# Connecting during Covid-19:
# Practices of care, remittance sending and digitisation among UK's migrant communities



*Credit: Santiago Sito/Flickr*

Community Spotlight Workshop Report
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## Introduction

Practices of care and caring have been significantly disrupted by the Covid-19 pandemic. Migrant communities have been particularly impacted due to an intersection of socio-economic, health and political inequalities which have deepened and accelerated during this crisis. While experiences vary across gendered, racial and class divides, particular migrant vulnerabilities are attributable to being 'key workers' employed in precarious jobs where 'working from home' is not an option; living in multigenerational households, and oftentimes crowded housing; ethnicity-related health co-morbidities and immigration status which potentially limits access to health and social services, as well as government backed economic relief packages. As such capacities to provide care have potentially diminished even while the need for such help has escalated both within local communities and internationally, with adverse consequences for migrants and their family and kin living in countries of origin.

Our project *Connecting during Covid-19* seeks to learn from, and across, diverse everyday community experiences of the pandemic; explore its local and international impacts on care and caring relations and identify and leverage opportunities for more inclusive pandemic recovery. This report presents the experiences of 18 stakeholders from migrant and third sector organisations in our first Community Spotlight Workshop, held online on 25 March 2021.[1]

The discussion addressed three main questions:

1) How have the Brazilian, Indian & Somali communities in the UK experienced the pandemic? Has it been different for different members of the community?

2) What kind of support has the community received (from government, from within the community, from others), and what more could have been done?

3) How has the pandemic shaped community responses to provide care both locally and internationally? In particular, how has it impacted remittance sending?

## Challenges during Covid-19

While acknowledging that the pandemic has had a significant impact on everyone in society, the discussion highlighted issues particular to migrant communities, and hinted at differences between and within communities.

**People have faced various kinds of economic challenges.** Participants noted that many people across the three communities are employed in more secure public sector or private sector employment. While some were essential workers, others have been able to work from home or access a reduced income for a period via the government

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[1] 6 working with the Brazilian community, 7 with the Indian community and 5 with the Somali community. These migrant and/or third sector organisations engaged in a range of activities from providing advice on immigration, housing and student rights to the provision of food and social support.

furlough scheme. Aside from these more secure groups, **others in these communities are in low-paid, precarious work in the gig economy or working informally for local businesses.** One participant described this as having work rather than a job. Most people in this category, it was thought, were unable to access the government-funded furlough scheme. Some people such as those working in domestic cleaning, found that they were able to pick up their work after only a relatively short interruption. However, many were reported to have lost jobs quite early on in the pandemic and often found it hard to obtain new employment. In some instances, people sought employment in frontline roles, for example in cleaning at the Nightingale Hospital, with high exposure to Covid-19, owing to lack of alternative options.

> *"They were basically trying to support themselves and survive here, doing any kind of work, any kind of job. I heard people saying 'well, I am afraid to work [at the Nightingale hospital] because of Covid, but I don't have an option. That's what I can do, I am a cleaner. I used to clean houses of families but I cannot do that because of lockdown'" (member of the Brazilian community)*

**Participants highlighted the prevalence of self-employment in all three communities**, and the significant impact of lockdown restrictions on business activity. While some segments of the economy, such as take away businesses, have done relatively well, other economic sectors were badly affected, with businesses forced to close. Informal business practices made it hard to access government support. For instance, Somali participants noted that in some cases businesses had not formally taken over the lease of their business premises from the previous owner, making it impossible to access support from the government's Self-Employment Support Scheme.[2] Brazilian participants noted in some cases how people working cash-in-hand without registering as self-employed and declaring income for tax also found that when the work dried up they were not eligible for government support.

**Immigration status is a key factor mediating people's experiences.** In the Brazilian community, there are thought to be significant numbers of people who are undocumented, and this was the group identified as experiencing the worst impact. They said that some people often did not have enough to eat, to the point where they were asking community organisations to help them return voluntarily to Brazil. By July 2020, during the first UK lockdown period, many had returned. It was reported that most of those remaining were eventually able to start to find work again. There was also evidence of some people with undocumented status in the Indian community, with people working in shops, restaurants, factories, or domestic work, for below the minimum wage, living in cramped housing. They were reported to have really struggled with loss of work and housing. People without immigration status, or in the process of challenging refusals of immigration status, were not entitled to pandemic-related income supports.

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[2] This scheme potentially affords self-employed sole traders and/or directors of limited companies access to loans, tax relief and cash grants irrespective of whether businesses are open or shut (UK Government, 2021).

**It is clear from the above that the pandemic has exacerbated the economic vulnerability of many community members**, resulting in shortages of housing, food, and other basic necessities. Although eviction was legally banned during the pandemic, all the groups reported that evictions were still happening in the private sector, and also in some cases in council-owned properties. One community organisation received repeated requests from Brazilians facing destitution asking if they could sleep on the organisation's premises, which it was unable to allow.

**The discussion also pointed to the gendered impact of the pandemic.**[3] Somali and Indian community participants emphasised that women were disproportionately affected by schools closing and having to manage children alongside working from home, or being forced to quit their jobs to care for their children. One Indian participant flagged the isolation and vulnerability of women who had married British Indian citizens, but were not UK citizens themselves stating: '*They're just kind of… glorified maids in the house.*' Another reported cases where women students had moved in with men they did not know very well, to ensure they had a home, but were unable to talk to their families about this for fear of being disowned. They noted instances of domestic abuse against women arising in these kinds of situations. Another participant suggested that increased violence during the pandemic could be linked to alcohol abuse and severe economic pressures in some segments of the Indian community. A participant working with the Brazilian community highlighted that as an organisation they were seeing 'more complex and more urgent' domestic violence cases. Similarly, a participant from the Indian community commented, '*Domestic violence incidents are very high and got worse over the last four month period within the undocumented migrant community'.*

**Age / generation is another relevant factor differentiating people's experiences of the pandemic.** For instance, Indian community participants generally perceived British-born citizens - the second and third generation – as being relatively financially well-off and better able to weather the impact of the pandemic, whereas elder first generation, particularly widows whose children live elsewhere (including abroad), suffered significantly from isolation, regardless of economic status. One community organisation that runs a social centre for about 85 elderly people swung into action calling people on a weekly basis and visiting people outdoors, particularly during special celebrations. They found them often very upset. Children were also a group of concern, something particularly emphasised by Somali participants: '*So many kids are behind in school because parents cannot provide the kind of education that they could have in school.*' Lack of computers and ability to use them was also important. One Somali organisation, seeing the issues families were having with children competing for access to family computers, was liaising with schools to try to get them to change the times of their online learning so that children could work online at different times of the day, enabling them to share devices.

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*Spotlight on Indian international students*

*Within the Indian community, international students were identified as being particularly adversely impacted by the pandemic. Participants stressed that not all international students come from wealthy families. While the immigration paperwork requires them to*

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[3] See also The Anti-Tribalism Movement (2021).

*prove that they can sustain themselves during their time in the UK, many do rely on part-time work to support themselves during their studies. Under current UK rules, international students are allowed to work up to 20 hours per week, and some come with partners who are allowed to work full-time. Some also come to the UK with their young children. It was acknowledged that while 'brokers' sometimes create unrealistic expectations among students, many do manage to study as well as work to cover a significant proportion of their expenses. However, the lockdowns caused immediate hardship. Many were unable to pay their university fees, rent and food costs. Participants reflected that students may not want to ask families for additional help, often because families may not be able to help and this is even more the case in the present context where the pandemic has also disrupted the economy in India. In some cases, parents came to settle their children in the UK and were stuck here due to travel restrictions. Community individuals and organisations were deluged with requests from students to help them find work and assistance. One organisation in Glasgow emphasised that many of their food packages went to students from the Indian community. Some students returned to India during the pandemic but are returning to the UK so that they will qualify for the graduate immigration route post-study[4], and because they anticipate that with the UK economy opening up particularly after June 2021, they will be able to find work again.*

*Participants argued that universities and the government could have treated international students better. Concerns were raised about the fact that in the context of a government-authorised opening, universities encouraged international students to travel to / remain in the UK, and they were charged full fees for what transpired to be a very different and predominantly online learning experience. Many paid accommodation fees upfront, but then had to return to India, losing the money. Particularly galling was that many international students from India struggled to access hardship funds. While recognising that the universities were in a difficult situation, there was a feeling that students had not been treated fairly. Significant support has been provided by community organisations trying to fill the gap, and literally fill students' stomachs, as well as keep roofs over their heads.*

It is well known that the pandemic has taken a heavy toll on ethnic minority communities in the UK and participants across communities talked of different forms of discrimination. Members of the Brazilian community spoke about undocumented people unable to access GPs, hospital care or COVID-19 vaccines. Somali participants were particularly concerned about how initially some in their strongly socially networked community had found it difficult to observe public health measures.  They noted, however, that targeted public health awareness raising, combined with the chilling impact of deaths among community leaders, had helped change people's behaviour and highlight the challenges they were facing. Other participants interpreted the ethnic toll of the pandemic to wider issues of inequality and racism, particularly articulated by one Indian participant.

**Beyond the physical risk of Covid, associated mental health issues were very salient in the community discussions.** A Somali community organiser described

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[4] This route is for international students who want to work following the successful completion of a course of study at UK bachelor's degree-level or above.

receiving a deluge of calls from people struggling to understand what was going on around the start of the first lockdown. Many people in the community had experienced the collapse of the state and trauma in their home country, were trying to grasp what was going on across linguistic and cultural barriers, and wanted reassurance.[5] The Brazilian community participants also highlighted mental health as a major issue. Compatriots were often living in crowded shared accommodation, but not necessarily with friends. It was also noted that aside from issues people have been facing in the UK, they are also anxious about family in Brazil and the situation there. Isolation and depression were key concerns for the Indian community including students, many of whose parents in India were struggling themselves, as well as for elderly people, especially widows.

## Experiences of support from government and community responses

Increased need for support was identified across all three communities with a Brazilian participant particularly noting the cumulative effect for "*those without work, which is different from losing a job…(they) couldn't afford food and housing right at the beginning. It was a snowballing effect: as the lockdown continued, the number of people asking for help increased.*"

**While there was some recognition of the difficulty the government has faced in navigating the crisis situation, problems accessing government support was a strong theme in discussions with all three communities.** It was noted that the furlough scheme is a mystery to most employers, let alone private individuals, and that accessing universal credit is also a complicated process. Moreover, workers who were undocumented or had more precarious immigration statuses were excluded from statutory support schemes as they have 'No Recourse to Public Funds'. This also made access to statutory services like healthcare difficult. Although everyone should have access to vaccinations irrespective of immigration status, a Brazilian participant noted that in practice GPs are refusing to register people who have precarious status, so they are unable to access the vaccine – this is very hard for them to challenge legally.[6] Lifting the No Recourse to Public Funds condition would make a significant difference, some argued.

**Language barriers were also key.** Even when documented, some Brazilians struggled to access statutory services in this crisis period owing to language barriers and lack of clear information about policies and services. Somali participants from Cardiff noted a tendency for new arrivals to gravitate towards their own communities for advice, sometimes resulting in misdirection. For instance pre-Covid-19 there was an issue with people showing up at A&E with health problems better dealt with by a GP, and community groups were struggling to get people to register with their GPs. Now, with the vaccines it is important that there is community awareness-raising, not just

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[5] See also The Anti-Tribalism Movement (2020).

[6] See also Zarzosa (2021).

government announcements, to encourage people to seek vaccinations where they are available.

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**_'Urgent' domestic violence – and inadequate responses_**

The increase in domestic violence during the pandemic noted by several participants was further compounded by delayed response by service providers. The complexity of the situation was explained by one _Brazilian participant: 'What happened during the pandemic is that the majority of cases coming to us of domestic violence… are in a more urgent stage. So women are coming… because they need to leave. Before they would come like they were not sure if [there] was abuse or not, there's a whole process to identify abuse and to be ready prepared to leave the perpetrator… Women were coming to us when they need to leave so this makes everything more complex, it is riskier than what is already normally risky for the women's journey… They need to go to refuge or safe accommodation and what we are noticing is that housing officers were being very slow to deal with this case, not considering our service users priority… which means that the whole process is long and more time consuming and harder for us, as well, because we have to do something that before was a referral, now, it takes lots of advocacy to ensure that women are accessing services.'_

The same participant highlighted the compounding effect of language barriers and lack of interpreting services in these situations: _'Statutory services stopped providing interpreting services because they were overwhelmed as well and lacking resources… without interpreting services, language barrier is a huge thing for our community… It was never ideal, but during the pandemic it got worse and worse and worse to the point of women trying to contact police and police doesn't have interpreting services and asking them to call next day or victims of violence that live with perpetrator calling the police and the police arrives there without an interpreter and ask the woman 's daughter to act as interpreter for the woman to tell the abuse that she was suffering from the girl 's dad, a 16 year old… appalling…'_

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**In this context, alongside individual acts of charity, community organisations have played a vital role as frontline providers of assistance to people excluded – whether officially, or in practice - from government support. Food has been a big focus**, with food banks starting up and hot food deliveries commencing early on. One small Indian organisation has spent £46,000 since the start of the pandemic just on food, the vast majority of funding donated by individuals in the community itself. After a time, some organisations reported receiving a small amount of funding from the Lottery, or the government, or managing to reallocate funding from other pre-pandemic projects, for example on knife crime. Some donations were a surprise: One participant based in Glasgow noted that a Scottish farmer donated an entire lorry of potatoes! In some instances, accepting this kind of material assistance is hard for people, provoking feelings of shame, with them emphasising that what they really wanted was the opportunity to work. Organisations have also helped elderly people and people with health problems with food shopping. Members of one Somali organisation spoke of how they had benefited a lot from willing young volunteers within the community.

**Another vital role of community organisations has been providing advice, translation and signposting.** Across all communities, an enormous amount of community group effort has been focused on making (changing) support systems intelligible and accessible. In some instances, community organisations had trained legal and benefits advisors, but much of the support was from general community workers and volunteers. The Somali community participants particularly emphasised a lot of their work focused on linguistic and cultural translation of government rules and support, something that was a pre-existing issue, but particularly acute during this time of increased difficulty. People often did not know what help was available, or how to ask for it. Brazilian community participants emphasised that owing to the overriding imperative of work, and often in sectors where many colleagues speak Portuguese or Spanish, and lack of time and money for English language course, the language barrier was a key challenge in this community also which brought them to community organisations.

**Community organisations were also grappling with a lack of the digital literacy** among some members, which prevented them accessing government support. Pre-pandemic, community organisers could sit with community members at the computer to facilitate the process, or organise computer training. However, this has been disrupted by lockdowns and social distancing requirements, even as the need for digital capability (for access to almost all government services and many private transactions) has increased. In some cases, lack of digital literacy also prevented people from being able to send remittances to family members abroad.

**Some have deliberately sought to work across diverse groups in the community.** In one example an Indian network focused on coordinating a response to the 'student crisis' in Scotland, focusing on food, rent, help with university, and repatriation. This involved inter-faith fund raising initiatives. Other participants noted the need for greater collective action across the communities, pointing to divisions on the basis of ethnicity and religion (particularly in the context of recent political events in India related to the Farmers Protests and Citizenship Act). The Brazilian participants reported unprecedented collaboration between Brazilian organisations to support the community, and a lot of involvement from churches, since community support efforts are strongly associated with religious institutions. In another example, a Somali community organisation, after gaining the necessary permissions, had begun supporting non-Somali asylum-seekers in London hotels. This involved helping with phone access, finding legal advice, and supplying culturally appropriate food where possible.

## Impact on transnational connections

**Across all three communities, there are signs that remittance dynamics have been affected by the pandemic.** A wide spectrum of people were identified as being involved in remitting to families and relatives often hit hard by the pandemic, including those on living on very low incomes. This includes undocumented workers, students from less economically secure families and relatively disempowered marriage migrants, who were said to scrape together whatever they can to send abroad.. In many cases this became much harder to do and people had to stop sending support and focus

on surviving in the UK. Participants had noticed that for undocumented Brazilians, focused heavily on working and remitting, not being able to do so, while their families in Brazil are struggling, could have a significant impact on their sense of self- worth and mental health. Some Brazilians sought voluntary return because they were no longer able to work and remit: one community organisation reported that between the start of the first lockdown and May 2020, it received some 1,000 emails asking for help to return to Brazil. Other relatively better off migrants across the three communities continued to send money to be held in savings accounts in home countries where interest rates were better.

**Other people across the communities who usually remitted to family members abroad found that their income dropped and became more careful about their contributions.** For instance, if one is on 80% of normal wages on furlough, that reduction might have been the amount that the person usually allocated to family abroad. For people on lower wages, maintaining remittances can involve considerable sacrifice. This caution is reinforced by uncertainty regarding how long the pandemic will last and economic prospects after. Brazilian participants were of the view that remittances have 'roller coasted' down during the pandemic. Somali participants also noted evidence of a drop in 2020, although suggested that there has since been some recovery.[7]

**People also seem more conscious of how their money was being used at the other end.** One participant noted that many Brazilians used to remit for savings, investment or minor support to families, but are now sending money for basic needs of their families such as access to food, in the context of rapid inflation and decreasing government support for families. Particularly in the Somali and Brazilian communities, poorer community members often come from large extended families with little income or alternative support, and from urban centres in the country of origin that are highly dependent on remittances. Diaspora support for community initiatives in countries of origin does persist, however, as illustrated below.

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*Spotlight on Somali diaspora humanitarian initiatives*

*In this community known for its strong networks of community support, while the challenges in the UK have meant that some have to focus more than before on supporting their own families rather than wider causes, it is clear that there are wide and on-going efforts to support community endeavours ranging from education to health and beyond. JustGiving and GoFundMe have opened up opportunities to raise money in significant ways.[8] A group of Somali NHS professionals, InterHealth Somali, in the middle of the darkest days of the pandemic, alongside heavy professional responsibilities, managed to raise significant funds and also important material donations (including gloves, masks, sanitary pads) for hospitals across Somaliland, as well as working on Somali language curricula for health professionals.[9]*

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[7] See also The Anti-Tribalism Movement's (2020) report about the impact on remittances from the UK to Somalia.

[8] See also Musa et al (2020).

[9] See also Hassan et al (2021).

**There were some indications of reverse remittances**, for instance with upper/ middle class Brazilians drawing on savings in Brazil to maintain their lifestyles in the UK, or Somali returnees sending funds for education equipment for their children, or Indian parents supporting their children at university. Nonetheless, from the perceptions of most participants, remittances were still flowing predominantly from the UK to countries of origin.

**There has been some disruption and reconfiguration of remittance mechanisms during the pandemic.** People who had previously sent money via money transfer outlets, in all communities, were stymied by the initial lockdown which required these outlets to close. Moreover, some people were housebound due to health vulnerabilities. The initial response was to turn to contacts who had online bank accounts and who could transfer money on their behalf. But participants found that this was rapidly followed by people switching to digital money transfer mechanisms. For the less digitally savvy, particularly the elderly, this posed issues, although some were able to navigate these systems with the help of their children. The Somali participants noted a transformation of services with a prominent online service, World Remit, making big inroads into the Somali market, and older established firms such as Dahabshiil adapting and improving their online services. However, there were also still instances of people getting into trouble when trying to carry large sums of money (more than £10,000) – often on behalf of several friends and relatives – on return visits.

## Conclusion

This first Community Spotlight Workshop provided rich insight into the impact of the Covid-19 pandemic on the Brazilian, Indian and Somali communities living in London, Glasgow and Cardiff. Although we will continue to tease out the differences and similarities between these different geographical areas, economic hardship was identified across all communities as a key challenge as jobs were lost during the first and subsequent lockdowns. Particular groups emerged as being especially impacted including women, specifically in relation to domestic violence, the elderly, and undocumented migrants. Mental health issues related to isolation and loneliness were also noted.

Despite increased need, access to government backed support schemes varied, and was often hampered by lack of entitlement under current immigration rules and migrants not being aware of their rights, this latter issue further exacerbated by language difficulties. Within this context, community organisations stepped up to provide critical services including running food banks and providing advice on housing, immigration and student rights. While there was some evidence of these organisations working in isolation from each other, in other cases, community organisations within and across migrant and non-migrant communities were coming together to tackle the considerable challenges raised by the pandemic.

Maintaining transnational care giving practices through remittance sending was difficult for many. The economic hardships endured as well as uncertain future

prospects meant that many had to cut back on sending remittances. There were important exceptions among relatively better off migrants who either continued to remit, often for saving or investment purposes, or drew on their savings held in home countries to make ends meet in the UK. Remittance practices also shifted towards the use of digital mechanisms and apps enforced initially by the first lockdown when remittance service providers were shut. Notwithstanding this, for some, sending remittances as cash and via money transfer agencies remained significant. Furthermore, a digital divide meant that others relied on community members with access to digital remittance and/or banking services to send money on their behalf.

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