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Age and Experience - Scottish Executive Consultation on developing a Strategy for a Scotland with an ageing population

Amina – the Muslim Women's Resource Centre welcomes the opportunity to contribute to this important debate.

There are many issues in relation to an ageing population that will be the same for all members of our society. Others will have a gendered impact, particularly given that women tend at least at present, to live longer than men, more frequently carry out caring roles, and generally are both less financially well off throughout their lives and in particular are less likely to have adequate pension provision. Additionally there are some aspects that have a differential impact on Minority Ethnic (ME) communities, with some variation between communities, and again there is a gendered dimension within this.

In this response we intend primarily to concentrate on the specific issues that relate to Muslim women whilst also making some comment on wider issues.

Q.3.6 Other

The ME community in Scotland has a younger demographic profile than the overall community in Scotland. This is largely due to the nature of migration where overall younger people migrate. It generally takes 2 -3 generations for the profile of originally immigrant communities to match the overall age profile of the host society. As Scotland continues to play host to new communities, through the asylum process, through the Fresh Talent initiative, and potentially through settlement from the expanding EU, it is likely that the ME community will continue to have a younger age profile. Scotland will increasingly need to encourage such immigration to ensure that it has a workforce able to support its otherwise ageing population.

This in itself raises issues regarding community relations and cohesion – particularly if migrants are predominantly employed in jobs which the indigenous community does not wish to take as has generally been the case. There will inevitably be an increase of employment in caring professions including personal care. Currently such work is predominantly carried out by women and is low paid and under valued. If increasing numbers of people, predominantly women, are taken on to work in the caring arena there is a danger that they will become trapped in low paid work without access to proper career structures. If there is a concentration of ME communities

employed in these areas of work this could further exacerbate the concentration of certain minorities in poverty, leading to increased social exclusion and a detrimental effect on community cohesion.

A solution will be to raise the profile of caring work, reward it adequately, and develop good training and career structures for carers. This will lead to several outcomes: men will be more likely to become involved in caring work – which will be necessary to ensure the choice of same sex carers for those men who require this, at present often difficult to offer; it will help overcome the pay gap which persists between men and women; and will prevent the ghettoisation of ethnic minorities, particularly women at the bottom end of the career scales. While this consultation relates to age, there are clear links to other aspects of the equalities agenda.

Q 3.1 Contribution and Opportunity

Older people contribute to society in many ways:

They act as carers for other often older people, but require adequate support in this.

They act as carers for young children in order that parents can go out to work. This is particularly so in ME communities, including the Muslim community, partly due to the lack of affordable and faith/culturally sensitive child care facilities particularly in relation to pre-school children. However, at present it is often not possible for older relatives to be adequately recompensed for this as in Scotland such care is not eligible for help under the Child Tax Credit regime – this should be reconsidered.

Older people are a repository of experience and knowledge gained throughout their lives and have lived the history of communities. Traditionally in all societies older people have been revered for their knowledge and wisdom. In today's fast moving society this respect has largely broken down, and is increasingly breaking down in ME communities as well. Lack of respect for older people may reflect some of the alienation felt by younger people towards wider society. Closer links could help promote community cohesion both within society in general and within minority communities where young people may feel their identity is under threat.

Opportunities to overcome the stereotypes around older people and enable their greater participation should be developed e.g. through:

- extending opportunities for older people to provide inputs to schools, nurseries and youth groups, adult education classes e.g. around oral history projects, storytelling, language teaching of minority languages, passing on of religious knowledge etc;
- “Adopt a grandchild/grandparent” schemes address some of the issues facing Scotland's ever increasing numbers of single parent families, some of which are cut off from older relatives, by helping provide support to parents, providing a grandparent type relationship for children, and overcoming isolation of an older person;
- Providing other volunteering opportunities to older people particularly targeted at groups such as low income and ME communities who are currently under-represented in formal volunteering. However adequate funding would be required to ensure that out of pocket expenses could be provided to enable people to be able to afford to volunteer, and this should include costs of accessible transport such as taxi fares where necessary.
- One Scotland advertising campaigns to counteract some of the myths and stereotypes about older people held by younger people, and perhaps by older people themselves who have come to believe that they are “on the scrapheap”;

While child protection issues would need to be addressed in relation to some of these schemes, they should be sufficiently streamlined to ensure that they do not act as a deterrent to involvement.

3.2 Work

Britain has the longest hours of work of all EC countries. This is particularly so for managerial and self employed people. A change to work culture that **allows** (where wanted) people to

continue working but for reduced numbers of hours and/or in less physically demanding areas of work as they get older, **as a norm**, may help people to stay in the workforce longer, while also enjoying the additional leisure time that many look forward to at retirement. Final salary pension schemes deter people from staying in work in less stressful jobs with lesser salaries, an option that many might choose if all was equal. Currently there is often no choice but to stop working at retirement age in many areas of employment. Others may be forced to leave earlier as they cannot meet the physical demands of the job. Increased options for part time working in new areas (such as some of those mentioned in 3.1 above) could open new avenues for some people to work and contribute to society.

Many of those from ME communities will not have contributed adequately to pension schemes for a number of reasons. They may have: started work in this country at a later date; been in and out of employment (higher rates of unemployment in certain communities especially Muslim ones, for Muslim women especially very low rates of labour market participation); been self employed with low income (higher proportions of small businesses in retail and catering); lack of familiarity with pension schemes and concerns about ethical values in relation to pensions (eg in relation to interest and investment in alcohol related industries); cultural expectations that the younger generation will take care of them (which may not be fulfilled). For communities already with high numbers in poverty, old age will exacerbate the situation.

While Pensions are currently being dealt with as reserved matter, the outcome of the current review of pensions will be crucial to the future of older people in Scotland in terms of ensuring financial security for the future. An appropriate link between working and benefit entitlement that is not a deterrent to people remaining active in the workforce for longer but potentially with lesser hours, and on a lower salary will be helpful.

As Central government looks to raise pension age, increasing numbers of people may not be physically fit enough to carry on working, particularly full time and in some occupations, up to retirement age. Pensions and the replacements for incapacity benefit should reflect this to enable people to continue working up to their capacity to do so.

Q 3.3 Services for older people

Despite the younger demographic profile, there will be a rapid increase of ME elders in Scotland particularly from South Asian and Chinese communities over the next 30 -50 years, as the generation that migrated here and the first generation brought up here reach retirement age.

Real consultation with older people around their requirements will be essential. The majority of those receiving services will not complain unless things are very bad for fear of losing a service, and as a result of low expectations. Many BME people do not approach mainstream services for assistance either because they are unaware of entitlements, or because they know from their own or others experiences that suitable services do not exist. Direct payments schemes, if adequate support is available to help service users to administer these, are helpful in empowering older people but will not be available for many.

Current service provision to meet needs tends to be ad hoc, concentrated in the voluntary sector which is often under-resourced, primarily in the Glasgow and Edinburgh conurbations. There needs to be a planned strategy in place to ensure appropriate services can be offered. These will include same sex services, a range of home support and day care options, and residential and nursing home care for the most frail. While the traditional extended family ethos will mean **some** people will provide care at home for elders, these family carers will need culturally and

faith sensitive support services to help them maintain care in the community. Many older people will not have family support, or will become too ill or frail for care at home and they will need

residential services that can fully cater for their faith and ethnic requirements. For many people there is and will be a requirement for services to be provided by people who can speak their own first language. This need will continue particularly in relation to dementia care given that second languages are often one of the first things to be lost in various forms of dementia. There is already a shortage of services that are able to provide for ethnic, faith and language needs across the spectrum of care services. A full strategy needs to be developed to ensure that such needs are met. This will involve training and recruitment strategies, investment in new services, as well as more stringent procurement guidelines for purchasing of services.

3.4 Health and Wellbeing

Feeling safe and secure, feeling valued, undertaking fulfilling activities adequate finances to eat healthily, keep warm and participate in society, are all essentials to health and well being both physical and mental in old age. These need to be addressed by a range of strategies: ensuring of accessibility of premises etc as physical fitness (mobility, hearing eyesight etc) deteriorate; provision appropriate to the full potential range of service users in relation to sports and fitness activities (including e.g. same sex leisure opportunities, diverse adult education and learning opportunities); Community Safety strategies; strategies to tackle discrimination and harassment (for Muslims particularly around Racism and Islamophobia)

Given the health gap between richer and poorer communities and between some ME groups and the wider population, strategies to tackle health inequalities earlier in life will make a major difference in later years.

3.5 Housing, Transport and surroundings

New technologies can enable existing housing to remain suitable for older people for longer than previously – community alarm systems, movement sensors etc can ensure people can remain safely in their own homes if the support infrastructure is adequate. Concierge systems and community warden schemes can provide a feeling of safety with a known face to help when in difficulties. More “accessible” housing should be designed and built to enable people to remain in their homes or at least their neighbourhoods without becoming prisoners in their homes.

On-line shopping can mean that food etc can be ordered in where there are no local shops. However, this can also add to isolation of people which would need to be addressed in other ways. The decline of local shops due to increase in large supermarkets and out of town shopping centres can be particularly detrimental for older people, although wheelchair accessible shopping malls can be an advantage once reached. Policies that encourage general food stores to operate within local areas e.g. through planning measures should be considered

Accessible transport including more dial a bus type schemes will help enable some people to get out and about, and more concentration on accessibility of premises, signage and e.g. loop systems will also assist. Public transport that is accessible for e.g. those with mobility restrictions, which does not limit to one or two users only would be beneficial.

Where specialist elderly provision is required e.g in relation to those with dementia there has been considerable work undertaken on design and this should be utilized.

Good lighting for streets, and maintenance of pavements to reduce potholes etc are also important to enable people to get out and about safely in their communities. Well maintained green spaces with seating areas and adequate security could be planned in to housing developments and physical regeneration schemes to enable older people to get out and have the opportunity to socialise.

This response was prepared primarily based on the experiences of Amina – the Muslim Women’s Resource Centre members, service users and their families. In the process of compiling the response we formally discussed the issues with 5 people. Amina – the Muslim Women’s Resource Centre works primarily with women from a broad range of minority ethnic communities, predominantly but not exclusively Muslim in faith. Amina – the Muslim Women’s Resource Centre is happy for this response to be available in the public domain.

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