

Migrant Voice's submission to the

Women and Equalities Committee

For its inquiry on: Unequal impact? Coronavirus and BAME people

July 2020

About the organisation

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 develop their skills and confidence, empowering them to speak for themselves about their own lives and issues that affect their communities. Whether speaking out in the media or on public or political platforms, the aim is to create positive change for migrants – countering xenophobia, discrimination and unjust policies, strengthening communities, and bringing social justice – change which benefits the whole of UK society.

Introduction

Since the start of the lockdown, Migrant Voice has been collecting evidence from its members (who are mainly migrants, refugees, and asylum seekers) on the impact of Covid-19 on their lives. We know that the pandemic has been experienced very differently by different groups due to existing inequalities within the UK.

Local organisations, communities and individuals have been supporting each other and those most at risk. At the same time these organisations have had limited funds to do such work and are struggling with the task of addressing long-standing systemic inequalities that aggravate the impact of the pandemic on migrant and BAME communities.

On 2 July 2020, we organised a Zoom meeting for our West Midlands members to find out their experiences of Covid-19, specifically for the purpose of feeding into this inquiry. The following details the main points made by participants from that meeting.

The meeting was addressed by three speakers from community organisations **Juma Begum**, Centre Manager, Birmingham Asian Resource Centre, **Loraine Masiya Mponela**, Chairperson, Coventry Asylum and Refugee Action Group (CARAG), and **Jacques Matensi-Kubanza**, Chair of African French Speaking Community Support. Following this, the discussion was opened up to all participants, who included migrant individuals from many backgrounds and representatives of migrant organisations.

The meeting was recorded in order to help write up our submission to the inquiry but *contributions were anonymised.

Main concerns of migrant and BAME communities:

Please note that the concerns and recommendations are structured under several themes and headings, but most of these issues overlap or are compounded by each other.

Lack of appropriate and accessible information in community languages:

- Public health and other Covid-related information from authorities did not get through to all communities; this is because of language barriers for some (partly due to lack of free/affordable, accessible ESOL provisions. Some who need to work long hours cannot afford to take time off to learn English) and the way this information was communicated to the public.
- The government has to take into consideration the language barrier and work with organisations to make sure the information is disseminated to the community. Everyone should have the same opportunity to receive and understand that information.
- The elderly had little or no access to language support or the internet and had to rely on their community. We would advocate for funding to get online radio station or YouTube channels to convey this information.
- Many people in the community have got sick and some died due to a lack of information being cascaded down. There is inequality in how information was disseminated.
- Jacques: *“Some self-employed businesses have struggled with lack of information (in community languages), which made it harder to apply for business grants and other financial support from the government during Covid-19. As a result many didn’t receive any support.”*

Health inequalities.

- Juma: *“It took politicians too long to act on the health inequalities; they were not proactive enough. 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.”*
- *“We have a marvellous health centre in Lozells (West Birmingham) but despite the purpose the funding was given for, it is now more of a business centre for GP services, with no health activity for people or information services.”*
- As asylum seekers we can only access a very limited number of GPs. An individual who fell down and hurt herself waited a long time for a call from her GP as demand is high. There was a lot of “second-hand health advice”, but communities are cautious believing this info.

Cuts to essential services

- Government-provided services come in but then get reduced or cut. The government is going to do another inquiry, but we need action to come out of these reports. We need to prevent cuts to vital services.
- Mental health support has been scaled back and was difficult to access at this time when everything was online.
- Too many advice agencies don’t exist anymore due to the cuts in legal aid. Ultimately accessing support means you are going to be healthier, less depressed and need less long-term support.

Immigration status aggravates impact of Covid-19 and your immigration status is also negatively impacted by Covid-19

- During lockdown many had no access to solicitors, but still had to file applications. The Home Office wants up-to-date evidence (no more than six months old), which they can't access or provide easily during lockdown.
- There have been a lot of time delays from Home Office and this affects people's mental health. One person said: "Everyday I have a lot of bad thoughts. What is the decision, is it a yes, is it a no?"
- One person who died in April (possibly of Covid) had a No Recourse to Public Funds condition (NRPF) and therefore had to go to work (he was a cleaner). NRPF means no security or stability.
- NRPF migrants feel compelled to go to work regardless of vulnerabilities or being high risk as they would otherwise have no income. This is compounded by having to take public transport. 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.
- All face-to-face appointments with the Home Office were suspended when the lockdown began. Home Office workers were rightly protected. Yet clients still have to apply regardless of their access to advice. That sends a contradictory message.
- Immigration issues are compounded by Covid as it has reduced income and support. Rebecca* *"For last 2.5 years since last time I was granted a visa I have been saving to renew it next month. I cannot work as I'm the sole carer for two young children and financially I'm struggling. It is so much money. The Home Office has a quicker service, however it costs even more. The standard rate is £2,100, plus the NHS surcharge. It is a lot of money when I have kids. As soon as you get the visa renewed then you have to save up again for the next renewal in 2.5 years. I am mad and upset, I can't sleep. Last time I applied, it took one year and one month for them to send back my passport. I needed to go to Jamaica because my mother died, and I couldn't make it because I couldn't get back my passport. I had been here for 10-12 years without having been able to go back to see her. My MP wrote to them, I explained my mum died but I didn't get an answer and my papers back."*
- Ruksana* is a single mum of 26, who has been in the UK since she was 13. Her immigration application is still pending. She has no access to public funds. *"I used to get support from charities. Everything came to a stop during Covid-19. The local temple is supporting me, I get food deliveries from them. I suffer from depression and anxiety so I did not leave the house until May. Dealing with all this with reduced support affected me, even speaking today was a big step for me."*
- People are concerned that accessing financial help could affect their immigration status. (Some immigration routes, e.g. the spousal route, depend on proving your financial eligibility and that you are not in receipt of support. A five-year route to settlement may change to a ten-year route due to job losses). There is a fear of being sanctioned at the same time as a lack of access to advice and guidance.
- People have applied for Section 4 support (support for some destitute asylum seekers) but are still not accessing this as there are long delays to decision.

The anxiety of being migrant or BAME during Covid

- There have been feelings of fear, worry, anxiety. *"We were told initially black people were not being affected then we were being affected more and were high risk and to date we don't know why. That creates fear of going out. We are told we are high risk, but what is causing us to be high risk, we are not sure."*

- Loraine: *“After it has been raised in public that BAME are more at risk, some have experienced a sense that others are unnecessarily distancing from them on the street. People are scared of you. Some people feel as if it is us migrants who are spreading the virus, not as though we’re those affected by it. There is a stigma, but they don’t look at what is causing this e.g. because we live in multiple occupancy and overcrowded conditions through no fault of our own.”*

Mental health

- Many migrants don’t have their families here – do not have that support structure. It has been difficult, for example for single mothers, especially when they become ill themselves.
- Loneliness and isolation have been more pronounced during this period which impacts people’s mental health.

Impact of tech poverty

- Many people do not have funds for internet or equipment to access online information and activities.
- Culturally, religious or social gatherings are seen as central, but these were not happening during Covid, which has also affected mental health and isolation. Where some could adapt, (i.e. using online platforms to connect,) many others could not due to lack of funds for internet or laptops/smartphones.
- It shouldn’t have been the case in the 21st century that families with several children only had one computer to share. Education at home was virtually non-existent.
- Loneliness and isolation is impacting all. Wonderful services are set up on Zoom, but if you can’t use this kind of IT or have the funds to access, you’re left out. A lot of elderly can’t use this technology. Loneliness has developed from this.
- School children are getting e-vouchers via emails, but some were not getting through or they ended up in spam, so they didn’t receive anything. Some mothers just gave up. Not getting clear information and language or tech support can be an issue.
- (See also below regarding education.)

Education gap

- Home schooling is a big issue as many don't have IT equipment. The language barrier also prevents some parents supporting their children with their education.
- Some parents are concerned about the education their children have missed and their education development compared to kids whose parents are key workers and therefore have been going to school.

Poverty and deprivation

- Juma: *“Overcrowded housing and child poverty is an issue I have seen as ongoing for 25 years and with no improvement.”*
- Ahmed: *“Covid has exposed the gross inequalities that already exist in society. As long as communities are forced to live in poverty, workers cannot afford to stay at home, at the risk of their health. (e.g. Leicester textile and food factory workers). This has been accelerated during Covid-19. You ask why they had to go back to work – they have to because they cannot afford to stay at home. We need a conversation around a universal basic income. It will ensure that there is a line that our communities cannot fall below.”*

- Many are concerned they will lose their jobs which will push them into poverty and put them at greater risk again from Covid-19.
- Many migrants are doing essential front-line work – carers, cleaners, retail – but it is low paid and then they must find money for Home Office fees. Average wages are not enough to save up for the fees.
- When they calculate minimum wage they don't factor in that you have to save up for your visa. That disproportionately affects migrants and BAME communities.

Housing/Accommodation

- *“Many asylum seekers have been living in hotels since February. It has been like being under house arrest. It is adding to our stress. An asylum seeker I know committed suicide. Some were not being told about funds for toiletries they are supposed to receive.”*
- There is an issue of hostels where people sharing can't socially distance (e.g. 10 people sharing toilets and kitchens, some showing Covid symptoms.)
- Loraine: *“Night shelters are a last resort for those who are street homeless, due to the stigma. Some are now hearing they will be made homeless. They feel like someone is playing with their lives. At one time given accommodation and one time thrown out.”*
- When newly recognised asylum seekers are being moved to new houses, these are usually empty, so normally individuals would go round to charities to collect cooking utensils etc. Due to Covid and all the organisations being closed that was not possible. So now they can't cook in their house, but the limited asylum support you have does not allow them to buy takeaway food.
- Sonia* *“Two years on I am still waiting for a decision from the Home Office. 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. I live in a shared apartment trying to be careful while others are not – it is terrifying and upsetting. Who is going to treat me if I get infected?”*

Lack of access to advice and information:

- Advice on benefits and immigration is very much needed but difficult to get access to. It has been difficult to get through to Citizens Advice Bureau e.g. and the local groups with language support were bypassed by government funding for advice. As a result, people were suffering financial hardships because they weren't able to get their benefits on time; they were unable to make the claims. Taxi drivers who hadn't submitted end of year accounts couldn't access the business grants. So, there were a lot of people with no access to a computer or internet, who couldn't make the claims.
- There is a disconnect between advice available and how many people know about it. For instance, there is a resilience fund led by Birmingham City council to assist people during COVID. However, no one in the meeting knew about it and its only available in Birmingham and not the whole of the Midlands.

Impact on those with a disability

- *Balwinder who has mental health problems and whose partner is disabled and wheelchair bound is on the housing list. *“I am so sick and tired of staying in cramped temporary accommodation. Due to Covid-19, it is taking a long time for my partner to get an assessment appointment with an Occupational Therapist and it's also taking*

long for me to get support and assessment for my mental health problems so that we can be awarded suitable accommodation due to our disabilities."

- Ahmed: *"I am disabled and BAME. The way support for disability has been cut, there is no social mobility. During Covid we have problems with how to get to a safe place to exercise and how much that will cost you."*

Lack of PPE

- Some nurses of African descent have been working for agencies, which sent them to work in hospitals where they felt there was no proper risk assessments. Some of them had underlying health risks. Some hospitals they went to had no PPE and they had to buy their own. They couldn't say no to go work as they are agency nurses.
- *Susan *"It is a major issue in my community. Agency staff are called to cover shifts with no PPE in place. There are cases where it is BAME agency staff disproportionately sent in."*
- There is no PPE for individuals placed in multiple occupancy accommodation (e.g. government provided asylum housing).

Recommendations from the meeting

- We need information available in community languages and for grassroots community organisations to have additional emergency funding to help get this information out and meet the needs of the BAME community.
- We need to focus on prevention, which includes access to advice and guidance, and having proper PPE at work and in shared accommodation.
- Everyone should have automatic visa extensions during this crisis regardless of their work or status.
- Home Office immigration fees should be reduced to admin cost only, with no fee for children.
- We need easier routes to accessing public funds for those on NRPF.
- More joined up support to combat loneliness. Online volunteer befriending services were advertised but many did not know how to access them.
- Easier access to free WiFi/internet - possibly via colleges and schools where families can sign them out for home schooling.
- Birmingham City Council has a resilience fund to give low-income families additional financial help for internet access, higher bills at home, laptops for education, etc. It is not widely known, plus only available in Birmingham. This should have been rolled out across the UK and more widely publicised.
- There should be no sanctions (on immigration status) for accessing benefits during Covid-19.
- Unscrupulous employers who force staff to work in unsafe conditions should be held to account.
- Agency workers should not be placed at a higher risk than those employed e.g. sending agency workers into high risk areas is not acceptable.
- The Government should grant status to all undocumented migrants and those in the legal process, so that everyone can access healthcare, housing and basic support, as well as test, trace and vaccination programmes.
- Every home should have internet if that household is in receipt of child support.