



Leicester Ageing Together

Learning - Social Isolation and Loneliness in South Asian Communities



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Introduction

Leicester Ageing Together has been an action research project. Not only have we been delivering services & support to Socially Isolated Older People (SIOP) but we have been learning along the way. We want to share some of this learning with other people delivering similar types of projects or designing services for older people. We hope people will use this information to provide better services for older people and to support them to lead happier, healthier lives.

Leicester Ageing Together has worked with a diverse range of people and organisations. Leicester is a diverse city and we have learned a lot about what works to engage and work with BAME communities. We have also gained a greater understanding of what the specific issues and risk factors BAME communities face.

About Leicester Ageing Together

Leicester Ageing Together is a £5million Big Lottery funded programme aimed at reducing social isolation and loneliness amongst older people in Leicester. It launched in October 2015 and has been delivered by a partnership of 17 organisations. So far LAT has worked with over 5,000 socially isolated older people. It is one of 14 areas funded by Big Lottery Fund as part of their Ageing Better strategic programme.

This paper is based on thinking developed in discussion in December 2019 by Rehana Sidat (WEA LAT Mental Wellbeing Tutor), Bharti Mistry and Aamenah Patel (LAT Community Connectors), facilitated by Naina Patel (an independent researcher who knew the programme well).

To find out more about Leicester Ageing Together or to get involved visit our website www.leicesterageingtogether.org.uk,

Specific issues and risk factors for social isolation and loneliness that impact on BAME communities

Our insights from across our communities tell us the general risk factors associated with BAME Communities are:

- * Health inequalities: (in common with other disadvantaged groups, but there are specific increased risk factors for some BAME communities -see below)
- * Lack of awareness of health issues: partly caused by language difficulties but sometimes also by lack of exposure to media coverage of health issues, in particular, heart disease, diabetes and dementia. Often the symptoms of ill health are attributed to the ageing process and so medical intervention, that might facilitate alleviation, is not sought.
- * Ageism: (also in common with other groups, but there may be some specific cultural issues impacting upon some groups)
- * Racism: both historical and currently experienced. Older people from all BAME groups who migrated to the UK as children and young people in the 60s and 70s often experienced overt and implicit racism in the education system, in work and in society in general. In addition, they often had to witness their adult relatives being discriminated against, both personally and communally via systemic institutional racism. The impacts of this systemic discrimination over the last 70 years is hard to measure on different communities, but the continuing hostile environment has made communities from the BAME communities wary of the statutory and



voluntary sectors. The Windrush scandal has highlighted the uncertainty and insecurity many communities feel about their status, despite having lived in this country since childhood. Sexism: see below for details of the ways in which patriarchal expectations and traditions can impact upon women's sense of themselves

Specific cultural factors

We found language can impact upon social isolation and loneliness in several ways:

- * Inability to connect with the wider community- although the isolating impact of this is somewhat mitigated by the existence of large South Asian communities in Leicester, and the consequent numerous shops, services, temples and mosques.
- * Increasingly grandparents with limited English find it difficult to communicate with grandchildren who speak English as their first language and have limited Gujarati or other South Asian languages.
- * Some South Asians, having retired from the workplace where they have been fluent in English, find that they are losing the ability to speak English due to having limited cause to use it day to day.
- * Some South Asian elders who have used English fluently at home and in the workplace find their lack of fluency in Gujarati can make involvement in community events difficult.
- * The challenges of second generation South Asian older people may differ from their first-generation relatives as they may not have experienced the same language or educational barriers as their parents. .

We also found there were occasions associated with non-assertiveness in the face of authority.

Although this is a generalisation, South Asian elders can be unassertive in the face of 'authority' figures such as health professionals, the benefits system etc. This characteristic can lessen their willingness and ability to take a full part in negotiations on health issues and benefits etc. If they do not engage in community/social groups they can miss out on the informal information flow that happens e.g. information about such benefits as carers allowance etc..

Family Factors

Family factors were also identified through our learning.

Co-residence

- * Extended family living under the same roof was the norm in South Asian communities in the UK (despite the frequent lack of suitable housing). In recent decades there has been a pull for adult children, particularly when married, to leave the family home and set up on their own. Many families have managed this transition well – there is a general will to see children progress according to the norms of their adopted society - but it has raised concerns among the older generation, such as: 'who will look after us if we are sick and living apart from our children?' 'And will I see enough of my grandchildren?'
- * There are increasing numbers of single older South Asians. Reasons for this can range from death of a partner to divorce and separation. Often the eldest son does his traditional filial duty and brings his mother to stay in the family home. Occasionally the living conditions for the elder are poor: a heavy domestic workload; excessive childminding; and living a marginalised existence rather than as a full



member of the family.

- * South Asian elders often became parents and grandparents much earlier than is the norm today. This can lead people to thinking of themselves as being elders from their late 40s and can result in a mindset of being old and of life being over

Isolation in the suburbs

- * Some families moved out of the inner city to the suburbs and villages outside Leicester, in order to buy bigger houses and as a mark of status. As their adult children have left the family home, it has left the elders alone and cut off from the culturally rich environment of the inner city. In recent years many of these older people have started moving back to the inner city in order to have cultural and other services within walking distance, but it can take time to recover from the disconnection.
- * In the West Indian community, there has also been a dispersion from the inner-city to what is often an isolated existence in predominantly white out-of-town estates. This often leads to older people being isolated from cultural and religious activity.

Izzat and honour

- * While such values are often positive, the implications that you do not discuss family matters outside the family can isolate elders experiencing anxiety about such issues. It can also restrain and restrict people. People (and perhaps particularly older people and women) are unable to make decisions and choices because concerns such as; 'what will people say', 'will this decision or action bring shame on my family or community?' or 'will this tarnish our reputation?' are ingrained and prevent open discussion with others who might lighten the load. People are accustomed to thinking each action has a

ripple effect e.g. 'if you get divorced, your sister will not get a good marriage proposal'. These concerns can lead people, particularly older people, to isolate themselves from their community..

Gender and family roles

- * Among elders, in some households, the wife is usually expected to focus on domestic and family matters and to be submissive to the will, not only of her husband but also her son.
- * In a particular mental-wellbeing course run by Rehana Sidat, a WEA Tutor, she asked participants to write a letter to themselves expressing their experiences on the course. Rehana would then post this letter to the participants after 6 months. She was asked not to do this by two participants because their 'husbands would open all post and wouldn't like it.' Rehana received a similar response when proposing to telephone a participant on the landline – 'My husband is the one who answers the phone and he won't like it.'
- * In some families there remains traditional tension between mother-in-law and daughter-in-law. Daughters-in-law traditionally defer to their mothers-in-law who sometimes inflict the same oppressive practices that they suffered as daughters-in-law. Also, there are some mothers-in-law, diminished by old age, who are subject to mistreatment by their daughter-in-law in revenge for earlier humiliations. In other families women can be a support mechanism for each other in a patriarchal society. There are, of course, some daughters-in-law in their 70s, who are carers for their in-laws who are in their 90s.



Identifying how activities and services connect with socially isolated and lonely people in BAME communities

When VISTA invited VCS organisations to express an interest in joining what was to become the LAT partnership, they included BAME community organisations serving largely BAME communities, regardless of whether they already had a track record of working with older people. Some of these BAME organisations initially found it hard to gain access to the whole family and to reassure the menfolk, who were the decision makers, that their older family members would be safe if they participated in activities. In one case, the Pakistani Youth and Community Association (PYCA), who had a track record of delivering on employability and training, made a breakthrough by asking their younger participants to each recruit six family elders in exchange for a free place on a community development course. Once introduced to PYCA, a combination of starting with individual information, advice and guidance discussions and an emphasis on creating a safe and welcoming atmosphere enabled the contact to flourish and expand.

Highfields Community Association saw itself more as a college and therefore had had limited previous contact with elders who were not an obvious 'student' population. However, its location and longstanding associations with the largely West Indian community facilitated the attraction of three groups of elders. Additionally, the West Indian Senior Citizens' Project (WISCP) and Confederation of Indian Organisations (CIO) had long been secular organisations focused on communities of identity and they were also geographically situated at the heart of their communities.

Once these four 'specialist' community organisations

had established credibility and trust with elders, they worked with other LAT service providers to bring their services into their organisations where elders felt at home and increasingly as partners in the enterprise (as opposed simply to encouraging elders to access the organisations in their individual offices). As a result, LAT partners such as the Workers Education Association (WEA), Crafting Relationships, Living Streets, Action on Hearing Loss and Citizens Advice – as well as a variety of health professionals in the Clinical Commissioning Group (CCG) and local universities interested in researching health issues particularly prevalent in BAME communities – delivered sessions in community organisations' premises.

The strategy of including of community organisations with local credibility; supporting them in connecting with elders in the community; and bringing services to them rather than expecting elders to access freestanding services has evidently worked effectively. However, an essential factor in the success of the exercise was the employment, either in partner organisations or centrally, of high quality staff from the relevant communities.

Among the specific qualities these staff brought, were:

- * The ability to speak one or more relevant community languages in addition to English;
- * A commitment to quality services for the elders in their own community;
- * Cultural insight and experience (and able to work inclusively in several relevant local cultures and sub-cultures);
- * Sufficient knowledge of how external services worked and the ability to widen and deepen that knowledge as required.

And then, more generally:



- * Integrity and the ability to build trust;
- * Persistence and patience - breaking into some cultures and groups took time: 'easing in is a crucial process' and 'work gradually towards people finding their voice';
- * Resilience when lone working, but also a commitment to working in teams and partnerships. There have been rebuffs but persistence can lead to acceptance;
- * Being emotionally literate: being able to read people and situations - 'Listen out for people's backgrounds. This will help you make connections between people and opportunities, between people and each other';
- * Ability to work with conflict;
- * Networking and opening up systems to other workers;
- * Ability to think creatively around problems

Key messages for commissioners and other VCS organisations

The key messages and learning from Leicester Ageing Together are:

- * Developing strategies and interventions to reduce social isolation is a long-term, ongoing process. The work itself needs to be long-term and ongoing, funding workers for five years and then expecting interventions to continue will not work. It's as much about societal and cultural change as about individual change. It takes considerable time for trust to be built and retained and for attitudes to be gradually changed
- * If funding is medium term, funders need to start early enough on discussions as to the next phase
- * There has been a generally poor response from GPs. How can this be addressed? CCGs need to

be brought on board.

- * Preparation for Retirement needs to be extended to all people nearing retirement age. There needs to be discussions around the issues related to living in later life, the value of learning etc. Values such as 'I've done my duty: it's up to the next generation' need to be reviewed. As lives get longer, what does active citizenship mean in older age? Issues such as the interface between spirituality and religion, dealing with loss and managing change need to be explored.
- * A lot of work needs to be preventative -for instance: a lifestyle campaigns e.g. self-care is not selfish; self-interest for the sake of the family and development of a model in which the impact of psychological wellbeing on health outcomes is clarified and the focus of which goes beyond the individual.
- * Commissioned organisations need to be able to employ and effectively support the right staff (see heading 2 above): it is imperative that staff have appropriate language skills, cultural competence and sensitivity, and strong interpersonal skills etc
- * Workers from different communities than those being worked with are likely to need much longer to build trust and networks. If working in mixed communities, it is essential for such workers to be paired with staff with relevant cultural understanding and language skills.
- * It is essential that projects pay attention to making it safe for both male and female elders to attend (and for adult children to be convinced that the culture of the project is safe for them to endorse/encourage attendance). The warmth of the welcome and help for each participant to feel significant is an essential part of the offer



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What now?

To find out more about Leicester Ageing Together or to get involved visit our website www.leicesterageingtogether.org.uk, where you can find out about our work and our learning



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