.44% of the population of the borough are White British, 14.52% are White Other and 14.05% are Black & Minority Ethnic (BME).
- Richmond's BME groups are made up of 7.3% Asian/British Asian, 3.6% Mixed/multiple ethnic groups, 1.6% other ethnic groups, and 1.5% Black/African/Caribbean/Black British groups. The largest BME ethnic group is Asian British: Indian with 2.78% of the borough population belonging to this ethnic group.
- The total number of all BME residents are predicted to rise from 14.04% to 18.18% by 2036 (GLA projections)

- BME residents aged 65+ currently make up 6.3% of the total older people's population aged 65+ and 5.86% of the total BME population
- The wards of Heathfield and Whitton are the most ethnically diverse of the borough with 30.44% of the overall population belonging to BME ethnic groups. These two wards also have the highest concentrations of the Asian British: Indian population in the borough, 9.39% in Heathfield and 6.3% in Whitton.
- Between 2017 and 2035 it is predicted that there will be a proportional fall in the White ethnic group from 85% to 82% with a 1% increase in the Other: Asian. The all BME group category will total 18% by 2035 (GLA Projections), up from the current 14.05% - an increase of 59%
- Over the last ten years England, London and Richmond have all become more ethnically diverse. The borough is less ethnically diverse than London but generally more diverse than England.

a) An overview of the borough BME population

In Richmond 14.05% of the population are BME, and a breakdown of the ethnic groups are set out below:

Table 1: All ethnic groups in Richmond
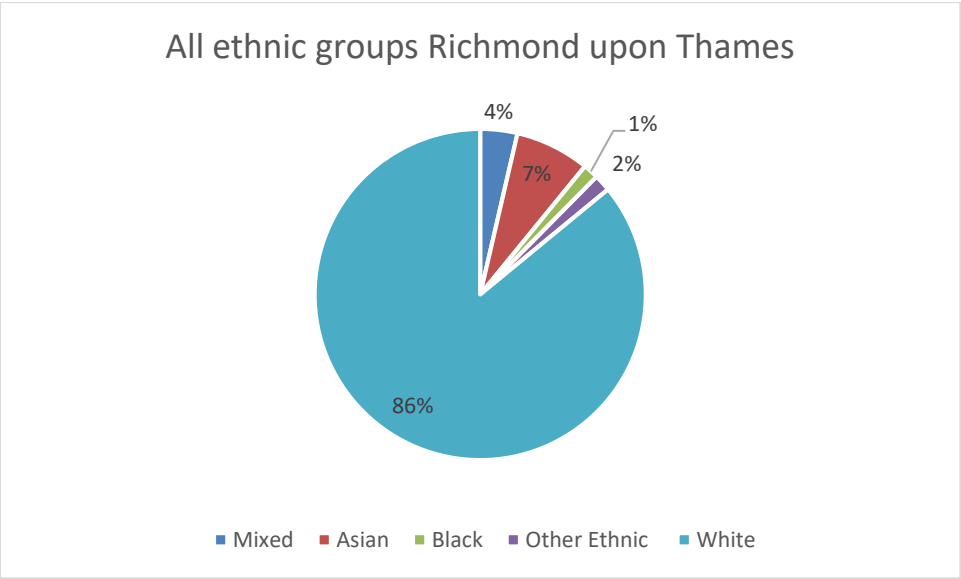
Source: DataRich 2011 Census data

It is predicted by 2035 there will be a proportional fall in the White ethnic group from 85% to 82% with a 4% increase in BME groups in the borough to 18% (source: Knowing our borough 2015/16 LBRuT). The groups projected to increase are the Asian groups.

Over the last ten years England, London and Richmond have all become more ethnically diverse. The borough is less ethnically diverse than London but generally more diverse than England overall with some notable exceptions. England has a considerably higher proportion of people of Pakistani ethnic group and Black African and Caribbean ethnic group.

BME group projections

In terms of the breakdown of ethnic groups, the Asian group is the largest in the borough at 53% as a percentage of all ethnic groups, the Mixed group the second largest and Other Ethnic the third.

Table 2: BME groups in Richmond
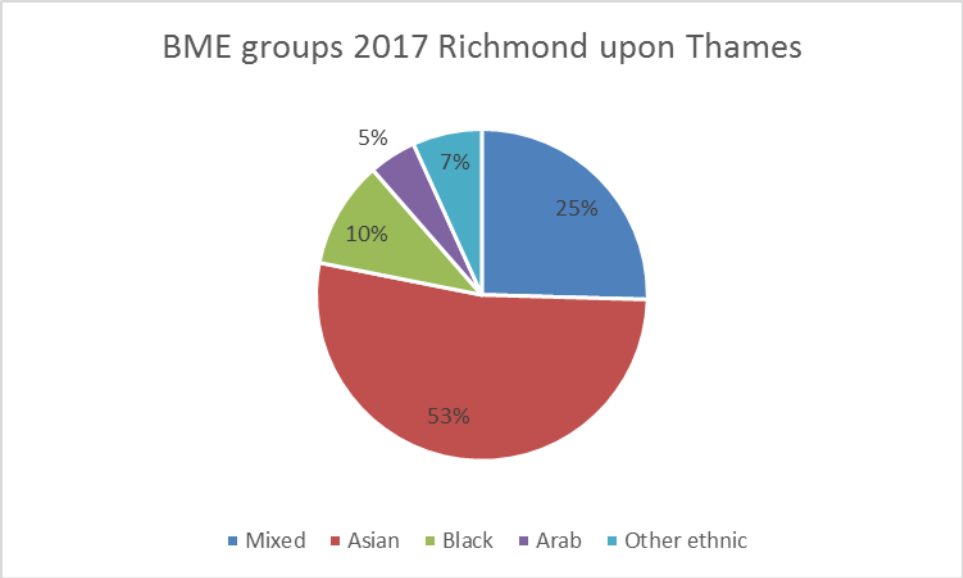
Source: GLA projections 2017

By 2035 the Asian group is projected to increase to 55%, the Mixed group to fall to 23% and the remaining groups to remain the same.
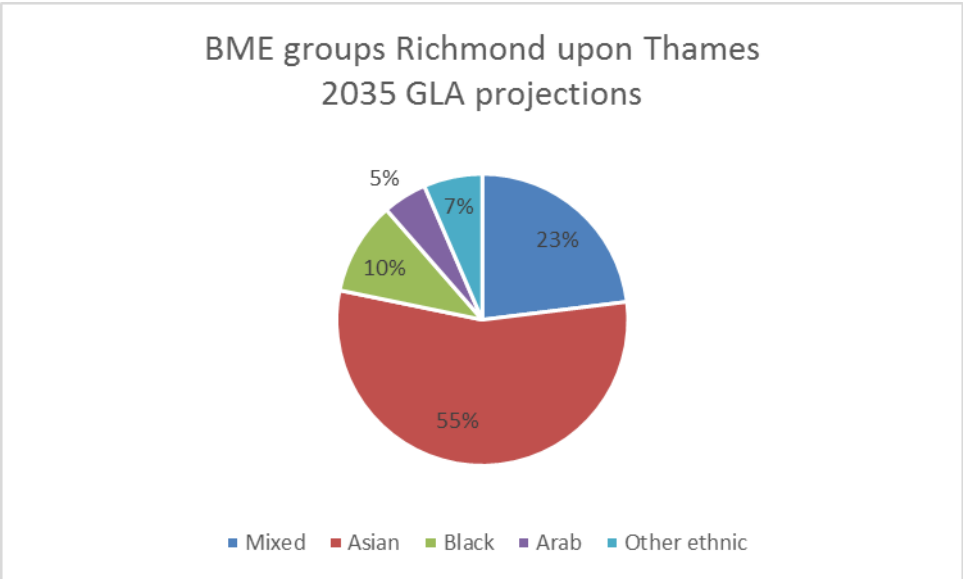
Table 3: BME projections 2035

Source: GLA projections 2035

This projection trend remains the same and by 2050 the Asian group is projected to increase to 56%, the Mixed group to fall to 22% and the remaining groups to remain the same.

Ward and age breakdown of BME ethnic groups

The wards of Heathfield and Whitton are the most ethnically diverse of the borough with 30.44% of the population from BME ethnic groups.

The Asian British: Indian population of the borough is concentrated in the wards of Heathfield (where this ethnic group accounts for 9.39% of the overall population) and Whitton (6.3% of the overall population). In Mortlake and Barnes Common, only 0.8% of the population are Asian British: Indian. In comparison, in the borough overall, the Asian British: Indian group makes up 2.78% of the population and is the largest BME ethnic group.

Looking at the four main BME categories, Mixed, Asian, Black and Other Ethnic, the following data shows the distribution across all wards in the borough across four main age groups:

Table 4: BME groups by age and ward – Mixed and Asian Groups

Wards	Mixed Aged 0-17	Mixed Aged 18-44	Mixed Aged 45-64	Mixed Aged 65+	Ward Total	Asian Aged 0-17	Asian Aged 18-44	Asian Aged 45-64	Asian Aged 65+	Ward Total
Barnes	189	134	43	10	**376**	115	327	177	41	**660**
East Sheen	186	105	29	7	**327**	68	216	93	39	**416**
Fulwell & Hampton Hill	178	100	37	3	**318**	101	233	103	37	**474**
Ham, Petersham & Richmond Riverside	198	132	48	15	**393**	139	394	172	55	**760**
Hampton	150	105	38	8	**301**	145	280	167	41	**633**
Hampton North	154	132	38	15	**339**	221	365	182	78	**846**
Hampton Wick	193	112	33	9	**347**	75	274	107	59	**515**
Heathfield	201	121	43	16	**381**	578	1019	443	134	**2174**
Kew	242	152	34	9	**437**	166	498	193	71	**928**
Mortlake & Barnes Common	238	166	39	9	**452**	78	256	104	28	**466**
North Richmond	226	184	45	8	**463**	132	467	150	76	**825**
St Margarets	231	140	38	10	**419**	122	361	147	59	**689**
South Richmond	192	189	35	20	**436**	96	368	140	43	**647**

Wards	Mixed Aged 0-17	Mixed Aged 18-44	Mixed Aged 45-64	Mixed Aged 65+	Ward Total	Asian Aged 0-17	Asian Aged 18-44	Asian Aged 45-64	Asian Aged 65+	Ward Total
South Twickenham	158	145	28	4	**335**	75	216	91	37	**419**
Teddington	149	114	37	15	**315**	72	227	97	25	**421**
Twickenham	166	127	41	8	**342**	65	334	96	39	**534**
West Twickenham	251	129	46	8	**434**	210	429	197	59	**895**
Whitton	207	113	32	13	**365**	297	606	284	116	**1303**
Richmond Total	**3509**	**2400**	**684**	**187**	**6780**	**2755**	**6870**	**2945**	**1037**	**13605**

Source: DataRich 2011 census

The pink colours highlight wards which contain higher numbers of these two BME groups over the four age groups and the data shows these groups have a relatively younger profile, particularly in the 0-17 age group.

The wards with the highest number of Mixed groups are Kew, Mortlake & Barnes Common, North Richmond, South Richmond and West Twickenham. The Mixed group is a relatively young one, with higher numbers in the 0-7 and 18-44 age groups. Actual numbers are relatively small in the two older age groups of 45-64 and 65+.

The wards with higher number of Asian residents in the 0-17 age group are Heathfield, West Twickenham, Whitton, Kew and Hampton North. Focusing specifically on the 45-64 age group, which is the next age group to enter older age (65+), there will be a significant increase in the wards of Heathfield (by 244%) and Whitton (by 330%) in a ward where numbers of this group are already higher than the borough average and this demonstrates how the BME population is ageing.

Looking at the table below, the wards with the highest number of Black residents are Ham, Petersham & Richmond Riverside, Hampton North, Heathfield, North Richmond and Whitton. Again, numbers are relatively small across the 45-64 age groups, however in wards such as Heathfield and Ham, Petersham & Richmond Riverside, the numbers of older Black residents will rise over the next ten to twenty years by over 900% and over 700%, which will have implications for how we deliver services to these groups in future.

Table 5: BME groups by age and wards – Black Group and Other Ethnic Group

Wards	Black Aged 0-17	Black Aged 18-44	Black Aged 45-64	Black Aged 65+	Ward Total	Other Ethnic Aged 0-17	Other Ethnic Aged 18-44	Other Ethnic Aged 45-64	Other Ethnic Aged 65+	Ward Total
Barnes	44	69	35	10	**158**	50	129	64	34	**277**
East Sheen	12	37	19	4	**72**	23	71	34	18	**146**
Fulwell & Hampton Hill	14	59	30	5	**108**	14	56	26	6	**102**
Ham, Petersham & Richmond Riverside	46	119	48	5	**218**	62	125	50	31	**268**
Hampton	20	57	26	1	**104**	10	45	27	9	**91**
Hampton North	61	103	45	7	**216**	29	59	35	5	**128**
Hampton Wick	34	83	37	6	**160**	34	76	25	10	**145**
Heathfield	138	171	69	9	**387**	51	83	54	9	**197**
Kew	44	76	28	8	**156**	36	128	46	18	**228**
Mortlake & Barnes Common	45	73	36	6	**160**	53	88	43	14	**198**
North Richmond	39	97	43	10	**189**	38	81	61	9	**189**
St Margarets	17	59	26	3	**105**	31	96	25	11	**163**
South Richmond	10	61	28	9	**108**	29	137	36	28	**230**
South Twickenham	16	67	15	1	**99**	22	58	21	12	**113**
Teddington	11	48	20	6	**85**	22	49	22	4	**97**

Twickenham	10	62	18	7	**97**	13	55	21	11	**100**
West Twickenham	38	87	49	12	**186**	41	65	52	11	**169**
Whitton	66	92	38	12	**208**	66	82	55	18	**221**
Richmond	**665**	**1420**	**610**	**121**	**2816**	**624**	**1483**	**697**	**258**	**3062**

Source: DataRich 2011 census

The Other Ethnic group have higher numbers in Barnes, Ham, Petersham & Richmond Riverside, Kew, South Richmond and Whitton. Again, the numbers are relatively small but in North Richmond for example the number of residents in the 45-64 age group will mean a 677% increase in the 65+ group over time.

Although the increases in these age categories seem large, the numbers are very small to begin with, therefore the actual overall numbers remain low both proportionately and in absolute terms.

EU nationals in the borough[1]

On census day, there were **12,745 EU passport holders** of all ages living in Richmond, representing nearly 7% of the population.

The most numerous single EU nationality group is German, who make up around 1.1% of the population, followed by Polish (1.0%), Italian and French (both 0.8%).

Table 6: EU residents as a percentage of all Richmond residents by country (Census 2011)

Nationality	Number	Percent
Germany	2,105	1.1%
Poland	1,918	1.0%
Italy	1,438	0.8%
France	1,434	0.8%
Spain	792	0.4%
Portugal	445	0.2%
EU Other	4,613	2.5%
EU Total	**12,745**	**6.8%**

The majority (61%) of EU nationals arrived after 2001, which, at Census day in 2011, meant they had arrived within the previous decade.

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[1] Data inserted at request of Equality Stakeholder Scrutiny Group (ESSG)

Table 7: Age profile of EU residents

Age 0 to 15	Age 16 to 24	Age 25 to 34	Age 35 to 49	Age 50 to 64	Age 65 to 74	Age 75 to 84	Age 85 and over	All EU countries: Total
2,555	910	3,395	4,124	1,171	403	136	51	12,745

The largest EU nationals age groups are the 25-34 and 35-49 cohorts, and work is often perceived to be the primary motive for migration to the UK from the EU. The longer-term intentions of EU nationals have not been researched to the extent where we can understand and predict whether these groups have an intention to return home after a number of years working here or whether they will retire in the UK. As such we cannot predict whether this group of residents will age in the borough and how we will provide services to them in the future.

Ward profile of EU nationals

The proportion of EU nationals varies substantially between wards, from 4.1% in Hampton on the one hand, to 11.1% in Ham, Petersham and Richmond Riverside on the other.

However, the pattern varies by national communities:

- People of German nationality are in highest proportions in Ham, Petersham and Richmond Riverside (4.2%)
- People of Polish nationality are in highest proportions in Heathfield (1.9%) and Whitton (1.6%)
- People of French and Italian nationality are in highest proportions in South Richmond (both 1.4%)

Table 8: Map of most numerous EU nationality by output area
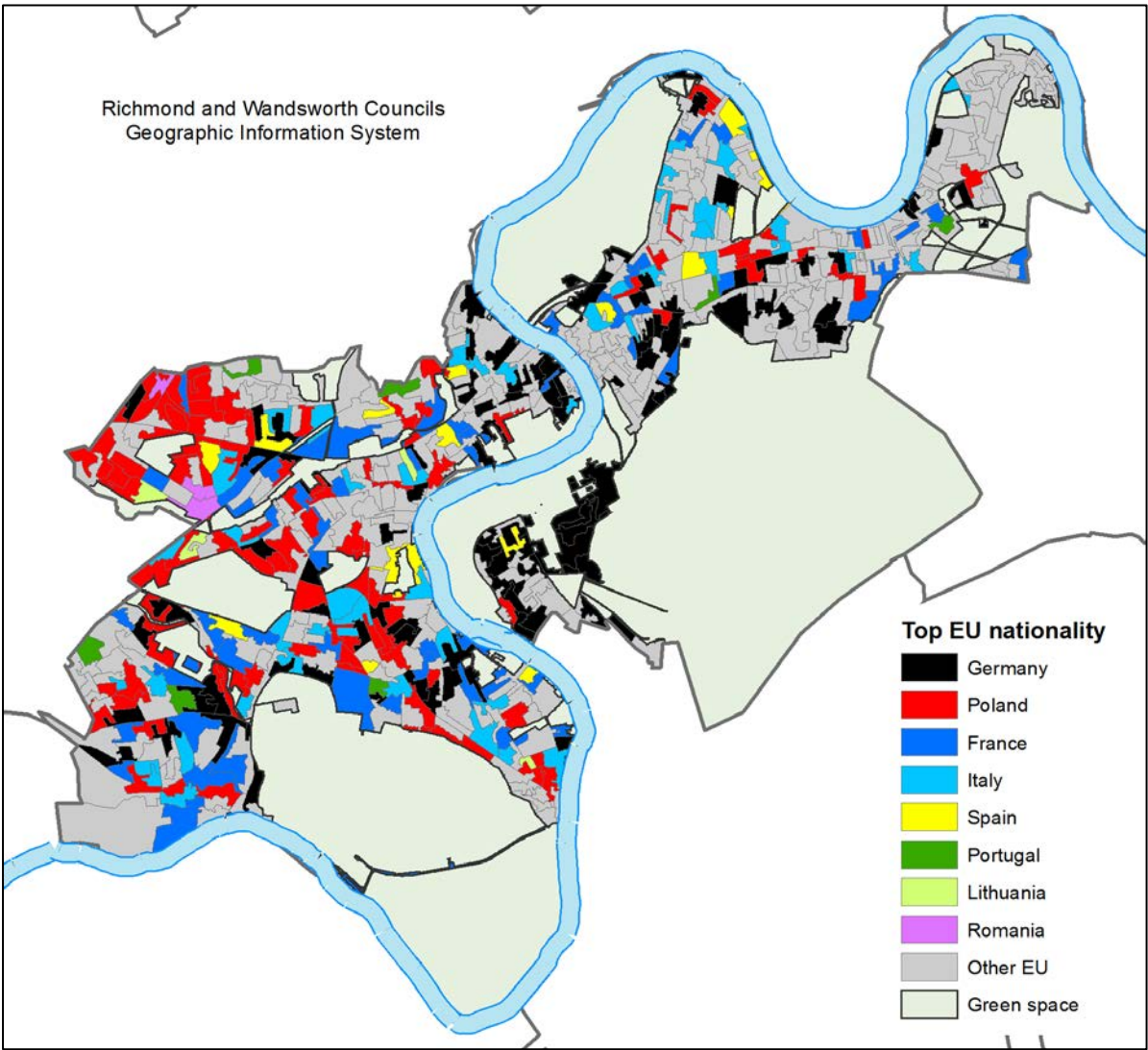
Languages spoken

Excluding speakers of non-European languages, of those for whom English is not the main language spoken, the **Polish speaking population was the largest**, totalling 1,712, followed by German, Spanish and French, each numbering above 1,000. N.B. these figures are not restricted to EU nationals, so the latter figures would include non-EU citizens, e.g. from francophone Africa and South America.

Table 9: Top 10 European languages (other than English) spoken in Richmond (Census 2011)

| Language	Number	Percent
Polish	1,712	1.0%
German	1,648	0.9%
Spanish	1,204	0.7%
French	1,169	0.7%
Italian	889	0.5%
Portuguese	626	0.4%
Swedish	613	0.3%
Dutch	326	0.2%
Hungarian	303	0.2%
Bulgarian	225	0.1%

Heathfield and Whitton wards had the largest Polish speaking population (322 in total) and Ham, Petersham and Richmond Riverside ward had the largest concentration of German-speakers (393 people).

b) Richmond in numbers – BME Older People population summary

Overview of older people population in Richmond upon Thames

Richmond has a relatively high number of older people aged 65+, approximately 25,296 making up **14%** of the population (2011 Census), the seventh highest in Greater London. Richmond is also ranked joint second for the highest percentage of population aged 90+, at 0.8% of the population.
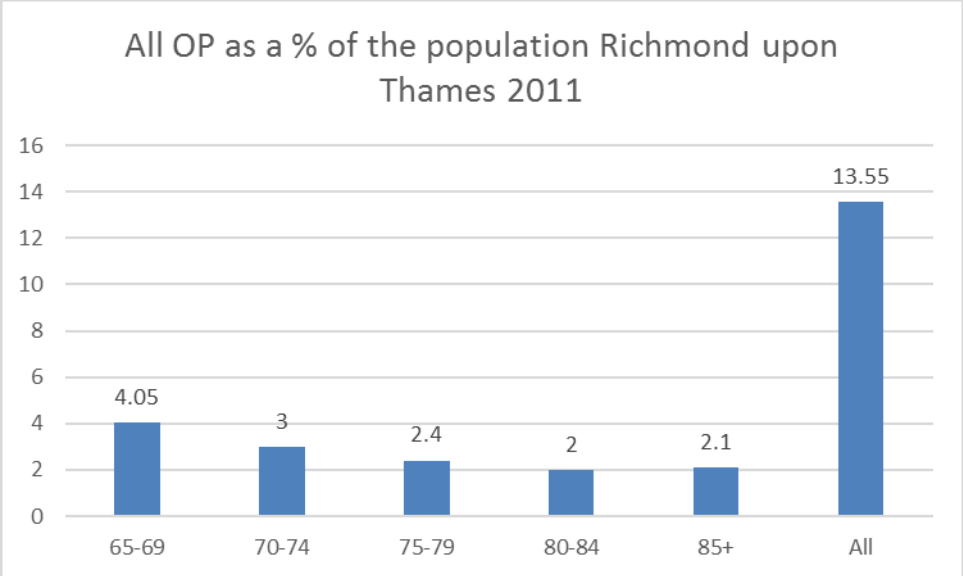
Figure 10: All older people in Richmond 2011
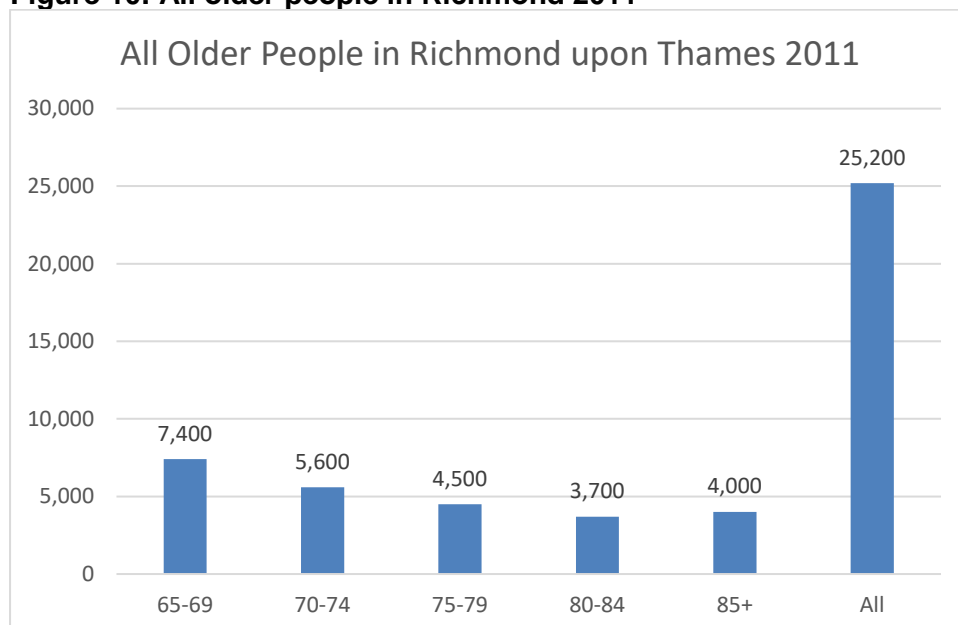
Source: DataRich 2011 Census data

In terms of age breakdown, people aged 65-75 make up 7.05% of the general population, those aged 70-85 make up 7.4% and people aged 85+ make up 2.1% as the following graph shows:

**Figure 11: All older people as a % of the population**

All OP as a % of the population Richmond upon Thames 2011

Source: DataRich 2011 Census data

Overview of BME 65+ population in Richmond upon Thames

In comparison to other boroughs in London, Richmond has a relatively low BME proportion of residents aged 65+. Older BME people make up **6.3%** of the older population (GLA 2015 Round of Demographic Projections), totalling approximately 1,608 residents. BME groups aged 65+ make up 21.9% of the population in London and 4.7% in England, therefore Richmond's number of older BME residents is closer to the national average rather than the London average. The number of older BME residents however is predicted to increase significantly from their current low numbers.

Figure 12: All BME older people 2011

All BME Older People aged 65+ 75+ 85+ 2011 Census
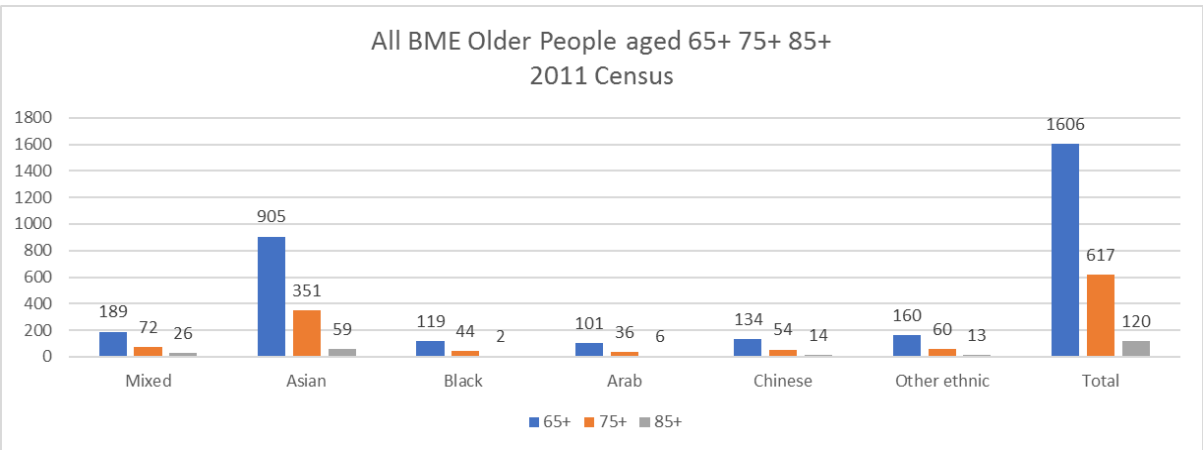
Source: 2011 Census

In terms of ethnic groups the figures above show Asian/Asian British and Mixed/Multiple ethnic groups are the largest in each category, however there is also a relatively high number in the Other ethnic group for the 65+ and 75+ age group. It should be noted that people self-classify their ethnicity therefore it is difficult to unpick this category. It is likely to be the case however that this category could contain a number of people from various middle eastern countries such as Iran & Iraq who do not classify themselves as Arabs, to give just one example. This category could also contain people from Latin or South

American countries. In Richmond, judging from data provided on the ethnicity of service users in social care, from our housing providers and other areas such as recipients of Disability Facility Grants, it is likely to be the former group.

If we look at actual and percentage figures for the three age groups, 65+ 75+ and 85+ and compare the BME groups to the White group we can see that the numbers in the White group increase as a percentage in each age category, from 94.07%, to 95.24% to 97.16%:

Table 13: All BME Older People aged 65+ 75+ 85+

Ethnicity	Aged 65+		Aged 75+		Aged 85+	
	number	percent	number	percent	number	percent
White	23892	93.69%	11728	95.24%	3982	97.16%
Mixed	189	0.74%	72	0.56%	26	0.62%
Asian	905	3.54%	351	2.71%	59	1.40%
Black Caribbean/African	119	0.46%	44	0.34%	2	0.05%
Arab	101	0.39%	36	0.28%	6	0.14%
Chinese	134	0.52%	54	0.42%	14	0.33%
Other ethnic	160	0.62%	60	0.46%	13	0.31%
All older people - total	**25500**	**100%**	**12345**	**100%**	**4102**	**100%**
Total BME %	**1608**	**6.3%**	**617**	**4.76%**	**120**	**2.84%**

Compare this to BME percentages in each age group and we see the reverse is the case – there is a noticeable decrease in the numbers of BME older people in each age category. There are a number of reasons for this, a primary one being that traditionally BME groups have had a younger age profile, and another the poorer health outcomes of BME groups which mean a higher number suffer from poorer health than the White British population. The latter is covered in more detail in Section 8: Health and Wellbeing.

Overview of Richmond 65+ BME population as compared to London and England

Table 14: BME as a % of the total Richmond older population – Aged 65+ compared to London and England

Ethnic Group aged 65+	Richmond		London		England	
	number	percent	number	percent	number	percent
Mixed	189	0.7%	11,912	1.3%	33,849	0.4%
Asian	905	3.5%	96,049	10.6%	217,000	2.5%
Black Caribbean/African other black	119	0.5%	69,823	7.7%	114,575	1.3%
Arab	101	0.4%	4,069	0.4%	7,527	0.1%
Chinese	134	0.5%	7,425	0.8%	19,275	0.2%
Other	160	0.6%	10,241	1.1%	17,799	0.2%
BME Total	**1,608**	**6.3%**	**199,519**	**21.9%**	**410,025**	**4.7%**
All Residents	**25,500**	**100.0%**	**910,130**	**100.0%**	**8,660,529**	**100.0%**

Source: Richmond & London figures sourced from GLA 2015 Round of Demographic Projections and England figures from Nomis Census 2011 data. Note - figures are rounded to the nearest person

The Asian/Asian British and Mixed/Multiple categories are the largest BME groups in the borough and this is reflected in the BME numbers for residents aged 65+. The borough has lower numbers of Black/African/Caribbean/Black British residents compared to London, closer to the England average.

Overall the borough is less ethnically diverse than London, however it is generally more diverse than England except for two notable exceptions: England has a much higher proportion of people of Pakistani ethnic group and Black African and Caribbean ethnic group.

Table 15: Ethnic groups aged 75+ living in Richmond, 2011 GLA Projections compared to London and England

Ethnic Group aged 75+	Richmond		London		England	
	number	percent	number	percent	number	percent
Mixed	72	0.6%	4,970	1.1%	14,395	0.4%
Asian	351	2.8%	35,692	8.2%	81,675	2.0%
Black Caribbean/African other black	44	0.4%	27,843	6.4%	47,476	1.2%
Arab	36	0.3%	1,294	0.3%	2,691	0.1%
Chinese	54	0.4%	2,841	0.7%	7,510	0.2%
Other	60	0.5%	3,934	0.9%	6,842	0.2%
BME Total	**617**	**5.0%**	**76,574**	**17.6%**	**160,589**	**3.9%**
All Residents	**12,345**	**100.0%**	**434,297**	**100.0%**	**4,108,246**	**100.0%**

Again, the figures for the 75+ BME age group for Richmond have more in common with the England figure than that of Greater London, with similar figures for all ethnicities, the Asian/Asian British group being the largest. The exception is Richmond's second largest group is the Mixed/Multiple category and not the Black/African/Caribbean/Black British group which is second highest in Greater London and England.

Figure 16: BME as a % of the total Richmond population – Aged 75+
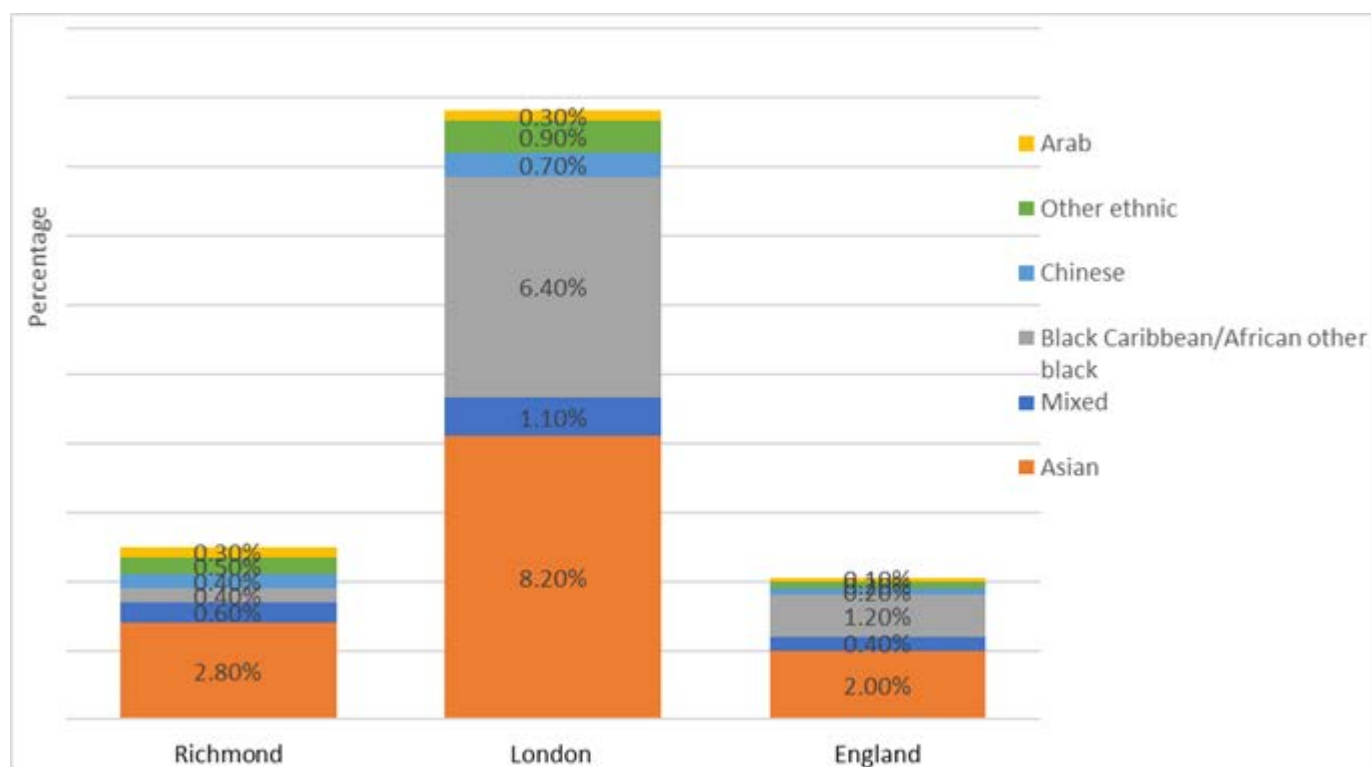

Table 17: Ethnic groups aged 85+ living in Richmond, 2011 GLA projections

Ethnic Group aged 85+	Richmond		London		England	
	number	percent	number	percent	number	percent
Mixed	26	0.6%	1,097	0.9%	3,470	0.3%
Asian	59	1.4%	5,831	4.7%	13,359	1.1%
Black Caribbean/ African other black	2	0.0%	4,333	3.5%	7,502	0.6%
Arab	6	0.1%	212	0.2%	454	0.0%
Chinese	14	0.3%	599	0.5%	1,443	0.1%
Other	13	0.3%	837	0.7%	1,524	0.1%
BME Total	**120**	**2.9%**	**12,909**	**10.4%**	**27,752**	**2.4%**
All Residents	**4,102**	**100.0%**	**124,089**	**100.0%**	**1,180,128**	**100.0%**

Figure 18: BME as a % of total Richmond population – Aged 85+
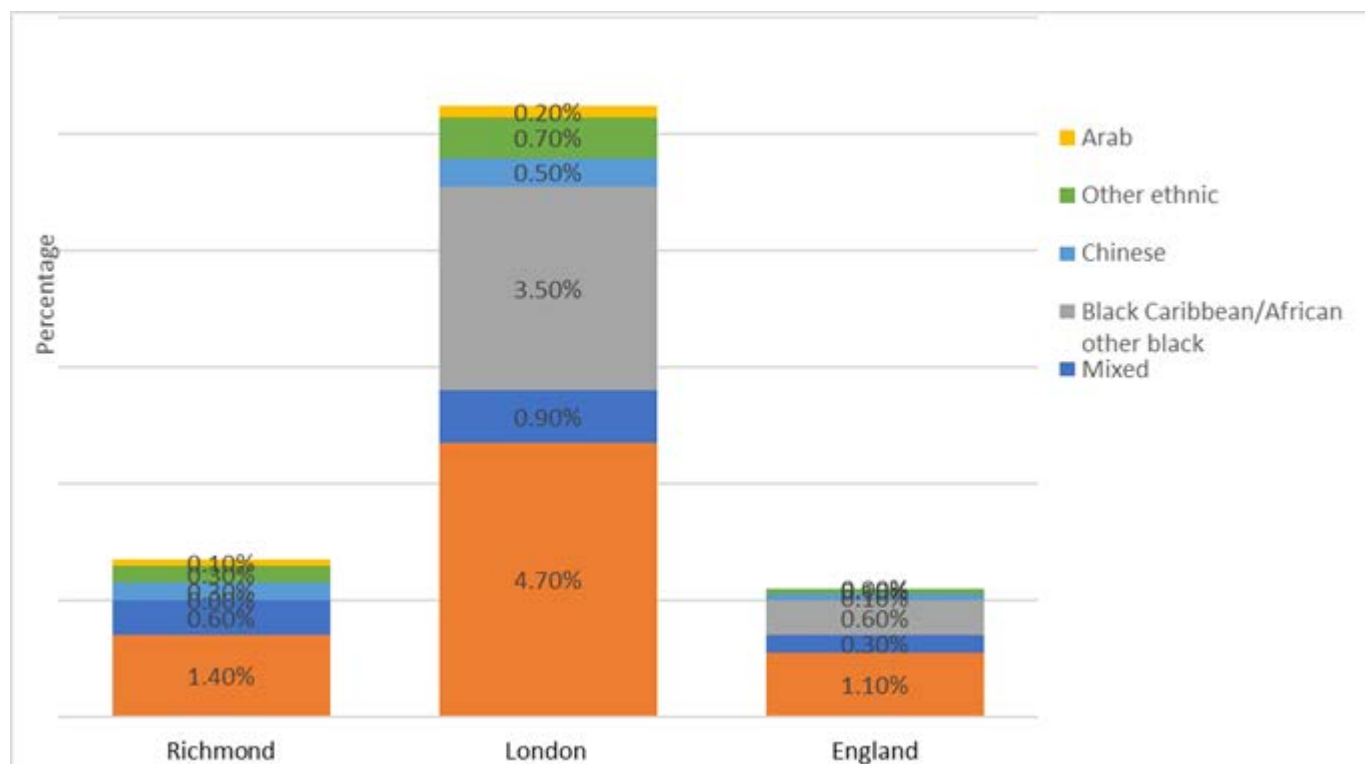
The number of residents in the 85+ BME category are currently very low, in keeping with the England average, and the Asian/Asian British and Mixed/Multiple groups are again the largest categories.

Gender, age and ethnicity of older people aged 65+ in Richmond upon Thames

Table 19: Male/female Older People Aged 65+ BME - 2017 GLA projections

Ethnicity 65+	Males	As a % of their ethnic group	Females	As a % of their ethnic group
Mixed	116	44.96%	142	55.03%
Asian	580	45.24%	702	54.75%
Black	75	46.01%	93	57.05%
Arab	67	51.53%	63	48.46%
Chinese	103	46.18%	120	53.81%
Other	102	44.54%	127	55.45%
All BME	**1,043**	**45.5%**	**1,247**	**54.4%**

There are nearly 20% more females than males in the BME older people population aged 65+. In the general population aged 65+, this figure is 13,400 for males and 16, 800 for

females (GLA projections 2017) - just over a 25% difference between males and females, relatively similar figures for both groups. Older women make up 8.45% of the general population, compared to 6.84% for men. For BME older women this is 4.54% and BME older men 3.80%. Table 19 shows the differences in the number of men and women in each ethnic group. In all categories except Arab, women over 65+ outnumber men in their ethnic group, and numbers are relatively consistent. This correlates to the national trend where female life expectancy exceeds that of male by about 5% on average.

Overall, life expectancy at birth in Richmond is among the best in England and London – 82 years for men and 86 years for women. There is however inequality in life expectancy, both between men and women, between those in deprived and less deprived areas and between BME communities and others. More details on health and BME communities is in Chapter 8.

Ward Variations

Whilst the borough averages show Richmond to be a borough with relatively low proportion of minority ethnic groups, there is great variation across the borough. There are important variations in ethnic diversity between Richmond's wards, with the Heathfield and Whitton wards having higher proportions of BME populations, mainly from the Asian groups, and in line with this trend, most BME older people are concentrated in the Heathfield and Whitton wards. It should be noted that Heathfield is one of the relatively deprived wards in the borough.

Figure 20: BME residents by age across all wards
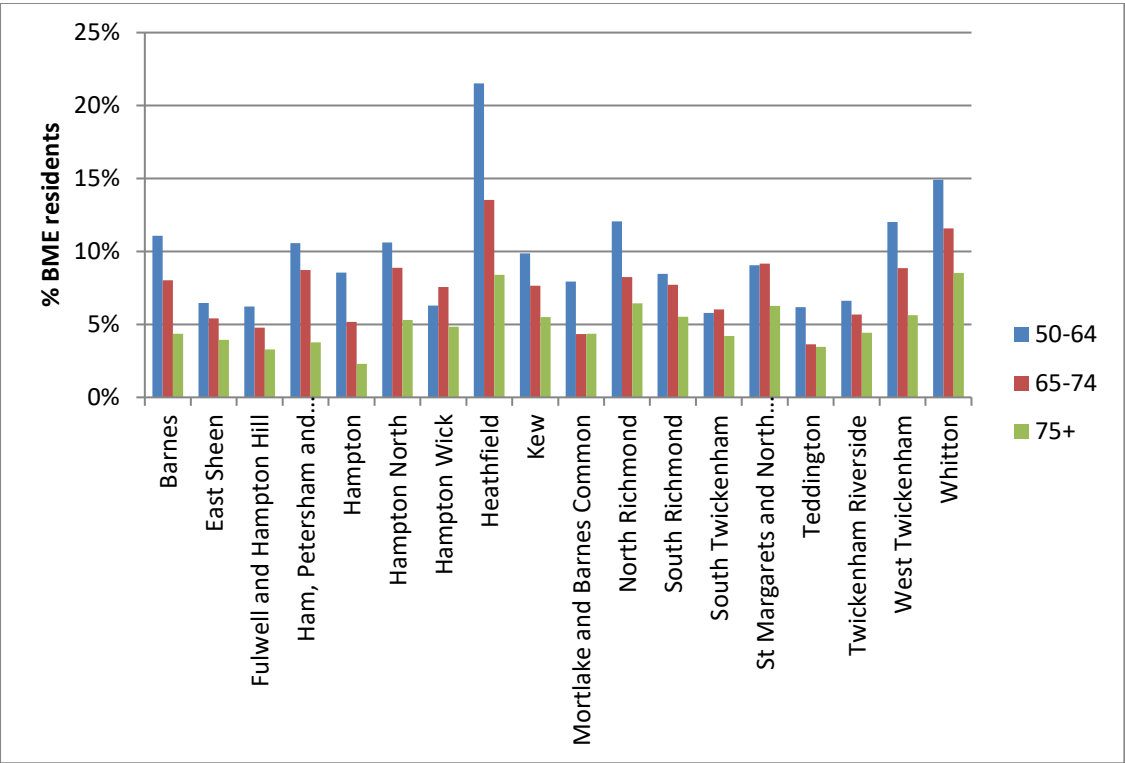
Source: JSNA 2017

Table 21: Wards for 50-75 BME age group

Ward	% of BME age groups		
	50-64	65-74	75+
Barnes	11%	8%	4%
East Sheen	6%	5%	4%
Fulwell and Hampton Hill	6%	5%	3%
Ham, Petersham and Richmond Riverside	11%	9%	4%
Hampton	9%	5%	2%
Hampton North	11%	9%	5%
Hampton Wick	6%	8%	5%
Heathfield	22%	14%	8%
Kew	10%	8%	5%
Mortlake and Barnes Common	8%	4%	4%
North Richmond	12%	8%	6%
South Richmond	8%	8%	6%
South Twickenham	6%	6%	4%
St Margarets and North Twickenham	9%	9%	6%
Teddington	6%	4%	3%
Twickenham Riverside	7%	6%	4%
West Twickenham	12%	9%	6%
Whitton	15%	12%	9%

Source: JSNA 2017

Ward data of BME residents aged 65+ shows that the general borough profile of BME groups in the borough, links with the general borough profile, with more BME residents concentrated in the Whitton and Heathfield wards.

Looking at a younger cohort of older people aged 50-64 in the table above we can see that in the future ward variations in BME group are likely to change. The 50-64 age group at the moment number 10% and above not just in Heathfield and Whitton, but also Barnes, Kew, Petersham, Ham, Richmond, Hampton North and West Twickenham. As this group ages this will have implications for how we target services in the future across the borough. At the moment we target services in specific wards where numbers of BME communities are higher however as they become more geographically dispersed, we will need to target more widely.

In comparison to all older people in the borough, from analysis we know that the wards with the highest percentages of older people are Barnes, Ham, Petersham & Richmond Riverside, Hampton, Heathfield, Kew and Whitton. Whitton and Heathfield are the two wards which currently have the highest percentage of BME residents, and the 50-64 BME group is also predicted to grow in Barnes, Hampton, Ham, north Richmond and Kew where the numbers of older people in general are already higher than average. The higher number of older people in these wards will have significant implications for future service delivery. As well as the geographical location of BME older people changing as the younger cohort age, their geographical spread will also change and closer match that of the general older population across the borough.

Breakdown of ethnic groups across wards

The table below shows the numbers of residents across two age groups in each ward for the four main ethnic groups. The shaded areas highlight which wards have higher numbers of that ethnic group.

Focusing specifically on the 45-64 age group, the future cohort of older BME residents, the wards with the highest number of Mixed groups are Barnes, Ham, Petersham & Richmond Riverside, Heathfield, North Richmond and West Twickenham. The wards with higher number of Asian residents in this age group are Barnes, Heathfield, West Twickenham , Kew and Whitton. Heathfield and Whitton already have higher than average numbers of Asian residents and this will increase over time.

Looking at the Black Group and Ethnic Other BME groups, the wards with the highest number of the Black Group are Ham, Petersham & Richmond Riverside, Hampton North, Heathfield, North Richmond and West Twickenham. The Ethnic Other have higher numbers in Barnes, Heathfield, North Richmond, West Twickenham and Whitton.

Table 22: BME age groups 45-64 & 65+

Wards	Mixed Aged 45-64	Mixed Aged 65+	Asian Aged 45-64	Asian Aged 65+	Black Aged 45-64	Black Aged 65+	Other Ethnic Aged 45-64	Other Ethnic Aged 65+
Barnes	43	10	177	41	35	10	64	34
East Sheen	29	7	93	39	19	4	34	18
Fulwell & Hampton Hill	37	3	103	37	30	5	26	6
Ham, Petersham & Richmond Riverside	48	15	172	55	48	5	50	31
Hampton	38	8	167	41	26	1	27	9
Hampton North	38	15	182	78	45	7	35	5
Hampton Wick	33	9	107	59	37	6	25	10
Heathfield	43	16	443	134	69	9	54	9
Kew	34	9	193	71	28	8	46	18
Mortlake & Barnes Common	39	9	104	28	36	6	43	14
North Richmond	45	8	150	76	43	10	61	9
St Margarets	38	10	147	59	26	3	25	11
South Richmond	35	20	140	43	28	9	36	28
South Twickenham	28	4	91	37	15	1	21	12

Teddington	37	15	97	25	20	6	22	4
Twickenham	41	8	96	39	18	7	21	11
West Twickenham	46	8	197	59	49	12	52	11
Whitton	32	13	284	116	38	12	55	18
Richmond	**684**	**187**	**2943**	**1037**	**610**	**121**	**697**	**258**

Barnes, Heathfield, North Richmond and West Twickenham are the wards with the highest percentages of BME residents in the 45-64 age groups and will see the largest changes in their future BME population aged 65+. This will have implications for future service delivery in these wards.

Areas of deprivation in Richmond

The Indices of Deprivation 2015 provide a set of relative measures of deprivation for small areas (Lower-layer Super Output Areas, LSOAs). There are no areas in the Borough ranked in the most deprived decile of local authorities in England i.e. the 10% most deprived areas. This mirrors our understanding of Richmond as a fairly affluent area with high house prices, a skilled population, and relatively high resident earnings.

However, there are small pockets of deprivation across the borough and one small area, in the ward of Hampton North, falls into the second 20% most deprived small areas in England. There are also concentrations of relatively deprived areas in the ward of Hampton North, Heathfield and Barnes.

It should be noted here that there are higher numbers of BME residents in the wards with higher deprivation, such as Hampton North and Heathfield, and these wards also have a higher percentage of older BME residents as the table above shows.

Richmond BME population aged 45-65

In Richmond overall, just over 21% of the total population are in the 45-64 age group (ONS 2016 estimates) around 41,614 residents. The BME 45-64 age group numbers 4,934 which is 18.79% of the total BME population and 11.86% of the total population. Of this age category, the Mixed group comprises 13.85%, the Asian 59.66%, Black 12.35% and Ethnic Other 14.12%.

In terms of geographical location, Barnes, Heathfield, North Richmond and West Twickenham are the wards with the highest percentages of BME residents in the 45-64 age groups and will see the largest changes in their future BME population aged 65+. As well as seeing numbers increase in these wards, BME groups will also become more geographically dispersed across others such as Kew, Petersham, Ham and North Richmond.

The Asian group aged 45-64 are the largest group, in line with the borough profile, and have higher concentrations in Barnes, Heathfield, West Twickenham, Kew and Whitton. Heathfield and Whitton already have higher than average numbers of Asian residents and this will increase over time and have implications for future service delivery in these wards.

At the moment, we target services in specific wards where numbers of BME communities are higher. Currently, the demand is small, as BME residents aged 65+ currently make up 6.3% of the total older people's population aged 65+ and 5.86% of the total BME population. However, moving forward, as the BME community age, become more geographically

dispersed, and continue to remain in the borough, we expect that demand for services will increase and will need to target more widely geographically.

Future projections of the Black Minority Ethnic Older People population

Currently, BME older people aged 65+ make up approximately **6.3%** of the total older people's population. BME groups traditionally have a younger age profile, due to fertility and migration rates. This is set to change however as BME communities age and the population overall ages. By 2035 it is predicted all older people aged 65+ will make up **18%** of the population (up from the current 14%) and BME residents aged 65+ are projected to grow to 5553, making up **12.07%** of the 65+ general older population, and **13.07%** of the BME population in general.

The number of BME older people aged 65+ is predicted to rise substantially and the chart below reflects the predicted increase in the 65-90 aged category:
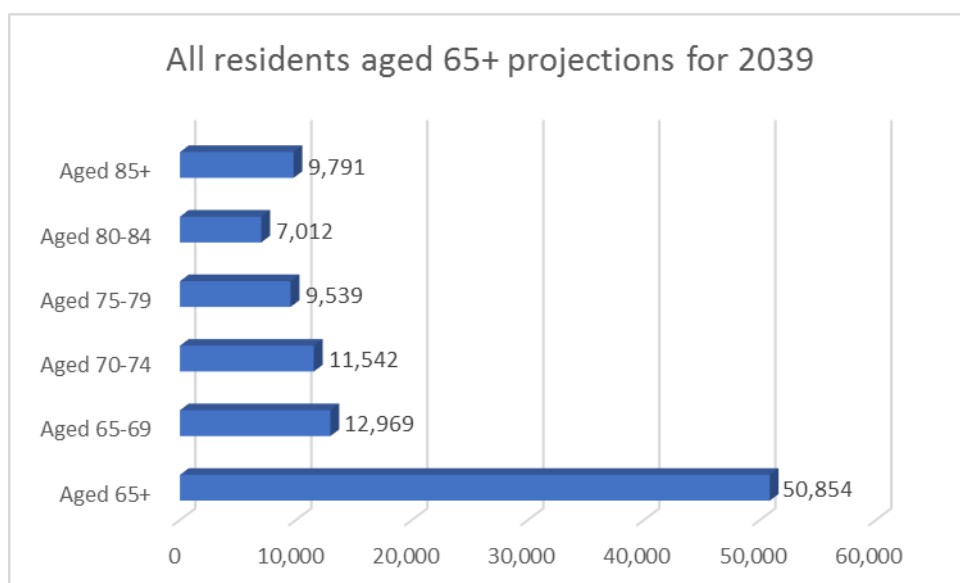
Figure 23: BME Older People Projections Richmond
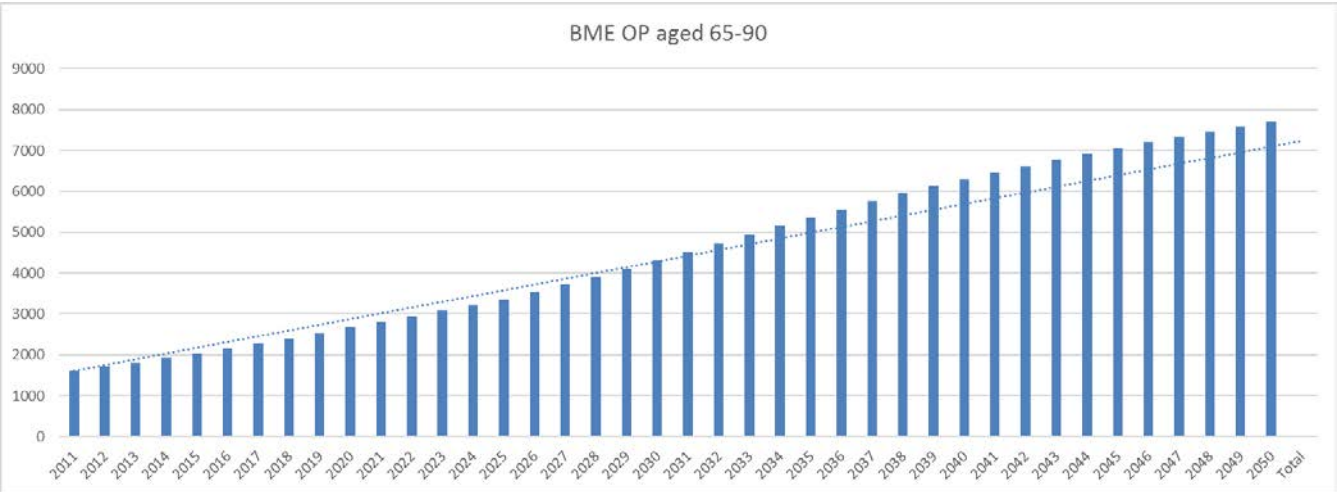
Source: GLA 2011 Projections

This projected increase in BME older people follows the borough trend where all residents aged 65+ - who currently make up **13.5%** of the total population of Richmond (2011 census), are projected to increase to **18%** of the overall total of the population. In terms of numbers this is an increase from 28,900 in 2015 to over 50,000 in 2039, an increase of 60%, three times the growth of the overall population.

Figure 24: Older People projections Richmond

Source: Nomis LA population projections – LB of Richmond

There will be a substantial rise therefore in both the general and BME older people population in the borough, particularly as the 45-64 age group move into older age 65+. This will be the case particularly for some groups such as Asian and Black ethnic groups who have larger numbers in this age cohort. BME communities have traditionally had younger age profiles, however this will change to reflect the ageing population nationally and locally, and will have implications for the future provision and delivery of services to this group.

The following data looks in more detail at male and female BME older people projections for all three age cohorts.

Table 25: Male ethnic groups aged 65+ living in Richmond, 2017 & 2050 GLA Projections

Males Ethnicity 65+	2017	%	2050	%	% increase
Mixed	116	11.12%	403	12.12%	247%
Asian	580	55.50%	1961	58.97%	238%
Black	75	7.19%	419	12.60%	459%
Arab	67	6.42%	168	5.05%	151%
Chinese	103	9.87%	188	5.65%	83%
Other	102	9.77%	186	5.59%	82%
All BME males	**1,043**	100%	**3,325**	**100%**	**219%**

The 65+ BME male projections will substantially increase for all ethnic groups by 2050 as expected, however a notable and surprising increase is in the Black male category where there will be a 459% increase by 2050, compared to the Black female 65+ category in the table below which is 299%. This is also the case with Arab group with a higher increase for Arab males than females (although the absolute numbers are higher for women for both groups). We usually expect to see the reverse, as women have a higher life expectancy than men and this is an issue which could be investigated further. In line with Census data, the Mixed group is also rapidly increasing for this and all age groups, and is the third largest ethnic group in the borough. This may have service implications and more research into the needs of this newly growing group may need to be carried out.

Table 26: Female ethnic groups aged 65 years old and above in Richmond, 2017 & 2050 GLA Projections

Females Ethnicity 65+	2017	%	2050	%	% increase
Mixed	142	11.38%	465	10.68%	227%
Asian	702	56.29%	2740	62.95	290%
Black	93	7.45%	371	8.52%	299%
Arab	63	5.05%	126	2.89%	100%
Chinese	120	9.62%	278	6.38%	132%
Other	127	10.18%	372	8.54%	193%
All BME females	**1,247**	**100%**	**4,352**	**100%**	**249%**

Again, the 65+ female projections show a substantial increase across all ethnic categories by 2050 and a higher percentage increase for the black group, than the Asian and Mixed group, which again, we may not expect to see, and is an area we may need to investigate in the future.

Overall, the numbers of 65+ male and female BME in Greater London are predicted to increase by around 215% by 2050 for both genders, and this is also the case for male BME 65+ in Richmond. For BME females in Richmond aged 65+ the figure is higher at 249%.

Table 27: Male ethnic groups aged 75+ in Richmond, 2017 & 2050 GLA Projections

Males Ethnicity 75+	2017	%	2050	%	% increase
Mixed	48	11.45%	223	12.80%	365%
Asian	249	59.42%	1022	58.70%	310%
Black	41	9.78%	223	12.80%	444%
Arab	17	4.05%	67	3.84%	294%
Chinese	30	7.15%	104	5.97%	247%
Other	34	8.11%	102	5.85%	200%
All BME males	419	100%	1,741	100%	316%

Table 28: Female ethnic groups aged 75+ in Richmond, 2017 & 2050 GLA Projections

Females Ethnicity 75+	2017	%	2050	%	% increase
Mixed	55	11.08%	247	10.56%	349%
Asian	287	57.86%	1441	61.66%	402%
Black	43	8.66%	207	8.85%	381%
Arab	23	4.63%	57	2.4%	148%
Chinese	39	7.86%	166	7.10%	326%
Other	49	9.87%	219	9.37	347%
All BME females	496	100%	2,337	100%	371%

As the population ages, women outnumber men as can be expected due to women's increased life expectancy in all ethnic categories of the 75+ group. As with the 65+ group however, again, there is a higher projected increase in the Black and Arab male 75+ groups and there are significant increases expected in the Mixed group. The implications of projected rises in some groups may have implications for services provided which will need to be considered.

The projected percentage increase in the 75+ group BME groups for Richmond is significant. For the 65+ age group the projected increases were broadly the same for Richmond and Greater London – around 200-300% for each ethnic category. However in the 75+ age group the projected increases rise to 300 - 450%. All BME groups aged 75+ are projected to rise in the borough at a much higher rate than that compared to Greater London. For example in Richmond all female BME categories aged 75+ are projected to increase between 300-400% (except the Arab group), and for males in Richmond between 300-450% for the Asian, Black and Mixed categories.

Although it is noted we are starting from smaller numbers in every category, especially in comparison to Greater London, these projected increases are significant ones. For example, the Asian female 75+ category is set to increase from 287 to 1441 in terms of actual numbers. These increases will have implications for service design and delivery over the longer term, especially if current health outcomes and levels of deprivation persist for ethnic groups, whose numbers are currently much higher in the deprived wards in Richmond.

Table 29: Male ethnic groups aged 85+ in Richmond, 2017 & 2050 GLA Projections

Males Ethnicity 85+	2017	%	2050	%	% increase
Mixed	12	14.63	78	13.26%	550%
Asian	42	51.21%	341	57.99%	712%
Black	8	9.75%	72	12.24%	800%
Arab	2	2.43%	13	2.21%	550%
Chinese	8	9.75%	45	7.65%	463%
Other	10	12.19%	39	6.63%	290%
All BME males	**82**	**100%**	**588**	**100%**	**617%**

Table 30: Female ethnic groups aged 85+ in Richmond, 2017 & 2050 GLA Projections

Females Ethnicity 85+	2017	%	2050	%	% increase
Mixed	13	10.4%	83	10.28%	538%
Asian	71	56.8%	481	59.60%	577%
Black	10	8%	72	8.92%	620%
Arab	5	4%	14	1.73%	180%
Chinese	13	10.4%	68	8.42%	423%
Other	13	10.4%	89	11%	585%
All BME females	**125**	**100%**	**807**	**100%**	**546%**

In terms of future projections, the numbers of all 85+ BME groups are projected to increase substantially, by up to 800% in the Black male 85+ category and at least 450% and over in every other ethnic category (except Arab) for both genders. These increases are in line with Greater London and national trends, as the fastest growing group nationally will be those aged 85 and over with the numbers projected to increase by 113.9%, from nearly 1.3 million people to just under 2.8 million in 2035/36. Locally, as on a national level, this will have a significant impact on health and social care services, as unfortunately far more extra years life expectancy are being spent in poor health, and recent data from Age UK[2] points towards more, not less, ill-health and disability in later life.

In total, all residents aged 65+ make up 14% of the total population of Richmond. This is predicted to rise to 18% by 2035. Residents aged 75+ make up 7% of the total population of Richmond and those aged 85+ make up 2% of the total population of Richmond.

6. Services provided by voluntary sector partners - information from local providers of services in Richmond upon Thames

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[2] The Health and Care of Older People in England 2016 Age UK

Citizens Advice (CA)

A total of 5,450 clients used CA services during 2016-2017, 679 were aged 65+ and 292 of these clients were from a BME background and aged 65+ (excluding White Irish & Gypsy). This equates to 43% of service users aged 65 + coming from an ethnic minority background

Table 31: CA clients 2016-2017 by ethnicity

Ethnic Group 65+	Numbers	% of BME CA users	% of CA users aged 65+
Any Asian	95	13%	13.99%
Any Black	96	14.13%	14.13%
Any Mixed	32	4.71%	4.71%
White Irish & Gypsy	24	3.53%	3.53%
Any other	69	10.16%	10.16%
White	363	53.46%	53.46%
Total	679	100%	100%

This is disproportionately high in comparison to their numbers in the general older population which is 6.3%. Even higher is the disproportionate number of Black service users who at 14.13% are larger than the Asian group which does not reflect the borough profile - 3.54% of older people aged 65+ in Richmond are Asian and only 0.46% are Black.

There is no breakdown available on the type of advice queries BME clients aged 65+ contacted the CA about, however the proportion of clients who report being disabled or having a long-term health condition is continuing to grow (32% in 2016) as does the proportion of BME clients. Welfare benefits is the biggest enquiry area and accounted for 32% of around 16,000 issues CA helped people with, in 2016-17. BME groups tend to suffer disproportionally from poverty, poor housing, homelessness and poorer health and this could in part explain the increased use of local advice services. National research (see Section 11) has shown BME groups to be less likely to access some advice service (such as housing) however this is not the case here, where the borough's CA services seem to be relatively well used by all groups. There are five offices in the borough, and two outreach services, the main offices are located on high streets and accessible to transport, and as there have been significant welfare reforms underway for a number of years, these offices are well attended. Four of the offices are in areas with higher percentages of BME residents such as Twickenham, Hampton, Ham and Barnes.

Age UK Richmond upon Thames

Age UK Richmond upon Thames (Age UK RuT) services for older people are wide ranging and cover the whole of the borough of Richmond. These services include social centres, advice and information as well as various other general services such as community services outreach and handyperson services.

Service user data below gives a breakdown of which older people access their services.

Table 32: All Age UK RuT clients using services over the last 5 years 2012-2017

Age UK clients 2012-2017	Ethnicity	% of users accessing Age UK services
6,464	White/white other users	56.25%
530	BME	4. 61%
4496	Not known	39.12%
11,490	Total service users	100%

There are a substantial numbers of service users at Age UK RuT for whom ethnicity is not known. One way of looking at this data would be to assume the same proportion of white to BME for the not knowns. Therefore, out of 11,490 users, 878 would be BME over the 5 year period, approximately 7.64% of total users. Overall, 6.3% of Richmond's older population are BME aged 65+, therefore a slightly higher number are accessing this service in proportion to their numbers in the population.

A breakdown of which services were accessed by different BME groups is not available, however the following list of services were accessed by all clients during 2012-2017:

Social Centres	General Services
Barnes Green Social Centre	Community Services Outreach
Twickenham Wellbeing Centre	Handyperson Service
Whitton Social Centre	Handyperson Service - Crime Prevention
Advice & Information	Housekeeping Service
First Contact (Telephone advice service)	Nightingale Service (home from hospital support)
Information and Advice	Quality Monitoring Service
Welfare Benefits & Advice	
Reception Parkway House	

EMAG

Ethnic Minority Action Group (EMAG) is an independent voluntary organisation serving all minority ethnic groups living and working in the London Borough of Richmond upon Thames who find it difficult to access mainstream services due to linguistic and cultural barriers. It is the main service provider for the BME community in Richmond and provides a number of services in various locations in the borough which include:

- A Minority Ethnic Elders Group (MEEG) which meets weekly to address the cultural and language needs of minority ethnic elders and provide support and short breaks to carers
- Support groups such as the Edgar Road & Butts Farm support group. This was originally set up in response to racial harassment and crime suffered by BME residents living on the estate. This group provides information, advice, casework, group activities including exercise, ESOL and opportunities for skills development and volunteering. Nearly 200 families are current members of the group (as at September 2017).
- Community projects – including digital training, health & beauty, healthy cooking classes, advice on welfare benefits, domestic abuse, hate crime, access to health & social care services

- Health support groups to address health inequalities in the BME community, improve health and wellbeing and reduce isolation. EMAG funds the Ham Multicultural Women's Support Group which addresses health inequalities for isolated women in this ward.
- A provider of information & advice for GoLocal (part of the boroughs Community Independent Living Service (CILS)). This is a network of support services and activities for people living in the Richmond villages of East Sheen, Mortlake, Barnes, Twickenham & Whitton
- Yearly multicultural events to promote cohesion and celebrate diversity

EMAG work with a number of organisations in the borough such as the Richmond Carers Hub, Citizens Advice Bureau and Richmond Adult Community College to provide services directly and signpost residents to relevant providers.

EMAG Service user data

The total number of sessions for the Minority Ethnic Elders Group (MEEG) between April 2016 and March 2017 was 97. These are held at a day centre in Whitton, which as previously highlighted in Section 5 is a ward which currently has one of the highest percentages of BME older residents.

Average attendance per week of MEEG was 74 clients and per session was 37.

Table 33: EMAG client data MEEG 2016-2017

Total Membership	Females	Males	Total
Number	112	53	165
Average Age	76	74	

Table 34: MEEG user data ethnicity

Ethnicity	Number of service users	%
Other White	4	2.42%
White Asian	1	0.60%
Other Mixed	1	0.60%
Indian	125	75.75%
Pakistani	10	6.06%
Bangladeshi	1	0.60%
Other Asian	17	10.30%
African	1	0.60%
Chinese	1	0.60%
Other Ethnic	4	2.42%
Total	**165**	**100%**

The majority of MEEG members are resident in Richmond, only 1% attend from outside the borough. In terms of wards, around 60% of clients comes from the Whitton, Heathfield Twickenham area, 20% from Teddington and Hampton, 15% from Ham & Petersham, Richmond and Kew and 5% from Mortlake Barnes and East Sheen. Some of these wards, such as Kew, Barnes, Hampton, Ham and Richmond have higher numbers of "young" older people from a BME background aged 50-64 and if take up of EMAG services from these

areas continues than we can expect to see more BME aged 65+ using EMAG services in the future.

A high proportion of MEEG users are from an Asian background, a reflection of their higher numbers in the BME population of the borough. This could be linked to the fact that the majority of service users come from the Whitton and Heathfield wards, which as previously highlighted at 30.44% has the highest numbers of Asian and other BME residents. Many of the staff and volunteers at EMAG are themselves from an Asian background and speak a variety of Asian languages, which makes it accessible to the mainly older clients who attend.

Members of the MEEG were interviewed as part of an end of year survey, and asked about the barriers they currently face in the borough. The following were listed as the most common:

- Mobility
- Physical, mental or emotional illness
- Language, culture, background
- Awareness and access to LBRuT services
- Access to health and wellbeing activities
- Isolation

MEEG members stated they have benefited in a number of areas as being part of the group, including:

- Improved health and wellbeing – socially, physically and emotionally
- Improved cultural awareness
- Improved confidence
- Being less isolated
- Improved access to information
- Feeling more supported
- Developing friendships

Carers Support

EMAG

EMAG have provided support to 23 BME carers, 11 male and 12 female, 20 are aged over 65 years of age in 2016-2017:

Table 35: Ethnic origin BME carers EMAG

Ethnic Origin	Number of carers
Indian	17
Pakistani	2
Asian - other	4
Total	23

The largest group of carers are Indian, at 73.91% of the total, and all carers accessing services from EMAG are of Asian origin.

EMAG identify a number of services their BME carers need assistance in accessing:

- ➢ Health and Social Care – those who have language and cultural barriers and additionally do not think they are carers will lack information and have poor knowledge on what is available
- ➢ Housing and welfare benefits
- ➢ Respite care and temporary care - when the carer is overstretched or ill EMAG receives request for help in identifying carers who can cook culturally appropriate food as well as carry out general carer duties
- ➢ A resource guide of the services available for BAME communities e.g. appropriate care homes, carers etc

The Carers Hub Services

The Carers Hub Service is a group of seven local organisations commissioned by London Borough of Richmond upon Thames and NHS Richmond Clinical Commissioning Group to provide between them, services specifically for carers in the borough. These services include:

- a universal advice and information service
- debt management and financial advice
- training and workshops
- emotional support
- carers awareness training for professionals
- opportunities for carer engagement
- short breaks and leisure programmes
- to make representation for the voice and needs of carers

The Carers Hub Service is led by Richmond Carers Centre (RCC) and the seven organisations which make up the service include:

- Addiction Support & Care Agency
- Alzheimers Society
- Integrated Neurological services
- Ethnic Minority Advocacy Group
- Grace Advocacy
- Crossroads Care

As at 18/09/17 there were 1857 carers registered with RCC. Of these, 515 were aged 65+ (27.73%), 323 identified themselves as BME (17.39%), and 83 carers (25.69% of all BME carers) are BME and aged 65+.

The **83** carers registered with RCC identified themselves as of BME origin aged 65+, and included Eastern European, White European and White Irish. If we take out these last three groups **47** carers were from an Asian, Black, Mixed or other ethnic groups as Table 36 shows. This means 14.55% of all BME carers are aged 65+ and 8.35% of all carers aged 65+ are BME. This is above the borough profile of 6.3%. In terms of gender, 66% of BME carers over 65+ registered with RCC are female and 34% male.

Comparing this to borough averages, 22% of carers in the borough are aged 65+ according to Census data 2011[3]. The Richmond Carers Centre reports the actual number of BME carers in the borough is likely to be much higher, as many carers do not register with the Centre, realise they are a carer, or seek support from the Council or other groups.

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[3] Carers Strategy 2016-2019 LBRuT

These numbers are only those BME carers who have responded with equalities information and RCC suspect the number registered with them is higher.

Table 36: RCC clients aged 65+

Ethnicity	Number of clients	%
Asian Indian	10	21.27%
Asian Afghan	1	2.12%
Asian Chinese	3	6.38%
Asian Japanese	1	2.12%
Asian other Asian Background	5	10.63%
Asian British Bangladeshi	1	2.12%
Asian British Chinese	2	4.25%
Asian British Indian	14	29.78%
Asian British/other ethnic group	1	2.12%
Black Caribbean	1	2.12%
Black British Caribbean	2	4.25%
Middle Eastern	1	2.12%
Mixed – other mixed background	1	2.12%
Mixed White and Black Caribbean	2	4.25%
Other ethnic group	2	4.24%
Total	**47**	**100%**

This table shows that 80.85% of the BME carers aged 65+ registered with the centre are from an Asian background (including Chinese and Japanese) which is to be expected as they are the largest ethnic group in the borough. This equates to 7.38% of all carers aged 65+ (515 carers are aged 65+ registered with the centre) being from an Asian background. The total number of BME carers aged 65+ registered with the carers centre is 8.35% which is above their 6.3% average in the older general population. The higher number of Asian carers may be due to EMAG being part of the Carers Hub, as the majority of their service users are from this ethnic group. As this group is projected to grow it will have implications for service delivery.

RCC report BME carers need assistance with:
- Negotiating complex pathways in health and social care
- Support through a carer assessment – understanding expectations, questions, their own needs
- Appropriate and culturally sensitive respite provision
- Housing
- Benefits and financial advice / debt management
- Understanding and recognising caring role – and entitlements and rights
- Universal services – not just those that are focusing on specific cultural groups
- Understanding financial assessments – family finances can be very complicated especially if there is funding/property held overseas
- Understanding the difference between self-funding and a funded care package.
- Understanding how direct payments works and what the money can or cannot be spent on.

Strategies put in place by RCC to support and engage older BME carers include:
- Culturally sensitive approach to individual carers
- Access to language support / translation – unfortunately this is often restricted due to cost

- Ensuring when referrals to other organisations are being made, any additional cultural support issues/needs are flagged and considered
- Language options are available on their website
- Ensuring the collection of equalities information when carers register with RCC in order to identify needs

Alzheimers Society

The Alzheimers Society have one funded Community Development Officer post and a number of Community Engagement Volunteers who have been working with BME carers of people with dementia in Richmond and user/representative groups. Information and awareness raising sessions to BME groups have been held in the borough as well as one to one support with clients, explaining the diagnosis process and the benefits of a diagnosis.

The Society also identified a number of smaller BME community groups working in the borough which included the Black Workers Support Group, African Families Support Service, Iranian Disability Support Association, Islamic Resource Centre, Richmond Somali Community, Richmond Ethnic Women's Group, Ham Women's Social Group and the Vietnamese Community Association. These groups are small, work locally and are often not in receipt of any funding, therefore not always known to professionals. A number of groups in neighbouring boroughs such as Hounslow also provide support, information and advice to Richmond residents and are a resource professionals can draw on to assist clients in the borough.

Community Independent Living Service (CILS)

The Community Independent Living Service (CILS) is a borough wide network of support, information and advice and signposting services. The aim of the service is to help people to live as independently as possible within the community. CILS is provided by two local partnerships: GoLocal and The Community Partnership, which each cover different parts of the borough.

GoLocal provides information & advice and a network of support services and activities for people living in the Richmond villages of East Sheen, Mortlake, Barnes, Twickenham & Whitton. The GoLocal partnership consists of:
- Age UK Richmond upon Thames
- Ruils
- Richmond Mencap
- Alzheimer's Society
- Ethnic Minorities Action Group (EMAG).

The Community Partnership provides information, advice and well-being services across Teddington, The Hamptons, Richmond, Kew, Ham and Petersham. This partnership consists of Richmond Advice and Information on Disability (RAID) and Integrated Neurological Services (INS) working together with:
- Kew Community Trust
- Alzheimer's Society
- Richmond Adult Community College
- Richmond Homes and Lifestyle Trust
- Ethnic Minorities Action Group (EMAG)
- Richmond Borough Mind
- Hampton and Hampton Hill Voluntary Care (The Greenwood Centre)

- Ham and Petersham SOS
- Teddington Older People's Welfare Association (Elleray Hall)
- Linden Hall.

CILS is delivered via a 'Hub', which is a single access point that can be accessed by telephone and in person for all vulnerable adults living in that area, to obtain support and information as required to maintain health and well-being. This service offers a combination of building based and outreach support activities, to ensure that everyone in the locality has ease of access to person-centred support and information without the need to travel long distances.

All residents aged 18 and over can access CILS services. Service users for Go Local tend to have an older age profile with 83.6% (where age is known) of users in 2016-2017 aged over 65 years old and part of the reason for this may be that this includes services provided by Age UK Richmond. The Community Partnership differs in that 56% of users of its services are aged 18-64 years old (where age is known).

Table 37: Go Local CILS Service User Data 2016-2017 (all users aged 18+)

Ethnicity	Service users Sheen/Mortlake/Barnes	Service Users Whitton/Twickenham	Total	%
White	807	1382	2189	47.35%
Mixed	14	39	53	1.14%
Asian	10	55	65	1.40%
Black Caribbean/African other black	7	8	15	0.32%
Arab	1	0	1	0.02%
Other ethnic	22	12	34	0.73%
Unknown	472	1794	2266	48.01%
Total	**1333**	**3290**	**4623**	**100%**

Table 38: Community Partnership CILS Service User Data 2016-2016 (all users aged 18+)

Ethnicity	Service Users	%
White	3443	67.29%
Mixed	50	0.97%
Asian	194	3.79%
Black Caribbean/African/ Other Black	55	1.07%
Arab	1	0.01%
Other Ethnic	47	0.91%
Unknown	1326	25.91%
Total	**5116**	**100%**

3.61% of Go Local service users are from a BME background, compared to 6.75% of Community Partnership service users, coming to 10.36% of all service users overall. There were 23 clients requiring translation services during this period and 25 registered as their first language as not being English.

The data cannot give a complete picture of the use of Go Local activities as nearly half of users recorded ethnicity unknown. In addition, the age of users cannot be cross referenced

with their ethnicity and we cannot see how many of the BME group are aged 65+. However, if we assume that the ethnic not known group is similar to the known of 10.36%, we can assume BME older people add up to around 20%, which is much higher than their overall number in the general older people's population. This data however is made up of how many people access 2 parts of the service - the information and advice service and the health and wellbeing activities. There may therefore be an element of double counting as some service users will access both parts of the service over the year and be counted twice, however others will only access one or the other.

The Asian group is the largest group accessing the service and Mixed second largest. The data also shows the mixed and Asian groups are more likely to access services, with again, a very small number in the Black group. The location of users also reflects borough demographics, with higher number of service users from an Asian background in the Twickenham, Heathfield and Whitton wards where EMAG provide services and where their numbers are greater. In terms of gender there is no breakdown available for ethnicity and male/female access to services however CILS data reflects the general trend with female users outnumbering males.

In terms of the type of advice and information service users approached CILS for, in this period the following enquiries were made by users of the service:

CILS Health and Wellbeing programme (Community Partnership)
CILS Health and Wellbeing programme (Go Local)
Events and leisure opportunities outside CILS
Debt and Finance Advice
Grants and Food Vouchers
Employment, Education and Training Advice
Health, Social Care and Independent Living Advice
Housing Advice
Benefits Advice
Transport and Mobility Advice
Access Aids and Adaptations Advice
Consumer Advice
Personal/relationship Advice
Complaints Advice
Legal Advice
Veterans Advice
Domestic Violence
Advocacy
Hoarding Advice

CILS Health & Wellbeing Programme also signposts to activities run by partners and these include:

General services		Organisation specific services
Art Group	Line Dancing	EMAG Bike Across Cultures (one-off yearly event)
Arts & Crafts	Lunch	EMAG Multicultural Events
Bingo	Manicurist	EMAG Healthy Cooking Mortlake

Book Club	Massage	EMAG Yoga Mortlake
Bridge	Man with a pan	RUILS Barnes Crafty Café Trial Day
Chair Exercise	Outings	RUILS Barnes Plant Potting Workshop
Chiropody	Pilates/ Pilates Chair	RUILS Stone Painting Workshop
Choir Monday	Reiki	Alzheimer's Society Share A Book Group
Computer Class one to one	Pub lunch	Alzheimer's Society Barnes Peer Support Group
FISH Talk	Tai Chi	
Fit for men	Yoga	
Hairdresser	Talks	
Indoor Bowls	Zumba Gold/Zumba Chair	

ESOL

In 2017 Richmond Adult Community College had 23 BME learners aged 60+ enrolled on ESOL courses (out of a total of 28 ESOL learners aged 60+). This comprises a small proportion of the total 678 ESOL learners enrolled during the year. Of the 23 60+ BME ESOL learners, seven are asylum seekers or refugees:

Table 39: ESOL numbers at RACC in Richmond
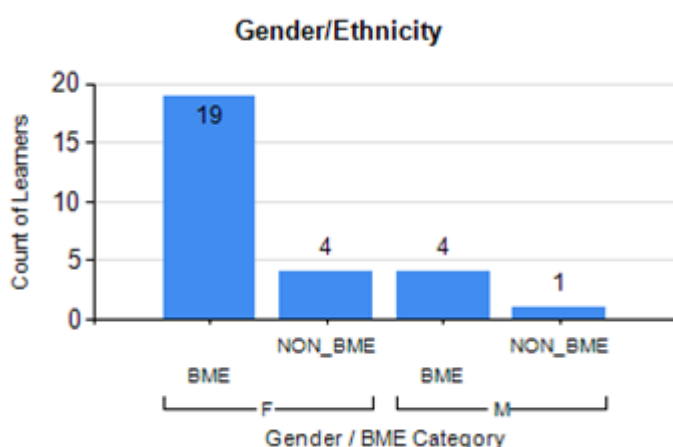
EMAG also provide outreach ESOL classes in Whitton and Heathfield wards and had over 35 learners in 2015-2016.

Volunteering

Community Connections Richmond is the boroughs volunteer service and 892 volunteers have registered on their database since 2016. The service regularly visits libraries, colleges, community centres and more through their outreach sessions. Numbers of older BME volunteers are not available, and as with many statistics, a significant proportion of those in all age groups registered to opt out of the question on ethnicity.

Table 40: Community Connections volunteers

Volunteers by demographics – all ages		
Ethnicity	Volunteers	%
(Not Specified)	290	32.5%
Any Other	25	2.80%
Asian Or Asian British - Any Other Asian Background	23	2.57%
Asian Or Asian British - Bangladeshi	1	0.11%
Asian Or Asian British - Indian	23	2.57%
Asian Or Asian British - Pakistani	11	1.23%
Black Or Black British - African	12	1.34%
Black Or Black British - Caribbean	5	0.56%
Black Or Black British -Any Other Black Background	2	0.22%
Chinese	4	0.44%
Mixed - Any Other Mixed Background	11	1.23%
Mixed - White And Asian	3	0.33%
Mixed - White And Black African	1	0.11%
Mixed - White And Black Caribbean	1	0.11%
Not Known Or Not Provided	8	0.89%
Prefer Not To Say	11	1.23%
White - Any Other White Background	142	15.91%
White British	301	33.74%
White Irish	18	2.01%
Total	**892**	**100%**

Source: Community Connections Richmond 2016-2017

The table shows a higher percentage of volunteers in Richmond are from a White background, however the Asian groups combined add up to 6.48%, which is similar to their general number in the population of 7.3%. In terms of age, 67 volunteers were aged 65+ (although their ethnicity is not known), approximately 43.22% of the total.

Volunteering rates in the borough are generally high and Community Connections service estimates there are a significant number of volunteers who contact organisations directly and do not register with them. Outside of all formal volunteering placements official figures do not account for the amount of informal volunteering people carried out. Richmond CVS reports there are many BME residents volunteering in the borough informally in their communities, and are therefore under-represented in official figures. In addition, they report many older people do avoid the use of computers in formal placements and volunteer in other capacities, and are again likely to be under- estimated in this respect.

7. Housing

The majority of older people in Richmond upon Thames own their own home (76.5%) although owner occupation has however declined since 2001, as has occurred throughout Greater London. Just over 16% of older people rent from a housing association and 4.9%

rent privately. Just over 2% live rent free[4]. Richmond has the fourth smallest social housing sector in Greater London in which to address housing need. We do not have a breakdown on BME and housing tenure in the borough.

Research has highlighted that older owner occupiers are more likely not to move or relinquish control over their housing. Many older people are happy living in their own home and do not wish to move to age specific specialist accommodation, preferring to maintain their independence through care provided at home. Older home owners on low incomes however may struggle as they live in their own home which means they do not qualify for housing benefit but may still struggle to pay bills and make ends meet.

All social housing in the borough is managed by Registered Providers (RPs). The largest RP is RHP, who manage the majority of units in the borough, with Paragon Asra (PA Housing) is the second largest, however there are also a number of other RPs who manage a very small amount of properties scattered across all wards.

In 2014 there were 873 older person rented units in Richmond (statistical data return 2014) the majority sheltered housing owned and managed by RPs, who individually hold information on how many BME households are represented in their properties. RPs are not obliged to report on equality data to the Council, however they do return information to CORE (Continuous Recording of Lettings and Sales in Social Housing in England) which contains aggregated data from all providers, however detailed breakdown by race and age is not available. Both RHP and PA Housing have however proved the data they have available.

Housing Waiting List Applicants

As at 13 November 2017, there were a total of 205 applicants on the Housing Register for social housing, aged 65 and over, across all ethnic groups. They were in the following housing queues:

- 116 in the General Needs queue;
- 4 in the Homeless queue; and
- 85 in the Older Persons Housing queue

Table 41: Applicants on Housing Register Ethnic Group, Age and Queue as at 13/11/17

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[4] Extra Care Housing Evidence Base 2015 LBRuT

Age and Queue	White	Mixed/Multiple Ethnic	Asian/Asian British	Black/African/Caribbean/Black British	Other Ethnic Group	Grand Total
65-74	**111**	**0**	**11**	**1**	**6**	**129**
General Needs Queue	65	0	6	1	3	75
Homeless Queue	1	0	1	0	1	3
Older Persons Housing Queue	45	0	4	0	2	51
75-84	**50**	**1**	**4**	**0**	**3**	**58**
General Needs Queue	31	1	4	0	1	37
Homeless Queue	0	0	0	0	1	1
Older Persons Housing Queue	19	0	0	0	1	20
85+	**15**	**1**	**1**	**0**	**1**	**18**
General Needs Queue	2	1	0	0	1	4
Older Persons Housing Queue	13	0	1	0	0	14
Grand Total	**176**	**2**	**16**	**1**	**10**	**205**

The proportion of BME residents aged 65+ on the Housing Register came to 29 – 14.14% of the total on the register compared to 85.85% for those in the White ethnic group. This figure is over double the proportion of BME aged 65+ in the population, which is currently 6.3%.

The Asian category is the largest of the BME groups, which at 7.80%, is similar to the proportion in the general population of 7.3%. However, this is over double their percentage in the 65+ population in Richmond of 3.45%, reflecting this as the largest minority ethnic group. National research shows BME communities are more likely to live in overcrowded conditions and suffer from poor housing and homelessness than white residents[5] and this may explain their higher numbers on the housing waiting list.

In terms of social housing lettings, between April - November 2017, 18 applicants were rehoused who were aged 65+, five of these lets, or 27.77% of the total, were to applicants from a BME background. The numbers are very low overall but the largest groups are the Asian and Other ethnic groups at 11.11%. Only two BME applicants were housed through the Older Persons queue, again, from the Asian group, making 11.11% of the total.

Table 42: Social Housing Lettings by Ethnic Group and Age (April-November 2017)

Age and Queues	Asian/Asian British	Black/African/	Mixed/Multiple Ethnic Groups	Other ethnic group	White	Grand Total

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[5] The BME Housing Crisis Shelter 2004

		Caribbean/Black British				
65-74	**2**	**0**	**1**	**2**	**9**	**14**
General Needs	0	0	0	1	4	5
Homeless	0	0	1	1	0	2
Older Persons	2	0	0	0	5	7
74-84	**0**	**0**	**0**	**0**	**2**	**2**
Homeless	0	0	0	0	1	1
Older Persons	0	0	0	0	1	1
85+	**0**	**0**	**0**	**0**	**2**	**2**
Homeless	0	0	0	0	1	1
Older Persons	0	0	0	0	1	1
Grand Total	**2**	**0**	**1**	**2**	**13**	**18**

Because the numbers are very small it is useful to look at lettings data over a five-year period, from 2012-2016 to see the ethnicity and type of housing for BME groups in the borough over this period:

Table 43: 2012-2012 Letting Data

2012-2016 Letting Data		
Ethnic Origin	**Number aged 65+**	**%**
White	163	78.74%
Unknown	21	10.14%
Black	4	1.93%
Asian	12	5.79%
Mixed	2	0.96%
Other	5	2.41%
Total	207	100%

In terms of general lettings data, 23 BME older people were housed from **2012-2016** across **all** RPs. Where ethnic origin in recorded, the largest group is again the Asian category, at 5.79% which is higher than the borough average for this group of 3.34%.

The Other ethnic group includes those in the Arab and Chinese ethnic groups which is second largest group aged over 65+ housed from 2012-2016.

Looking specifically at what type of accommodation each group was housed in, the data shows all ethnic groups were more likely to be in general needs accommodation than

sheltered, around 14% of BME aged 65+ are in general needs accommodation as the following table shows:

Table 44: Type of Housing 2012-2016 Lettings Data

2012-2016 Lettings Data – Type of Housing				
Ethnic Group	Sheltered	General Needs	Total	%
White	90	73	163	78.74%
Asian	4	8	12	5.79%
Black	1	3	4	1.92%
Mixed	0	2	2	0.96%
Other	4	1	5	2.41%
Unknown	11	10	21	10.14%
Total	110	97	207	100%

This could be due to a desire for independence and a difference in the perceptions around what sheltered accommodation entails.

The two largest social housing providers, RHP and PA Housing provided the following data on BME over 65+ lettings in their housing stock:

RHP

From RHP customer data in October 2017, 200 customers identified as being of a BME background and aged over 65+, of which 57 (28.49%) of them live at one of RHPs retirement schemes and 143 in general needs (71.5%). This compares to 839 RHP customers who are White and aged 65+, of whom 573 (68.29%) live in retirement housing and 266 in general needs (31.70%). White customers over 65+ were twice as likely therefore to live in retirement housing than BME customers of the same age. It should be noted that as people age they are more likely to be in retirement housing and as well as there being more white older people in the 75+ and 85+ categories, there are also fewer perceived barriers culturally to this type of accommodation for this group and more perceived benefits such as better security and more opportunities for companionship.

A summary of BME customers moving into retirement housing during 2016/17 is shown below (not broken down by age):

Table 45: Ethnicity data RHP

Ethnicity of Household	Retirement Living
Asian	2%
Black	2%
Mixed	2%
White British	90%
White Other	2%
Other BME	2%

The Black and Mixed categories are as high as the Asian, which is above their borough average, and there is a lower number of Asian households in retirement living than to be expected, however the percentage of all BME households combined at 8% exceeds the borough rate of 6.3%. There is therefore a higher number of older people from other ethnicities in retirement living which is an interesting trend. The Joseph Roundtree Foundation[6] found Asians nationally were less likely to be in retirement housing and there could be a number of reasons for the lower rate, including mainstream sheltered housing not always recognising or catering for different cultural needs, such as accessing places of worship, foods and dietary requirements, hairdressing, and social and cultural activities.

Because numbers in Richmond are small there is no current demand for specialised schemes for BME groups aged 65+. RHP are supported by EMAG to provide support to BME clients at various RHP locations, assisting them in accessing services. RHP also hold their own "Get Online" sessions directly to all their customers to assist them in accessing services across the borough.

Paragon ASRA - PA Housing

Tenants in sheltered accommodation (called Independent Living) aged 55+ in PA Housing in the borough as at July 2017:

Table 46: Ethnicity lettings data – PA Housing

Ethnicity	Female	Male	Total	%
Asian/British Asian	4	1	5	2.55%
Black/Black British	2	1	3	1.51%
Mixed	3	4	7	3.58%%
Not Known	5	5	10	5.18%
Other ethnic group		2	2	1%
Refused/Not known	1	1	2	1%
White British/White Other	92	72	164	84.96%
Total	**107**	**86**	**193**	**100%**

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[6] Supported housing for older people in the UK JRF 2012

As with RHP, there is a higher number of households who are White residing in Independent Living. BME households make up 8.64% of the total (excluding the not known and refused) housed by PA Housing in Independent Living accommodation.

At 2.55%the Asian group residing in retirement housing is also higher than RHPs tenants in retirement housing, this is because ASRA is a specialist Asian Registered Provider which will account for the higher number of Asians in their housing stock. As with RHP, PA Housing work in partnership with EMAG to assist their BME residents access services in the borough.

Overall, although there are higher numbers of White customers in sheltered accommodation across the stock of the two largest registered providers in the borough who provided data, at 72.5% and 84.96% (although both providers have different qualifying ages) there is also a higher than average number of BME customers, relative to their overall numbers in the older people's population at 8% and 8.64%. In terms of specific groups there are lower proportions of Asians specifically in this type of accommodation, from 2 to 2.55%, with a slightly higher number in PA Housing aged 65+ as this provider includes ASRA which is a specialist provider for Asians.

Grants to assist older people stay in their homes

There are a number of schemes where people aged 60+ can access assistance to help them stay in their homes as they grow older.

Disabled Facilities Grant (DFGs) are available for residents over 65+ and are aimed to help people who cannot afford to pay for work adapt their homes to accommodate their mobility needs. The Council's Home Improvement Agency assess each case on its financial merits. In the last two years the following resident were assisted.

For the years 2015-2017 there were 12 DFG recipients from a BME background, around 10.52% of the total, and although the figures are small, it is higher than the borough average for BME over 65+:

Table 47: DFG recipients aged 65+ 01/04/2015-31/03/2017

Ethnicity	Total	%
White British/White other	98	85.96%
Black/African/Caribbean	3	2.63%
Asian/Indian	6	5.26%
Middle Eastern	1	0.87%
Mixed	1	0.87%
Other	1	0.87%
Unknown	4	3.50%
Total	**114**	**100%**

There may be a preference from BME households to remain living in their homes with adaptations rather than move to retirement housing, which may explain their lower numbers in the latter with our main housing providers.

Housing advice:

Shelter's[7] research found people from BME communities experience a disproportionately high level of housing problems and homelessness, yet many do not seek help with these from housing advice and support services. The research looked at how they access housing advice and the barriers they face in doing so. Overall the study found:

- A lack of knowledge about rights & entitlements to housing
- Lack of awareness of advice services
- Practical issues e.g. interpretation & translation, inflexible opening hours of advice services, poor mental and physical health making travel to centres difficult, an assumption that advice services charge
- Immigration status e.g. failed asylum seekers/those with uncertain immigration status are deterred by lack of understanding about their rights and fear of being reported
- Cultural barriers – e.g. a reluctance to seek advice among older people because of a desire for independence and, particularly among older Asian people, a feeling that problems should be resolved within the family
- Advice providers were also not sufficiently aware of the housing needs of these communities and in many areas did not have the resources to provide interpreters, information in community languages as well as general shortage of providers in many areas.

Richmond CAB are unable to provide a breakdown of specific housing queries by BME over 65+ over the last financial year, however they report welfare benefits is the biggest enquiry area and accounted for 32% of around 16,000 issues CAB helped people with, in 2016-17.

8. Health and Wellbeing

8.1 Age & ill health

As well as being in the top ten for these life expectancy measures, Richmond has one of the smallest gaps in healthy and disability-free life expectancy between the most and least deprived areas in the borough compared to other Local Authorities. This should be interpreted in the context of the borough's lower levels of deprivation – nearly 90% of Richmond residents live in areas that are less deprived than the English average.

However, albeit small compared to elsewhere, there are still striking gaps between the least and most deprived areas in the borough.

The maps below show the variation of Healthy Life Expectancy (HLE) within Richmond for males and females (figures 34 & 35). Parts of Whitton & Heathfield, Hampton and Ham & Petersham have the lowest healthy life expectancy compared to other parts of the borough, for both males and females. These areas also have high concentrations of BME communities, which will be affected by this.

Figure 48: Number of years of healthy life expectancy at birth for males, 2009 – 2013

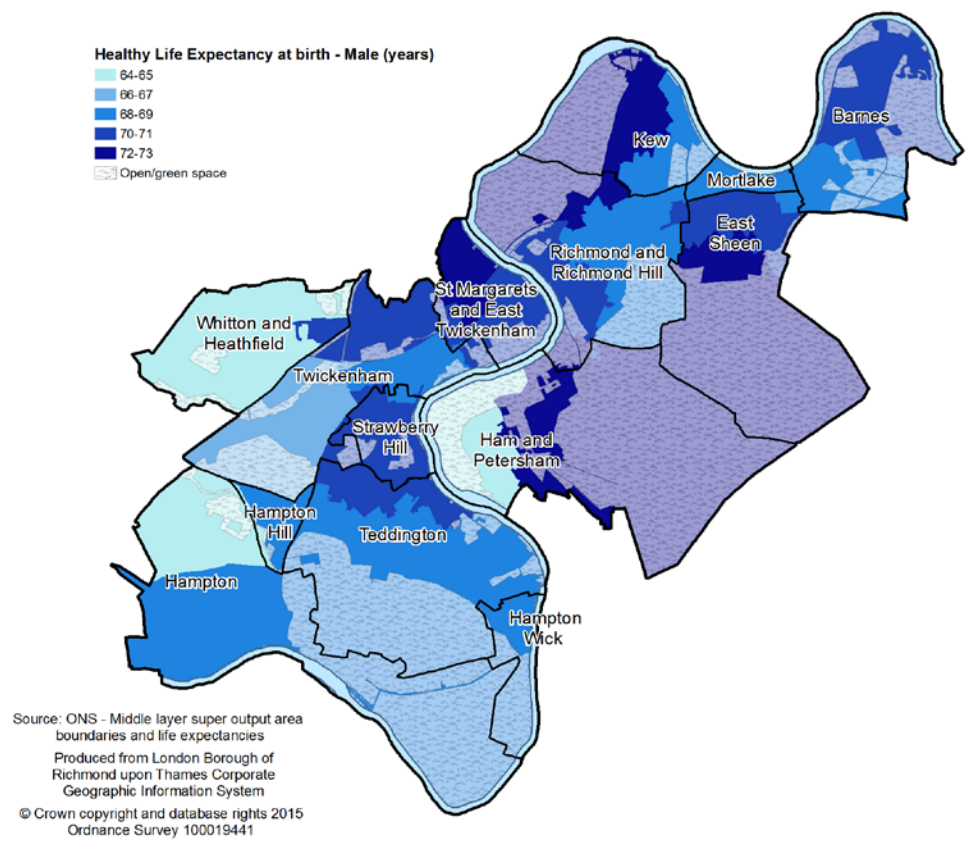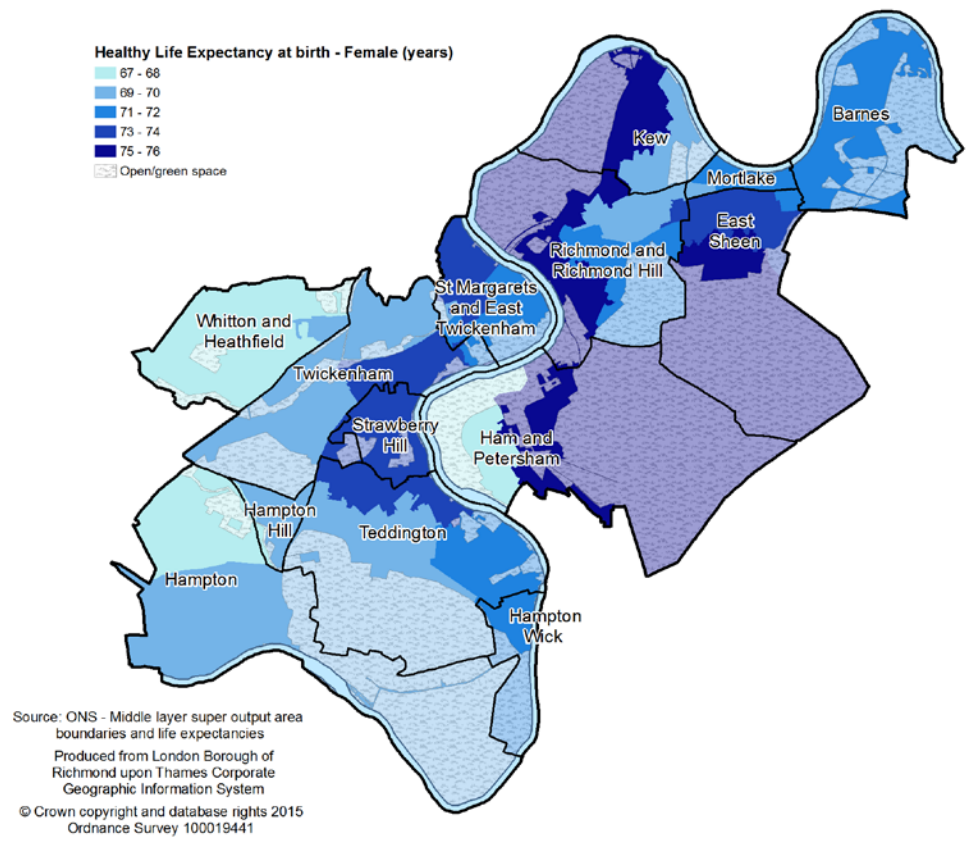[7] A study of barriers to housing advice for people from BME communities Shelter 2007

Figure 49: Number of healthy life expectancy at birth for females, 2009 – 2013

8.2 Long term conditions and BME communities

In 2017 the boroughs Public Health Team carried out a number of health needs assessments on the protected equality characteristics, including race and age[8]. The assessments set out that while the health issues facing particular ethnic groups vary, overall, people from BME and some non-British white ethnic groups (e.g. Irish, Gypsy/Travellers) are more likely to have poorer health than the White British population. This represents an important health inequality.

A well-documented body of evidence demonstrate that the reasons for this are multiple, and likely to be influenced to varying degrees by the following determinants of health:

- Genetically inherited susceptibility to particular health risks and diseases.
- Socio-economic disadvantage (e.g. income, employment, housing).
- Health related lifestyles and behaviours (e.g. exercise, diet, smoking).
- Difficulties with access (e.g. language, awareness, isolation, inadequate cultural sensitivity, discrimination) to and lower utilization of disease prevention and health care services.

Little specific health outcome data is available on Richmond's residents from different ethnic groups. However, insight into the health and needs of ethnic groups in Richmond can be provided by national data and research from elsewhere which is summarised below.

Asian groups

- South Asians are at increased risk of cardiovascular and renal complications, with a 50% higher complication rate.
- South Asian people have higher rates of liver cancer and south Asian women have higher rates of mouth cancer.
- The largest proportion of tuberculosis (TB) cases in 2011 in the UK were Indian (26%). There is a strong stigma attached to TB in many minority communities which may stop individuals seeking help from health services.
- The prevalence of learning disability is three times higher than average for the South Asian population. However, it is thought that they are underrepresented in the uptake of specialist services.
- There is a greater risk of developing cataracts in Asian populations.
- Bangladeshi men are more likely to smoke.
- Women from BME groups have lower uptake of cervical screening services, and South Asian women aged over 65 years have higher incidence of cervical cancer.
- BME groups are projected a seven-fold rise in the prevalence of dementia as the population ages, in comparison to a two-fold rise in the population as a whole.

Looking at specific BME groups in particular, the health issues affecting Asian groups will be of particular concern for the borough. Due to the higher number of Asians in Richmond compared to other ethnic groups, and the projected increases in this older population, these health issues may have significant implications for health services. More targeted approaches and interventions will need to be considered to deal with the increased risks of these diseases to this section of the community and prevention measures put in place.

In terms of other ethnic groups in the borough:

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[8] JSNA Needs Assessment - Race 2017 LBRuT

Black groups

- Nationally, while 22.9% of the Black Caribbean group consider their health to be fair, bad or very bad, compared to 20.0% of the White British group, the Black African group have the lowest level of all ethnic groups (8.4%)[9] .
- African and Caribbean people are at substantially higher risk of stroke and consequently the number of people affected by stroke is higher than in any other BME group.
- Black people are at higher risk of stomach, liver, and prostate cancers.
- Severe maternal health problems are more than twice as common in women of African and Caribbean origin.
- Black Caribbean men are more likely to smoke.
- Women from BME groups have lower uptake of cervical screening services, and Black women aged over 65 years have higher incidence of cervical cancer. This group is predicted to increase in numbers and a lower uptake of services will have implications for future health services in the borough.
- 1 in 4 black men in the UK will be diagnosed with prostate cancer compared to the national average of 1 in 8, and death rates are 30% higher for black men

All BME groups

- Rates of detention under the Mental Health Act are higher than average for Black Caribbean, Mixed, Other White, and Pakistani groups.
- Rates of supervised community treatment orders are higher than average in Indian, Bangladeshi, and Black groups.
- Women in BME groups aged over 65 years suffer high incidence of dementia and depression.
- Service users from BME groups are reported to be dissatisfied with the opportunities, modes and levels of influence they have in user involvement activities. Due to the projected increases in the older BME population, this will have future implications for the borough in terms of the services provided for this group.
- It is acknowledged that a range of evidence exists suggesting that people from a range of BME groups, in particular more recent immigrants, experience high levels of mental health problems.
- Sickle cell and thalassaemia are inherited blood cell disorders which cause anaemia are more common in a range of BME groups.

Higher rates of mental health problems are a particularly concern, especially as the numbers of Black men and women are predicted to rise in the borough, with implications for access to mental health therapies. In terms of physical conditions, increased early intervention for diabetes, chronic heart disease, stroke and cancer would be beneficial. Specific health and education programmes for BME communities should be designed to ensure they meet the future health needs of BME communities in the borough.

The implications for support with the management of long term conditions is noted in the boroughs Preventions Framework[10]. It sets out the need for interventions, initiatives and resources to be targeted to engage older BME populations. The framework notes that although BME groups represent 14.05% of the population of Richmond, BME groups (including Gypsy/Traveller communities) are more likely to have poorer health than the White British population. Community based health interventions are known to be more effective in

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[9] JSNA Needs Assessment – Race 2017
[10] Promoting Independence – a framework for prevention LBRuT 2015

these groups than information giving and these approaches are used throughout the framework.

8.3 Current health services

A comprehensive range of public health programmes and health and social care services are designed, planned and delivered to meet the needs of Richmond's population. These include:

- NHS Health Checks. Health Check assessments of disease risks include the additional level of risk experienced by older ethnic groups, to ensure early preventive action or treatment. Monitoring of the use of the service and the disease risk levels that are found in the population are considered by ethnicity. In 2016-2017, 977 residents took up health checks and 174 of these (17.80%) were from BME groups, above their 14% in the general population. Of this 17.80%, 1.43% were from Mixed group, 11.25% from Asian, 2.04% from Black, 0.81% from Chinese and 2.25% from Other ethnic group. Data on the number of BME residents aged 65+ taking up tests is not available at this time but will be from 2018 onwards. Falls Prevention services are also commissioned locally by Richmond Clinical Commissioning Group

- As well as NHS Health Checks, national screening programmes are available for residents. Older age groups in the borough are eligible for a number of national cancer screening programmes, including those for breast and colon cancer and the national season flu immunisation programme..

- Health walks led by voluntary sector providers. Walking for Health is a programme of free community-based group walks in Richmond led by both volunteers and paid leaders and run by the Ramblers and Macmillan Cancer Support. Health and social care professionals signpost residents to these walks for regular physical activity to support them to get active and stay active. From September – December 2017 234 people took part in these walks, with 148 of these aged over 65+ (63.51%). Of the 234 participants 12 were from a BME background, 5.15% of the total, well under the average for the borough. Of the 12 participants, 25% were Asian, 25% Other, 16.66% Black, 8.33% Arab, 25% Mixed. Data is not available on how many of the BME participants are also 65+. The programmes evaluation however finds that although numbers of BME participants are low, they are increasing very slowly, and more work is being carried out to raise awareness of the walks to local BME communities.

- Funding of targeted health and activity programmes through a range of local community organisations, including the Richmond Ethnic Minorities Action Group (EMAG), Age UK and Community Independent Living Service (CiLS) (see Section 6).

- Winter Warm schemes – the Winter Warmth Evaluation 2016-2017 found that of the 208 users of the service 13% were from BME groups. Of the known groups, the Asian and Black groups were the largest at 3% each, and the Middle Eastern at 2%. 5% of the BME group stated their ethnicity as Other and this could include Gypsy/Traveller, Irish or Eastern European. Of the total service users 62.50% were aged 65+. Data on how many of the 65+ are from BME groups is not available at this time.

- Kick It stop smoking service. The smoking cessation scheme saw 323 residents of all ages, from April 2017 – December 2017. Of these 36 were from BME groups, 11.14% of the total, under their 14% BME percentage in the general population. Of this 11.14%, 27.77% were Mixed, 30.55% Asian, 19.44% Black and 22% Other

(including Chinese). Data on the number of BME service users who are over 65+ is not available at the moment.

8.4 Hospital admissions

In terms of A & E attendances and emergency admissions of BME groups aged 65+, 8.7% of the total number admitted to A & E were BME, and 8% of Emergency Admission were BME. This is higher than the 6.3% they represent of the older population. The Asian and Other ethnic groups are the largest groups, and the Other group in particular is significantly higher when compared to census data.

Figure 50: Percentage of ethnicity for hospital admissions
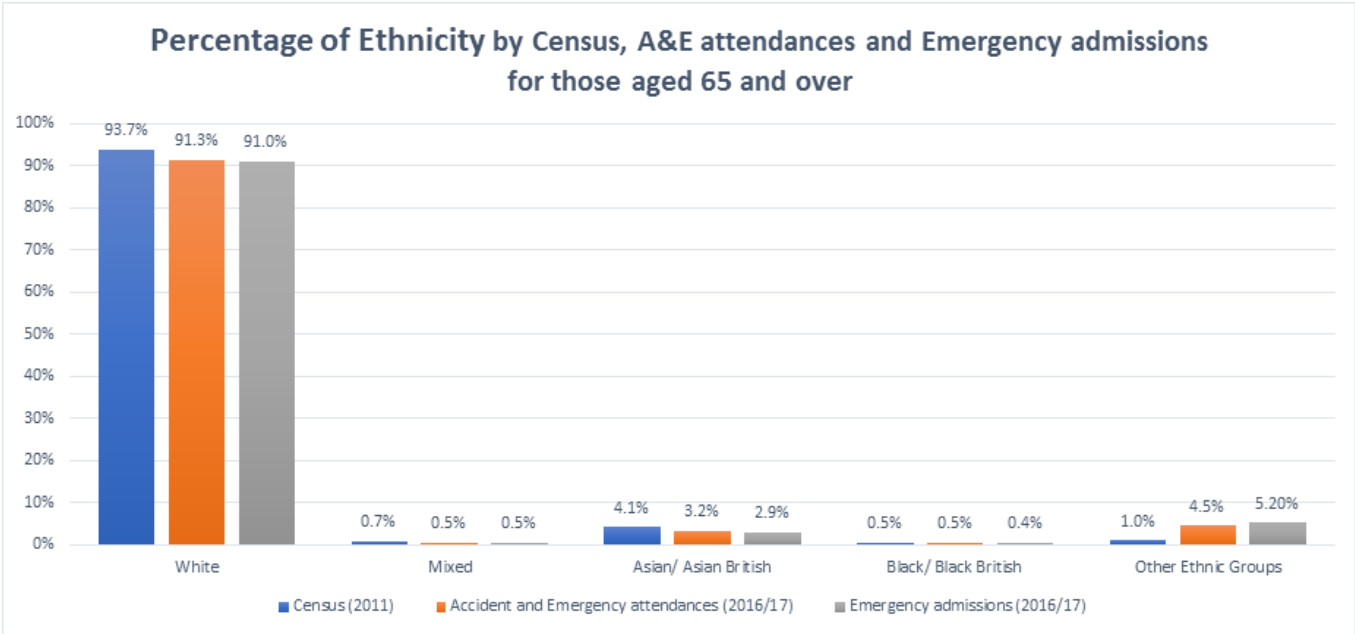
A breakdown on the conditions hospital patients were admitted with is not available as the numbers are small.

Nationally there is a general lack of information on the needs of people from minority ethnic groups in the wider hospital discharge literature, however studies into home from hospital services shows that BME users are under-represented. Age UK (2012) in their research "*Diversity in older people and access to services – an evidence review*" looked into a number of areas including home from hospital services and found key problems such as stereotyped assumptions about the availability of support for BME groups which meant that professionals made assumptions about what family members and friends would be doing. There is also a failure to find more effective ways of publicising services, for instance through places of worship. This meant that people from minority ethnic groups were less likely to know about alternatives to hospital care. More detail on this research is set out in the section below.

Access to social care services

Social care services include nursing care, residential care and community care. There are a number of different support services which include:

- physical support e.g. access and mobility and personal care

- sensory support e.g. visual, hearing and dual impairment
- learning disability support
- mental health support
- social support for social isolation

Of the 85+ population in general in the borough only 34% received a council funded service at home and 7% in a care home meaning that approximately 2,400 older people aged 85 and over are either not receiving care or are arranging care themselves (source: JSNA).

The Short and Long Term (SALT) returns for adult social care 2016-2017 give us the following figures for the ethnic breakdown of BME social care clients over 65+:

Table 51: Ethnicity and social care – clients aged 65+

Ethnicity	Number of clients	%
Black	16	1.67%
Asian	35	3.66%
White	887	92.78%
Other	18	1.88%
Total	**956**	100%

Source: LBR SALT returns 2016-2017

The largest group accessing social care services is the Asian group, making up 3.66% of the total, just over their percentage in the 65+ population in Richmond of 3.45%. The Other group is second at 1.88% and the Black group at 1.67%, which is higher than their percentage in the general older population of 0.46%. Combined, these groups make up 7.21%, which is just over their number in the general older population at 6.3%. This difference is small, but may be due to their poorer health than the White British population, as the chapter on Health & Wellbeing sets out.

A more detailed piece of work on the numbers of BME residents and the types of social care services accessed will be carried out in 2018.

NICE[11] research in 2012 carried out, and made a number of recommendations on adult social care practice which included:

- Social and health care need to adjust to a rapidly changing field, in which ideas about ethnic diversity are sensitive to time and place.
- There is a need for greater sensitivity to the subtleties with which participants use cultural values and norms to give meaning to their experience.
- Understanding and engaging with ethnic diversity should be seen as integral to the core training of health and social care professionals, rather than as an ad hoc and add-on to be achieved through brief training sessions. Such training should also help practitioners and researchers understand how their own judgements, values and assumptions impact on the patient.
- Engaging with cultural, religious and ethnic diversity, while challenging stereotypes, should enable practitioners to raise meaningful questions within the context of providing care in an increasingly multi-cultural or super-diverse society. This would more

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[11] Research with BME communities using social care and support services in England NICE 2012

appropriately reflect the complexity of people's lives, without relying on perceptions of particular cultural or religious groups.

In Age UK[12] 2012 research they looked at the experiences of older people in terms of race, religion and belief in a number of areas relating to social care, and findings included:

- Falls prevention
  - ➢ Low awareness of falls prevention, and barriers in the form of language or lack of culturally sensitive services means service is not being used
  - ➢ The type of exercise on offer might also affect take up e.g. if it was more culturally sensitive for the BME community it is targeted to
- Home from hospital services
  - ➢ There is a general lack of information on the needs of people from minority ethnic groups in the wider hospital discharge literature, however studies into home from hospital services shows that BME users are under-represented
  - ➢ Some studies have identified key problems such as stereotyped assumptions about the availability of support for BME groups which meant that professionals made assumptions about what family members and friends would be doing and a failure to find more effective ways of publicising services, for instance through places of worship. This meant that people from minority ethnic groups were less likely to know about alternatives to hospital care
- Practical support at home e.g. handyperson
  - ➢ Research into access to housing advice services by Shelter has also found that people from BME groups are generally more likely to ask friends or family or approach a community group for advice than to contact the council or a specialist advice provider.
- Befriending & day opportunities
  - ➢ It is rare for studies of befriending to report participants' ethnicity – but it does appear that higher rates of loneliness may not be reflected in increased use of befriending services.
  - ➢ In some studies befriending was seen as a more culturally acceptable service than offers of help with personal care. Having the service enabled the carer to have time off for other household tasks or for a break.

8.5 Information on care homes & services in care homes for BME residents

There are currently 17 care homes in Richmond upon Thames, three of which the Council has a contract with, and places the majority of its older people with, the remainder as and when are needed. In Richmond the rate of care home admissions of people aged 65 and over is lower than the England average but higher than the London average. This may reflect the fact that residents have some of the best healthy life expectancy rates in England. Rates in London may also be lower due to lower rates of privately run care homes (per head of population over 65) in London generally[13].

There has been a downward trend in admissions of older people to care homes in the borough with a decline of 29% between 2007 and 2013. These statistics are in line with the

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[12] Diversity in older people and access to services – an evidence review Age UK 2012
[13] Extra Care Housing Evidence Base 2015 LBRuT

Borough's strategic drive to reduce care home admissions through a number of services including the Community Independent Living Scheme (CILS), Richmond Response and Rehabilitation team and Disabled Facility Grants, all of which help to support people to remain in their own homes.

Statistics below show 91 people were placed in residential and nursing homes, with only one being from a BME background:

Table 52: Older people residential and nursing SALT admissions for financial year 2016-2017

Ethnicity	In or Out of Borough	Service Users	Percentage
White	In	47	51.6%
	Out	43	47.3%
Other Ethnic Group	In	1	1.1%
Grand Total	-	91	100.0%

Source: Mosaic 07/09/2017

Although the number placed in residential care is low, the numbers are particularly relatively low in the borough overall for this age group. This will change however as numbers are predicted to rise.

Age UK do not report any trend of queries from BME families on information about care homes. As with the general population, it may be the case that more BME older people are being supported in their own homes. EMAG do report receiving queries from health professionals on local care homes and services for BME clients leaving hospitals and are developing their web site to include more information and advice for residents, professionals and groups locally.

8.6 BME Carers

An estimated 12% of older people in Richmond borough are carers, providing help and support to a partner, child, friend, relative or neighbour due to age, physical or mental illness, addiction or disability.

The Carers Hub in Richmond provides universal information and advice services, emotional support, financial and debt advice, short breaks, leisure programmes, training for carers, and opportunities for carer engagement. Details on BME carers assisted by the Carers Hub in the borough is set out under "Service provided by voluntary sector partners" in Section 6.

National research from the IPPR[14] highlights a "family care gap" where the number of older people in need of care outstrips the number of adult children able to provide it. This is expected to occur from 2017 and may lead to increased demand for formal care.

This factor may be particularly relevant to Richmond upon Thames which has the highest house prices in Outer London. Adult children are more likely to move out of the borough as they cannot afford family sized housing here. The implications on older parents who remain here therefore could be substantial.

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[14] The Generation Strain: collective solutions to care in an ageing society IPPR 2014

Some studies nationally have also identified key problems such as stereotyped assumptions about the availability of support for BME groups which meant that professionals made assumptions about what family members and friends would be doing when patients were discharged from hospital.

Research from IRISS[15] on BME carers in 2010 found:

- Where efforts have been made to identify the needs of BME carers, the uptake of services by BME carers is extremely low - shown to result mainly from a lack of awareness, information of their availability and from significant difficulties accessing services.
- Language barriers were cited as the central reason why BME carers had poor knowledge of entitlement and information about services
- Barriers to accessing support are compounded by carer difficulties in obtaining carer assessments
- Evidence suggests that local authorities do not have a clear understanding of the numbers of BME carers in their populations
- Enduring and unfounded views of social care and health service providers who believe that ethnic minority families do not require support because there is sufficient help within family networks
- Even when authorities are aware of BME carers who require support, there is the challenge of responding to the diverse needs of individuals

The report concluded raising awareness of services within BME communities is a critical part of improving the uptake of support. In this respect, service providers are urged to ensure that information about services is available in places frequented by BME carers (e.g. places of worship, community centres and GP practices) and available in ethnic languages.

8.7 Mental wellbeing

General estimates suggest the following numbers of Richmond residents aged over 65 years (JSNA) suffer with the following mental health problems:
- 2,254 people with depression
- 716 with severe depression
- 26 with probable psychotic disorder
- 506 with 2 or more conditions

In respect of mental health, people from BME groups are more likely to have mental health issues and other complex needs, often as a result of socio-economic disadvantage throughout life and in older age, increasing the risks of poor mental health, cognitive impairment and dementia. In terms of the general population, BME groups are projected a seven-fold rise in the prevalence of dementia as the population ages, in comparison to a two-fold rise in the population as a whole. It should also be noted that new immigrants & asylum seekers may have additional problems due to fleeing war in their own counties, and may experience physiological, safety, belonging, self-esteem issues.

JCPMH in their older peoples mental health research[16] set out how older people from BME groups who experience mental health problems are now recognised to be one of the most socially excluded groups in society. Minority ethnic elders are under-represented as users of

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[15] Improving support for BME carers Institute Research in Social Science IRISS 2010
[16] Guidance for commissioners of older people's mental health services JCPMH 2013

specialist mental health services, but there is no evidence that elders from black and minority ethnic groups have reduced mental health needs.

This form of social exclusion is not just due to the direct impact of mental illness but is a result of stigma, prejudice and a lack of access to services that could aid recovery amongst this group. The older BME population is growing fast and therefore this will have significant implications for health services.

SCiE[17] also warns that older BME people are among the groups most likely to experience mental health problems, potentially face issues of discrimination arising from their age, their sex, their ethnicity and their psychological ill health. Planning of services for older people from BME groups needs to begin early and there is a need to develop and improve ethnic monitoring and to disseminate evidence of good practice.

SCiE makes a number of recommendations for social care professionals which includes getting information about services and how to access help out into the local community through the services and points of contact which are trusted and used by people from minority ethnic communities, for instance GPs and places of worship. It also suggests not assuming that mainstream services will not be acceptable to older people from minority ethnic communities, these should be offered and more done to ensure they are culturally acceptable. Service providers should also think about what they can do to make their services more culturally sensitive and acceptable.

8.8 BME communities and dementia

Nationally, BME groups are projected a seven-fold rise in the prevalence of dementia as the population ages, in comparison to a two-fold rise in the population as a whole. This will have implications for future health and social care services, as well as for BME families and carers of those suffering from dementia. There is no local data on dementia. More details on local BME carers over 65+ are included under the "Services provided by voluntary sector partners" and in the "Carers" section under Health & Wellbeing in this document.

Locally, research from Richmond Alzheimers Society, EMAG and Richmond Carers Centre has found:

➢ In some languages there is not actually a word for dementia or the word is associated with mental health issues which in turn often makes people afraid of how they may be perceived by others in their community.

➢ A general lack of understanding about dementia. Many believe that dementia is just part of getting old and do not link memory problems with dementia, and a lack of understanding results in support not being accessed.
➢ Families may not want to be seen to seek support from outside the community or for faith or cultural reasons they may feel that dementia is a result of something they may have done e.g. through the teachings of some faiths, and they may think it is God's will
➢ BME communities would not always seek medical help if they thought someone had memory problems – their first port of call may instead be their faith leader or their place of worship not medical professionals

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[17] Assessing the mental health needs of older people SCiE 2005

- For many of BME groups support is provided within the community so people are reluctant to seek help from elsewhere. It may not also be acceptable to put someone into residential care or ask social services for help.
- The support available may itself not be culturally appropriate, there may be language barriers or other cultural issues with regards to food, dress, venues and even music
- There may also be a belief that services are not designed for them and are not culturally appropriate
- There may be reluctance on the carer to accept outside help, many may feel it is their duty, in fact they may not even think they are carer, they are doing what is expected of them**.**

These voluntary groups identified a number of key areas in working with BME carers of residents with dementia and user/community groups:

- Flexibility is important when providing groups support as many BME groups meet at weekends and evenings, often around their places of worship
- People often travel far to their community groups to access support. A knowledge of cross boundary support groups (such as the Healthy Living Chinese Centre in central London, or the Asian Disability network in Harlesden) is needed in order to enable people to access the relevant support for them.
- Need to match health professionals for certain ethnic groups who can understand and speak to them in their language. People with Dementia whose first language is not English, may revert back to their mother tongue as the disease progresses and become even more isolated, and their needs will not be met
- BME communities and carers are more likely to visit places of worship and partnering up with local temples, mosques and gurdwara's is key to increase awareness of dementia, what support is available and would also help reduce the stigma attached to it.
- Ensure care services provided to people with dementia are culturally sensitive to clients belief and background.
- Ensure staff undertake cultural awareness training to understand each client's background and offer appropriate support

8.9 Keeping well: physical sport and leisure

Sports and leisure services

Richmond is one of the best performing boroughs in terms of sports participation and physical activity; 71.2% of adults for example are considered physically active compared to 57.8% in London. However, whilst participation is high, analysis in the boroughs JSNA shows that not all population groups engage equally in sport and physical activity. Women, older adults, people with disabilities and mental health difficulties and those from areas of relative deprivation are some of the groups which demonstrate lower levels of participation and financial barriers may also be an issue. Work needs to continue in ensuring improved access for all, and targeting underrepresented groups to increase participation and decrease the onset of preventable health conditions, such as diabetes and heart disease, which older BME residents are more prone to.

There are no figures available which cross reference age and ethnic background. The following figures show the breakdown for each category separately:

Table 53: April 2016 - March 2017 LBR Sports & Fitness Service user data

Age	Numbers	%
65-74	55	1.89%
75-84	6	0.21%
85+	1	0.03%
Prefer not to say	13	0.45%
Unstated	123	4.22%
Total	**198**	**6.8%**
Ethnicity	**Numbers**	**%**
White	2299	78.89%
Mixed/Multiple Ethnic Groups	183	6.2%
Asian or Asian British	208	7.13%
Black/African/Caribbean/Black British	53	1.81%
Other ethnic group	38	1.30%
Prefer not to say	69	2.36%
Unstated	64	2.19%
Total	**2914**	**100%**

The data shows the majority of sports and leisure service users are White, nearly 80%, however nearly 20% are from a BME background, above their average in the general population.

It's difficult to estimate from the data how many of the BME group are aged 65+ however Sports Development Services estimate the figure to be low. This could be because some BME residents aged over 65+ may be accessing EMAG, Age UK centres (who both run their own sports and fitness activities in the community) and other voluntary sector funded centres or privately run facilities.

Keeping well: community based activities

Section 6 "Services provided by voluntary sector partners" sets out how partners such as EMAG and Age UK provide a variety of community based activities for older people through CILS, and use of this service by BME residents over 65+ is discussed in that section. Residents can also take part in daily Richmond Health Walks, provided as part of a Walking for Health programme, with supervised volunteer co-ordinators and these are aimed at residents who are not very active but would like to increase their physical activity.

Age UK[18] looked at some of the issues in involving BME communities in physical activities. They found a number of barriers, which they called Intrinsic and Extrinsic barriers to an individual taking part:

Intrinsic barriers: Relate to an individual's beliefs, motives and experiences concerning physical activity.	Extrinsic barriers: Relate to the broader physical activity environment, skills and attitudes of others and the types of opportunities available.
Myths and perceptions about old age being a period of rest	Type of activities BME older people may prefer to get involved with

[18] Fit as a fiddle: engaging faith and BME communities in activities for wellbeing Age UK 2012

Religious concerns about dress, segregation and prayer times	Access/location may be problematic for some BME older people who find it difficult to use public transport
Previous bad experiences of service provision	Sport and recreation policy is often not culturally inclusive to the needs of BME older people
Family advice that being active is not culturally appropriate for older people, particularly women, or they can only do certain things	Skills and attitudes of instructors may lack empathy
Lack of confidence	Lack of support within the wider community, as physical activity seen as not appropriate for an older person's lifestyle
Fears of overdoing it and safety concerns about risk of falls and injury	Cost of activities may put off people on low incomes
Absence of older BME role models from within the community	Lack of culturally appropriate facilities/settings
Stereotypical images of ageing	
Lack of understanding about how being active can support wider health benefits	

Big Lottery Fund[19] research found the following enabled service providers to work more effectively with people from a BME background:

- Working in partnership with established organisations that have relationships with BME communities increases interest and engagement in activities.
- Acknowledging how partner organisations play important roles in referring people to projects.
- Introducing activities through family sessions can be an important way of engaging with some BME communities.

In terms of older people:

- Locating activities in accessible locations that older people are familiar with plays a crucial role in motivating people to participate in activities.
- Being able to socialise and make friends are two important factors which motivate older people to take part in activities. Socialising needs to be marketed as a key component of project activities

Ongoing and meaningful consultation and engagement with BME communities was also highlighted as being key to ensure services are designed and delivered to meet the needs of local residents.

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[19] How do we engage harder to reach groups in physical activity? Big Lottery Fund 2009

Loneliness & isolation

Minority ethnic groups

In a recent report from ESRC[20], levels of loneliness were reported to be higher among ethnic minority elders (aged 65 or over) compared with the rest of the same age population. The same report also notes that although ethnic minority older groups had a wide social network and large household sizes, only 44% reported taking part in social activities that they enjoyed, compared with 79% in the general population. Also, only 55% report that they have someone who gives them love and affection, compared with 88% for the general population.

The situation varies according to the ethnic population concerned. In the ESRC study, only 7% of Indian elders report feeling lonely, whereas 24% of the Chinese population report feeling lonely. The study also found that levels of loneliness were similar to those reported for the same age cohort in the countries of origin. Younger people in ethnic minority groups report lower levels of loneliness than older people. Overall, these studies suggest that living with one's children and extended family will not necessarily alleviate loneliness. This may have implications for programmes in the borough targeting lonely/isolated people, which traditionally have focused on those living alone.

9. Employment, income and skills

Current full basic pension is £159.55 per week, and retirement has been standardized for men and women at 65. Pension Credit is available to people aged 60 and overall one in seven older person households in the borough claim pension credits. Local data on average incomes is not available, past estimates[21] found older people had a mean average income of £17,728 per annum for single households and £27,318 for couples, and although nearly 50% of older Richmond residents were in highly paid professions, (much higher than the national average) there are also many on low or moderate incomes, reliant on pension credit and housing benefit.

There is currently no data available on age and ethnicity for council tax and housing benefit claimants.

According to the JRF[22] research, currently 1 in 6 pensioners living in the UK are in poverty. This is a drastic reduction since 1996/97 when the rate was around 1 in 4. Pensioner poverty rose in 2017 for the first time since 2006/07.

Pensioners are the only group to see a higher proportion in poverty Before Housing Costs (BHC) than After Housing Costs (AHC). This is partly because many pensioners own their own homes and have low housing costs. Pensioners have also seen the biggest fall in both BHC and AHC poverty since the turn of the century. Poverty is measured as the proportion of people living in households with an income below 60% of the contemporary median household income.

In terms of poverty rate by age, the youngest age group (16-24) and oldest adults (85+) had the highest poverty rates ten years ago. The current poverty rate amongst the oldest adults is unchanged (21% of all people in poverty) and for the youngest it has increased. For the 65-74 age group, 15% were in poverty in 2004/05 which reduced to 12% in 2014/15, and for age group 74-84 the rate was 19% and is now 14%.

[20] Loneliness in later life ESRC 2015
[21] Fordhams Local Housing Assessment 2007
[22] Pensioner Poverty JRF 2017

In terms of the income people need to achieve an acceptable standard of living in the UK, JRF publishes annual updates of the Minimum Income Standard (MIS) to reflect changes in costs and society affecting what households require. In its 2016 release its sets out that with stable prices, minimum budgets have stopped rising in the past two years. Food is a relatively large part of minimum budgets - about 22% - and food prices have fallen 6% since their peak in 2014. This means the general price pressure on MIS has been negative. However, from 2008-2016 MIS budgets have risen more than general consumer prices and far more than wages or benefits. Households therefore reliant on benefits or low wages have become worse off. Weekly budget requirements for a pensioner couple as at April 2016 is £267.39:

Table 54: Household expenditure

Family type	Weekly budget requirement (excluding rent) April 2016	% of budget provided by safety net benefits *	
		2010	2016
Pensioner couple	£267.39	102%	98%

Source: JRF Minimum Income standard for the UK 2016
*Pension credit, Winter Fuel Allowance

Welfare benefits / debt advice

National research from Age UK[23] on welfare benefit services reveals a number of reasons why take up from BME communities may be low:

- **Income and benefits advice:** take- up of benefits entitlements may be low because of language barriers, concerns about the impact of claiming on residency status, difficulties of not having a national insurance number, plus ignorance about the benefits system and apprehension about contact with statutory service providers. Importance of linking BME older people into services which specialise in the entitlements of older people and which are therefore able to keep up-to-date with changes in entitlements.
- **Information and advice -** while simple basic information can be useful to raise awareness of entitlements, especially if it is translated into community languages, more complex information should be used in conjunction with an advice worker who is able to explain terminology and how entitlements might vary according to personal circumstances.

Richmond CAB report welfare benefits is biggest enquiry area and accounted for 32% of around 16,000 issues CAB helped people with, in 2016-17.

Retirement decisions

There is limited research on the retirement decisions of older BME people. The Runnymede Trust[24] researched the considerations influencing how older BME people decide where to spend retirement. Both studies showed that some overseas-born people want to "return" overseas when they retire but face significant issues around, notably:

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[23] Information & Advice needs of BME older people in England 2008 Age UK
[24] To stay or not to stay – Retirement migration decisions among older people 2011 & The Costs of returning Home 2010 – both by Runneymede Trust

- Frozen state pensions - pension uprating is a key issue as many who have contributed to their state pension for over 40 years find that once they move abroad their pension is frozen rather than increasing every year with the cost-of-living
- Potentially more expensive healthcare and vast differences in the quality of healthcare across countries
- Housing – this may be cheaper in other countries and some returnees may have already planned for this by saving/building over years, however this is not the case for all
- Standard of living - there are significant disparities in standard of living between the UK and a person's country of origin as well as life expectancy rates
- Welfare benefits – the UK has agreements with some countries but there are many it does not and therefore residents who consider moving back will have to consider whether they will be able to continue to claim or not
- Family considerations in caregiving – some people feel they are obligated to return to care for elderly relatives

Richmond Age UK report that they receive relatively regular queries from BME residents on the implications of spending prolonged periods of time abroad in their country of origin and the implications this has for their benefits, pension and healthcare. They do not report seeing a pattern of return migration, and spending longer periods abroad may possibly be a compromise by retired BME residents who wish to spend longer in their country of origin but possibly due to some of the reasons listed above, decide to do so for longer time periods, rather than on a permanent basis

10. Safety and Security

10.1 Crime

Numbers of crimes against older BME victims in the boroughs are very low, as this is a small group in the borough. In terms of figures, the boroughs Community Safety Team reported between January 2017 and June 2017, from a total of 3428 crimes identified in this period

- 1.77% (61) of all crime was against BME residents aged over 50
- 0.40% (14) of all crime was against BME residents aged over 65
- Of the 50+ and 65+ aged BME victims of crime the main ethnic breakdown percentage was 40% of victims were Asian, 13% were Black

Older BME people were most likely to be victims of acquisitive crime such as residential burglary and vehicle crime. Community safety officers also reported that older people in general were more likely to be victims of:

- distraction burglary
- rogue traders
- theft of debit and credit cards and passwords, both by criminals operating on the phone and in person

There were no hate crimes reported in this period, however again, the numbers are low in the borough and therefore in a six month period this is not unusual. The boroughs Hate Crime Forum was re-launched in late 2017 to work with BME communities across the

borough to recognise and promote reporting of hate crimes, and assist in signposting to support for victims of these crimes.

National research shows older people who are victims of crime are more likely to experience a decline in health as a result, and the over 65+ group in particular often have significant concerns about safety when going outdoors and a fear of physical assaults, particularly as they become more frail. This loss of confidence can often lead to further isolation, less interaction and a higher risk of loneliness as people get older.

Particular groups are at higher risk of loneliness and isolation and these include older people, carers, and minority groups. Richmond's population has a higher risk of loneliness and isolation, due to the number of older people living alone.

The importance of tackling loneliness and isolation in Richmond upon Thames has been acknowledged in numerous influential local strategies, including the Health & Wellbeing Strategy 2014, Better Care Closer to Home: Richmond Out of Hospital Care Strategy 2014 – 2017, and the Annual Public Health Report, and a number of existing services targeting particular areas of need.

10.2 Domestic Violence and Abuse and Older People

Local statistics indicate that the level of reporting of older victims of domestic abuse is low when compared to the population levels of elderly people in the borough.

From April 2016 – March 2017 the total number of domestic violence victims over 61 years of age was 12, and none were of BME origin. Because of an ageing population and an increase in BME older people, we may see an increase in domestic violence in this group, especially with rates of dementia increasing across all ethnic categories.

The borough received funding in 2017 to provide outreach and specialist accommodation based services in the borough for all victims of domestic violence. While this service will be directed at all age groups from 16 years and over, support for older victims with complex needs will be form part of this new service, and a number of initiatives for this group include:

- an awareness raising campaign, including raising awareness for victims and professionals of the RSPCA service PetRetreat
- the 'Shared lives' and 'Shared lives plus' schemes which focuses on respite stays for people with dementia, to be diversified into supporting older victims of DVA after discussions with the provider Certitude
- opportunities for joint Borough training to be investigated and made available for all professionals, Council Officers and Members. This should include additional training for health professionals to ensure that older people being discharged from hospital are going to a safe home environment
- a Domestic Abuse Champion will be appointed for the borough

11. Access to information

Access to information is key, especially about health, finance, support and social care as well as about social, community and leisure activities.

11.1 Age and use of the internet

The older generation has a marked preference for word of mouth and personal recommendation when accessing services and support. Conversely most businesses and organisations are becoming increasingly reliant on access to the internet. They frequently assume some degree of computer literacy and access which can alienate some older people.

Whilst some older people have embraced new technology and, are accessing information and services, many are not. This creates a great sense of isolation and a perception of being "left behind".

Key components of effectively disseminating information to the older population:

- Establishing credibility (word of mouth or peer confidence)
- Building trust and rapport
- Providing accessible IT training and access where possible

IT could be harnessed to help keep BME older people informed but it is highly dependent upon internet access, availability of IT equipment and skills and knowledge to use them. Use of websites such as CarePlace (see below) are promoted to older people, however, research shows that accessibility is a significant issue for older people, and those from a BME background. While we have seen a notable increase in internet usage across all groups in recent years, many older and disabled people are still not online, with two-thirds of women over 75 having never used the internet.

Telephone and face to face contact however still remains the most used method of gaining advice, information and assistance for older people at this point in time. Age UK First Contact Helpline, an information and advice telephone helpline is promoted to older people in the borough to ensure take up of services and is well used.

Voluntary organisations such as Age UK, EMAG and Registered Providers of social housing (RPs) in the borough such as RHP and PA Housing are carrying out work to promote and provide courses and IT workshops for their customers, including one to one help and drop in sessions at various social centres and offices across the borough. They also promote voluntary organisations who provide volunteers to give more targeted support to older people in the borough.

Using on-line resources - Care Place

CarePlace is London's centralised source for care and community services, information and guidance. First implemented in 2011, it is designed for London and has the engagement of over half of London's boroughs, including Richmond, and neighbouring boroughs Hounslow and Kingston are also members.

This on-line directory contains thousands of useful services in London and beyond and gives users direct access to information about care and community services. It also contains information and guidance on how to source local services and pay for them. It is used by both the public, service providers and local authority and professional service practitioners.

It contains information on:

- Accommodation and care homes
- Carers
- Money matters
- Information and advice
- Living at home
- Education & employment
- Health and wellbeing
- Community and leisure

CarePlace is promoted to older residents by the Council and its voluntary sector partners. However the lower number of older people using the internet means there is still a need for alternative methods assisting older people, especially those who have additional language and cultural barriers, to access advice and information.

12. Limitations of the research

Limitations of this needs assessment have been identified as follows:

- Availability of data
- Some data reported is based on informed estimates/projections
- Availability of data sets that focus on specific age ranges. This is a small population group, ethnicity is measured in a variety of ways (and is often not recorded) and different data sets are based on different ages e.g. 50+, 60+, 65+ etc. This has limited the opportunity to compare some data sets with others.

13. Contact details

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14. Appendix

References

1. The Health and Care of Older People in England 2016 Age UK
2. Carers Strategy 2016 – 2019 LBRuT
3. Extra Care Housing Evidence Base 2015
4. The BME Housing Crisis Shelter 2004
5. Supported housing for older people in the UK JRF 2012
6. A study of barriers to housing advice for people from BME communities Shelter 2007
7. JSNA Needs Assessments on Race & Age 2017 LBRuT
8. JSNA Needs Assessments on Race & Age 2017 LBRuT
9. Promoting Independence – a framework for prevention LBRuT 2015
10. Research with BME communities using social care and support services in England NICE 2012
11. Diversity in older people and access to services – an evidence review Age UK 2012
12. Extra Care Housing Evidence Base 2015 LBRuT
13. The Generation Strain: collective solutions to care in an ageing society IPPR 2014
14. Improving support for BME carers Institute Research in Social Science IRISS 2010
15. Guidance for commissioners of older people's mental health services JCPMH 2013
16. Assessing the mental health needs of older people SCiE 2005

17. Fit as a fiddle: engaging faith and BME communities in activities for wellbeing Age UK 2012
18. How do we engage harder to reach groups in physical activity? Big Lottery Fund 2009
19. Loneliness in later life ESRC 2015
20. Fordhams Local Housing Assessment 2007
21. Pensioner Poverty JRF 2017
22. Information & Advice needs of BME older people in England 2008 Age UK
23. To stay or not to stay – Retirement migration decisions among older people 2011 & The Costs of returning Home 2010 – both by Runneymede Trust

LBRuT strategies

Annual Public Health Report
http://www.richmond.gov.uk/council/how_we_work/policies_and_plans/annual_public_health_report

Better Care Closer to home
http://www.richmondccg.nhs.uk/strategies%20policies%20and%20registers/Better_Care_Closer_to_Home_strategy.pdf

Extra Care Housing Evidence Base 2015
http://www.richmond.gov.uk/services/housing/housing_strategy_and_policy/housing_research

Ethnic minorities and housing research 2009
http://www.richmond.gov.uk/services/housing/housing_strategy_and_policy/housing_research

Fordhams Housing Needs Assessment 2007
http://www.richmond.gov.uk/local_housing_assessment

Health & Wellbeing Strategy
http://www.richmond.gov.uk/council/how_we_work/policies_and_plans/joint_health_and_wellbeing_strategy

JSNA (including needs assessments for equality groups & for loneliness and isolation)
http://www.richmond.gov.uk/council/open_richmond/jsna

Knowing our borough 2015/2016:
http://www.datarich.info/resource/view?resourceId=611

Out of hospital care strategy
http://www.richmondccg.nhs.uk/Consultation/Draft%20OoHCare%20strategy%20%20August%202013.pdf

Promoting wellbeing & independence – a framework for Prevention 2015-2018
http://www.richmond.gov.uk/council/how_we_work/policies_and_plans/adult_social_care_policy/adult_strategy/framework_for_prevention