

Diversity in older age – Minority Religions

Demographics

In recent years the United Kingdom has seen major, and contradictory, changes in attitudes to religion. Some minority religious groups have significantly increased their numbers while overall, religious adherence has been in decline².

There are four different ways of measuring religiosity: based on loose cultural affiliation; based on ‘belonging’ to a religion, or identifying as religious; based on believing in the core tenets of a particular religion; and based on levels of religious practice. The UK census looks at the first of these measures.¹

In England and Wales, in the 2011 census, one quarter (25%) of the population said they had no religion, compared with just 15% with no religion in 2001.²

The UK is relatively secular in its religious attitudes. Although, in the 2011 census, two thirds of the population of England and Wales identified with a religion [Figure 2], in a 2014 survey, less than one third (30%) described themselves as ‘religious’ [Figure 1].

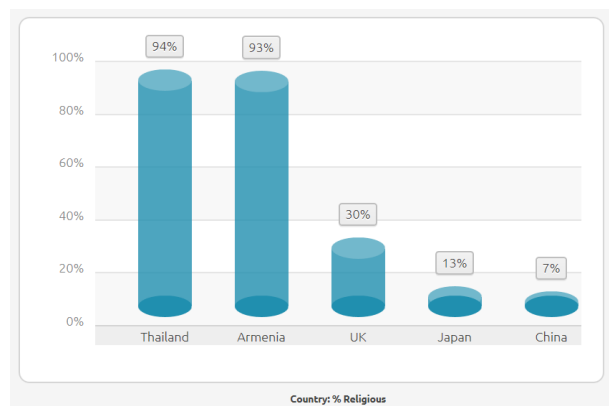


Figure 1

The perception is that, older people are more likely to have a religion. While that is true [Figure 4], it does not necessarily mean that people become more religious, or have greater need for religion as they grow older. People born at different times, growing up and growing older in different social contexts, will have different levels of religious involvement throughout life, and the way in which this changes over the life course is much more complex. [Table 1]

No religious affiliation, cohort analysis, 1983–2010				
	1983	1990	2000	2010
% not belonging to a religion				
All	31	36	40	50
Cohort (age in brackets)				
1986–1992	n/a	n/a	n/a	65 (18–24)
1976–1985	n/a	n/a	59 (18–24)	57 (25–34)
1966–1975	n/a	54 (17–24)	53 (25–34)	60 (35–44)
1956–1965	55 (18–27)	47 (25–34)	46 (35–44)	51 (45–54)
1946–1955	39 (28–37)	40 (35–44)	39 (45–54)	47 (55–64)
1936–1945	30 (38–47)	32 (45–54)	27 (55–64)	31 (65–74)
1926–1935	24 (48–57)	25 (55–64)	21 (65–74)	24 (75–94)
1916–1925	20 (58–67)	23 (65–74)	17 (75–94)	n/a
1915 or earlier	12 (68+)	19 (75–94)	n/a	n/a

n/a = not asked

British Social Attitudes Survey, 2010

Table 1

¹ British Humanist Association, *Religion and belief: some surveys and statistics*, <https://humanism.org.uk/campaigns/religion-and-belief-some-surveys-and-statistics/>
² Stokes P (2013) *Full story: What does the Census tell us about religion in 2011*, ONS

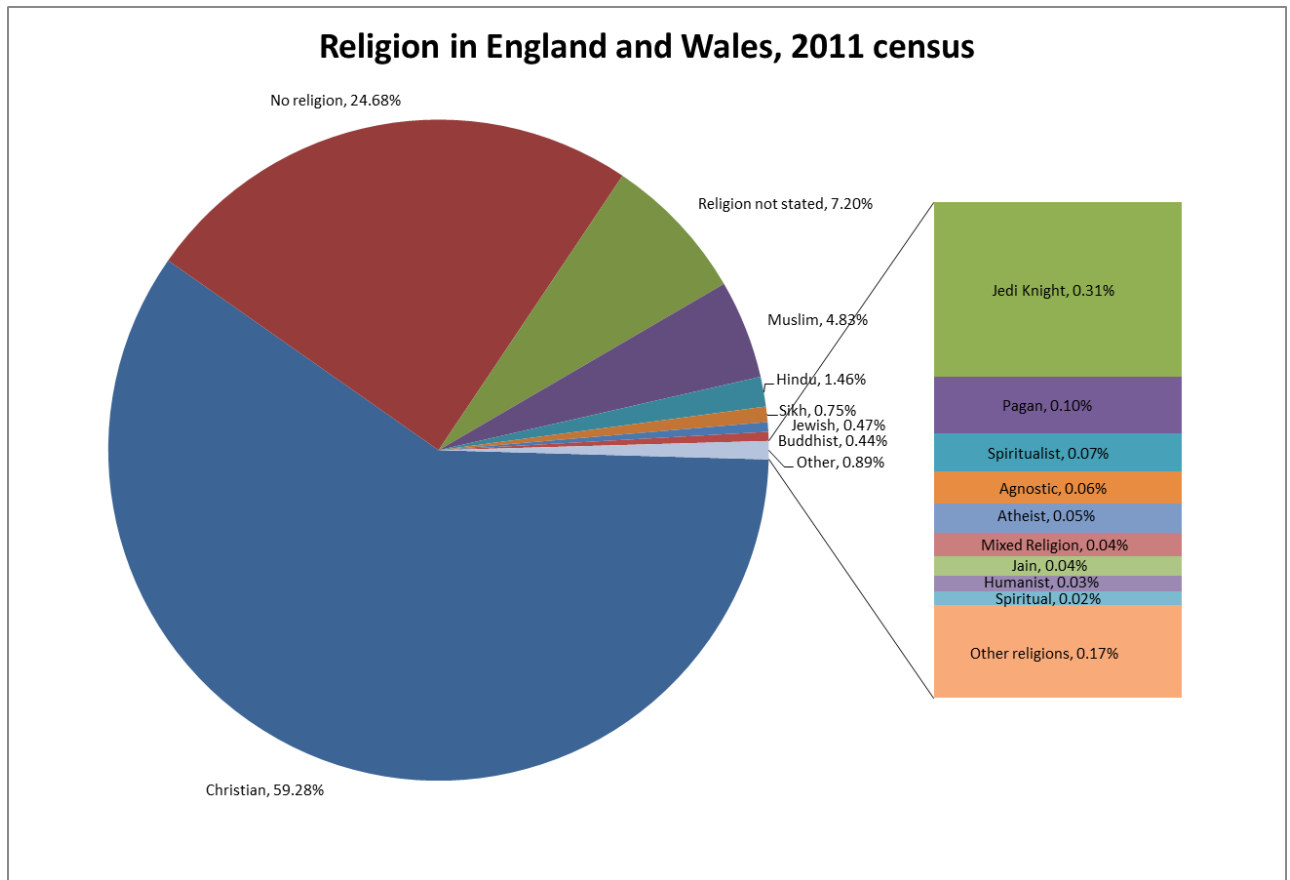
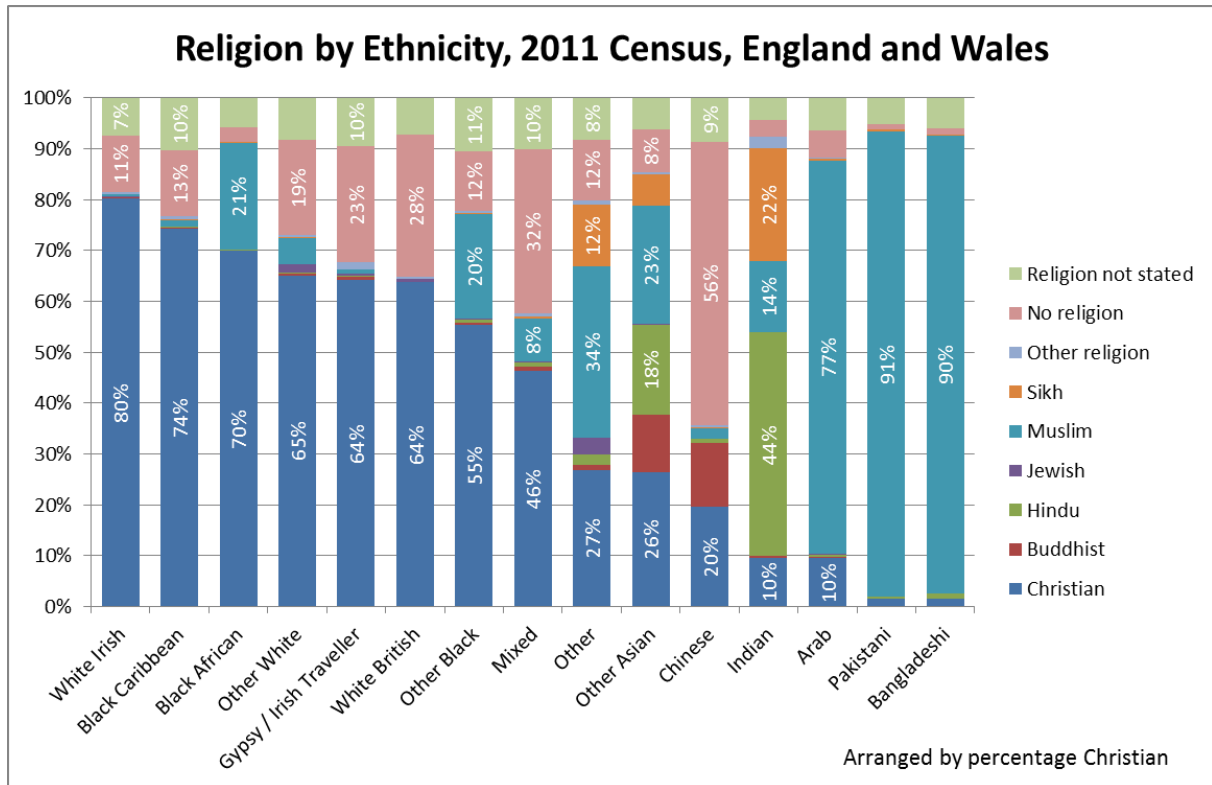


Figure 2

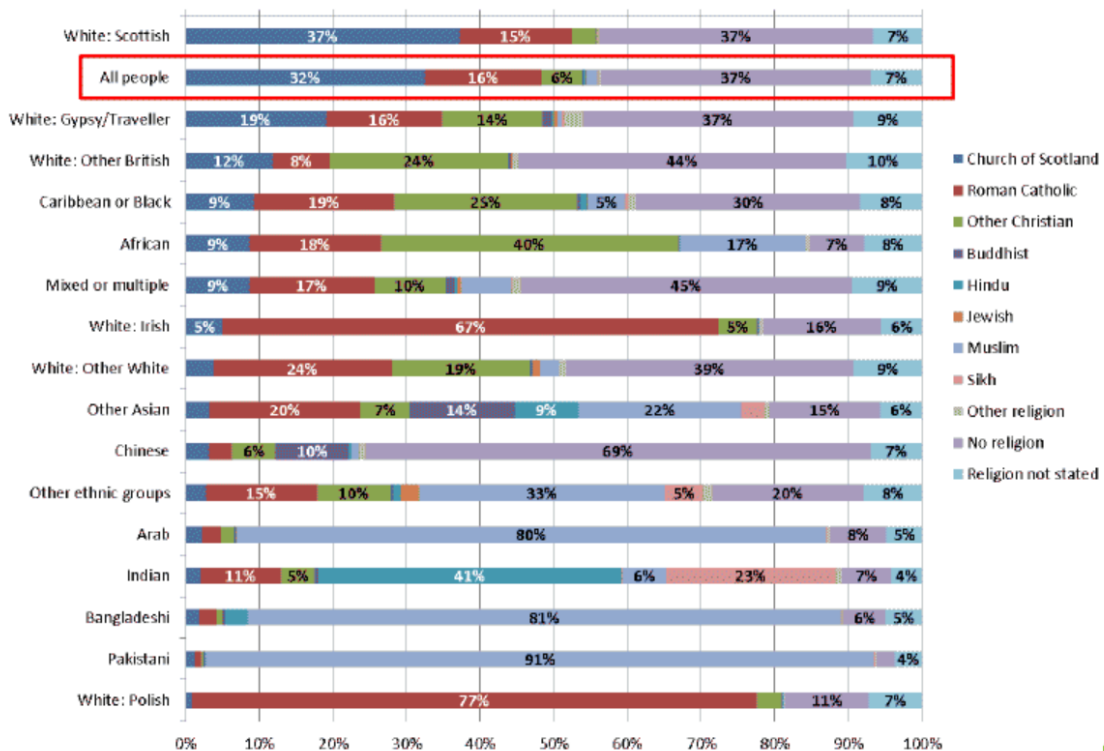
Ethnicity and religion, while different and distinct, are often closely inter-related. The census categorisations of both religion and ethnicity used in Scotland and Northern Ireland are different from the categories used in England and Wales but analysis of the Scottish 2011 census shows that, for example, while 67% of White Irish and 77% of Poles in Scotland are Roman Catholic, 80% of Arabs, 81% of Bangladeshis and 91% of Pakistanis are Muslim while 69% of Chinese have no religion. [Figure 3]

In England and Wales, 93% of Christians are White, and two thirds (68%) of Muslims are from Asian backgrounds, as are 96% of Hindus and 87% of Sikhs. Buddhist are more ethnically diverse.²

In England and Wales, the predominantly Christian ethnic groups are White Irish (80%), Black Caribbean (74%), Black African (70%), Other White (65%), Gypsy/Irish Traveller (64%), White British (64%) and Other Black (55%). The predominantly Muslim ethnic groups are Pakistani (91%), Bangladeshi (90%) and Arab (77%). The Chinese ethnic group predominantly has no religion (56%) and for the Indian ethnic group the two most common religions are Hindu (44%) and Sikh (22%).



Ethnic Group by Religion, Scotland 2011



Source: Census 2011

Figure 3

Religion in older age

In England and Wales as a whole, at older ages, individuals are more likely to say they are Christian and less likely to have no religion or be a member of a minority religious group. [Figure 4] At age 70 and above, around 203,000 individuals in England and Wales identify with minority religious groups, making up about 3% of the total population in that age group.[Figure 5,Figure 6]

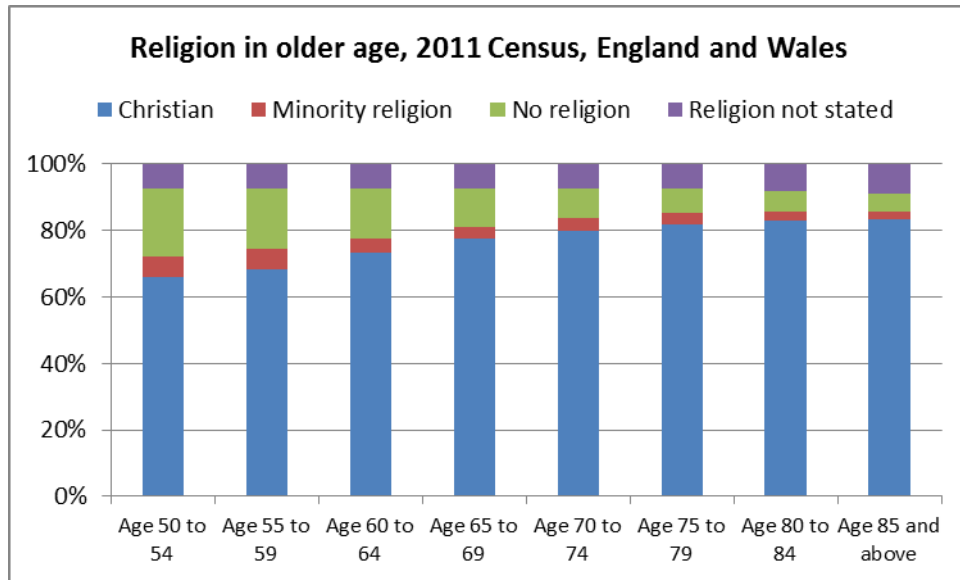


Figure 4

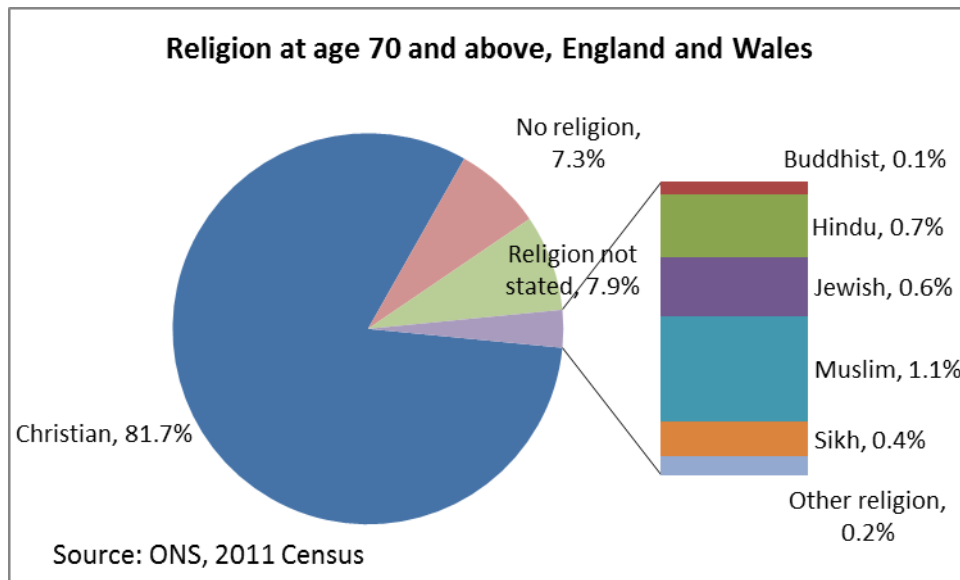


Figure 5

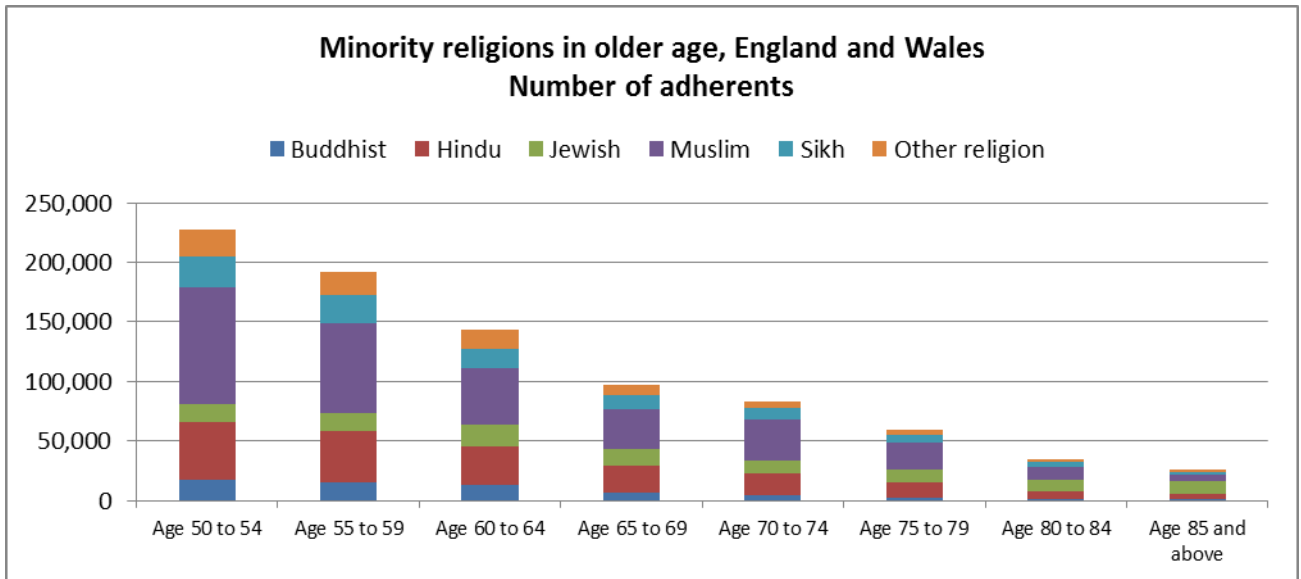


Figure 6

As age increases, in England and Wales, within each age group, the number of adherents to minority religions declines significantly. [Figure 6] This is partly because of smaller numbers in those age groups and partly because older people are less likely to be members of a minority religious group.

In the oldest age groups, overall, while the proportion of Muslims tends to decline, the proportion of Jewish people tends to increase. [Figure 7]

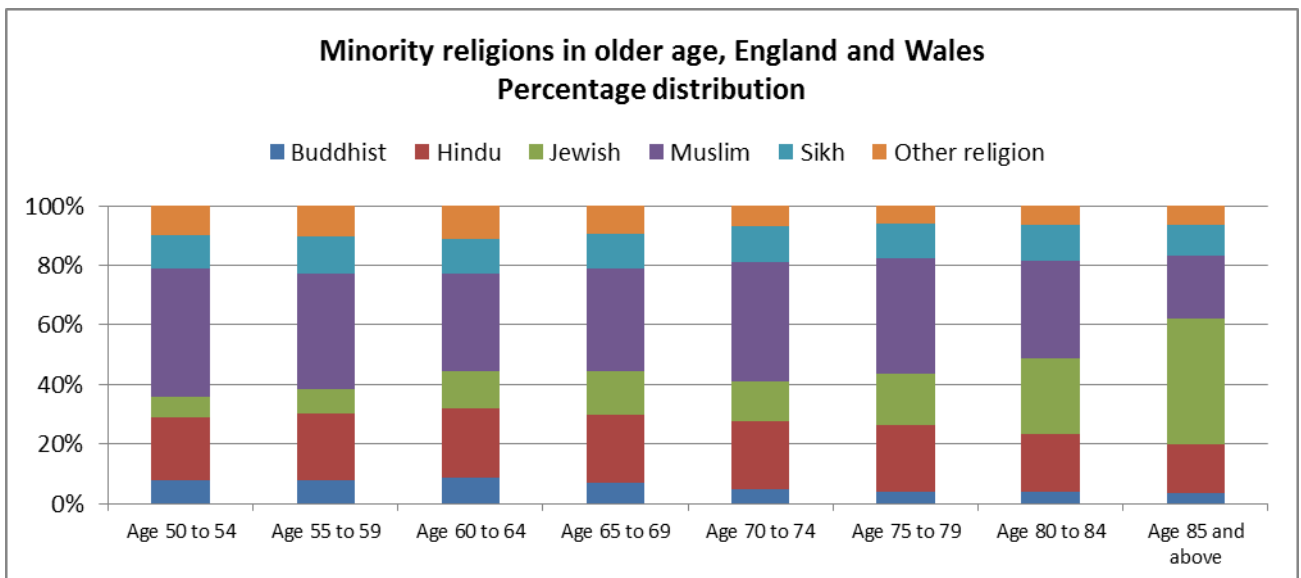
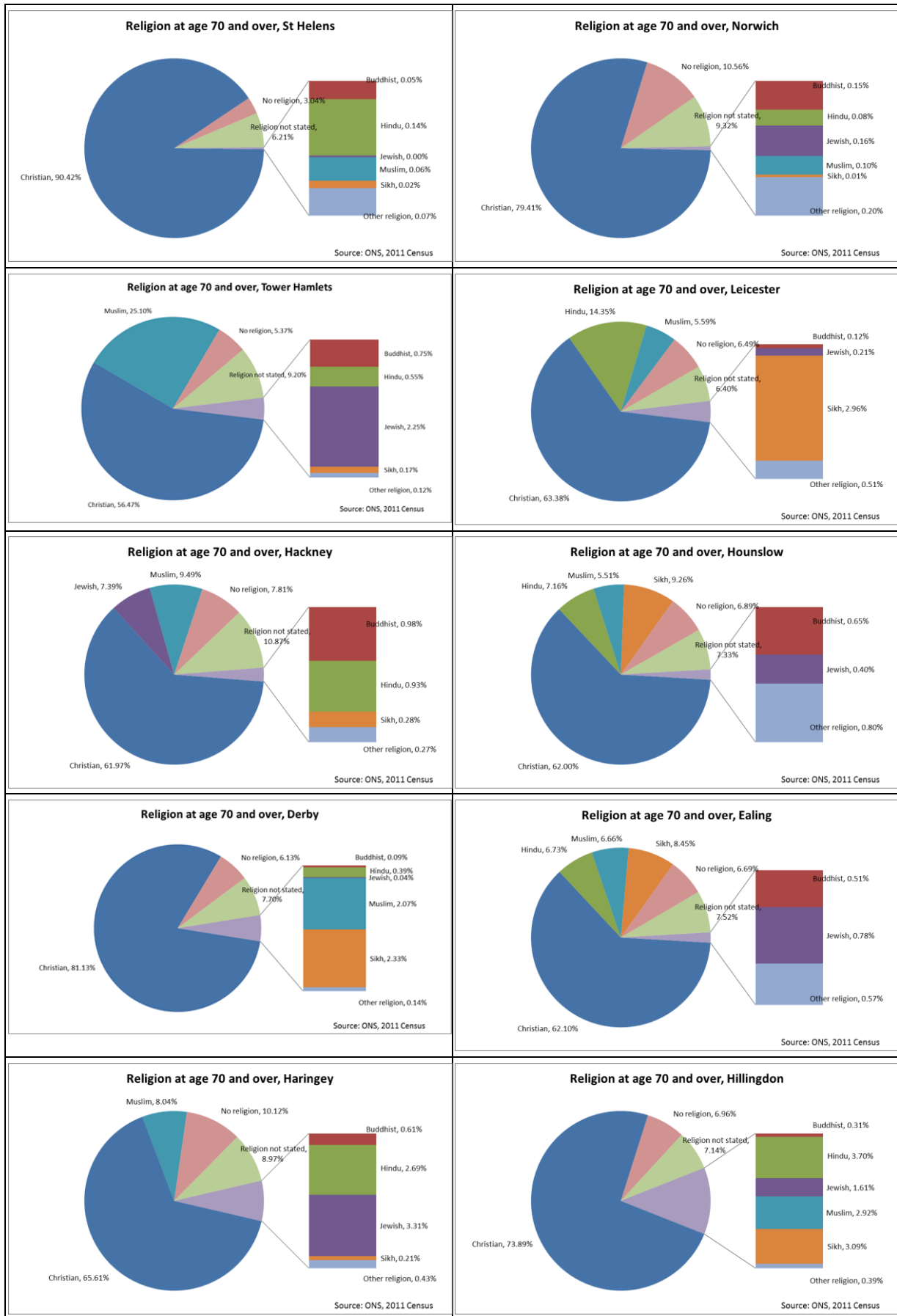


Figure 7

Local variation

Looking at the prevalence of minority religions in older age at a national or country-wide level is of limited value because religious minorities tend to gather together in particular areas of the country. This creates a very different picture of religion in older age in different localities.



At age 70 and over, St Helens in Lancashire is over 90% Christian and minority religions make just one third of one percent of the older population. Norwich, while still predominantly Christian in older age (79%) and less than 1% minority religions, has a much greater proportion of older people who do not adhere to any identified religion (20%).

Other areas have significant number of adherents to minority religions in older age. The London Borough of Tower Hamlets is 25% Muslim while Leicester is over 14% Hindu. The London Borough of Hackney is over 9% Muslim and over 7% Jewish in older age while the older population of the London Borough of Hounslow is over 9% Sikh and 7% Hindu.

Where religion is important to an individual, a group within the broader religion, to which the individual belongs, may be the most important factor.

In the UK, 5% of Muslims are Shia and 95% are Sunni. *Faith Survey* estimates that membership of Christian denominations in the UK in 2015 was 26% Anglican, 26% Catholic, 11% Presbyterian, 10% Pentecostal, 7% Orthodox, 4% New Churches, 4% Independent, 4% Baptist, 3% Methodist and 5% other denominations.³ In the Jewish community in 2013, 26% described themselves as being 'Traditional', 24% as 'Secular/Cultural'; and 16% as 'Orthodox' or 'Haredi', while 18% described themselves as 'Reform/Progressive'.¹⁰

Faith-based organisations

Faith-based organisations have a tradition of providing welfare support. In the United States such organisation are lightly regulated whereas in Europe, religious organisation experience greater regulation and have to report on their activities. A number of studies have shown an overall decrease in religious belief and participation in Europe but faith-based organisations continue to exist and participate in welfare support. While mainstream religions, and their associated faith-based organisations, across Europe, have declined, 'ethnic religions' have experienced a significant rise and a 'surprising' ability to create associated faith-based organisations.⁴

Across Christian Europe, the Catholic-Protestant divide and, within Protestantism, the Lutheran-Reformist divide has led to non-state welfare provision and the associated increased role of faith-based organisation being strongest in the UK, the Netherlands and Switzerland and weakest in Germany and Sweden.⁴

It has been argued that Christian FBOs tend to under-play their faith base, possibly so as not to alienate clients and to maintain secular funding streams, whereas Muslim FBOs are more open about their faith base.⁵

"FBOs are products of completely different world faiths. Even within each faith there exist highly diverse strains, whether we are talking about the Catholics, Methodists, Baptists, Anglicans,

³ <https://faithsurvey.co.uk/download/csintro.pdf>

⁴ Beaumont J and Cloke P (Eds) (2012) *Faith-based organisations and exclusion in European Cities*, Bristol, Policy Press.

⁵ James R (2009) *What is Distinctive About FBOs?*, Intrac

*Reformed, Lutherans or Adventists in Christianity or Sunnis, Tablighis, Shi'as, Sufis, Wahabis/Salafis in Islam. Even the term 'secular' is more multi-variant and complex than normally indicated".*⁵

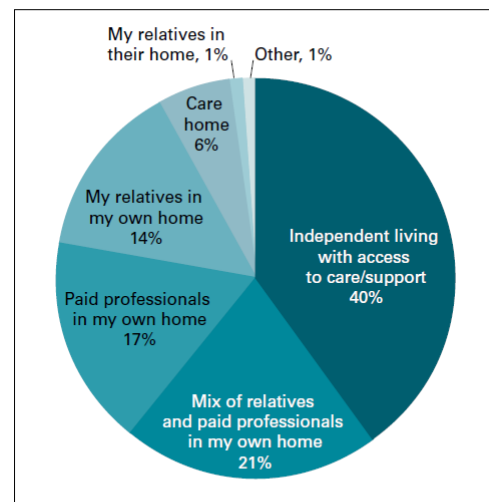
Writing in 2003, Terry Philpot suggested that 50 of the 238 religious orders in England provide residential care for older people. This includes the Catholic Church, Church of Scotland, Jewish Care and Methodist Homes.⁶

In 2010, the Quaker Housing Trust listed twenty five local organisations managing Quaker run accommodation schemes for older people in the UK and Ireland.⁷ Although Quaker-run, the schemes accept both Quaker and non-Quaker residents. In 2016 the Salvation Army had thirteen residential care homes in the UK and Ireland.⁸ MHA, formerly Methodist Homes, in 2016, supported five thousand older people living in care homes, two thousand older people living independently in purpose-built apartments, and nine thousand older people living independently in their own homes.⁹

A 2013 survey¹⁰ of the Jewish community found that, in older age, if they were in need of care, 40% would prefer some form of independent living and 52% would prefer care at home, provided by relatives and professionals, while only 6% would prefer care in a care home. [Figure 8] For care in a care home, the majority (62%) of respondents aged 65 and over expressed no particular preference for 'care in a Jewish environment with kosher facilities'; but 97% of Orthodox respondents and 75% of 'Traditional' respondents in this age group would prefer a kosher care home.

A 2009 survey¹¹ of Catholic care provision identified 80 Catholic run residential care homes in England and Wales. A high level of spiritual provision is perhaps the most distinctive characteristic of homes owned or run by Catholic organisations. Ninety percent of the homes responding to the survey reported having a chapel on site open not only to residents but also to visitors and members of the local community and over 70% of homes offered funeral and memorial services to residents.

Current desires for future care, respondents aged 65 years and above (N=1,241)*



*The question asked: "Imagine that at some time in the future, you could no longer manage on your own and needed help with daily tasks such as getting up, going to bed, feeding, washing or dressing, or going to the toilet. If you had a choice about how you could be cared for, how do you think you would want to be looked after?"

Figure 8: Jews in the United Kingdom in 2013

⁶ Philpot T (2003) *Catholic trends for care homes*, *Community Care*, 13th March.

⁷ Quaker Housing Trust (2010) *A list of Quaker-run accommodation schemes for older people*

⁸ <http://www.salvationarmy.org.uk/residential-care>

⁹ <http://www.mha.org.uk/about-mha/>

¹⁰ Boyd J, Graham D and Staetsky D L (2014) *Jews in the United Kingdom in 2013*, Institute for Jewish Policy Research

¹¹ Ryan et al (2009) *National mapping of services to older people provided by the Catholic community*, Social Policy Research Centre, Middlesex University

Service provision for older religious minorities

Some secular, commercial, care organisations provide care appropriate for particular religious groups, driven by local demand. *Sanctuary Care* runs Aashna House in Streatham, South London, a predominantly Asian care home with access for residents to local Hindu temples, as well as Asra House in Leicester which incorporates a Hindu temple and a Muslim prayer room as part of the care home complex. *Abbey Total Care* runs the Bhakti Shyama Care Centre in Balham, South London, a care centre for Hindi and Gujarati speaking Hindu older people, linked with the neighbouring Radha Krishna Temple Shyama Ashram. *Sunflower Healthcare* run the Neem Tree Care Centre in Greenford, Middlesex which has a specialist wing for “Asians of Indian origin”, a separate vegetarian kitchen and links to the local Shree Jalaram Temple.

Funeral Directors specialising in Hindu and Jain funerals can readily be found in areas with significant ethnic Indian populations, and Islamic funeral services, as well as being commercially available, are commonly associated with main mosques such as Manchester Mosque and Birmingham Central Mosque.

End-of-life care

End-of-life is a particularly sensitive time in the provision of care for older people from minority religious groups.¹² In particular, it is argued that much more needs to be done to provide and promote hospice care for the older Muslim population at the end of life.¹³

Evidence gathered in Leicester and Birmingham indicates that Muslims are much more likely, than the general population, to die in a hospital [Table 2]. Earlier studies focussing on ethnicity have found that 76% of Pakistanis (91% Muslim) and 78% of Bangladeshis (90% Muslim), aged 65 and over, die in hospital compared with 62% for the White British population.¹⁴

Table 2: Percentage dying in hospital

Birmingham		Leicester	
Birmingham Central Mosque [Muslim]	Birmingham Primary Care Trusts [General]	Muslim Burial Council of Leicestershire – 2014 (MBCOL) [Muslim]	Leicester City Primary Care Trust - 2012 [General]
78.6%	60.7%	63.5%	50.7%

Source: Ahmed S and Siddiqi N (2015) Bridging the gap: Strengthening relations between hospices and Muslims of Britain

¹² South A, Teale E and Watts V (2007) *Faith, dying and palliative care in multicultural Britain*, Geriatric Medicine 37(4), 17-22

¹³ Ahmed S and Siddiqi N (2015) Bridging the gap: Strengthening relations between hospices and Muslims of Britain, Woolf Institute

¹⁴ Paget A. (2014) Inequalities in End of Life Care: An evidence review by Demos on behalf of the Care Quality Commission

Attitudes towards religious minorities

Evidence gathered from the British Social Attitudes Survey 2013 indicates that Muslims are the least accepted group within British society and this goes beyond the level of lack of acceptance arising from being a religious minority and also beyond any lack of acceptance arising from racial differences. This lack of acceptance is greater among older people and peaks in the baby-boomer generations, born in the late 1940s and early 1950s, who generally score highest on measures of tolerance and liberal values but who are one of the first generations to describe themselves as non-religious and who may therefore view Islam as a threat to their preferred philosophy of secular liberalism.¹⁵

This lack of acceptance is recognised by Muslim organisations most of whom, in a 2001 Home Office survey, reported that their members experienced unfair treatment in every aspects of education, employment, housing, law and order and local government services covered by the survey. High levels of unfair treatment were also reported by other minority religious groups including Sikhs and Hindus, 'Black-led' Christian organisations, Mormons and Jehovah's Witnesses.¹⁶

Spiritual need in older age and the value of religion and spirituality

As already indicated [Table 1] there is little evidence that older people in the UK have greater spiritual need as they grow older,¹⁷ but studies in the United States, including a San Diego based study of 1,973 older women, have concluded that spirituality has a role in promoting resilience in older age, particularly for those with lower income and education levels.¹⁸ This is confirmed by a number of other smaller studies.^{19,20,21,22}

¹⁵ Storm I (2015) *Why are Muslims less accepted than other minorities in Britain?* Centre on Dynamics of Ethnicity (CoDE) <http://blog.policy.manchester.ac.uk/featured/2015/04/why-are-muslims-less-accepted-than-other-minorities-in-britain/>

¹⁶ Weller P, Feldman A and Purdam K (2001) *Religious discrimination in England and Wales* Home Office Research Study 220

¹⁷ Howse K (1999) *Religion, Spirituality and older people*, Centre for Policy on Ageing

¹⁸ Vahia et al (2011), *Correlates of spirituality in older women*

¹⁹ Ramsey and Blieszner (2013), *Spiritual resiliency and aging : hope, relationality, and the creative self*

²⁰ Faigin and Pargament (2011), *Strengthened by the Spirit: Religion, Spirituality, and Resilience through Adulthood and Aging*

²¹ Pentz (2005), *Resilience among older adults with cancer and the importance of social support and spirituality-faith "I don't have time to die"*

²² Krause (2003), *Religious meaning and subjective well-being in late life*

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