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Chapter Author(s): Amal Beyrouthy, Mashmooma Din, Eva Elliott and Allan Herbert

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COVID-19 and multi-generational households

Reflections on the experience of a diverse urban community in Wales

*Amal Beyroudy, Mashmooma Din,
Eva Elliott, and Allan Herbert
(authors listed alphabetically)*

Over the last year, statistics on COVID-19 have highlighted the higher number of infections and deaths in some Black, Asian, and other minority ethnic (BAME) groups. Data suggest that differences remain after accounting for underlying conditions (Fox and Monahan, 2020). The reasons are likely due to structural inequalities that shape people's lives and disproportionately disadvantage particular groups of people. One risk factor that the Office of National Statistics (ONS) has identified is older people living in multi-generational households. Someone over 70 is much more likely to be living in a house with a mix of generations if their ethnicity is identified as Bangladeshi (56%) or Pakistani (35%) (Fox and Monahan, 2020). For Indian households it is still relatively high at 13%, whereas for those who identify themselves as 'white' this goes down to around 2%. People over 70 are more likely to become severely ill or die from COVID-19 and living with people from three generations or more increases their risk of exposure to the virus (Ogbonna, 2020). However, there is scant literature on the experiences of older people living in multi-generational households during the pandemic.

In the UK, Pakistani, Bangladeshi, and Indian domestic settings are home to people with very different life experiences. For many older people in these households, they grew up in environments, often rural, where change was slow. They now find themselves in Britain in a time of accelerated change.

This is a challenging process for the generation of older people now living in the UK. Their children have grown up Indian, Pakistani, or Bangladeshi, often subsequently British citizens, and progressed into adulthood in a maelstrom of trans-continental physical and cultural change, which subsequent generations have been born into, and they know no differently. These are the generations that live in the same household, many in economically challenged circumstances. Here we try to understand how this pandemic has disrupted, and in some instances surprisingly improved, the already disadvantaged lives of these households and the responses of grassroots organisations that work alongside them.

The place, the authors, and the process

The authors of this chapter are involved in an international project, The Other Front Line (<https://www.otherfrontline.org>), currently coordinated by Professor Jennie Popay and a team of academic activists. Participants are gathering stories, blogs, and visual and oral accounts from ‘street’ journalists across the globe. The ‘journalists’ (people who have endured the consequences of poverty, inequality, and exclusion), speak of the troubles that they and the people around them face, as well as of the resourceful ways in which they individually and collectively manage to support themselves and each other. The project will use the stories to advocate for social justice and policies that will address the conditions that lead to health inequalities.

This chapter is based on a conversation between the four authors concerning people living in multi-generational households in a diverse urban area in south Wales called South Riverside (an area of extreme deprivation adjacent to the city centre of the Welsh capital, Cardiff). Eva was initially approached and she contacted Allan with whom she has collaborated on a number of research and engagement projects over the last two decades. Allan lives in South Riverside, and until recently, managed community projects for the South Riverside Community Development Centre (SRCDC; <https://www.srcdc.org.uk/>). He was aware of

the anxieties that multi-generational families were expressing during the pandemic and so approached Mashmooma Din from SRCDC and Amal Beyrouty from Women Connect First (WCF; <https://womenconnectfirst.org.uk/>). Through these organisations, they have built strong relationships with older people and families, and specifically women. Both organisations are rooted in the local community and have operated for over 40 and 20 years respectively. SRCDC is a place-based community anchor organisation that is open and responsive to all people and groups living in the area. WCF is located nearby and focuses on the empowerment of Black and minority ethnic women. While being separate organisations, they also connect and bring together their knowledge and skills when it is needed.

Multi-generational households

To Allan, Amal, and Mashmooma, Bangladeshi, Pakistani, and Indian multi-generational households are familiar. Of course, every household is different, and they do not all contain three or more generations. However, such arrangements are common and make economic sense to the families living both in the UK and in the countries of origin.

Men are more likely to be responsible for bringing money into these households. Typically, women are the homemakers and carers but with grandparents caring for their grandchildren in situations where the sons and daughters of the next generation are in employment. There is, however, often a tension regarding expectations of the presumed roles relating to family care. Younger generations can have ‘tangled thoughts’, often expressed differently by boys and girls, yet both are caught between two cultures: their family cultures and norms on one side and the culture of the society they live in on the other side.

Care homes are rarely seen as an obvious choice in these communities. There is a generational and cultural pressure to look after elders at home, exasperated by UK care homes rarely being geared to the diverse needs and expectations

of different cultural groups – usually accommodating and occupied by indigenous white people.

In more recent years, women in these communities have experienced small but significant shifts in household dynamics. Ironically, this may partly be due to more stringent welfare reforms. Previously many young women in these communities were restricted from studying or working by either their husband or in-laws because they were perceived to have other obligations at home. Changes in the benefits system has resulted in alterations in the decision-making within domestic settings, resulting in young women seeking new opportunities.

And then COVID-19 came along: the local response

While the ramifications of COVID-19, and measures taken to control its spread, have been overwhelming in the lives of people living in multi-generational households, SRCDC and WCF have the trust of the local community, the knowledge of the particular individuals and families that they support, and the ability to galvanise resources that have helped to mitigate the worst effects. In addition, they ease the anxieties that have penetrated the intimate settings of home life. The organisations themselves are diverse, able to communicate in different community languages, and have an understanding of the interrelationships between cultural, social, and economic needs.

This has allowed the responses of SRCDC and WCF to be developed in partnership with communities and families and to have easy points of entry. All of these responses are rooted in an understanding of the interplay of poverty and cultural and faith practices in the particular context in which they are experienced. Responses have included a community pantry scheme, a culturally sensitive meals delivery scheme, online cooking sessions, sourcing, and collection of clothes for children and young people, and the sourcing and provision of tablets, sim cards, mobile data plus support with training where needed. The organisations also offer advice and advocacy and since the pandemic started, these services

for older people have often been extended to whole families. Therefore, an older woman may be the initial point of contact but then the organisations are helping the husband, the children, and the grandchildren. Staff at these organisations feel they cannot say no because they know that during the pandemic local people are restricted in terms of what services and support are available to them and that their organisations are trusted in these communities. They can help them and so they do – everything is confidential.

Challenges: coordinating households with many different needs

The virus has shaken the community in South Riverside. There is anxiety about managing household dynamics with children (at times) going to school, and family members going to work in jobs where homeworking is not possible. These working arrangements place older people in multi-generational households at a high risk of catching the virus and, because of their age, at a higher risk of becoming seriously ill, hospitalised, or dying. Employment is also often precarious. In England and Wales, Bangladeshi men are four times more, and Pakistani men three times more likely than white British men to have jobs in what have been described as ‘shut-down industries’ (including restaurant work and taxi driving) (Ogbonna, 2020). Families are trying to manage the intense demands of economic survival, family wellbeing, and infection control.

Anxiety has also created other risks to health. Amal is aware of a number of people who need carers but have refused to let them enter the house because of anxieties relating to family exposure. Many are isolating on their own even though they need care. SRCDC and WCF have both witnessed the effects in terms of malnutrition. Amal reported that one woman was hallucinating due to malnutrition because she was refusing to have visits from carers out of fear of the virus.

Amal, Mashmooma, and Allan had all noticed that some older people were voluntarily self-isolating, in their own room within multi-generational households. One elderly man in his 70s with underlying health conditions would not even come

into the front garden. He said that he was not doing it out of concern for himself but to avoid putting extra strain on the family. He told Allan it was ‘the easiest thing for me to do – and I can do this. I am at peace with myself ... I can do this, and then everyone is protected.’ There is an element of sacrifice. However, this has amplified the sense of loneliness and isolation that many older people face.

Some informal carers, usually women, are also at risk. These are generally members of the family who are trapped, through circumstance or poverty, in a situation where they have little option other than to undertake a caring role. In some cases, they may be in receipt of a carer’s allowance, which Amal feels is inadequate. She has heard comments from a few people saying, ‘Is that the wages we are paid? We have to wash; we have to clean them up.’ She feels that these carers are under significant pressure, and feel both isolated and overwhelmed. Poor financial remuneration and the fact that it is within the household can also lead to abuse of older people because there is no inspection. Carers, and the cared for, in these situations risk isolation and neglect.

Positives: offering support through digital means

Both organisations have been consciously involved in the progression of digital literacy for women from BAME communities over many years, and consequently they have been able to have some positive impact on women who have found virtual ways of meeting during the pandemic. Amal’s Golden Years project at WCF has allowed her to connect with older women in their own homes. After initial reluctance, and as a result of encouragement, free tablets, data, and technical support, the project, and the women, have flourished.

The key has been keeping it informal and fun. To an older person, the formality of sessions can be daunting – some of them have never been to school. By keeping it informal, the attendance has always been very high. Over 200 women regularly participate in activities remotely – this did not happen before the pandemic. They do activities that they enjoy: mask making for Halloween and a Halloween party, and cooking

for fun. WCF give them the resources and they do cooking sessions together from their own kitchens. For Ramadan, 130 women come together digitally for a party – each at home but dancing together. In the beginning, they said, ‘No, we can’t, we can’t,’ and now they find it is fun.

The use of e-consult and the use of visual messages online has changed the way in which local people engage with primary health care services and public health messages on behalf of their whole family. Individuals are often reluctant to consult with doctors themselves or there are other barriers that make this difficult. SRCDC did whole sessions on e-consult. When doctors are not meeting face-to-face, people have to put a request in online and then the doctor phones them back and they do an e-consultation. It is also the case that many people cannot read the language they have been brought up speaking, so visual messages have been more useful than written translations and these have been provided online. When restrictions relaxed for a while, some people have preferred participating on Zoom, even when there was a chance to meet at the local community centre, because it is a lot easier for them. They can do it in the comfort of their home.

Not only are more women participating, but also those who have previously been quiet in face-to-face events are speaking for the first time. Some women who come to the community centres can be very quiet, sometimes not even speaking in meetings and activities. Now on Zoom they are active. They engage; they talk. Amal said to one woman, ‘I have seen you for over two years and now this is the first time I hear your voice.’ And she replied, ‘Well because on Zoom I’m alone in my room, and it doesn’t matter who is looking at me on the screen, I can talk. If I am with everyone else I’m shy.’

What needs to be done

This is a snapshot of the lives in a rapidly changing area, focusing on multi-generational households, primarily from Bangladeshi, Pakistani, and Indian communities. Older people

are particularly vulnerable to the virus, and in these households, there are wider pressures on the whole family, which may help to explain why BAME communities have disproportionately struggled and suffered during this pandemic. Community grassroots organisations such as the SRCDC and WCF have the trust of the local community, knowledge of the matters that concern them, and they have network capital that enables them to access resources and services that could make a real difference during a time of crisis – like this pandemic. For us, such organisations need to be involved in the co-production of future research, policy, and practice as they apply to BAME families in diverse settings. The following recommendations are specific but not definitive.

- Address digital exclusion by providing opportunities and resources for people of all generations to engage with the wider community, education, and economy.
- Review the support needed by women who feel trapped in coercive family relationships, which may be intensified in multi-generational households.
- Review the impact of carers allowance on informal carers and the people they care for in multi-generational households, with a focus on families living in poverty.
- Review the impact of loneliness and isolation on the care for older people in BAME communities where multi-generational arrangements are changing.

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