

Migrant Voice briefing on impact of Covid-19 on BAME & migrant communities in the West Midlands - July 2020



Migrant Voice is a national, migrant-led organisation working with migrants regardless of their status and country of origin, including refugees and asylum seekers. We have networks in London, Glasgow and the West Midlands. Since the start of the lockdown, we have been collecting evidence from our members on the impact of Covid-19 on their lives. The information in this briefing comes from a recent online meeting for our West Midlands members and from information shared with us by our West Midlands members since March this year.

1. Health inequalities

Many of our members have struggled to access health services during the lockdown. While the Government said there would be no fees or immigration checks for anyone in the UK being tested or treated for Covid-19, this information did not reach some of the communities that needed to hear it and many of those who are undocumented remain too scared to seek treatment for fear of being charged or reported to the Home Office.

Many of our BAME members are also frustrated that it took the Government so long to recognise and address the disproportionate deaths among their communities. **“How come we as a community realised the impact it was having on BAME communities early on, but it took politicians a high number of deaths to act?”** one member asked, adding that the Government should have been more proactive than reactive.

2. Work

As has been well publicised, many migrants are in frontline, essential jobs – carers, cleaners and retail workers, for example – and this is no less true of the West Midlands than anywhere else. While those in other sectors have had opportunities to work from home, these workers have had to daily face the risks of catching Covid-19. Staying home, staying safe and claiming Government support has also not been an option for those with No Recourse to Public Funds (NRPF).

Several members told us that BAME nurses, some with underlying health risks, were being sent by their agencies to work in West Midlands hospitals and care homes where they felt there were no proper risk assessments. Some of these workplaces had no PPE and they had to buy their own. Due to their status as agency workers, the nurses felt they could not refuse this work. **“It is a major issue in my community,”** we heard from one member. **“Agency staff are called to cover shifts with no PPE in place. There are cases where it is BAME agency staff disproportionately sent in.”**

3. Accommodation

Many asylum seekers in Coventry have been living in hotels since February, after initially being told this would be a short-term measure. They say they have not been provided with hand sanitizer, PPE, drinking water, decent food or access to GP or mental health services, while their meagre financial support has also been withdrawn. The residents include pregnant

women, some people with disabilities and young children with reportedly no risk or safeguarding assessments in place. **“It has been like being under house arrest,”** said one member, adding that the stress has led to a severe deterioration in the mental health of many.

All those in multiple occupancy accommodation – whether hotels, hostels or night shelters – have not been able to socially distance, given the shared use of kitchens and bathrooms.

One asylum seeker, who has been waiting for a decision by the Home Office for two years, said, **“I can’t sleep; I keep crying. I am having counselling again now. When you hear that the BAME community have to be extra extra careful... I only go out once a week to do my shopping. But how can you be careful and safe in multiple occupancy accommodation. Living in a shared apartment, trying to be careful while others are not, is terrifying and upsetting. Who is going to treat me if I get infected?”**

4. Access to information

Language barriers for individuals in some communities meant that they were not fully aware of Public Health England guidance, especially in the early stages of the lockdown. Our members know of several migrants who died from Covid-19, partly because they couldn’t access the guidance that would have kept them safe.

“We had elderly individuals with underlying health issues who were still going out as they didn’t understand what was happening,” said one member. **“Partly because of politicians using words that were difficult for us to understand.”**

Local groups who could have bridged this gap were bypassed for Government funding and therefore struggled to reach all the communities where translated advice was needed.

In accessing information, language issues are compounded by inadequate access to the internet among some communities, especially poorer migrant families and those in shared or asylum accommodation. Many people do not have the funds for smartphones, laptops or WiFi, while others do not have the knowledge needed to access information and services online. This is also impacting home-schooling.

Information about support and funding for those struggling due to Covid-19 hasn’t always reached those who need it. For example, none of our West Midlands members who attended our recent meeting – including many from supporting organisations – were aware of the resilience fund scheme led by Birmingham City Council.

5. Immigration status

Migrants with NRPF feel they have no choice except to continue working, often using public transport to get there and back. **“It’s either go to work, often working in conditions that are not safe, or literally have no money to put food on the table,”** one person said. Many of those with visas due to be renewed, facing bills of thousands of pounds for the visa and NHS surcharge, will take any work they can find, even if it’s unsafe. Others fear being sanctioned or switched onto a longer route to permanent residency due to their desperate and unavoidable need to access public funds.

Accessing immigration advice during the lockdown has been nearly impossible, yet the Home Office has shown little, if any, flexibility on deadlines for submitting applications or documents. At the same time, applicants are facing often lengthy delays once the submission has been made. These delays are having a severe impact on migrants' mental health.

One member, a single mum (26) who has been in the UK since she was 13, has NRPF and her current immigration application is still pending. **“I used to get support from charities,”** she said. **“Everything came to a stop during Covid-19... I suffer from depression and anxiety, so I did not leave the house until May. Dealing with all this with reduced support affected me.”**

Summary

Long-standing inequalities faced by BAME and migrant communities have been exacerbated by Covid-19 and have themselves exacerbated the impact of the pandemic and the lockdown on these communities. These include excessive visa fees that leave many migrant families impoverished even in normal times. Organisations that would usually plug the gaps in healthcare and support within these communities have struggled due to increased demand and a lack of funding.

Recommendations

1. More widespread and multilingual dissemination of public health and other information (e.g. sources of financial support) by local authorities, in collaboration with local communities and organisations.
2. Access to WiFi/internet and smartphones/laptops for loan by schools/colleges/public institutions in the West Midlands area, if this can be done safely.
3. Increased oversight of housing/accommodation providers to ensure all those in shared accommodation have access to PPE, healthcare, adequate food and a dignified existence.
4. Central Government to be lobbied to temporarily suspend rules preventing migrants accessing safe, secure accommodation, healthcare and basic financial support during this crisis.
5. Central Government to be lobbied for longer term changes that would reduce inequalities among BAME and migrant communities, including reducing visa fees to administration costs and abolishing the NRPF condition on visas.