Myths and statistics: An exploration of the assumptions connected to ethnicity and family support

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This paper discusses PhD research on the topic of social support among older people from different ethnic groups. There are repeated mentions in the literature of the idea that some ethnic groups are more likely than others to provide informal support to their relatives. This paper explores the reasons why this idea exists, and then tests the related hypothesis that older people from some ethnic minorities are more likely than the White British to support relatives not living with them. The literature on informal support has tended to portray older people as passive recipients rather than as active providers (Hermalin, Ofstedal, & Chang, 1992). This paper therefore seeks to examine the extent to which older people give support. The analysis focuses on support given by older people to relatives outside the household through an analysis of survey data from England and Wales. Other related work has already explored support within the household (Willis, 2008).

There is an expectation in British society that minority ethnic families will 'look after their own' relatives (AWEMA, 2003). This assumption has been most commonly used to refer to South Asian families, but it has also been made in the context of Black Caribbean families (Atkin & Rollings, 1996).

This belief has been found among some staff at social and voluntary services. Three reports will now be discussed which have shown that the 'look after their own' belief exists among voluntary services, social services, and minority ethnic groups themselves. However, the way in which these findings are presented in these reports is qualified by a sense that such beliefs are merely stereotypes.

For example, in 1983 the National Council for Voluntary Organisations surveyed 192 of its member organisations in the health and social care sectors to determine service provision for minority ethnic groups, and how services could be enabled to make improvements (Dungate, 1984). They found that some staff of voluntary organisations believed that minority groups were self-supporting and lived in large family groups. Nine of the 51 organisations responding to the questionnaire attributed the low take-

up of their services among minority groups to the belief that they 'look after their own' (Dungate, 1984).

The Social Services Inspectorate examined the appropriateness of existing community care services for minority ethnic older people in 1998. They found a belief among some social services staff that Asian and Caribbean families would not accept social services help because "they look after their own, don't they" (Murray & Brown, 1998). It should be noted that the wording of this quote presents a dichotomy of White British staff and minority ethnic service users.

A report by the Commission for Racial Equality to inform social services suggested that minority ethnic older people would prefer care to be provided by the family, although the report warned that this family support may not always be provided (White, 1978). For example, it has been noted that Asian families are 'in transition' and are becoming increasingly more likely to live in geographically dispersed nuclear families (Katbamna, Bhakta, Parker, & Ahmad, 1997), although the multigenerational household is still more common among this group than in the general population (Dobbs, Green, & Zealey, 2006).

A recent article advising general practitioners on schizophrenia among Black Caribbean people in the UK presented as fact that South Asian families are "close-knit and supportive" (p.432, Pinto, Ashworth, & Jones, 2008). In contrast, Black Caribbean families were described as experiencing a high level of single parenthood and marital disruption.

Despite the 'look after their own' assumption having been refuted (Atkin & Rollings, 1996; Katbamna, Ahmad, Bhakta, Baker, & Parker, 2004), it remains a persistent stereotype. The present author's exploration of why the belief persists that some minority ethnic families 'look after their own' has led to the conclusion that there are two main reasons for such an assumption.

The first reason relates to cultural values. According to this theory, cultural values and social norms regarding informal support are the primary drivers of supportive behaviour. It would therefore be expected that groups holding cultural values promoting supportive behaviour would display greater levels of informal help.

The second is that high levels of informal support are a reaction to high levels of need. For instance, minority ethnic groups have been described as experiencing 'premature ageing', i.e. the ill health and disability usually associated with old age in the general population occur at earlier ages among the minority ethnic groups (Cameron, Evers, Badger, & Atkin, 1989; Chahal & Temple, 2005). Furthermore, inequalities in socio-economic indicators have been found among the ethnic groups in Britain (Evandrou, 2000; Modood, et al., 1997), so

this theory would predict ethnic group differences in support. These two theories will now be examined in more detail.

Cultural values

Some academic writing on ethnicity and support has emphasised differences between 'traditional' versus 'modern' cultures (Rosenthal, 1986). Modern cultures are said to have cultural values which encourage independence and individualism (Fry, 1996). Modern societies are thought to provide low levels of support for older relatives (Rosenthal, 1986), although this has been disputed (Atkin & Rollings, 1996). In contrast, traditional cultures are said to have cultural values such as filial piety, high levels of respect for elders, and familism (Yeo & Gallagher-Thompson, 2006). Traditional societies are thought to provide high levels of support for older relatives (Reher, 1998; Rosenthal, 1986).

There have been opposing arguments to the traditional-modern dichotomy, however. The positioning of minority ethnic groups as traditional has been criticized as a romantic idealisation of such groups (Rosenthal, 1986), or pathologising minority groups for displaying behaviour which deviates from the norm of the White majority (Atkin, 1992; Dilworth-Anderson, Burton, & Turner, 1993). Furthermore, it has been shown that modern societies have not ceased providing informal support, as the traditional-modern dichotomy would suggest (Atkin & Rollings, 1996; Parker, 1990).

Health and social inequalities

The literature on social support often characterises ethnic minority groups as experiencing health and economic disadvantage (Rosenthal, 1986). Such inequalities are hypothesised to underlie social support differences between ethnic groups. Specifically, research has shown that socio-economic disadvantages are associated with ill health, and so to a greater need for support (Young, Grundy, & Kalogirou, 2005), and potentially a reduced ability to provide support. Second, those who are economically better off have the means to purchase formal care services and so would have a lesser need for informal support (Broese van Groenou, Glaser, Tomassini, & Jacobs, 2006), although there is a hidden assumption that given the choice formal support would be preferred.

There is evidence for inequalities among some of the minority ethnic groups in Britain. Data from the most recent census show that the highest rates of limiting long-term illness or disability (LLTI/D) were among the Pakistani and Bangladeshi groups (ONS, 2004). The Fourth National Survey of Ethnic Minorities found that Black Caribbean, Pakistani and Bangladeshi men were over-represented in

the routine & manual employment category (Modood, et al., 1997). Particularly relevant to the current economic situation, unemployment rates during times of recession have been found to be highest in the Pakistani, Bangladeshi and Black groups (Li & Heath, 2007).

Therefore, according to the social inequalities theory, belonging to a minority ethnic group may be related to economic disadvantage in old age, resulting in greater need, but which may lead to greater levels of support receipt. Conversely, health inequalities and premature ageing among minority ethnic groups may lead to reduced ability to provide support.

PhD research, which is currently in progress, explores the relevance of these two theories in predicting informal support provided by older people using secondary analysis of a national dataset.

Method

The Home Office Citizenship Survey (HOCS) was used to examine informal support given by older people in England and Wales to relatives outside the household (Home Office, 2006).

The HOCS is a biennial survey which began in 2001. The survey covers among other topics: basic demographics, socio-economic status, informal support given to and received from household members and relatives outside the household. Each survey contains a nationally representative sample of around 10,000 people aged 16 and over, together with a booster sample of around 4,500 minority ethnic participants.

This survey was chosen for secondary analysis because it contains questions on emotional, instrumental and informational support. This is a broader definition of social support than simply care, which is covered in other national surveys, e.g. the General Household Survey. Additionally, the HOCS contains the large booster sample of minority ethnic groups, which allows statistical comparison between detailed groups.

The following data are from the 2005 survey, and refer to people aged 55 or over. This age cut off was chosen because of the established premature ageing among minority ethnic groups, and the importance of ill health and disability in the ability to provide support. Furthermore, the sample sizes when a 65+ age cut off was used were extremely small.

The analysis was conducted in STATA 9 and the svy-set command was used to adjust for the survey design, including strata, primary sampling units and probability weighting. The HOCS uses the 2001 census categories for ethnic groups, so these categories are used in this analysis. Due to small sample sizes the Pakistani and

Bangladeshi groups were combined. Exploratory analysis of these two groups showed no significant difference between them in the dependent variable reported on here.

This analysis focused on support given by older people to relatives outside the household. The intention was to explore cultural values of assumed close-knit extended families among minority ethnic groups, and to control for the potential health and disability inequalities among minority ethnic groups. Other analysis has already described support within the household (Willis, 2008).

The respondents in the HOCS sample were asked whether or not they had given help or support to relatives who did not live with them in the last year. Relatives both in the UK and abroad were included. They were explicitly told to exclude financial help when answering this question. The analysis was restricted to those who actually had relatives outside the household.

Results

Out of respondents aged 55 or over who said they had relatives living outside their household, 66% percent reported giving help or support to relatives who lived outside the household in the last year. This shows that a majority of older people do indeed participate in informal support provision and are not simply passive recipients. The ethnic groups most likely to give this support were the Other White (73%) and White Irish (67%) groups, as can be seen in Table 1. Contrarily to the 'look after their own' assumption, the ethnic groups which were least likely to give this support were the Pakistani & Bangladeshi (54%) and Indian (54%) groups. The relatives who received most support in all ethnic groups were adult daughters (36%), adult sons (31%) and grandchildren (26%).

Logistic regression was carried out using the dependent variable derived by the author of support given to relatives outside the household (0=no, 1=yes). In Model 1 ethnicity was a single independent variable (see Table 2). The White British group was used as the reference group for ethnicity. The White Irish and Other White groups had odds ratios slightly higher than one and all the other minority ethnic groups had odds ratios smaller than one, but for only two groups, Pakistani & Bangladeshi and Indian, were they statistically significant. These results are notable in that they contradict the 'look after their own' hypothesis for support given to relatives outside the household.

Table 2: Sample sizes, numbers and (weighted) percentages giving non-financial support to relatives outside the household for each ethnic group (author's analysis)

Source data: Home Office Citizenship Survey 2005

Ethnic group	**Number aged 55+** ***(unweighted)***	**Number aged 55+ with relatives outside the HH** ***(unweighted)***	**Number aged 55+ who gave support to relatives outside the HH in the last year** ***(unweighted)***	**% gave support** ***(weighted)***
White British	3656	3579	2343	66.4%
White Irish	61	57	37	66.8%
Other White	81	78	58	73.3%
Mixed	66	62	31	56.8%
Indian	296	288	145	53.7%
Pakistani & Bangladeshi	103	100	50	53.6%
Black Caribbean	234	214	121	59.3%
Black African	69	66	41	66.2%
Other Ethnic Groups	144	137	79	57.4%

A second logistic regression model was then carried out with limiting long-term illness or disability as an additional explanatory variable. The purpose of this was to adjust for one constraint on the ability to provide support. In Model 2 not having LLTI/D was the reference category. Table 2 gives the estimated odds ratios for Model 2 next to those for Model 1; adding LLTI/D made relatively little difference to the pattern of odds ratios although most moved closer to one. In particular the odds ratio for the Pakistani & Bangladeshi group was no longer significantly different from one. The significant odds ratio of the Indian group suggests that this group differs from the White British group even after adjusting for the factor, LLTI/D, thought to affect the ability to provide support. The confidence interval for the LLTI/D odds ratio (0.42 to 0.57) lends weight to the theory that being ill or disabled limits the ability to give support.

It should be noted that the odds ratio for the Other Ethnic Groups which combines two small groups (the 'other' categories from the census and the Chinese group) was significant at the 5% level in

Model 2. However, any interpretation for such a mixed group would be difficult.

Table 3 : Odds ratios (95% confidence intervals) for giving non-financial support to relatives outside the household, estimated by logistic regression (author's analysis)

* p<0.05, ** p<0.01, *** p<0.001, **** p<0.0001

Source data: Home Office Citizenship Survey 2005

Subpopulation: People aged 55 or over, only those with relatives outside the household

Independent Variables	Category	Model 1**	Model 2****
Ethnicity	*White British (reference)*	*1.000*	*1.000*
	White Irish	1.018 (0.549 - 1.885)	1.029 (0.552 - 1.916)
	Other White	1.389 (0.788 - 2.452)	1.369 (0.774 - 2.425)
	Mixed	0.664 (0.378 - 1.165)	0.649 (0.353 - 1.194)
	Indian	0.589 (0.442 - 0.784)***	0.623 (0.471 - 0.823)***
	Pakistani & Bangladeshi	0.584 (0.359 - 0.951)*	0.699 (0.427 - 1.146)
	Black Caribbean	0.744 (0.529 - 1.046)	0.788 (0.557 - 1.115)
	Black African	0.967 (0.535 - 1.749)	0.953 (0.523 - 1.736)
	Other Ethnic Groups	0.681 (0.455 - 1.019)	0.651 (0.432 - 0.981)*
Illness / Disability	*No (reference)*		*1.000*
	Yes		0.492 (0.424 - 0.570)***

Discussion

This paper has argued that the 'look after their own' idea has arisen because of social inequalities between the ethnic groups, and assumptions about cultural differences.

The results show that, far from simply being passive recipients of family support, a majority of older people themselves gave informal support to relatives who did not live with them. This does not include financial support, but refers to practical help and support. The main benefactors, regardless of ethnic group, were adult children and grandchildren.

Logistic regression showed that the white groups had higher odds than the non-white groups and, in particular, the odds for both the Indian group and the Pakistani & Bangladeshi groups were significantly different from the odds of the White British group. However, controlling for LLTI/D, the Pakistani & Bangladeshi group was no longer significantly different from the White British group. The Indian group remained significant even when LLTI/D was controlled for. The hypothesis that having a limiting long-term illness or disability would reduce odds of giving support was upheld.

Additional regression models (not shown here) included age, sex, marital status, children, and socio-economic variables. The significance of the Indian group persisted even when all of these other factors had been adjusted for, indicating an underlying effect not accounted for by social inequality or the other demographic factors.

The variance between ethnic groups that remains once socio-economic and health factors have been accounted for should not automatically be assumed to reflect simply 'cultural' effects (Mutran, 1985; Smaje, 1996). The HOCS does not have an attitudinal measure on support which could be taken as an indicator of cultural differences. The underlying cultural influences on support are instead examined in a qualitative arm of this PhD. Nonetheless, these statistical results tentatively contradict the supportive extended family stereotype for the minority groups, and actually show a reversal from stereotype for the Indian group.

It may be argued that, since extended family households are more common among the South Asian groups (Dobbs, et al., 2006), support within the household may be more common than support outside the household in these groups. However, other findings from this PhD reported elsewhere showed no significant difference between the South Asian groups and the White British group in support given to household members (Willis, 2008).

Help and support given to relatives both in the UK and abroad were included in the present study. However, if the majority of one's

relatives live abroad, it may be logistically more difficult to give support. This is especially true since financial support was excluded from the survey question. If financial support had been included, the migrant groups with dependents abroad might in fact have had significantly higher odds of giving this support. Although those respondents who had no relatives were excluded from this analysis, those who had very few relatives in the UK might have been at a disadvantage when it came to answering this question. Therefore, care is needed in interpreting the conclusions; the observed difference could be partly due to some ethnic groups having fewer opportunities to give support to relatives outside the household.

This PhD research is ongoing. Other support variables within the HOCS which have been examined, but not reported on here, include support within the household and support with friends and neighbours. The cultural values aspect of social support is further explored in a qualitative arm of this study.

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