Being Cared for in the Context of Crisis: Austerity, COVID-19, and Racialized Politics

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This article presents an investigation into the racialized and gendered dynamics of the intensifying crisis in care for older people in the United Kingdom. Deploying a feminist political economy framework, we reveal how the care crisis is an intersectional crisis of social reproduction worsened by both austerity and COVID-19. We do this through an analysis of a small set of interviews with South Asian older women with care needs, conducted during the first period of UK national lockdown in 2020. This was a pilot study, focusing on the challenges faced in accessing formal and informal care during this period of the pandemic. The experiences, fears, and vulnerabilities that came through in the interviews are located within a broader analysis of the racialized care crisis—one that reveals the long-term harms that austerity, including "austerity Islamophobia," generated for these older women and their families as they struggled to provide and access un/paid care.

Introduction

In this article, we investigate the racialized and gendered dynamics of the ever-growing and intensifying crisis in care for older people in the United Kingdom through an analysis of the experiences of a group of South Asian women who migrated to the United Kingdom in the 1960s. The United Kingdom's care crisis is protracted, reflecting enduring state underfunding of adult social care services, the failures of increasingly market-based and financialized systems of care provision, the demographic politics of an aging population, and a long-standing lack of recognition and valuing of the unpaid (and underpaid) work that goes into caring for others (Elias et al. 2016; Dowling 2021). In the years following the 2008 global financial crisis, the UK government's austerity agenda saw drastic cuts to local government budgets which

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directly impacted the ability of older people and their families to access formal social care. A now considerable body of research has explored how austerity policies operate through gendered and racialized scripts (Ali and Whitham 2021; Dowling 2021; Bulley et al. 2019; Hall 2019; Bhattacharya 2015). In the case of cuts to adult social care, central to such scripts are assumptions about the capacity of the family—specifically of female family members—to fill the gap of unpaid care work, alongside assumptions that Asian families "look after their own," the subtext being that they are less reliant on the state for support (Parveen and Oyebode 2018). In the context of this ongoing care crisis, COVID-19 catastrophically exposed the economic, social, and corporeal vulnerability of the United Kingdom's older ethnic minority populations. Our article draws upon a small sample of interviews with older women of South Asian descent undertaken during the first period of UK national lockdown in the spring/early summer of 2020 through which we observed how inequalities rooted in age, race, gender, class, religion, and nationality were embedded in the everyday experiences of the twin crisis of care and COVID-19.

The significant racial disparities in the incidence and the mortality rates associated with COVID-19 transmission emerged, even in the early months of the pandemic, as a stark trend—especially for those populations with the highest levels of socio-economic deprivation (Public Health England 2020). As the Runnymede Trust argues, the devastating impact of COVID-19 on Black, Asian, and minority ethnic (BAME[1]) populations is "not just a health crisis; it is also a social and economic crisis" (Haque et al. 2020, 2). COVID-19 exacerbated pre-existing inequalities and generated policy responses that have had disproportionately negative impacts on racially minorititized communities. In this context our project, initially designed to examine the challenges racially minoritized older people faced in accessing social care, had to contend with new issues and vulnerabilities associated with researching an "at risk" population. Our participants' access to both informal and formal care had changed during COVID-19 and the reconfigurations of familial and wider caring relationships during lockdown impacted on their relationship with the state and local government, their everyday lives, their sense of self, their attachments to the wider community, and relations with other family members.

Importantly, we sought to understand how their current care needs, their feelings about needing to be *cared for*, and their worries around death, loneliness, and longings for a return to pre-pandemic certainties emerged within a wider context shaped by cultural expectations about their life course as women migrants, histories and experiences of racism and Islamophobia, as well as the impact of the COVID-19 pandemic. Conversations about family relationships and obligations, and the difficulties in accessing care, were overlain with anxieties about the present moment and the future. Critical work on old age and aging has sought to foreground migrant subjectivities and experiences in relation to embodied and emplaced understandings of aging—that is, how migrant populations experience growing old in a "foreign land" (Rajan-

Rankin 2018; Gunaratnam 2013). Drawing upon our interview data, we suggest that the national lockdowns of 2020 and 2021 brought new dimensions to this experience of aging, as our participants' lives became ever more *im*mobile. The research presented in this paper draws upon a pilot study undertaken using a small sample of participants from broadly similar backgrounds. Recognizing the limitations of this study, in follow-up research we have broadened our pool of research participants to include a wider range of minority ethnic backgrounds, men as well as women, and carers as well as the cared for. Nonetheless, we note that many of the findings of the pilot broadly align with the initial findings of our follow-on study.[2]

In this article, we adopt a feminist everyday political economy approach (Elias and Rai 2019) in which everyday life is understood through a "social reproduction lens" (Mezzadri et al. 2021, 3). Such a perspective involves analyzing mundane everyday acts—such as caring for a loved one—to tell a wider story of political economic restructuring and crisis. One such story is that of the undervaluing of daily tasks associated with care, caring, and "life making" that reproduce "the unequal distribution of conditions of flourishing that render some bodies, workforces, and some communities more precarious than others" (Strauss and Meehan 2015, 2). This precarity is reinforced through the gendered, classed, and racialized practices of governance institutions and actors, which in turn is generative of "depletion through social reproduction" (Rai et al. 2014). Thus, the crisis of care explored in this article is linked to gendered forms of capitalist crisis and failures of governance, witnessed in austerity policies and inadequate state responses to the COVID-19 pandemic as well as the crisis of care grounded in *everyday* experiences of injustice and marginalization (see also Fraser 2021, 145). More specifically, following Elias and Rai's (2019) feminist everyday political economy approach, we argue that social reproduction in the context of crisis can be understood in relation to the categories of space, time, and violence (STV). This enables us to trace and analyze everyday practices of care, social injustices that stem from the unequal distribution of care labor, and how forms of agency are employed to negotiate and resist the inequalities that shape lived experiences of the United Kingdom's care crisis.

The STV framework is useful to the analysis developed in this article in three ways. First, as a heuristic device for thinking about everyday life that enables us to connect the research findings to wider theoretical and empirical literatures that consider: (i) space, place, migration, and aging, and how the pandemic has reshaped spatial relations especially within the household; (ii) discussions of the temporalities and the expectations around living migrant lives over a period of time, aging, loneliness, caring, and death, and how these temporalities, mediated by gender and ethnicity, shift during the pandemic-induced lockdowns; and (iii) how everyday structural violence frames the variegated and embodied experience of aging as a migrant, female, and a person of color in the United Kingdom. Second, through its emphasis on social reproduction, the STV approach underscores a range of life-making and

life-sustaining activities that characterize the functioning of the capitalist economy and the circuits of international labor migration and care that they sustain. Finally, the STV framework enables an appreciation of "how gendered agency is employed to challenge exclusions" (Elias and Rai 2019, 202; Madhok et al. 2013). Locating the theme of agency in our analysis of interviews with older female participants from a city in the United Kingdom's West Midlands, we connect our feminist political economy approach to the work of scholars who have sought to challenge the essentialist ways in which older women of color have been understood by policy-makers and social-care practitioners: either as "invisible" (as "hard to reach" and as cared for by family members) or as "hypervisible" (posing particular "problems" for policy-makers due to "underlying health conditions"—an issue that was particularly acute during the initial stages of the pandemic) (Rajan-Rankin 2018). In the context of the pandemic, such cultural stereotypes, reproduced within the institutions and practices of formal care services, served to routinize the everyday experiences of injustice faced by our research participants. By drawing together these themes of "everydayness" we argue that the care crisis in the United Kingdom is an intersectional crisis of social reproduction worsened by both austerity and COVID-19.

The article is structured as follows: we begin with a brief commentary on how the crisis in adult social care provisioning for older people in the United Kingdom is gendered and racialized; we then discuss the research methods and approach that underpin the article, before turning to discuss the project research findings in relation to the themes of space, time, and violence; we conclude by bringing together our theoretical and empirical work to outline the key findings of our research.

Positioning Race and Gender within the Care Crisis

The policy debate concerning United Kingdom's care crisis (before and during the current pandemic) has largely focused on issues of who pays for social care in old age, the "catastrophic costs" to individuals who have to sell their homes to pay for care, the significant discrepancies in the ability of different local authorities to fund care services, and the knock-on effects on local authority finances (Bottery 2019). Often missing from the debate are discussions of how care funding gaps act to exacerbate social inequalities and gendered and racialized care regimes rooted in an ever-increasing reliance on unpaid family labor

Prior to the COVID-19 pandemic, several academic and policy studies investigated the experiences of South Asian older people with care needs in the United Kingdom, exposing how austerity-related gaps in social care service provision further reproduce racial inequalities, how racialized assumptions about care provision within South Asian families sustain barriers to accessing formal

care, and the overall failure amongst policy-makers to offer services and information that meet the cultural and linguistic needs of South Asians (see, for example, Victor et al. 2011; Jutlla 2015; Blake et al. 2017; Bailey et al. 2018). In the United Kingdom, racially minoritized communities are in general far less likely to access formal care services, despite widely documented needs linked to the high prevalence of debilitative health conditions such as diabetes and heart disease. This is particularly true for older people, and is frequently explained in terms of the social stigmas associated with accessing non-familial care alongside the mistrust that many racially minoritized communities have of the social care system (Victor et al. 2011). This care gap was further exacerbated under government-initiated austerity policies which brought about funding cuts to a range of voluntary-sector organizations that served as a crucial link between racially minoritized older people and their carers, and formal care services (Lipman 2014; see also Hall et al. 2017).

Policy discourses during the pandemic presented the multigenerational "Asian family" as a public health problem, contributing to the spread of the virus, and placing older people at risk and unable to shield—because of multigenerational living in overcrowded households (SAGE 2020). At the same time, however, under conditions of austerity and racialized politics, there exists a long-standing celebration of the capacity of the multigenerational "Asian family" to "look after their own".[3] For example, in 2013, the United Kingdom's then Health Secretary, Jeremy Hunt, suggested that in looking for a long-term solution to the care crisis lessons could be learnt from "Asian cultures" of "reverence and respect" for the elderly (Butler 2013). This allowed the government to transform unpaid carers within families into "responsible citizens" looking after the needs of the older generation in the most "caring way," without the state meeting the costs of their labor. Indeed, as Hall writes "austerity is a purposeful, exacting political and economic agenda, carrying with it a romanticized, nostalgic discourse that works to temper public mood and shift responsibility from state to citizens" (Hall 2019, 29). In 2021, Hunt's comments were echoed in a Conservative Party conference speech by a subsequent Health Secretary, Sajid Javid, who sought to justify the limits of state support for older people: "We shouldn't always go first to the state. What kind of society would that be? Health—and social care—begins at home. Family first, then community, then the state" (Javid 2021). Missing here is any recognition of the economic, physical, and social costs associated with unpaid family and community care, usually for female members who take primary responsibility for caring (Rai et al. 2014).

Methodological reflections

We carried out this pilot study to investigate the obstacles that older racially minoritized people faced and how they accessed, or were unable to

Table 1. Profile of research participants

Respondent	Participant background	Household
A	Potwari speaking. Migrated from rural Pakistan (Mirpur district). Primary school educated. Muslim.	Lives in multigenerational household with five other people in three-bedroom house.
B	Potwari speaking. Migrated from rural Pakistan (Mirpur district). No formal education. Muslim.	Lives with son in four-bedroom house (other family members live next door).
C	Punjabi speaking. Migrated from rural India (Punjab). Educated up to age 16 at local village school. Sikh.	Lives alone in three-bedroom house.
D	Potwari speaking. Migrated from rural Pakistan (near Gujrat). No formal education. Muslim.	Lives alone in two-bedroom house (other family members reside in the city).
E	Urdu speaking, good conversational English skills. Migrated from urban Pakistan. Educated to secondary level. Muslim.	Lives alone in four-bedroom house.
F	Potwari speaking. Migrated from rural Pakistan (near Gujrat). No formal education. Muslim.	Lives with elderly father in three-bedroom house (daughter lives next door).
G	Urdu speaking, some English language skills. Migrated from urban Pakistan. Educated up to age 16 in Pakistan. Muslim.	Lives alone in three-bedroom house.
H	Potwari speaking. Migrated from rural Pakistan (Mirpur district). No formal education. Muslim.	Lives in multigenerational household with three other people in four-bedroom house

access, formal and informal care, particularly during the first lockdown in the United Kingdom (late March to late June 2020). We conducted eight in-depth interviews—all bar one were Muslim women of Pakistani decent (see table 1).[4] All research participants were from lower-middle and working class backgrounds, enabling us to examine the intersections of class, race, religion, and gender.[5] Five out of eight interviewees had migrated from rural Pakistan and had links to the Mirpur district and other areas close to Mirpur, which

underlined strong links to the local communities in the city through familial and neighborly networks.

The study coincided with the first period of national lockdown in the United Kingdom when many people, including some of our research participants, were contacted by the government and asked to "shield"—not to leave the home, and for other household members to do likewise. Alongside these restrictions, the period saw closures of schools, nonessential shops, sites of worship, and entertainment venues. Gatherings with other households were banned, hospital visits prohibited, and funeral attendance was limited. Even for those who were not shielding, government guidance emphasized the vulnerability of older people and racially minoritized groups to the virus. This made fieldwork particularly challenging. The lockdown restrictions meant that there were difficulties in recruiting participants since many community spaces such as sites of worship or community centers were closed. Prior to lockdown, we had started to develop community contacts in order to set-up interviews and focus groups. These initial contacts provided the basis for building a sample of participants using a snowballing technique. As respondent A was an unofficial gatekeeper to the community, this also afforded a level of access and trust from the research participants. Interviews had to be conducted via video link and this often required the help of other household members who would assist with technology, and on occasion, with translation as many of our participants were not fluent in English and preferred to speak in their first language, such as Urdu, Potwari, or Punjabi, which meant that some interviews were conducted with family members present.

The focus on a South Asian group of participants was intentional and reflected the fact this group made up the largest ethnic minority in this city (in the 2011 census 12.7 percent of the city's population were classified as "Asian/Asian British" of Indian, Pakistani, and Bangladeshi descent). It also allowed us to better grasp how "BAME" serves as a crude social policy category that obscures intersectional inequalities such as gender, class, caste, and the specific regions that people migrated from (e.g., urban or rural). Such inequalities are manifested economically, as well as in terms of health outcomes. The focus on women in this research was particularly important because in all cases the participants traversed the care landscape in complex ways: they had gone from being the primary care-giver in their household to being in need of care, while they also continued to provide some care—advice to younger women, supporting the care of grandchildren, and, in one case, supporting an older parent within the extended household. Receiving care for this group of women was a gendered issue—for example, one participant (respondent G) was reluctant to have her husband help her with daily care needs, so the withdrawal of help by married daughters or daughters-in-law during lockdown presented particular challenges. Issues of location, language, of changed uses of household spaces, of time and temporality were discussed in these interviews, allowing us to better understand what it means to be cared for in conditions of racialized crises in social care.

The project benefited from the fact that interviews were conducted, in most cases, by a "culturally similar" researcher. We are of course mindful of the limits to cultural similarity in research (as documented by Zubair and Victor 2015). In this case, there was a generational divide between the older women who had migrated from Pakistan and India in the 1960s and the researcher who was born and educated in the United Kingdom. Differences in education (some participants could neither read nor write), and in language abilities (some were uncomfortable being interviewed in English, and others struggled to understand the researcher's accent and use of Potwari and/or Punjabi) as well as technological barriers were difficulties to be overcome. But these challenges also emerged as conversational bridges, or required other family members to join the conversation, pushing the interviews in new directions as unexpected and wider networks of care relations were revealed on the computer or iPad screen.

The interviews employed a narrative method of questioning, carried out as conversations that were detailed and participant-led, eliciting wide-ranging responses. Interviews were transcribed and translated by project researcher Shahnaz Akhter with some support from an interpreter. Translated transcripts of the interviews aimed to capture the intended meaning conveyed by the speaker rather than provide literal translation. However, where certain colloquialisms are used repeatedly by participants (e.g., use of "your uncle" instead of "my husband" or community elder), we retained this in the translation. Certain words that are not easily translatable into English are also retained alongside an English-language explanation of the term. Many of the participants were Potwari speaking—an unwritten language spoken in rural Pakistan—and so our spelling of Potwari words intended to reflect the pronunciation of the term as closely as possible. Recognizing that because of the small number of interviews, the findings from this research may not be widely generalizable, we flag where the research chimes with the findings of other studies. Through this research we hope to contribute to an understanding of how migration, gender, and aging shape the experience of caring and being in need of care during a global pandemic/crisis. Whilst the research presented certainly demonstrates how the care crisis, as a crisis of social reproduction, has damaging consequences for those in need of care, our project is also an attempt to develop what Gunaratnam (2013, 22) has termed "a fleshy account of geo-social politics from below" that carefully considers the gendered everyday spaces and temporalities within which both austerity and the COVID-19 pandemic is experienced.

Social Reproduction, Caring, and Being Cared For in a Pandemic

Much of the focus of this article is about two concepts. First, social reproduction, which draws attention to structural gender inequalities and how they relate to both capitalist production and reproduction through the separation

of paid and unpaid work and the undervaluing of these. We understand social reproduction as the reproduction of life itself, providing a normative focus that points to the importance of this work and challenges its devalued status under global capitalism. Specifically, social reproduction includes biological reproduction, unpaid production in the home (both goods and services), social provisioning (voluntary work directed at meeting needs in the community), the reproduction of culture and ideology, and the provision of sexual, emotional, and affective services (such as are required to maintain family and intimate relationships) (Hoskyns and Rai 2007, 300). Second, the concept of care, which we understand as a set of affective and embodied activities that support the physical and emotional well-being of others and of those that care. Care is therefore not only an aspect of social reproduction; it is also an "ethical social relationship" (Dowling 2021, 68): People not only care *for* others they also care *about* them, and, in doing so, form attachments—bonds of love and emotion—to those whom they care for. Also, as we found, care is emplaced: "the differences in care ethics between places have to be negotiated" (Raghuram 2016, 511), and together these elements play out within a wider restructuring of care under austerity, "where people's sense of compassion and responsibility are mobilized in attempts to compensate or cope with the care crisis" (Dowling 2021, 16).

Under conditions of crisis, the increasing burden of both social reproduction and caring can intensify depletion through social reproduction, which occurs when care-related outputs exceed inputs that sustain caring (Rai et al. 2014). Temporally, both care and social reproductive work is distinctive; not only cannot it *not* be done, it also has to be done in a timely way—not to feed a child or take an older family member to the doctor is not an option. Moreover, the invisibility of much unpaid care labor makes assessment of this depletion difficult, leading to forms of bodily, emotional, discursive, and citizenship harms (Rai et al. 2014, 91–92), which we identify as a form of structural gendered violence.

In the analysis that follows we work with these concepts to provide insights into how everyday life under both austerity and lockdown was experienced by our research participants. While social reproduction is a key lens for analyzing care during crisis, we also translate this through the STV framework. Themes of space, time, and violence emerge as interconnected aspects of care-giving/care-receiving in minoritized communities and in our analysis of the interviews we explore how they also connect to the participants' experiences of aging and migration.

Reconfiguring Understandings of Care within the Household

In many of our participants' homes "helping out," supporting, or caring for older people was seen as best provided by immediate family members. Respondent H, for example, lives in a multigenerational household and was

interviewed with her daughter-in-law present. Commenting on her relationship with her daughter-in-law, respondent H says:

> She has always helped me, but since about 10 years, she has had to help me with everything, she makes sure I have a bath and fills out a *lota* [wash jug] for me when I need to go to the bathroom. She does everything. People say daughter in laws are not your own, but she treats me better than anything.
>
> **Daughter-in-Law:** . . . you know us, we would never let anyone else do it.

Our research participants provided important insights into the emotional and practical challenges of being care-dependent and how this dependency serves to reconfigure household relations. We found that our Potwari-speaking participants who migrated from rural Pakistan in particular largely lived in intergenerational households and/or were mostly reliant on familial care (table 1). In discussing their care needs, all participants also acknowledged how being in need of care placed particular burdens and strains on existing family relations. There was a level of stigma about accepting care from outsiders—be they members of the local community or paid care service providers. There was also stigma around the very concept of "care" itself. Take this extract from the interview with respondent B, for example:

> **Interviewer:** When did you start needing care?
>
> **Respondent B:** I don't need care.
>
> **Interviewer:** Sorry when did you start needing help? What did you think I meant by care?
>
> **Respondent B:** I don't need someone to care for me—I just needed help with things. It's been five years, I have been struggling.

The interviews revealed that "care" was associated with being dependent on others, including family members. Respondent H's close and caring relationship with her daughter-in-law was not something that was the norm for the other participants, however. Even for those who were cared for by family members, family relations were frequently strained. Many participants used the Potwari term *mataji*[6] (roughly translating as "dependence") to describe their experience of being reliant on other family members for their care during COVID-19.

> Do you know the word *mataji*? This is what it is—before I could still go out. I occasionally went to see my friends—my eldest would drop me off and pick me up and now it is just me. I am reliant on my daughter in law to help me now all the time. I've become one of those mothers-in-laws. I haven't left the house since February. (Respondent B)

Importantly, this feeling of helplessness and dependence had been exacerbated during the pandemic and was connected to feelings of being confined within the shrunken space of the home, as the lockdown closed off areas they could previously access. The home that was once capacious and open with many family members and friends dropping in, shrunk during lockdown:

> There is a feeling of *mataji*—before I could go for a walk—so many people whose house I could visit. I went to stay at other people's houses, I even went back "home" [Pakistan] and now it's just downstairs. I wait for people to come and see me. (Respondent A)

Many mourned the lack of independence brought about by the lockdown and a sense of purpose in caring for others even as they themselves needed it. Respondent D had been the long-term sole carer of a disabled son. She had lived alone with her son up to his death. The daily challenges of caring for a disabled child had left her with severe arthritis. Being her son's full-time carer had also left her isolated and she rarely left the home:

> In our day we looked after our own children – after his school finished he was with me all the time. I did everything—I cleaned him, I fed him, I led him by the hand when he needed to go. I didn't want anyone's *mataji* . . . children are a blessing, it was my *farz* [duty] to take care of him. (Respondent D)

Echoing the findings of previous research (Victor et al. 2011), the mainly Pakistani women we interviewed saw the receiving of care from statutory services as very much a last resort. However, some participants *had* accessed non-familial care prior to the pandemic. Respondent G had spent a short period of time in a care home following a stroke, which perhaps made availing of this emergency social care possible. However, she said, although her husband visited her every day, "we didn't want people to know. If anyone asked we told them I was in London."

Some older people also availed of domiciliary care, which reconfigured family relations during COVID-19 lockdowns as paid carers, from very different cultural and linguistic backgrounds, entered the home. For example, respondent B discussed receiving "help" from a care worker paid for by the local council ("an eastern European woman") and how this gave her a feeling of independence because she was less dependent on relatives for daily tasks such as shopping. However, during lockdown care workers came to the house wearing PPE, which drew attention and comment from neighbors:

> Now that they [the neighbors] have seen the lady come in wearing all that clothing [PPE] they all know I have a carer. One of my neighbors asked whether my daughter in law could help? The social worker asked this as well. Our daughter in laws are not nurses! It's easier to ask

someone to do something if you are paying them. It's a job for them. There is no *ehsaan* [favor/debt]. (Respondent B)

Respondent E also relied upon paid carers. She was in poor health and struggled with everyday tasks, but had refused to go into a care home when no family care was available ("my daughter thought my daughter in law should do it .... But my daughter in law refused"). Although this had strained family relations, she also saw benefits in not being reliant on family members.

> I wouldn't want their *mataji*.[7] Especially not now. She [the carer] comes in every day washes me, and cooks one meal for me and helps me go to the bathroom. Then I have another carer in the evening to help me again and she stays over. So now I have strangers showing me more kindness than my daughter in law. They make sure my food is *halal* and they try and sit me up for prayers and for when people come round. They make sure there are no smells. So now I am *mataj* on them. But I suppose they get paid. They set up your iPad for me. (Respondent E)

Reshaping Household Spaces and Homes in Lockdown

For our research participants, householding practices have long intersected with migratory flows, bringing to the fore discussions of the spatial configurations of households both before and during lockdown. The relationships between migration, aging, and care needs came through in all of the interviews, revealing how geographical mobilities and *im*mobilities intersect with the ability of households to provide care, which, in turn effects the embodied experience of aging and indeed the reconfiguration of social reproduction within the household (Sampaio et al. 2018).

Many of the participants in this research migrated from Pakistan to the United Kingdom in the 1960s. For them, borders, place, and belonging were stretched between the two places. Our participants' households maintained strong ties to Pakistan in a number of ways: through regular travel back to Pakistan to meet the wider family "left behind"; via marriages across borders, with more than one participant discussing their relationships with daughter-in-laws who had migrated more recently from Pakistan; and in terms of worries about death rituals—many participants spoke of their desire to have their funerals in Pakistan and worried that COVID-19 restrictions would make this impossible (an issue we return to below). Respondent D, for example, planned to return to Pakistan, where her husband had bought property, to live with her oldest daughter who had stayed in the village when her mother and younger siblings moved to the United Kingdom. Having close relatives in Pakistan also produced high levels of anxiety during COVID-19 and generated financial responsibilities as UK households responded to their sometimes poor relations' needs. Finally, we understand these householding practices as

incorporating aspects of "translocality" (Brickell and Datta, 2011)—the spatial distribution of the household via financial, social reproductive, and affective relations across geo-social boundaries. Such householding practices were placed under strain during the pandemic, lockdown, and in the context of ever-changing travel restrictions.

COVID-19-induced immobilities that our older participants experienced served to fundamentally reshape how they lived in and understood (un)familiar spaces/places. Take, for example, respondent C, an elderly Sikh woman who lost her husband just before the pandemic. Even as infection rates grew, and in spite of warnings from family members, she continued her daily routine of going to the *gurdwara* (the Sikh temple) with a group of friends, receiving help and support from the younger members of the congregation. The closure of religious buildings during lockdown meant that these support networks that had been so crucial following her husband's death were no longer there:

> I am all alone at the moment. My daughter works in a hospital so she doesn't want to come—we are all really scared. She helps with the shopping, but my other daughter is in London. People have come to do condolences, but they have had to stand in the alley or in the front garden and my daughters wouldn't let anyone in the house. (Respondent C)

Rules preventing household mixing during lockdown came into conflict with the ways in which wider familial support structures ensured care for their older members in multigenerational households. As a participant, who lived with her son, stated:

> I received a letter [in English] telling me that I had to stay in and not see anyone, because they say I am at risk—I think it's because I am over 70, but then they said diabetics get it more quickly as well. . . . My daughters can't come down and my other son talks to me from the street or on the phone—what life is this? (Respondent B)

Household spaces are therefore complex—their boundaries rarely end with the walls of the home and they are sites of intergenerational forms of caring (either within the same home, or across a number of near-by homes) which continue to be affected by state governance regimes during COVID-19.

Temporalities of Everyday Life: Aging, Habit, and Routine

Interviewer: So, you haven't been getting ill?

Respondent G: No, just old age.

The temporalities of everyday life are central to discussions of social reproduction and unpaid care and allow us to understand how best to measure and account for gendered "time use" in everyday life. This time, of course, is

nonlinear in ways that are not shaped by the norms of the working day (Elias and Rai 2019). Through the interviews we also gained important insights into how such temporalities of everyday life related to the embodied experience of aging, fears, and imagining the future (including death), and the uncertainties about family security resulting in anxiety and loss of routine brought on by the lockdown.

In the context of the pandemic, such anxieties were especially acute, but lockdown also impacted the temporalities and rhythms of daily life in much more mundane ways. This, as Ogden (2020) notes, includes how lockdown itself impacted people's very perception of time, with older people in particular struggling emotionally with a perceived slowing in the passage of time. The embodied experience of aging—becoming frailer, tiring easily, suffering with arthritis or heart conditions, developing other health conditions—was remarked upon in many interviews. The pandemic generated worries not only about dependence but also about not being able to contribute towards helping others in need in the community. Respondent D spoke about her role as a long-term carer for her severely disabled son who had died and how she was now being advised (by a local community support project run for and by South Asian women) to get help for herself: "but I don't want a stranger to do for me what I did for my son." Outside of their households, many participants had been actively engaged in care and voluntary work within their communities. Respondent E talked about her work with women in the city and how she had helped to support local women to do things like apply for state benefits such as carers allowance and hadn't considered how she might one day be in need of care herself: "I worry about the ladies that I used to help. I wonder who they have had. I used to help everyone and now it's me who needs help."

For our participants, there was an added uncertainty as daily routines—getting to the shops, seeing relatives, going to places of worship, getting a doctor's appointment—were disrupted. Important family events that shaped their time, such as weddings, had to be cancelled, and only limited numbers could attend funerals. The first period of lockdown coincided with the Muslim holy month of Ramadan (23 April–23 May, 2020), a period that would normally be marked by religious and communal events as well as extended family gatherings. For many participants the loss of routine alongside the cancellation of social events that they had been looking forward to triggered feelings of isolation and loneliness:

> All I do is watch the news. They said that [paid] carers didn't have the help they needed with the equipment and I was scared about what would happen if they couldn't come. My doctor sent me a letter to say no one could come to the house and I didn't want them to. But we are all old now. So no one could come out. So, it has just been me and the news. I can't go out anyway. I haven't seen my kids or grandkids. (Respondent E)

There are so many things I can't do. I can't pay respects or share in joy. We've had to cancel everything so there is no joy [the family were due to have a wedding this year] Even fasting—no one dropped round food, no one came for Eid. I don't see anyone anymore. (Respondent A)

I am all alone, if people don't call me or I don't call them, I would see no one. The mosque radio has been quiet as well. And now when people call it's to tell me someone has died. But what can I do? I can't pay my respects. (Respondent B)

Fielding, in her reading of de Beauvoir's work on aging, notes that older people derive an ontological security from habits and routines: "Since life is movement, then identity is not something we have but is rather secured through repetition providing the impression of a core stable being and a knowledge of who we are . . . accordingly, the loss of habit can be experienced as a loss of a sense of self" (Fielding 2014, 73). For the older women we interviewed, loss is mediated through the lived experience of leaving behind old ways of being alongside the embodied experience of aging. As Gunaratnam writes "the habitual skill of mundane practice comes under increased duress from the biochemistry of the body" (Gunaratnam 2013, 6). "Habitual life" then "relies upon the smooth operation of the outside world" (Fielding 2014, 77) and its disruption produces insecurities that are exacerbated in a context of loss, anxiety, trauma, and racial exclusions. The pandemic-induced lockdowns that older British Asian people were experiencing in 2020 can be regarded as temporal ruptures generating deep insecurities that interconnect with fears around aging and dying. This was expressed most clearly in many of the participants' concerns about death and funerary rituals. Among the Pakistani community in the city, annual payments to a "death committee" (a form of collective funeral insurance which includes arrangement for repatriation and travel to Pakistan) had brought a sense of reassurance to the older people that they would be buried in Pakistan. While the committee's contributions had increased significantly during the pandemic there was no guarantee about how the bodies would be transported to Pakistan and where they would be buried, given the temporal constraints of the burial taking place within three days of the death. Participants also worried that correct Islamic burial rites and death rituals (specifically the washing of the body—*ghusl*) would not be carried out if they died in hospital in the United Kingdom, and that if they died of COVID-19 their bodies would be cremated rather than buried.

We watch Geo News [the Pakistan news channel], they said England has had a lot of deaths. *Beti* [literal translation daughter, but here meant for someone younger] they say that a lot of Muslim are dying. I've been scared. I don't want to die in a hospital alone [interviewer interrupts her to tell her that the rules had changed]. But will they let

my body go home [to Pakistan]? Your uncle is buried there. All my family is. I want at least one of my daughters to do my *ghusl*—who knows how they will do it now. I heard they won't even bury you straight away. Geo said they were even cremating some bodies. (Respondent D)

These were real and material concerns. However, the time of lockdown also presented opportunities to reconnect with neighbors and strengthen intergenerational bonds with family and community. Respondent F, for example, talked about the experience of staying at home with her elderly father

. . . your *baba* doesn't go out anyway—and now that the neighbors have stopped *pirni* [the literal translation of this term is walking, but it is used colloquially as a sarcastic way of saying people go out too much] we've all been at home. We talk in the front garden. You know there is four of us Pakistani families in a row. (Respondent F)

Later in the interview she discussed how her grandchildren, who were off school during lockdown while their mother was working and caring for her disabled son, would contact her on the iPad that her family had bought for her: "They brought me this to see them with, so now they call me and ask me to give them recipes. They should be studying, but their mum is busy." The grandchildren would also come and play in her garden.

Everyday Structural Violence: Gender, Race, and Racism

In this final section of the article, we seek to integrate a focus on gendered and racialized forms and practices of structural violence into our analysis. As recounted in earlier sections of the article, the pandemic presented itself to our participants as a violent rupture to their daily lives. The high death rate amongst older people alongside the particular health risks experienced by racially minoritized groups led to deep-seated fears. These fears were overlain with an entrenched distrust of the government: "My cousin in Derby has it [COVID-19] but she won't go to the hospital as she says they are trying to kill more Asians. We are putting Dettol in our baths instead" (respondent A); "I don't trust them. Whenever they show you photos of who died it's all *apne* [our people] and blacks" (respondent B). For respondent B, this mistrust of government was tied to concerns about Islamophobia, suggesting that the then Prime Minister Boris Johnson "doesn't like Muslims," referencing Johnson's infamous comments about women who wear the niqab. Another participant talked about receiving a government food parcel during lockdown but throwing it away: "they say its halal but how do you know?" (respondent A). Such mistrust of government by British Muslims has been noted on by a number of commentators and is generally related to the roll-out of antiterrorism policies that targeted Muslim populations in the United Kingdom. As Ali and Whitham (2021) suggest, the institutionalization of Islamophobia

through mechanisms such as the "prevent duty" (that required public bodies to report on individuals deemed to be susceptible to terrorism and/or extremism) was also accompanied by what they term as an "austerity Islamophobia" that constructed Muslim women in particular as a welfare burden on the state.

Experiences of racism are a stark feature of the histories of migratory experience in post-war Britain marked by discriminatory interactions with the state that have consistently undermined the citizenship claims of ethnic minority groups, an experience that has been especially troubling for those who migrated from Britain's former colonies (El-Enany 2020). Moreover, the contingent nature of citizenship granted to those who migrated from Britain's former colonies has been painfully revealed through ever-tightening rules and restrictions on migration (and, increasingly, citizenship itself). Respondent D, for example, noted that her husband's rationale for purchasing property in Pakistan was "in case they threw us out." In another telling comment, a participant linked the impact of austerity on local government service provision to her own lived experience of racism:

> The council, they are doing less and less. Even when we cleaned for the council, none of them would speak to us. They think we don't deserve the help as we weren't born here. But I have been working since the 80's. We Sikh women have always worked. (Respondent C)

Many of our participants talked about how their pre-COVID-19 engagements with regulatory authorities, in particular social workers, were marked by both racialized and gendered assumptions about the "Asian family" as able to provide for the care needs of its older members, when the reality is often far more complex:

> She [the social worker] kept on asking if my family could help me? My family of course said yes, but now they offer no help. (Respondent A)

Fears were also expressed that if they asked for help, then they would be sent to care homes that may not cater to their dietary or religious needs. For women who did not speak English, care homes were simply not an option. One issue that came up consistently in the interviews was that of language. Several Potwari-speaking participants were handed leaflets by doctors in Urdu—a language they could not read, but the assumption on the part of medical and social care authorities was that all Pakistanis speak and read Urdu: "Tell me, who in our area reads Urdu? My neighbors are like me—our parents didn't educate us—they got us married" (respondent D).

Social policy realms are embedded in dominant ideologies and state practices that exclude and marginalize ethnic minority older women. Accessing care and medical services when they are needed was already fraught with difficulties and was made more difficult during the pandemic. Worries for our participants

included how to pay for care services, and whether being "forced" to accept paid care would lead them into financial difficulties ("This government will take away my money"—respondent B). Many of the women interviewed, especially those who lacked formal education and English-language skills, had little understanding of their financial situation; these matters were taken care of by other (often male) family members. Thus, there was considerable apprehension around what would happen should their requests for formal care provision be subjected to means testing and how this could impact multigenerational living arrangements. For some participants who were reliant on unpaid family carers, being able to apply for carer's allowance (a state benefit) had been valuable. However, others who did a lot of caring for relatives were unable to apply for carer's allowance because of its potential to impact other state benefits they, and the person that they cared for, were in receipt of.

The racialized violence of everyday life experienced before and during lockdown was also experienced by research participants such as respondent D in terms of bodily decline, loneliness, and isolation. The reshaping of their space and temporalities experienced by many of our respondents were revealed during the lockdown and the limits of familial care as a solution to the care crisis, as were the exclusions of a racialized society and social policies. It is also worth reflecting on how the apparent nostalgia for the "Asian family" care ideal came under strain during lockdown, even as Asian households continued to be presented as both looking after their own (making state support unnecessary) and as sites of COVID-19 transmission, often resulting in the scapegoating of ethnic minority communities.

Conclusion

In this article, we have discussed several issues related to care and caring during the first COVID-19 lockdown in the United Kingdom in 2020. Our focus on the narratives of the *cared for*, rather than those who provide unpaid care and on racially minorititized older people serves to widen the base of research exploring the gendered impacts of COVID-19 (Women's Budget Group 2020; Herten-Crabb and Wenham 2022). Our research also confirmed the "apparent ageism" of lockdown policies (Fraser et al. 2020) that targeted older people who experienced gendered and racial inequalities. Some specific issues were also revealed in our interviews with older women as they reflected on their experience of carcerality, especially during the first lockdown: their experience of reconfigured gendered care regimes, their place in their communities and households, their anxieties about added burdens of care on their families as they coped with caring at a distance and with uncertainties of employment, the consequential tensions in households relationships, the difficulties of accessing help because of language issues, and the loneliness and worry

about ill-health (their own and of family members) and mortality and the uncertainty of death rituals so important to them.

We analyzed these issues through the STV framework and found that older women in this city's South Asian communities experienced and narrated depletion as well as resilience; they spoke of their distrust of the state, of feeling minoritized, of *mataji* (dependence) as well as *farz* (duty); they negotiated stigma about receiving paid care within the family and community and also asserted their agency in recalling their pre-lockdown independence and their desire for it to be so again. Our analysis exposes how the public discourse of the "Asian family" as a homogenized social policy category has undermined the ability of ethnic minority citizens to make claims on the state for their care needs. The narratives of our participants reveal the diversity of care experiences within the Asian family and also underline a diasporic consciousness that traverses locality and globality—a concern for the self, family, and friends that spans continents.

In particular, the research challenges some broader issues of what we understand by "care"—many of our participants did not see themselves as recipients of care and chose instead the more active and neutral "help" as the framing category of social reproduction. To be cared for seemed to them to place them in a relationship of dependence (*mataji*) with their families and communities, which they were not prepared to accept. Our study has helped us understand the effects of COVID-19 on older people in nuanced and detailed ways. COVID-19 is a crisis that connects with other crises, the financial crisis of 2008 and its fallout in austerity policies for example, and the crisis of "care/lessness" that takes for granted the unpaid labor of domestic work as well as the nonrecognition of its value for the economy and society (Kaur and Rai, 2021). There is also the continuing crisis of racism and Islamophobia that affects the fabric of society and of social policy. Bringing together our analysis of these different crises through listening closely to the narratives of our participants might, we suggest, usefully generate some policy lessons around the need to include the perspectives of older racially minoritized groups in understanding how best to respond to health emergencies.

Notes

1. The term "BAME" is routinely used in the United Kingdom. Recently, this has been contested and has been acknowledged, even by the UK government, to be not fit for purpose. In this article, we use the term "racially minoritized communities" instead.
2. Follow-on research undertaken as part of the UKRI-funded project Co-POWeR: Consortium on Practices of Well-being and Resilience in BAME Families and Communities work package 3). Although this research was still, at the time of writing, in progress, for initial project findings, see Akhter and Lingham (2022), Rai, Akhter and Lingham (2022).

3. 2011 Census data (ONS 2019) reveal that those identifying as South Asian (of Pakistani, Bangladeshi, and Indian origin) reside in a variety of different household forms (the most common of which are households comprising a married couple with dependent children). Multigenerational households are captured somewhat crudely within the category of households categorized as either "other, with dependent children." Whereas 2 percent of households categorized as "White" fall into this category, the figures are 9.1 percent for Indian households, 15.3 percent for Pakistani households, and 16.2 percent for Bangladeshi households. Single-pensioner households comprise 13.4 percent of White households compared to 3.8 percent of Indian households, 1.9 percent of Pakistani households, and 1.3 percent of Bangladeshi households. Interestingly, 8.6 percent of Black African households fell into the "other, with dependent children" category. In our follow-on work, we have also examined the experiences of care in multigenerational Black African and Caribbean families (see note 2). However, for this pilot study, we focus on South Asian households and note that the UK policy discourse around the extended family/multigenerational family has centered almost exclusively on the South Asian household. Data of this nature from the 2021 census was not available at the time of writing.

4. We made commitments as part of the research ethics approval process to exclude from our research older people who had dementia or Alzheimer's disease. This was to ensure that research participants could give full informed consent. However, given cultural stigmas surrounding memory loss conditions in South Asian communities, this issue had to be approached sensitively. For example, one research respondent was excluded from this study following a conversation with her daughter. The issue of how racially minoritized older people with dementia and their carers experienced the pandemic is discussed in more detail in West et al. (2021).

5. We did not deliberately exclude wealthier participants from this research, but given the snowballing technique used to build our pool of participants, inevitably many of the participants had economically and culturally similar backgrounds. For a discussion of the experiences of wealthier middle-class British citizens of South Asian descent during COVID-19 (and the stigmatizing effects of being seen as "at risk"), see Hanson et al. (2021).

6. This is our own transliteration of the term.

7. Notable here is the fact that respondent E is Urdu-speaking and not from Mirpur or surrounding districts. Her use of the term *mataji* reflects how this terminology has crept into the vernacular.

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References

Akhter, Shahnaz, and Jayanthi Lingham. 2022. Researching everyday experiences of COVID-19 in racialized landscapes of care and caring. https://co-power.leeds.ac.uk/blog12_sa-jl/.

Ali, Nadya, and Ben Whitham. 2021. Racial capitalism, Islamophobia and austerity. *International Political Sociology* 15 (2): 190–211.

Bailey, Cathy, Zeibeda Sattar, and Parveen Akhtar. 2018. Older South Asian women sharing their perceptions of health and social care services and support: A participatory inquiry. *Health Science Reports* 1 (8): 1–9.

Bhattacharya, Gargi. 2015. *Crisis, austerity and everyday life: Living in times of diminishing expectations*. London: Palgrave.

Blake, Margaret, Alison Bowes, Valdeep Gill, Fatima Hussain, and Ghazala Mir. 2017. A collaborative exploration of the reasons for lower satisfaction with services among Bangladeshi and Pakistani social care users. *Health and Social Care in the Community* 25 (3): 1090–1099.

Bottery, Simon. 2019. What's your problem, social care? The eight areas for reform. https://www.kingsfund.org.uk/publications/whats-your-problem-social-care.

Brickell, Katherine, and Ayona Datta, eds. 2011. *Translocal geographies: Spaces, places, connections*. London: Routledge.

Butler, Patrick. 2013. Jeremy Hunt: UK should adopt Asian culture of caring for the elderly. *The Guardian* October 18. https://www.theguardian.com/politics/2013/oct/18/jeremy-hunt-uk-families-asia-elderly.

Bulley, Dan, Jenny Edkins, and Nadine El-Enany. 2019. *After Grenfell: Violence, resistance and response*. London: Pluto Press.

Dowling, Emma. 2021. *The care crisis: What caused it and how can we end it?* London: Verso.

El-Enany, Nadine. 2020. *Bordering Britain: Law, race and empire*. Manchester: Manchester University Press.

Elias, Juanita, Ruth Pearson, Belinda Phipps, Shirin M. Rai, Samantha Smethers, and Daniela Tepe-Belfrage. 2016. *Towards a new deal for care and carers: Report of the PSA Commission on Care*. London: Political Studies Association.

Elias, Juanita, and Shirin M. Rai 2019. Feminist everyday political economy: Space, time and violence. *Review of International Studies* 45 (2): 201–20.

Fielding, Helen A. 2014. The poetry of habit Beauvoir and Merleau-Ponty on aging embodiment. In *Simone de Beauvoir's philosophy of age: Gender, ethics, and time*, ed. Silvia Stoller, 69–82. Berlin: DeGruyter.

Fraser, Nancy. 2021. Gender, crisis and care. In *Why Gender?*, ed. Jude Browne, 144–69. Cambridge: Cambridge University Press.

Fraser, Sarah, Martine Lagace, Bienvenu Bongue, Ndatté Ndeye, Jessica Guyot, Lauren Bechard, Linda Garcia, et al. 2020. Ageism and COVID-19: What does our society's response say about us? *Age and Ageing*, 49 (5): 692–95.

Gunaratnam, Yasmin. 2013. *Death and the migrant: Bodies, borders, care.* London: Bloomsbury.

Hall, Sarah-Marie. 2019. *Everyday life in austerity: Family, friends and intimate relations.* London: Palgrave MacMillan

Hall, Sarah-Marie, Kimberley McIntosh, Eva Neitzer, Laura Pottinger, Kalwinder Sandu, Mary-Ann Stephensen, Howard Reed, and Leonie Taylor. 2017. *Intersecting inequalities: The impact of austerity on Black and minority ethnic women in the UK.* London: Women's Budget Group and Runnymede Trust.

Hanson, Kristin, Emma O'Dwyer, Sharmistha Chaudhuri, Luiz Gustavo Silva Souza, and Tushna Vandrevala. 2021. Mitigating the identity and health threat of COVID-19: Perspectives of middle-class South Asians living in the UK. *Journal of Health Psychology* https://doi.org/10.1177/13591053211027626

Haque, Zubaida, Laia Becares, and Nick Treloar. 2020. *Over-exposed and under-protected: The devastating impact of COVID-19 on black and minority ethnic communities in Great Britain.* London: Runnymede.

Herten-Crabb, Asha, and Clare Wenham. 2022. "I was facilitating everybody else's life. And mine had just ground to a halt": The COVID-19 pandemic and its impact on women in the United Kingdom. *Social Politics: International Studies in Gender, State & Society,* https://doi.org/10.1093/sp/jxac006

Hoskyns, Catherine, and Shirin M. Rai. 2007. Recasting the global political economy: Counting women's unpaid work. *New Political Economy* 12 (3): 297–317.

Javid, Sajid. 2021. Speech to the Conservative Party conference, October 5th. https://www.conservatives.com/news/sajid-javids-speech-to-conservative-party-conference.

Jutlla, Karan. 2015. The impact of migration experiences and migration identities on the experiences of services and caring for a family member with dementia for Sikhs living in Wolverhampton, UK. *Ageing and Society,* 35 (5): 1032–1054.

Kaur, Raminder, and Shirin M. Rai. 2021. COVID-19, care and carelessness. Countercurrents.org, https://countercurrents.org/2021/06/covid-19-care-and-carelessness/.

Lipman, Valerie. 2014. *Inquiry into the future of voluntary service support for Black and minority ethnic older people.* National Coalition for Independent Action Inquiry into The Future of Voluntary Services. Working paper 11.

Madhok, Sumi, Anne Phillips, and Kalpana Wilson. 2013. Introduction. In *Gender, agency and coercion,* ed. Sumi Madhok, Anne Phillips, and Kalpana Wilson, 1–13. Basingstoke: Palgrave Macmillan.

Mezzadri, Alessandra, Susan Newman, and Sara Stevano. 2021. Feminist global political economies of work and social reproduction. *Review of International Political Economy* https://doi.org/10.1080/09692290.2021.1957977

Office for National Statistics. 2019. Families and households. https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/demographics/families-and-households/latest#household-types-by-ethnicity.

Ogden, Ruth S. 2020. The passage of time during the UK COVID-19 lockdown. *PLoS ONE* 15 (7): e0235871. https://doi.org/10.1371/journal.pone.0235871.

Parveen, Sahdia, and Jan R. Oyebode. 2018. Dementia and Minority Ethnic Carers. A Race Equality Foundation Briefing Paper/Better Health Briefing No. 46 (June).

Public Health England. 2020. *Disparities in the risk and outcomes of COVID-19*. London: Public Health England. https://www.birmingham.ac.uk/Documents/research/policycommission/AH1BPCIII120213CPA.pdf.

Raghuram, Pavarti. 2016. Locating care ethics beyond the global north. *ACME: An International Journal for Critical Geographies*, 15 (3): 511–33.

Rai, Shirin M., Shahnaz Akhter, and Jayanthi Lingham. 2022. Racism, rights and community engagement: Care, caring and carers in pandemic times. http://www.commissiononcare.org/2022/06/06/racism-rights-and-community-engagement-care-carers-caring-in-pandemic-times/.

Rai, Shirin M., Catherine Hoskyns, and Dania Thomas. 2014. Depletion: The cost of social reproduction. *International Feminist Journal of Politics* 16 (1): 86–105.

Rajan-Rankin, Sweta. 2018. Race, embodiment and later life: Re-animating aging bodies of color. *Journal of Ageing and Society* 45 (June): 32–38.

Sampaio, Dora, Russell King, and Katie Walsh. 2018. Geographies of the ageing-migration nexus: An introduction. *AREA* 50 (4): 440–43.

SAGE. 2020. Housing, household transmission and ethnicity 26 November 2020. Paper by the ethnicity sub-group of the Scientific Advisory Group for Emergencies (SAGE). https://www.gov.uk/government/publications/housing-household-transmission-and-ethnicity-26-november-2020.

Strauss, Kendra, and Katie Meehan. 2015. Introduction: New frontiers in life's work. In *Precarious worlds: Contested geographies of social reproduction*, ed. Katie Meehan and Kendra Strauss, 1–24. Athens: University of Georgia Press.

West, Emily, Pushpa Nair, Yolanda Barrado-Martin, Kate R. Waters, Nuriye Kupeli, Elizabeth L. Sampson, and Nathan Davies. 2021. Exploration of the impact of the COVID-19 pandemic on people with dementia and carers from black and minority ethnic groups. *BMJ Open* 11 (5): e050066. https://doi.org/10.1136/bmjopen-2021-050066.

Victor, Christina R., Wendy Martin, and Maria Zubair. 2011. Families and caring amongst older people in South Asian communities in the UK: A pilot study. *European Journal of Social Work* 15 (1): 81–96.

Women's Budget Group. 2020. BAME Women and COVID-19—Research Evidence. https://wbg.org.uk/wp-content/uploads/2020/06/BAME-women-and-Covid-FINAL.pdf.

Zubair, Maria, and Christine Victor. 2015. Exploring gender, age, time and space in research with older Pakistani Muslims in the United Kingdom: Formalized research "ethics" and performances of the public/private divide in "the field". *Ageing & Society* 35 (5): 961–85.