The Experience of Ageing Amongst Chinese and South Asian Women in Newcastle

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A project collaboration between
Newcastle University and the Elders Council

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The Elders Council is run by and for older people in Newcastle upon Tyne. We are a membership organisation open to people aged 50+. Our aim is to enable older people to have a voice on issues that matter to them and to ensure that their experiences improve policy and practice to support people to age well. We aim to promote a positive image of ageing and inspire and enable older people to be active in their local communities and the life of the city. In all of our work older people are present as active voices, putting into practice the mantra "nothing about us without us". We use creative approaches to unlock ideas and provide stimulating interaction that bring older people's voices into decision making and to learn new skills and connect socially with others.

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Executive Summary

The purpose of this report is to collate existing demographic information and policy in Newcastle upon Tyne with previous scholarship and original data to highlight the experience of ageing amongst Chinese and South Asian women in Newcastle. The project on which this report is based is a collaboration with the Elders Council of Newcastle and local artist Sharon Bailey.

Newcastle has a long-standing commitment to addressing the opportunities and challenges of an ageing population by its participation in the Better Government for Older People Programme, and its commitment to the WHO Age Friendly Cities and Communities movement which aims to cultivate urban communities that support older citizens in improving opportunities for health, participation and security to enhance the quality of life as people age. While the North East of England is the least ethnically diverse region across the whole of the UK, Newcastle upon Tyne is more ethnically diverse than the region as a whole, and is home to the highest number of Chinese residents in England and Wales. As the population in Newcastle ages, in line with trends across the UK, the Elders Council stresses the importance of embracing this change and recognises that the demographic diversity within the ageing population requires specific attention.

Academic scholarship to date has highlighted that ageing is not simply a chronological process, but one that is shaped socially through historical context and personal experience. With respect to these trends, it is understood that ageing societies will entrench existing social divisions on the basis of, for example, gender and ethnicity. These inequalities are observed through women's experiences of engaging with crucial healthcare services, disparities in access to housing, education and employment

partnered with psychological and institutional barriers blocking people from participating actively in society throughout their lives.

During focus groups with three community groups of ethnic minority older women, participants of this project were involved in creative collage-making which actively facilitated rich conversations. This supports existing literature in finding that creative approaches elicit active engagement of marginalised people, where research may not always be designed with an awareness of their lived experience. In doing so, this report builds on existing research by outlining key areas where the needs of ethnic minority older women are not being adequately met, and how this group wants to see change in attitudes towards growing older and what this means for their self-perception and changing social role. Many women wanted to seek out new experiences in travel, hobbies, learning and paid employment but highlighted barriers to their pursuing these endeavours.

The crucial need for adequate and appropriately delivered resources and information on healthcare and housing were highlighted, both of which are subject to change as communities age. Specifically for ethnic minority women, this comprised a need for adequate resources on coping with the menopause, and the desire to stay in their current local communities as opposed to moving elsewhere for housing that might address their mobility needs. The analysis also depicts the crucial role played by community groups in mitigating some of the inequalities where they function as lifelines and a resource when access to mainstream services is made difficult. These findings address a gap in existing scholarship. The report highlights how the unique needs and experiences of ethnic minority women point to the importance of addressing these needs directly, as opposed to making these women's needs an additional part of existing resources.

This report concludes with a series of recommendations that urgently call for better recognition of racialised minority women's experiences and their specific and often overlooked needs. The recommendations foreground the need to avoid seeing and treating 'older people' as a homogeneous group, or a group that is passively ageing. The recommendations also emphasise the need to listen to older people's voices from diverse backgrounds to mitigate against cultural and age-related stereotypes that can otherwise often shape policy and practice.

1. Introduction

There is substantial evidence that ethnic minorities experience inequalities in ageing, although little is known about the experience of ageing for ethnic minority women specifically. This report draws on Census data, academic literature and policy in Newcastle upon Tyne, as well as focus groups with ethnic minority women aged 50+. It situates the experiences of older Chinese and South Asian women in Newcastle within existing knowledge on ageing and ethnicity. It reveals that ethnic minority women experience anxieties around their changing health and housing needs, as well as their changing social role within their family and community. The key takeaway from this report stresses the importance of taking account of ethnic minority women's experiences which emphasize specific and often overlooked needs. It also highlights the crucial role played by community groups in mitigating some of the inequalities experienced within these areas for older ethnic minority women.

This project, in partnership with The Elders Council of Newcastle and artist Sharon Bailey, aims to illustrate the experience of living in Newcastle for older women from South Asian and Chinese communities, what their expectations are for themselves as they grow older, as shown through focus groups and creative collage work. Key barriers to engagement are identified in the participation of older ethnic minority women in existing community activities, where the unique needs of this group are often not considered.

The Elders Council are interested in connecting with a diverse range of older people, sharing their stories and aspirations, and enabling meaningful civic

engagement and participation. In 2014 the Elders Council was featured in Newcastle's Wellbeing for Life Strategy. The goal of this strategy was to shape Newcastle into a place where people can grow old with good health and positive wellbeing throughout their lives, from childhood to later life. The Elders Council of Newcastle is featured as the example of 'Civic Participation and Respect and Social Inclusion' activity being undertaken in the city. The Elders Council acts as a forum in the city for ensuring that older people's voices and expertise inform the development of policy and practice in the city.
This report and the project on which it is based has emerged from the recognition by the Elders Council that they do not currently have many ethnic minority members. It is driven by the concern to ensure that the voices of older people, particularly women from ethnic minority groups who are often unheard or misrepresented, do have the opportunity to feed into future planning and provision. Providing services for minority groups of women within the Elders Council requires listening to the issues and needs experienced by this marginalised community, as articulated by them. This speaks directly to the Elders Council's mantra, 'Nothing About Us Without Us'.

In the UK, the Census profile of the older population living in England and Wales in 2021 revealed that the number of people aged 65 and over increased from 9.2 million in 2011 to 11 million in 2021—with the median age for the overall population increasing from 39 to 40 years (ONS, 2022). In a profile published by Newcastle City Council (2021), working from 2011 Census data, there will be an increase of 28.7% in the number of people aged 65 and over between 2018 and 2043. As the population in Newcastle ages, in line with trends across the UK, the Elders Council stress the importance of embracing this change and developing its practices in relation to their physical, social and cultural influence. However, they also recognize that the demographic diversity, within the ageing population, requires specific attention if ageing is to be a positive experience for all.

According to the 2021 Census data, the North East is the least ethnically diverse region across the whole of the UK, with just 7% of residents identifying as black, Asian or 'other' ethnic minorities and 2.4% identifying as white ethnic minorities. The North East is home to the most people (jointly with Wales) who identify as White British at 90.6%, and the least people of mixed ethnicity (1.3%) (ONS,

2022). However, Census data also illustrates that Newcastle is more ethnically diverse than the region as a whole: 80% of residents identify as White; 11.4% identify as Asian ethnic minorities; 3.3% identify as Black ethnic minorities; and 3.1% identified as other ethnic groups (ONS, 2022) As of 2020, Newcastle also has the tenth highest number of Chinese residents in England and Wales at 6,037—making up 1.5% of the total Chinese population (UK Government, 2020). Newcastle has a longstanding commitment to addressing the opportunities and challenges of an ageing population demonstrated by its participation in the Better Government for Older People programme (1998-) followed by its commitment to the WHO Age Friendly Cities and Communities movement (2011 – present day). This was reinforced in July 2023 when Newcastle University, Newcastle City Council and North of Tyne Combined Authority formally opened the City of Longevity conference in Newcastle, signaling a commitment 'to making Newcastle a testbed for the City of Longevity and a model for other cities around the world' (McKegney, 2023). The action principles on which the City of Longevity plan is based stress the importance of democratising access to a healthier life and lowering inequalities, that is of profound importance because research has shown that ethnic minority groups face multidimensional difficulties. These include disparities within access to housing, education and employment, but also psychological and institutional barriers that block people from participating actively in society throughout their lives (Newcastle University, 2023; UKNICA, 2023). Indeed, South Asian women have historically been the subject of discrimination in policy discourses, whereby decisions in policy have been made based on stereotypes and assumptions rather than their own lived experiences (Rashid, 2016).

Research highlights that the Chinese community is also often misrepresented, whereby differences in the access of Chinese people to social support networks are largely due to the disconnect between this community and social and public services, rather than the narrative of 'cultural differences' that subsumes much mainstream discourse about this community (Chau and Yu, 2001). For ethnic minorities in particular, policy responses often stress social integration into the mainstream culture, which can result in ethnic minority groups not receiving sufficient power or resources and lead to a notion of 'treating everyone the same'

at the expense of recognizing that different social groups can face different needs within the same society (Chau and Yu, 2001).

This report begins by outlining its background and context. This includes a demographic backdrop to Newcastle that highlights its ageing ethnic minority population and positions this within the age-friendly cities initiative. Then there is a discussion of the use of creative methods, followed by a discussion of the findings from this research. The experiences of older ethnic minority women are presented within these findings under four key domains: Growing Older, Health, Housing and The Vital Role of Community Organizations. Finally, we provide some recommendations for future research, activities and policies in Newcastle.

2. Context and Background

2.1 Ageing populations and age-friendly cities

In the 21st century, the development of age-friendly communities, cities and environments has become significant in social policy. The World Health Organization suggests the model of 'age-friendly cities' to cultivate urban communities which support older citizens by improving opportunities for health, participation and security in order to enhance quality of life as people age (2007). Within this model, 'three pillars' of healthy ageing are outlined, whereby

> "health" refers to physical, mental and social well-being; "security" addresses social, financial and physical security needs and rights to ensure the protection, safety and dignity of older people; and these support full "participation" in socioeconomic, cultural and spiritual activities to make a productive contribution to society in both paid and unpaid activities (Yang et al., 2020, 'Introduction').

These goals also need to be situated in relation to population ageing and urbanisation, which have been identified as among the most significant social trends affecting life in the twenty-first century. Indeed, by 2030, two-thirds of the global population will be residents of cities. In mostly urban, high-income countries such as the UK, at least one quarter of the population will be older than 60 (Burdett and Sudjic, 2007).

2.2 Ethnicity, ageing and social inequality

Scholarly literature in response to these trends and phenomena highlights that ageing societies will entrench social divisions and inequalities. Understandings of how we age has changed since the 1980s, when ageing was considered to be purely chronological and more or less the same for everyone (Kohli, 2007). More recently, ageing has been situated in relation to historical context and personal experience, so as to acknowledge the ways in which the experience of ageing is shaped socially.

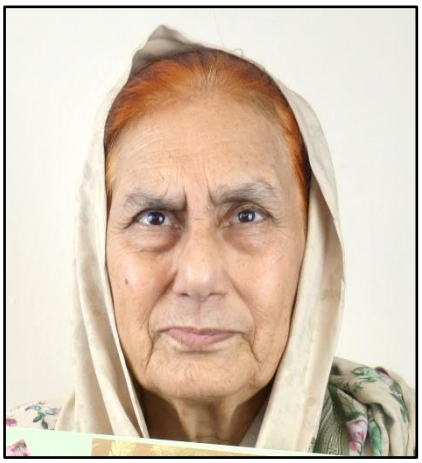
Understanding how experiences of inequalities differ throughout life therefore means that we also need to understand how people experience ageing differently according to, for example, gender and ethnicity. Whilst there is a growing body of research that explores the interrelationship of ageing and gender (Krekula, 2007; Anderson, 2019); gender and sexuality (Brickell, 2006; Cuthbert, 2019); and ageing and sexualities (Dominguez and Barbagallo, 2016); there is also a need for the interrogation of these issues in relation to identity, inequality, power and privilege and how they produce uneven outcomes in later life for different people in different contexts.

In the UK, the percentage of people over 65 not identifying as white increased from the 2011 Census to the 2021 Census, with the greatest rise seen among Asian, Asian British, and Asian Welsh citizens—from 2.6% in 2011 to 3.8% in 2021 (ONS, 2023). In 2021, there were also more females than males within most ethnic minority groups (ONS, 2023). Ethnicity, however, remains an often-overlooked factor that shapes people's experience of ageing. This is despite embedded structural discrimination and higher levels of disadvantage experienced by people from ethnic minorities compared with the white majority (Karlsen and Nazroo, 2006; Karlsen and Nazroo, 2004; Phillips et al., 2000). Ageing ethnic minority communities are often further marginalised by their experience of ageing being defined in terms of their cultural difference and ethnic 'otherness' (Torres, 2006; Warnes et al. 2004).

In 2004, the last year when the health survey for England provided a representative sample of ethnic minority people, the deeply troubling findings revealed that the health of white English people aged 61-70 is equivalent to that

of Caribbean people in their late 40s or early 50s, Indian people in their early 40s, Pakistani people in their late 30s and Bangladeshi people in their late 20s or early 30s (2004). These ethnic inequalities are poorly understood because of a lack of research in this area and policy efforts to reduce inequalities for ageing ethnic minority populations are, at present, not adequately informed.





Some scholarship on ageing has commented on the lack of understanding of contrasts in experience within cohorts of ageing people (Phillipson, 2015). For migrant women, there may be stark and complex discontinuities between early, middle and later life experiences (Wray and Bartholomew, 2006). More attentive studies of first-generation migrants have highlighted how women play an increasingly central role in establishing the process of migration in Bangladeshi and Pakistani families, helping their male spouses to move and carrying out crucial paid and unpaid labour (Gardner, 2009; Charsley and Ersanilli, 2017). Other studies also highlight the issue of intergenerational tensions between grandparents, parents and children when different generations of a migrant family are shaped by different social contexts and expectations (Attias-Donfut and Waite, 2012). While the categories of migrant and ethnic minority are not identical, such research shows how the process of migration can shape ethnic minority experiences in the UK across generations.

2.3 Ethnicity and ageing in Newcastle

The West End of Newcastle is the most ethnically diverse area across the city. Elswick, which with a population of 16,100, is the most highly populated ward in Newcastle and is the most ethnically diverse area in Newcastle. 35.2% of Elswick residents identify as Asian ethnic minorities—while 43.5% of residents identify as

White. Within the Asian population of Elswick, the largest community was Bangladeshi residents who comprised 16% of the Asian population (nomis, 2011).

In the neighbouring ward of Arthur's Hill, 27.2% identify as Asian (ONS, 2021). In the West End there is a mosque, a Hindu temple, a Sikh gurdwara, as well as a variety of businesses providing food and goods from around the world, reflecting the diversity of the area. This is particularly concentrated around the Westgate Road area, which the Newcastle Chronicle has described as 'Newcastle's most diverse street', where ten different languages are spoken. As well as the area's large South Asian community, Westgate Road hosts small businesses run by people from Caribbean, Turkish and Middle-Eastern backgrounds (Nichol, 2020).

The Chinatown in Newcastle website claims that the first Chinese restaurant in the city opened in 1949, on Scotswood Road, before numerous other Chinese-run restaurants and shops opened across the city throughout the latter half of the twentieth century. By the 1980s those businesses had gravitated towards Stowell Street in the Gallowgate area, displaying signs in Chinese and eventually adding the arch which now stands at the entrance to the street in 2004 (Newcastle Chinatown). While breakdowns of the 2021 Census data specifying identities within each umbrella ethnic group are not available, the data from 2011 shows the proportion of Chinese people in relation to Asian ethnicities. In 2011 Chinese residents were the second largest Asian group at 2.2% of Newcastle's population, behind Pakistani residents at 2.4% (nomis, 2011). The area known until 2018 as Westgate Ward—which contained the Chinatown area around Stowell Street, but stretched from Arthur's Hill to what is now the Monument Ward in the city centre—had the highest Chinese population in the city at 1,102. Other wards with relatively high numbers of Chinese residents were Ouseburn and South Jesmond (nomis, 2011).

In Westgate Road and Chinatown, there are community hubs which have the potential to facilitate 'socioeconomic, cultural and spiritual activities' as per the WHO's pillars of age-friendly cities. However, it remains to be seen whether older people consider themselves to be fully included in these spaces and their co-production, and whether there is adequate integration of these spaces into the broader community of Newcastle. Below there will be further commentary, too,

on the experiences of health and housing, and the socioeconomic conditions in which Asian communities predominantly live in the city—touching on the WHO's concerns for 'security' and 'health'.

2.4 Health, ageing and ethnicity

Research on self-reported poor health shows that after the age of 30, Pakistani and Bangladeshi people—the worst affected ethnic minorities in regard to health inequality—experience poor health equivalent to White people who are at least 20 years older. Research also shows how racism produces socioeconomic disadvantages which affect health inequality; in turn, health inequality also has a negative impact on socioeconomic status (Stopforth et al., 2021).

In a 2021 report, Newcastle City Council found that as people age they are increasingly likely to become 'physically inactive', and that this is more pronounced for many ethnic minorities. For example, Black and Asian ethnic groups are twice as likely to become physically inactive compared with their White British counterparts (NCC, 2021). However, it is also understood that physical frailty among ethnic minority women is higher, and likely to be exacerbated by health inequalities (Reid et al, 2021). Natasha Reid and colleagues (2021) connect the rise in physical frailty in ethnic minority women with hormonal changes that are caused by the menopause that often differ for such social groups but note that there is a lack of knowledge about how such differences can impact frailty in later life.

The British Menopause Society has published findings that highlight specific issues experienced by Chinese and South Asian women. The report noted how, for example, among South Asian women there is an overall lack of conversation about mental health, and how these women are also less likely to seek medical help for reasons relating to physical health than Chinese women. Alongside cultural barriers, the report also stated that there are disparities in the provision of services for both groups—recommending safe spaces, detailed information about lifestyle and hormonal treatments, the provision of multilingual learning resources and the use of interpreters alongside healthcare professionals (Prasad, 2023).

Access to healthcare services for ethnic minorities in the UK is shaped by racial discrimination across the life course and these experiences of discrimination continue as they age (Age UK, 2021). If access to healthcare is met with persistent barriers when ethnic minority women enquire about their own health needs, these barriers can also impact the ability for ethnic minority women to seek medical help for other members of their family or community, leaving them to undertake care roles themselves. This is crucial given that women make up over half of lone carers for all social groups, including 65% of lone carers for older adults and 85% of lone carers for children. Further, people who care for older adults are the least likely to feel supported than those who care for working age adults (Faragher, 2022).

2.5 Housing, ageing and ethnicity in Newcastle

A recent report (de Noronha, 2019) charts changing demographic data on older ethnic minority people in relation to housing deprivation. 'Housing deprivation' is defined as being subject to overcrowding, lack of central heating, or when one household is sharing a kitchen or bathroom with another. Most ethnic minority groups are more likely to face housing deprivation than White British people, with Bangladeshi and black African people the most likely groups to experience housing deprivation. While most older people over 65 own their homes—across all ethnic groups—non-White British and White 'other' ethnic groups are more likely to experience housing deprivation in socially rented homes, meanwhile there is an increase in ethnic minority people experiencing housing deprivation in the private rented sector (de Noronha, 2019). The report also notes the need for older people's housing to be adapted to them as they age, but that further research is necessary to identify what those needs are and what barriers currently exist for older ethnic minority people in accessing such adaptations to their home (de Noronha, 2019).

Further, an English Housing Survey (2018) identified a rise in older private renters, with this likely to increase as there are currently three times the number of middle-aged private renters aged 45-64 than there were in 1996/1997. Private tenants pay more than 40% of their household income on rent, compared to less

than 30% for social renters aged 75+. In Elswick, over 80% of households are rented, with just over 50% being socially rented. Evidently, then, there are multiple ways in which housing presents problems for older ethnic minority people in Newcastle. In the city's most diverse area, a great proportion of the population are renters and are therefore more likely to be housing deprived.

Ageing in place is one way of thinking about housing in relation to ageing, and has become an important policy response to population ageing. Horner and Boldy (2008) define ageing in place as a 'positive approach to meeting the needs of the older person, supporting them to live independently or with some assistance for as long as possible' (p.356). However, more recent academic scholarship stresses the importance of social connectedness—now a key principle and drive that underpins the World Health Organisation's (WHO) framework of age-friendly cities and communities (2007).
In its most recent Housing Position Statement (2021) Newcastle City Council identifies a projected increase in the population aged over 65 by the year 2030, as well as the need to adapt their approach to managed housing to meet increasing demand. The statement notes that 'the increase in older households will have implications for support services, extra care housing, adaptations and other age-related care requirements' (2021, p.13). They identify the need to improve the provision of housing needs and adaptations—including how they are marketed and allocated, as well as how they are accessed by residents. However, the statement does not set out any specific aims relating to ethnic minority people, or older ethnic minority people, and how such processes may need to be tailored to their needs.

3. A Discussion of Creative Methods

3.1 Aims and approach

The aim of this research is to address a knowledge gap in policy on ageing for older people in Newcastle by specifically focusing on the experience of older (age 50+) Chinese and South Asian women in the city. The research set out to address the following objectives:

1. Illustrate the experiences of older South Asian and Chinese women living in Newcastle, and what expectations they have of themselves as they grow older.
2. Identify key barriers to engagement of older ethnic minority women in existing community activities.
3. Position older ethnic minority women within directions for future research, activities and policies.

To do so, this study used creative methods and focus groups to elicit discussion of the experience of ageing by older ethnic minority women living in Newcastle. This project worked with two ethnic minority groups: older, mainly Cantonese speaking, Chinese women and South Asian women. The community groups that helped to facilitate this research project were *South Mountain Chinese Group*, Chinese Healthy Living Centre, Search (*West End Friends*) and Newcastle Central Mosque & Islamic Centre (Bilal Jamia mosque). Our approach consisted of a focus group with each community group, which was combined with collage-making facilitated by a local artist, Sharon Bailey.

3.2 Collage-Making

Creative approaches can bring older people's voices into decision-making, encourage older people to share their voices, and provide stimulating interaction through working with local arts and cultural groups. Creative methods have been cited as a useful approach for engaging community members whose voices are often excluded, within academic and policy work (Broomfield et al., 2021). Some research suggests that creativity can be beneficial for older adults in particular (Flood and Phillips, 2007) and that creative methods can elicit active engagement of marginalised people, where research might not always be designed with an awareness of their lived experiences (Kramer-Roy, 2015).

Within the Elders Council, creative approaches are used to enable older people to give voice to their experiences and ideas, and to engage the city's neighbourhoods and communities to:

1. Take a creative approach to challenging ageism, illustrating this by example, by doing and not just talking.
2. Introduce more diverse opportunities for creativity and learning into community settings so that older people are given the opportunity to take part in aspirational and meaningful activities in later life.

In the current study, creative methods were used in the form of collage-making. Each participant was invited to have a photograph portrait taken. All women in the South Mountain Chinese Group had their portrait taken. Several women in the Central Mosque group did not want to have their portraits taken and opted instead to have their hands photographed. In the focus group with Search, five women also did not want to be photographed. Following the photographs, women were invited to use collage materials to create a representation of themselves. This elicited discussion among participants at the beginning of not feeling very creative, or not knowing where to start. However, everyone did participate and several participants expressed a desire to continue being creative following this activity.

3.3 Focus Groups

A crucial element in illustrating the lived experiences of ethnic minority women is giving them the opportunity to share such experiences themselves. As such, qualitative methodology was best suited to this research project. Research using focus groups facilitates a common ground through which members can share their experiences together, realise group similarities and discuss what are sometimes seen as individual and personal problems (Wilkinson, 1998). Moreover, as these women all knew each other prior to taking part, it is conceivable that more honest and open discussions could take place because of the comfort level among participants (Jones et al., 2018).

The focus groups were organised with the help of The Elders Council and emerged out of their community development process. Focus groups were organized with groups with which The Elders Council had developed positive relationships and this undoubtedly helped this project achieve such a positive turnout and engagement. It is important therefore to recognise the value of that community development process as a precursor to doing this kind of research. One focus group took part with each community group, with approximately 10-15 participants. All participants were aged over 50. Each focus group was divided into three main parts: 1) Portrait conversations with each of the participants while they were having their photo taken for the collage-making. Participants were asked to provide some information about themselves, and what ageing meant to them. 2) The main focus group discussion began with a series of questions on their experiences of ageing and how they might prepare or tell others about ageing, and 3) how Newcastle could be made a better city for participants to grow older in.

4. A Discussion of Findings

In the following section, we present the findings from the focus group discussions with Focus Group 1 (FG1), Focus Group 2 (FG2) and Focus Group 3 (FG3). These findings are discussed in relation to existing academic research and data on the structural inequalities that ethnic minority communities face with respect to ageing.

First, we outline the attitudes of ethnic minority women to growing older, and the challenges that this brings alongside their hopes for the future. **Second**, we outline the data gathered on the theme of Health and the concerns raised through experiences of changes to health as an ethnic minority older woman, and the barriers faced in access to existing healthcare services. **Third**, we outline the data gathered on the theme of housing, including adaptations to housing that the participants thought would be beneficial as they grow older and where support may be gathered on issues of housing. **Finally,** we present the data gathered that speaks to the vital role of community organisations in mitigating against some of the issues surrounding the three previous themes.

The discussion in each section follows the outline of what participants' concerns were, what they wanted to change and why this impacts this group of the ageing population specifically.

4.1 Growing Older

- Many older ethnic minority women did not have a clear sense of what ageing meant to them.
- Older ethnic minority women's lives were changed in terms of their perceived 'usefulness'.
- The perceived 'usefulness' felt by older ethnic minority women was tied to their heightened experiences of loneliness and isolation.
- Ethnic minority older women wanted to seek out new opportunities in travel, hobbies, learning and paid work but experienced several barriers to access, including proficiency with technology

At the beginning of each focus group session, participants were invited to have their photograph taken to aid in the creative collage-making element of this project's methodology. While the photographs were being taken, we took the opportunity to ask women what ageing meant to them and how it made them feel. Some women's responses were characterised by a feeling of not yet being old, still active, and in many ways not considering themselves to be a part of the demographic of older people. In FG1, comprised of Chinese women, one participant—a particularly active woman who regularly attends fitness classes and

spends much of her time walking, including walking to and from the session we ran—explained that for her ageing is 'just the nature of things,' and her time was spent 'dancing and keeping fit.' 'I like being outdoors,' she told us, 'and lots of dancing. I do lots of dancing in classes.'

The discussion of ageing for this group had a generally positive outlook, though when asked if they had taken any considerations for future plans with regards to ageing, participants offered suggestions of what 'they'—meaning older people—should do to make future adjustments. This language of 'they' was used to imply that some of the older Chinese women did not see themselves as part of an older cohort, or that they did not immediately perceive themselves as being 'older'. One participant suggested that the group form a choir and encourage older people to get together and sing. A fellow group member, a younger older Chinese woman who had previously lived in Newcastle, had moved away, and had recently returned to care for her parents, replied, 'Not singing in a choir! Older people would not be interested in that.' To which another member responded, 'We are older people!' Indeed, these findings echo those of Nina Conkova and Jolanda Lindenberg (2020), whose study of older migrant adults in the Netherlands similarly conveyed the feeling amongst their participants of still being young, or not yet old. Similarly, this was tied to the participants' ability to do things independently. In the current research, this can be seen in how some of the older Chinese women participants maintain a healthy, active and independent lifestyle, but do so by almost defining themselves against an imagined notion of older people and what they are like—not seeing themselves as a part of that community.

Many participants noted that they did not know what ageing meant to them, or believed it was out of their hands. For example, several women in focus group 3 reacted with uncertainty when asked this opening question. One participant explained that she lives close by and in an area with one of the largest South Asian populations in Newcastle as a whole. This woman also lives with her family, who care for her. When asked about what ageing meant to her, she responded, 'I give it all up to God.' Several other women from this group echoed this sentiment, responding with comments such as 'I can't say;' 'Not thinking about it;' 'Ageing means nothing.' One participant simply shrugged her shoulders.

In focus group discussions, participants elaborated on how their lives were changing as they aged, and the primary anxieties women expressed were not so heavily focused on the process of ageing itself, but rather the impact that it may have on their 'usefulness' within their social and personal lives. As one participant in focus group 2 explained,

> participant 1: 'When you start feeling low energy-wise, and you have aches in your body, you realise you have changed. I was capable of doing my responsibilities without tiredness. Now I need to rest…When I think of the future, I wonder what will happen if energy goes lower. What will happen? Your husband? Your house?'

The expression of anxiety around fulfilling her 'responsibilities', and the connection of such responsibilities to her place within her family and domestic life, is indicative of the vital role that many of the women play in terms of caring for others.

The potential loss or change in levels of responsibility for ethnic minority older women was tied to their perceptions of self-worth and experiences of loneliness. One participant in FG2 explained that her life involved caring for her own children, who she had at the age of 18 and 19, and then two more in her mid-thirties, as well as caring for her own mother for twenty years. She expressed that when she was younger, she was busy and had responsibilities for her children and parents, but that this lessens as you age and is a daunting process. This sense of diminishing responsibility and 'usefulness' produces rising feelings of loneliness and isolation, as was indicated by several participants within this research.

> participant 2: 'I feel like I have reached my sell-by date … I feel like I used to be useful… I was needed … People don't notice you when you get older, they don't see your worth.'

> participant 3: 'I feel lonely sometimes, like nobody has time for me. I had a whole beautiful family and now nobody has time for me.'
> participant 4: 'You are more or less by yourself. Anxiety is about loneliness.'

Indeed, loneliness amongst older adults is a pressing issue, with a body of literature pointing to clear links between experiences of loneliness, social isolation and adverse health outcomes (Hawkley and Cacioppo, 2010; Courtin and Knapp, 2017; Holt et al., 2015; Ong et al., 2016). Coupled with this is the understanding that within the older population, ethnic minorities are more likely to experience loneliness and social isolation than their white counterparts. Research published in *Ageing and Society* revealed that Black and Asian people over the age of 65 are nearly twice as likely to report having no close friends, compared with white people of the same age.

> Despite these high rates of loneliness experienced by older ethnic minority adults, it is often assumed that they are protected from social isolation and loneliness because they are perceived as being in multigenerational households with traditional family practices. These stereotypes are damaging because they fail to acknowledge the diverse experiences and needs of different minority adults. (Hayanga, Kneale and Phoenix, 2021 cited in UCL, 2020)

The current research is in accordance with this finding and speaks to the urgency of understanding the unique experiences of ethnic minority older women in fostering healthy ageing.

In order to mitigate some of these impacts of growing older, many participants highlighted that they were looking forward to having grandchildren. For example, one woman said, 'I am happy, my kids have grown and I am waiting for grandchildren.' Another, in the older South Asian group (FG3) stated, 'The only thing I'm excited about is if my daughter has a baby soon!' One woman in FG2 expressed her feeling that 'Grandkids give you attention, they fill that gap if you have them,' which was followed with several expressions of agreement from the group.

In some respects, having grandchildren can reinstate the sense of purpose or 'usefulness' that ageing ethnic minority women feel they lose as their children grow older and move out of the family home. Indeed, it is well recognized that grandparents play a vital economic and social role in providing grandchild care

for families (Hank and Buber, 2009, Laughlin, 2013). Moreover, research suggests that grandparents who experienced greater disadvantage in their lifetime marital, partnership and paid work histories are more likely to provide higher levels of childcare (Glaser et al., 2014). Some international research has indicated that caring for grandchildren can help to mitigate some of the social isolation that older people experience, with directly related positive health outcomes (Quirke et al., 2019). Though it is important to note that this research did not focus specifically on the experience of ethnic minorities.

While family remained a crucial element of growing older for many of the women and framed several of the discussions within focus groups, it was not the only future direction, or potential mitigation for loneliness, that participants highlighted. For the participants, family did have a tight connection to the sense of purpose and worth that these women feel. However, there is also a prominent sense that ethnic minority women are keen to travel, keen to seek new learning opportunities and even sometimes keen to seek work in the labour market.

For several of the Chinese women, their future hopes centered around leisure and taking holidays. For example, one woman speaking at the beginning of the focus group stated her name, followed by the statement: 'I have two children, I am not yet married and I like to travel around the world … And holiday in the Caribbean.' Later in the focus group, when asked what the group were excited about with regards to ageing, one participant replied, 'Holidays! Just keep life going … Grab your suitcase and go!' This was followed by a lengthy discussion within the group about the multiple holidays the members had planned for the coming year.

When this group began their collages, several of the women crafted nods to their holidays, or areas they like to travel to. Explaining their printed portrait photographs, for example:

> participant 5: 'I want something that shows the ocean, something colourful like the Caribbean Ocean … I like food, travelling and simplicity.'

While holidays were mentioned as one way of mitigating loneliness and keeping active, this was mainly for women within FG1. Many participants across the focus

groups expressed that they wanted to learn more about technology. This was discussed with an understanding that technology was becoming an increasingly prominent part of modern life, and learning about technology could enrich their lives in terms of their hobbies, and their ability to enter paid employment roles. For example, in focus group 1:

> participant 5: '[We need] lessons to learn with the computers, I took a photograph on my camera, I don't know how to download it. We take a lot of photos while travelling … Computing! Nowadays everything is digital!'

And in focus group 2:

> participant 2: 'The world has changed so much especially with technology. [I] find that hard because [I] have never learned about it. [I] would like a job now [my] kids are older but I can't get one. They want certificates, they want experience of technology.'

Academic studies have suggested that social exclusion can lead to an inability to adopt technology use effectively and independently because of barriers related to language, access and skills to use the technology (Lloyd et al., 2013; Alam and Imran, 2015). Choudrie, Zamani and Obuekwe (2022) have outlined explicitly that uptake of technologies is rare amongst ethnic minority older adults and suggest that this may be because of the limited choices and skills to use the internet that are available to ethnic minority older people (Alam and Imran, 2015). These existing inequalities in access to learning technological proficiency are enhanced by the life histories of ethnic minority women that place an over-emphasis on their roles as homemakers, carers or domestic workers and an under-emphasis on their desire to learn new skills and undertake paid employment (Duffy, 2007; Kan and Laurie, 2016).

4.2 Health

- Participants describe worries about their own health through their physical mobility and experiences of menopause.
- Several participants also provided care to family members in ill-health.
- Participants expressed a lack of resources and knowledge about their health.

Experiences of engaging with healthcare services were not often positive.

Many of our focus group participants were acutely aware of their own physical frailties and had fears about potential health problems related to this, especially around experiencing falls. This sense of fear is significant as it points to how women perceive their own ageing process.
For example, one participant in focus group 3 had recently broken her arm in three places and had a knee operation which left her unable to 'walk as much now,' and said that she had 'lost her confidence.'

In focus group 1 participants echoed this sense of anxiety, with a direct attachment to their physical ability to maintain an active lifestyle:

participant 4: 'Just one fall is all you need! That'll change everything!'

It is true that the rate of hospital admission due to falls for people sixty and over are estimated to be within 1.6 to 3.0 per 10,000 of the population in the UK (WHO, 2007). Though it is also understood that physical frailty among ethnic minority women is higher, and likely to be exacerbated by health inequalities (Reid et al, 2021). Within their report, Reid et al. connect the experience of physical frailty with hormonal changes that are related to the menopause. Within the current research, menopausal changes were a key topic for some participants. In focus group 2, menopause was widely discussed, including the general statement about how women's bodies have a relentless set of challenges through menstruation, childbirth, breastfeeding and menopause. This difference in responses between focus groups demonstrates the importance of understanding the changing needs of ethnic minority women through life, a woman's needs at

eighty-five will be very different to the needs of a woman at sixty. One participant elaborated:

> participant 6: 'Memory loss. Menopause causes foggy brain; you start forgetting things and have sleep problems.'

Another related aspect that was discussed, with somewhat more reservation, within this focus group was the impact of the menopause on a woman's sex drive—that as a result of now having a lower sex drive, women 'felt old'. When asked about how they get advice on how to cope with such changes to their health, participants expressed that they did not know of any organisations that could offer guidance on such issues and how instead explained:

> participant 7: 'You rely on people you know who might know but it depends on their experience … Everyone ages in a different way so it's hard to establish how to prepare for yourself.'

The British Menopause Society outlines that while the menopause transition is a major health milestone for women, there is a limited body of knowledge around the biological, psychological, behavioural and social changes related to the menopause, and how they shape women's health from midlife onwards (2023). Within this, there is an even more limited body of knowledge on the experience of the menopause for ethnic minority women. There is evidence, however, to suggest potential symptom differences in the experience of the menopause for south Asian and South-East Asian women, differences in the age of onset, as well as differences in the types of interventions that ethnic minority women seek when dealing with the physical and emotional challenges of the menopause. They note that there is a need for further research, training of healthcare professionals and educational resources to be made accessible for ethnic minority women (2023). The discussions and perspectives evidenced in this report offer support for this growing need. Participants also expressed a more general need to understand and build their own knowledge of women's health. In focus group 3, one of the older South Asian women explained that ageing meant

> participant 8: 'Having so much on your mind … All having stress. That is a natural thing for us women … What does stress do to you? It makes you more unhealthy!'

Several other women highlighted that growing older meant getting to grips with women's health, and wanting to understand but feeling as though there was a lack of resources to equip themselves with information. For some women in focus group 2, this was learning how to manage stress:

> participant 1: 'Women don't make time for themselves, they're too busy looking after other people. They forget.'

To which another participant added that a woman teacher advised her years ago, 'Don't forget yourself. Give time for yourself.' She said she remembered hearing the advice but did not understand it at the time, and now she does.

As detailed above, the combined lack of confidence in health service providers, and the tendency to seek to care for oneself or within the community, ethnic minority women are more likely than their white counterparts to carry the responsibility of caring for family members (Faragher, 2023; Age UK, 2021; Census, 2021). In focus group 2, one participant cared for her elderly mother and took her to hospital appointments. Another had a husband who was frequently unwell with diabetes and two children with autism for whom she cared.

Unpaid care work has increased at a greater pace than population growth in the UK between 2001 and 2011, and an ageing population with improved life expectancy for people with long term health conditions means more high-level care is provided for longer. The experiences outlined by South Asian women within this research are unsurprising, given the overrepresentation of ethnic minority women in unpaid care roles in the UK (Census, 2021). Despite this knowledge, it is also well established that caring responsibilities can negatively affect physical health, mental health, education and employment (NHS England, 2014). The findings of this research—when taken with the pre-existing knowledge of the impact of unpaid care work, and the knowledge that this work is disproportionately undertaken by ethnic minority women—necessitates policy

and community approaches to ageing and care that consider the unique needs and life histories of ethnic minority women.

In making steps to 'give time for themselves' and look after their own health, some participants expressed wanting to learn about how to eat well for their age. For example, in focus group 3 one participant explained that life changes as you get older because you 'get wiser and eat for your health.' She elaborated, 'Everybody should watch what they eat. I eat a lot of fruit [and] watch a lot of TV programmes about foods, and changing the way you eat when you get older.' There was general agreement from the group at this, but an implication that they were unsure of exactly what changes should be made and what improvements this would make to their health in relation to ageing. At the end of focus group 2, when asked what women felt they needed, one participant replied: 'We need to prepare.' Another participant responded to this, 'Yes, but it is knowing what to prepare for!' This encapsulates the already established notion that ethnic minority older women have disadvantaged access to healthcare resources and advice on ageing.

More generally, health inequalities amongst ethnic minorities are well established. Access to care and language barriers have been the predominant focus of research, with evidence of failure to provide qualified interpreting services to people with limited English proficiency (Chauhan et al., 2020). In a systematic review of discrimination against older people in healthcare services, racism was one of the key factors that was experienced together with age-related discrimination within healthcare (Kapadia et al., 2022).

This is reflected in the experiences shared by some of the women taking part in this research. Within focus group 2, women were particularly vocal about sharing their experiences when engaging with healthcare services in Newcastle. For instance, one woman summarised that people are often treated with disrespect in hospitals. Another participant offered a personal anecdote of her mother being inspected for bed sores. She stated that the hospital staff did not listen to or respect her or her mother when she was trying to explain that her mum was active and not lying in bed, and definitely had no reason to have bed sores. She added that the inspection was intrusive and reflected a general lack of dignity in

care that other research has found is all too common in health and social care settings for ethnic minority older people (Harries et al 2019). This suggests that health inequalities faced by ethnic minority older women are summarised by a multitude of contributing factors that go beyond the language barriers of communication. While this is important, discrimination, limited social support, lower health literacy, lower socioeconomic status and a sense of disempowerment and feeling ill-equipped to advocate for oneself and be listened to also contribute to the health inequalities experienced by this group.

Within this focus group, other participants offered expressions of agreement, and suggested that institutions like the NHS, though having Equality, Diversity and Inclusion (EDI) training, are still often disrespectful and do not understand or respect cultural differences. Indeed, the available data within the UK demonstrate that such health inequalities experienced by ethnic minorities worsen as ethnic minority people age. Health and social care services are sites of lifelong discrimination for ethnic minorities. This is evidenced in the Rapid Review NHS Race and Health Observatory (RHO) (Kapadia et al., 2022), which outlines how ethnic inequalities in access to, experiences of and outcomes of healthcare are longstanding problems of the NHS.

> For too many years, the health of ethnic minority people has been negatively impacted by: lack of appropriate treatment for health problems by the NHS; poor quality or discriminatory treatment from healthcare staff; a lack of high quality ethnic monitoring data recorded in NHS systems; lack of appropriate interpreting services for people who do not speak English confidently and delays in, or avoidance of, seeking help for health problems due to fear of racist treatment from NHS healthcare professions (Kapadia et al., 2022, p.10)

This sits within a broad body of research that has recognized inequalities and discrimination faced by ethnic minorities in health and social care settings (Benjamins and Whitman, 2014; Raleigh, 2023; Hackett et al., 2020). For example, the stakeholder engagement held by Public Health England showed deep distrust of state institutions that exists for many ethnic minority groups,

which plays a part in worsening health. For many ethnic minority people, 'lack of trust in NHS services and health care treatment resulted in their reluctance to seek care on a timely basis, and late presentation with disease' (Turnbull, 2020, Paragraph 5). This may be worse for older ethnic minority people due to a lifetime of experiencing racism within healthcare, and worse for older ethnic minority women due to the lack of attention paid to older women's health within healthcare settings. There is also evidence to suggest that the COVID-19 pandemic has highlighted the effects of contemporary and historic racism on health, and disproportionately affected ethnic minorities in the UK (Kapadia, 2022).
Furthermore, it is perhaps unsurprising that at a time of cuts to public services, the most socially excluded groups will feel the brunt of this economic decision most profoundly (Harries et al, 2020). Indeed, participants within this group went on to express their lived experiences of the change to NHS services in Newcastle more broadly since the pandemic—particularly a reduction in the available services they offer. In the words of one South Asian participant:

> participant 9: 'Access to healthcare is bad and getting worse. Walk-in centres you go to have no doctors working that day.'

> participant 10: 'After COVID everything with the hospital services changed'8

As is underlined by the two participants here, the COVID-19 pandemic has exposed the shortcomings of global health and public infrastructure, where pre-pandemic shortfalls in healthcare provision and ethnic inequalities have been exacerbated, and recovery efforts have failed to adequately address disadvantage gaps for vulnerable groups (Dunn et al.; Barron et al. 2021). In a recent review aimed at exploring available research to identify discrimination of older people in healthcare services, major themes of discrimination were age related, racial, gender, wealth and technology related discrimination (Saif-Ur-Rahman et al., 2021).

4.3 Housing

- Age-related changes led many ethnic minority women to question whether their housing will remain suitable as they continue to age.
- Participants expressed a desire to stay within their current communities rather than move elsewhere for better housing.
- There was a general lack of knowledge about services and support available for participants who had questions about their housing options.

Access to appropriate housing has been identified as an important part of ageing in place policy, with an outlook to support healthy population ageing. The primary focus of this policy is to support ageing populations to remain in their present homes and communities, as opposed to moving elsewhere into assisted living or care housing. In accordance with the three pillars of healthy ageing as outlined by the WHO, this policy appears to share the aims of fostering 'security' for older people to remain in their communities as they age and can therefore encourage 'participation' in socioeconomic, cultural and spiritual activities to make a productive contribution to society.

As discussed above, previous research highlights disparities in the capacity of urban environments across the UK to support ageing in place (Cribbin et al., 2021). Moreover, differences in the types of social exclusion and inequalities experienced by members of the older population are important to recognize. This is important in order to avoid the treatment of 'older people' as a homogenous category and, instead, to recognize the diversity of needs within communities of older populations. (Wiles et al., 2012). This section sets out some of the challenges experienced by ethnic minority older women in negotiating changes to housing as they age, and the unequal experience of this social group in terms of their access to support and guidance on housing.

The discussion on housing began within each focus group as a key feature within participants' acknowledgement of how life has changed or is set to change as they age. The fundamental concern highlighted by many participants was how changes in their physical mobility may make their current home less suitable for

them, they question whether their homes would be manageable for them but emphasized that they did not necessarily want to move out of their current homes, although some did want to consider a move to a smaller home or a bungalow to avoid stairs. Examples of initial considerations are given here:

> Participant 11: 'I need] a smaller garden now!'
>
> Participant 12: 'Put a toilet downstairs because going upstairs might become difficult.'

One participant in her fifties explained that she thought her age was a good time to move into more appropriate housing, giving the example of a bungalow. She explained that her mother couldn't manage in her home, but as she aged, she did not want to change where she lived even if it would function better for her. As the conversations within focus groups developed, there was an apparent disconnect for many participants between understanding that such changes of moving home or making adaptations to their current home may be necessary in the future, but not understanding how such changes could be realised. Indeed, when we asked participants where they looked to for advice on making such changes to their homes, they were uncertain:

> participant 4: 'I don't know where to look for support with housing.'
>
> Participant 13: '[I get support from] living in close proximity to friends and family and] relying on neighbours.'

This lack of appropriate support and guidance regarding housing led this group to rely on the resources provided by people living in close proximity within their community in order to adapt to circumstantial changes that develop as they age. Indeed, there was a general conflict, and at times frustration on the part of some participants at the prospect of needing a more appropriate house to suit their needs as they age, but not wanting to move away from their community to achieve this:

> participant 14: 'Housing needs to be better and designed for growing older in. More bungalows perhaps. Need housing that has warden or

some sort of system that means people can't be lost or alone or get into trouble and no one know.'

participant 15: 'People would like to stay in a place they live in in general, but it is costly to make changes to the house—and messy.'

This general conflict between the recognition of the potential for needs to change as women age in terms of their housing style or available facilities was therefore met with two layers of difficulty. 1) The desire to remain close to friends and family and 2) lack of awareness of any services that can provide advice on how to stay in their communities while also making adaptations to their home to suit their changing needs.

According to the Newcastle City Council Specialist Housing Delivery Plan, the promotion of lifetime neighbourhoods and providing a choice of accommodation is an important factor in providing for older residents. Policy CS11 encourages the provision of 'Lifetime Homes', wheelchair accessibility and choice of housing, as well as more specialised provisions such as sheltered and extra care accommodation' (NCC, 2017, p. 17). The average disabled facilities grant costs less than £7,000 as a one-off payment, meaning the cost savings to health and social care providers are potentially very high, particularly where it reduces falls. Almost one in three people aged 65-plus, and one in two aged 80-plus experience a fall each year. Around 5% experience a fracture or require a stay in hospital. Annually the City Council and its partners provide around 300 adaptations funded by a disabled facility grant per year, with around 200 of these being major adaptations such as stair lifts, walk-in showers and ceiling hoists. Around 70% of these are for people aged 65 and over. In support of these principles the annual national budget for disabled facilities grant was increased in 2016/17 by almost 80% and a further 22% in 2019/20. As of 2023, central government funding for DFGs in England is set to be £573 million (NCC, 2017).

Nevertheless, despite the aim of Newcastle Council to deliver such provisions to aid their age-friendly city policy, the provisions are not functioning adequately if they are not accessible to those in society who may require help most. This group of women particularly found it more challenging to access this type of information,

which is unsurprising given that housing policy discriminates against their access (de Noronha, 2019).

Many people from South Asia migrated to the UK in the 1950s onwards to work in industries facing difficulties in recruiting labour from the local population. These people settled in different parts of the country, depending on the unemployment opportunities. In the earliest stages of post-war settlement, in the 1950s and 1960s, these migrants were forced by 'poverty, lack of knowledge of the housing market and blatant racist discrimination' into renting or buying poor-quality housing at the bottom end of the private market (Harrison and Phillips, 2010, p. 20). As Nigel de Noronha argues in his 2019 report, ethnic minority people experience 'housing histories' of deprivation and discrimination which add up to "patterns of cumulative disadvantage" caused by low income and reflected in disparities in property types—for example that Bangladeshi people experience higher deprivation in terraced houses and flats, and Pakistani people experience higher deprivation in terraced houses (p. 2).

Crucially, the issue to be addressed here is not the concentration of minority ethnic communities themselves, which has the potential to provide valuable opportunities for mutual support, but the coexistence of concentrations of minority ethnic communities with the concentration of disadvantage (Beider and Netto, 2012). This is demonstrated in the fact that the city's Asian population is largely concentrated around disadvantaged neighbourhoods in the West End, as detailed in the context for this report.

4.4 The vital role of community organisations

- Community organisations can act as social spaces for older ethnic minority women to connect where they otherwise may spend time alone.
- Older ethnic minority women also used community organisations as a lifeline and a resource where access to mainstream services is limited.
- The unique needs experienced by ethnic minority women point to the importance of groups that address these needs directly, rather than making these womens needs an additional part of existing groups.

The World Health Organization's active ageing model (2002) sets out to convey a comprehensive message on ageing. Their goal with the active ageing framework

is to enable physical, social and mental wellbeing of the ageing population, as well as their participation in society. A crucial part of achieving this goal is the role of organisations that operate within communities to bring older people together, and to facilitate the inclusion of older people across the community as a whole.

Community organisations can act as social spaces for those who may otherwise be alone. For many of the women involved in this research, their weekly group activities were the only regular social occasions they took part in. Much of the value and impact of the community groups involved in this research on their members was in their ability to bring ethnic minority women together and mitigate against some of the social isolation and loneliness that participants felt.

During the final phase of each focus group, participants were asked about how Newcastle could be made a more age-friendly city for them. For many of the women involved in this research, discussions began with their desire for more community engagement centred around activities. In focus group 3, one participant suggested:

> participant 10: 'I'm making a walking group if anyone wants to join!'

This remark was met with great approval from the group. In focus group 1, women also discussed activity groups that they wanted to set up:

> participant 16: 'What about singing … I think the singing is really good!'

> participant 4: 'Something crafty for people to do, they can make cakes and sell cakes so other people may feel appreciated and they have something to give back.'

The desire expressed by women involved in this research to 'give back' has been echoed in research elsewhere, as researchers at Birmingham University (Fenton and Draper, 2014) outlined that in the UK, the narrative around ageing is largely framed about what older people are unable to do, due to changes in their mobility, as opposed to the things they are able to do and how they are able to, and want to engage socially in a plethora of ways. Moreover, active engagement within a community has been cited as one of the key principles in achieving healthy ageing, which speaks to the importance of creating such opportunities and

making them available to ethnic minority women in Newcastle (Chong et al., 2006).

Furthermore, researchers have long established the importance of social networks in providing services within the networks they hold. Social networks provide social contact and social support which are both in line with positive physical and mental health outcomes. Older people with greater network resources (for example, larger networks with higher frequency of contact) may be better able to mobilise their networks when illnesses or hardships occur (Quirke et al., 2019).

Of note is that ethnic minority groups are less likely to access mainstream bereavement services. This may be due to access issues, as well as services potentially not being designed in a way that meets the needs of specific communities (Mayland et al., 2021)**.** Our findings are in line with this previous research, as one participant in FG3 explained that most of the women in the group are widows and a significant part of her role within the group is to provide a 'counselling service' for them because they experience a great deal of loneliness.

These unique needs experienced through ageing for ethnic minority women, outlined elsewhere in this report, affect their ability to engage in health and social resources within the city that may already be available. To address some of these unique needs, one participant in focus group 3 explained that she is working with the Newcastle organisation West End Friends to set up a community group to talk about health issues and language barriers experienced by ethnic minority older people. Another participant, in focus group 3 outlined:

participant 17: 'There should be a day-care facility near the mosque…'

When asked if it would be better for a mainstream day-care centre to be improved to cater for people of different languages and ethnicities, the participant reasserted that the important thing would be for the continued connection to 'each other', those who have been important within their lives and in the community. She added that there are hundreds of Muslim families in the area, so it makes sense. The importance of maintaining connections within communities was also expressed in focus group 1:

participant 15: 'We could have a gathering once a month for the Chinese elderly to talk with the Chinese community.'

The importance of older ethnic minority women maintaining connections within their own community, as well as having spaces where they can connect based on their own shared experiences, are evidence of the unique needs that this group experiences. The cultivation of these connections in response to the women's needs is a crucial part of addressing the disconnect between services that aim to be age-friendly, but which many ethnic minority women do not access as they are perceived to not be 'for them'. Evidence already points to the barriers experienced by ethnic minority groups in accessing, for example, health services (Age UK, 2021). Overcoming these barriers would symbolise a step towards fulfilling the WHO pillar of 'health' in their active ageing model, as well as cultivating the pillar of 'participation' through the utilisation of community groups and connections (WHO, 2002).

5. Recommendations

This report has brought together Census data, academic literature and policy in Newcastle upon Tyne, and data from three focus groups with Chinese and South Asian women aged 50+. In doing so, it has situated the experiences of these women in Newcastle within existing knowledge on ageing and ethnicity.

Previous research presents us with a deeply troubling state of inequalities for racialised minority groups, especially as they age. As noted above, the health of white English people aged 61-70 is equivalent to that of Caribbean people in their late 40s or early 50s, Indian people in their early 40s, Pakistani people in their late 30s and Bangladeshi people in their late 20s or early 30s (Health Survey for England, 2004). Moreover, there are long-standing inequalities, often as a result of embedded discrimination across all domains of society which often worsen as

people age. However, this often goes unrecognized or is defined crudely in terms of cultural differences, rather than attending to the unique experiences of individuals and communities and how they are engaged with.

A key overarching finding of this report stresses the importance of taking account of racialised minority women's experiences and their specific and often overlooked needs. All the recommendations from this research therefore foreground the need to avoid seeing and treating 'older people' as a homogeneous group, or a group that is passively ageing. These recommendations also emphasise the need to listen to older people's voices from diverse backgrounds to mitigate against cultural and age-related stereotypes that can otherwise often shape policy and practice.

The report has highlighted the ways in which the women participants experience anxieties around their changing health and housing needs, as well as their changing social role within their family, community and society more broadly. It has also highlighted the crucial role played by community groups in mitigating some of the inequalities experienced within these areas for older ethnic minority women. The following sets out a series of recommendations for all partners with this in mind:

Next steps:

This project was a starting point to understanding ethnic minority experiences of ageing in Newcastle. Moving forward it will be vital for **The Elders Council** to maintain and develop relationships with the participating groups to ensure their voices and contributions continue to be heard and continue to capture changing circumstances and a broader scope of experiences. In order to amplify these experiences, **The Elders Council** could explore opportunities for future creative projects co-produced by the women members as well as consider the potential for members to participate in Active Voices courses.

It is the recommendation of this report that consideration also be given to widening the communities that are engaged with to capture the experiences and voices of other significant racialized minority groups in Newcastle, for example, to include African, Polish and Turkish people living in Newcastle. In

achieving this, collaboration between T**he Elders Council**, **BME organisations in Newcastle, the University** and other interested partners would be vital.



1. **Loneliness** is an important consideration when seeking to understand some of the challenges of ageing. However, this report has illustrated how this should not come at the cost of failing to recognise **older women as active agents** in their own lives who have life goals and the desire to 'give back' to their communities and society more broadly. **Local authorities, public and community sector** could greatly benefit women's lives by recognising some of these needs, without having to negate the simultaneous feelings of loneliness. In particular, barriers to access to new opportunities, learning and paid and voluntary work could be addressed through provision of access to learning technology. This would also help Newcastle work towards its aims of achieving healthy ageing.

2. There is a vital need to **avoid seeing and treating 'older people' as a homogeneous group**. There is also a vital need to **redress persisting cultural stereotypes** which mean that south Asian and Chinese women's experiences are often misrepresented and their lives and experiences misconstrued. Loneliness can be missed due to the ways in which south Asian households are perceived from the outside for example. Whilst differences in the access of Chinese people to social support networks are often due to the disconnect between this community and social and public services, rather than the narrative of 'cultural differences'. **All organisations** need to reflect on the extent to which their practice is driven by narrow conceptions of communities, rather than as a result of consultation with the people who's lives they seek to support.

3. **Language issues are often oversimplified**. Language is often considered a barrier to services without a holistic understanding of how that is experienced. Whilst this *can* be an issue of the need for translation and interpretation, **public services and the Local Authority** need to also understand how language can be about a lack of understanding of institutional literacy, i.e. understanding how a system works, which can be exacerbated by a lack of confidence in language ability which in turn can be further exacerbated by a history of experiencing discrimination or a lack of dignity in care when accessing public services.

4. The **longstanding experience of discrimination** at the point of access to public services and in everyday life has long been documented and has also emerged here. There is a need for the **public sector and the Local Authority** to recognise that existing Equality, Diversity and Inclusion policies are insufficient to address this. There is also a need to build better relationships with individuals and communities where trust has been affected after long histories of discrimination.

5. **Health and social care** is a crucial point of concern for many of the women participants as they age. Much of this stems from the ways in which they are treated at point of access, as noted above (points 3, 4 and 5). However, there are also other aspects specific to these women that should be taken account of. For example, **unpaid care work** disproportionately affects ethnic minority women and can have negative affects on individual health of carers and yet this is often overlooked. There are also issues around the availability of information and support around women's health issues. Notably, advice and support about the **menopause** is lacking and not tailored to the experiences of South Asian and Chinese women, despite research showing their to be ethnic differences in the ways in which women experience menopause. There is clearly scope for the **University, health organisations including HAREF and The Elders Council** to come together around these issues to facilitate better information sharing.

6. **Housing** is also a longstanding issue of concern. A key finding that has emerged is that the women participants simply did not know about available housing options that could help them remain in their homes or in their

communities (when current housing did not meet need). There is then a clear need for better dissemination of up-to-date information and advice which could be delivered by organisations such as **The Elders Council, HAREF, local BME organisations and the Local Authority**.

7. **Community organisations** clearly play an absolutely fundamental role in racialised minority women's lives. They provide essential forms of contact, information and support across a wide range of need. These organisations are, however, starkly underfunded and this has been made worse in light of the impacts of austerity and the cost of living crisis. **Additional funding** is vital to help organisations continue and grow to support women as they age and help meet many of the WHO goals around healthy ageing.

8. The **creative methodology and the community development** work that has built up trust and creative relationships between organizations has enabled this project to achieve exciting collaborations and participation and it is recommended that this approach be taken into consideration in future projects.

6. References

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