**Key impacts of the Covid-19 pandemic
on migrants in vulnerability in London**

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1- Project overview

This study aimed to identify key challenges, demands and suggestions regarding the situation of migrants in vulnerability in London during the first months of the Covid-19 pandemic. Initial contact via email was established with 12 organisations working on assistance and guidance for migrants in vulnerability. Subsequently, 3 interviews were held via phone with the representatives of three organisations - IRMO - Indoamerican Refugee and Migrant Organization (www.irmo.org.uk), LAWA - Latin America Women's Aid (www.lawadv.org.uk) and Migrants Organise (www.migrantsorganise.org). As these representatives deal with sensitive information and cases of deep vulnerability, their names are not disclosed in this report.

These conversations were also an opportunity to get expert feedback and suggestions to finalise an online survey relating to the experiences of migrants. A call for respondents describing the general project and indicating the survey link was posted in several Facebook groups for migrants living in London, as well as sent to the 12 migrant organisations contacted, asking them to send through their networks and social media. This survey was filled out by 15 people, and in the second stage qualitative interviews were conducted over the phone with 10 participants who were either undocumented or on a non-permanent visa.

2- Main findings from the interviews with organisation representatives

Key Covid-19 impacts on the organisation's work with beneficiaries: technical challenges for communication; difficulties with food and shelter; mental wellbeing; fear of accessing health services; work prospects

As the three organisations have their offices temporarily shut down due to the coronavirus pandemic and their whole staff working from home, their face to face advice services needed to be adapted to phone and internet formats. A key difficulty for this is that many service *beneficiaries do not have a stable connection to the internet* (given their difficulty to afford a fixed address and an internet plan associated to it) and *many do not know how to operate video call* tools. Most beneficiaries can neither afford a computer to navigate properly through more complex online services for accessing support, as most of them use the internet through smartphones with pay-as-go sim cards. With the organisation offices closed and the users' difficulty to hold stable video calls, the English classes normally provided by these organisations are on standby until further notice.

Given these challenges to reach many users digitally, these organisations are mainly using simple *phone calls to provide users with advice* on rights, documentation, welfare, access to health, mental wellbeing and employability. IRMO is also holding constant check-in phone calls with all beneficiaries of their networks who are in Covid-19 risk groups providing extra emotional support for these individuals with the the highest vulnerability. For the beneficiaries who are more able to use the internet, Migrant Organise has been offering *online counselling, support for mental health, dance and wellbeing lessons, as well as general advice on services provision during the pandemic.*

Another change is the decrease in the demand for migration documentation procedures and legal claims for family reunification, which were the most common demands for IRMO before the pandemic. As many documentation procedures have been temporarily suspended or delayed by government departments, many beneficiaries are discouraged to start new processes. The organisations are under pressure to update beneficiaries about the ongoing changes to documentation systems related to the pandemic restrictions. It has been challenging to follow up on the cases which were already in progress given specific challenges related to digital technology and English language proficiency. For these cases, follow-up advice has been given via whatsapp, although the organisations do not find it as an ideal solution owing to its limits around data protection.

While such demands have decreased, the demands for welfare and general aid have strongly increased in the Covid-19 context. As most undocumented migrants are not eligible to claim welfare benefits, the organisations have limited alternatives for long term, sustainable support. What they can do is mainly distribute food bank vouchers and refer the beneficiaries to emergency shelters which accept undocumented residents. According to Migrant Organise access to food has become more difficult, as these migrants in poor conditions cannot afford to stockpile, neither to buy alternative costlier brands when the basic products they normally buy are out of stock. Moreover, they also face difficulties as *some food banks are temporarily closed, while others are operating on a reduced basis or struggling to offer delivery options.* LAWA and Migrant Organise have highlighted the valuable contribution of emergency hubs distributing food that have been organised by volunteers in communities around London. Still, they remind of the importance of guaranteeing more structured, long term and formal programmes for this issue, to ensure a more sustainable support. The organisations have underlined the importance of maintaining the food bank policy of providing food just by showing the voucher and not necessarily an ID document that would indicate any visa issue - maintaining accessibility to this crucial support for undocumented migrants. For those migrants in risk groups who cannot do shopping, IRMO is connecting them with volunteers from Southeast Network who are able to do the shopping for them.

Regarding the referral to emergency shelters, IRMO and Migrant Organise underline that *many migrants fear that the shelters administration would share their data with government officials and that this would bring them police intimidation later on*. Thus, they highlight the importance of building trust between beneficiaries and these administration teams, enforcing that no data should be disclosed. IRMO and Migrant Organise beneficiaries have been increasingly asking for *advice for negotiating with landlords about delayed rent payments owing to Covid-19 impacts on work and incomes*. IRMO has shared with all users a template email based on government official information for them to send to landlords, so this could be done quickly and on a large scale. Still, all organisations have faced an *increase in the number of beneficiaries becoming homeless*, as they are expelled from their previous home for not being able to pay/negotiate rent, and often find free emergency shelters too full as these places are increasingly receiving new incomers. Another crucial point regarding housing during the pandemic is the **unhealthy and crowded conditions of shared accommodation** where most beneficiaries need to live. Migrant Organise representative says it is "*challenging to follow up on accommodation matters because different boroughs are managing housing issues differently.* It is also *very demanding to be constantly calling all beneficiaries to check where they have moved and how long they can stay there, as well as to manage the delivery of aid packages* for them". The organisations also state that it is "*hard to provide all this support for undocumented migrants while also managing the increasing universal credit claims and maintenance for the documented migrants who they also assist*."

Furthermore, all interviewees emphasised *the difficulty to comply with the quarantine requirements of social distancing, hygiene habits and staying at home for beneficiaries who need to be moving houses frequently and sharing crowded rooms with precarious sanitary conditions*. They underline how hard it is for many beneficiaries to even stay at home since they only have access to unstable and short term housing,and need to be constantly moving addresses. Even when able to stay at home, they often share toilets and objects with dozens of other people and find it hard to keep it clean according to official instructions to avoid Covid-19 spread. Migrants with children are finding the pandemic context particularly hard, as they often do not know how to keep their

children safe, entertained and busy enough to avoid them going outside. LAWA has called attention to a particularly high incidence of mental health issues among mothers living with their children, who were already the most vulnerable in terms of mental health even before the pandemic.

The current mental health issues have been hindering many migrants from having the strength to access help and support. LAWA emphasizes that many of these beneficiaries have been powerless for so long that they find it hard to start seeking solutions, often lacking the information that would enable them to envisage a different reality. IRMO and LAWA provide special assistance for *women facing post-trauma related to domestic violence* (LAWA has also recorded an increase in the claims for a vacancy in their emergency shelter owing to domestic abuse as women are staying longer with their partners at home owing to Covid-19 quarantine). The representatives of these organisations highlight how these women are often too dependent on their previous partners and harassers to even consider a new routine after they start living without them in emergency shelters. Most of them *did not have access to formal education and were kept isolated at home for long periods - and these factors contribute for their difficulty to access information and to navigate through support services online*.

This *low level of education also hinders the understanding of the seriousness of Covid-19 and the effectiveness of the prevention measures*. The interviewees mentioned an initial difficulty to raise awareness among beneficiaries about the gravity of the disease and the importance of the prevention measures. It was also challenging even for the organisations staff themselves to keep updated with the floods of information about this new virus, its concrete impacts and the effective measures that should be taken. IRMO team worked to collect and sum up scientific, official information about the virus and to write it in an accessible and straightforward way on their website, including in Spanish so that more users would understand it better. Still, they took care to not present the organisation as an official certified institution for Covid-19 action, so they emphasise users should refer to the certified authorities for further details.

In terms of access to health, all interviewees point out the difficulty faced by beneficiaries to navigate through the NHS support for Covid-19 and more general aid. *Two main barriers were highlighted to access health, namely, language barriers and fear of having their data shared and consequently be vulnerable to police intimidation and deportation.* Regarding the language, LAWA representative points out that the NHS does offer interpreters for phone calls but this is a paid service and also needs to be requested with some advance. Since the organisations cannot afford to pay this service in most cases, their staff does the translation themselves. Additionally, most of the written material on the NHS website and leaflets are not available in other languages, and do not explain in detail how the UK system is organised. Even the most basic step of registering with a GP can be tricky as the main dial options have a difficult level of English for most beneficiaries, and as this register requires documents and a proof of a fixed address which these migrants often do not have. These have always been a challenge but with the Covid-19 pandemic this has been sharpened, as many beneficiaries are moving houses even more often and NHS service lines are stretched to capacity.

Related to the fear of having their data shared and face related consequences, all organisations underline this fear has always been a major problem, and has been reinforced in the Covid-19 context. In this pandemic scenario, *undocumented migrants face extra angst, fearing not only the disease contamination but also the unaffordable charge, the persecution and punishment that a potential treatment could bring later on*. Migrant Organise explains that, even if the NHS states that treatment for Covid-19 will be offered free of charge and there would be no data sharing for undocumented migrants, many beneficiaries believe more in the information they have in their networks, intimate circles, religious groups and internet groups, which spread the word about cases where migrants received expensive charges after doing a treatment and/or intimidations after their data has been shared with other government services beyond the NHS. This representative points out that the *NHS communication about the free-of-charge Covid-19 treatment for undocumented migrants needs to be done in other languages and should also highlight a total guarantee of not charging beneficiaries retrospectively, after the pandemic is under control.* The representative underlines that this communication material should apply not only for Covid-19

treatment but for treatments of other conditions more generally - and that the promise of course should be kept in real practices, beyond the simple communication strategy. This would probably help to ease suspicion and fear among potential users. Migrants Organise is undertaking the **campaign 'Patients not Passports'** to advocate for this cause. It helps community groups, migrant organisations and health care workers to organise locally to do petitions, public actions, works with MPs, events and articles to pressure local power holders, including NHS trusts, **to improve the health system hostile environment and charge regulations for undocumented migrants**. This advocacy work has been particularly challenging within the pandemic situation, given the increase on general demands to the NHS and the stressful situation the system is facing now.

Finally, **unemployment is another key area highlighted by interviewees as heavily affected by the pandemic. Most beneficiaries worked as cleaners and informal carers, cooks, traders and waiters - activities deeply affected by the pandemic restrictions.** LAWA points out that a significant number of their beneficiaries managed to keep their work in supermarkets and are therefore under particular risk of contamination. Thus, the organisation is putting a special effort to educate them on how to keep social distancing and do extra hygiene procedures inside the shared shelters, to avoid eventual contamination of other residents. IRMO and Migrant Organise have a program to help migrants to progress in work terms - both changing their area or enhancing position in their current company. The programmes offer advice for writing/updating CVs, searching for vacancies, writing cover letters and navigating through applications - as well as for enhancing beneficiaries' networks that could help to reach potential employers. These programmes needed to be suspended owing to the pandemic, and are hardly applicable for undocumented migrants, as these individuals lack the documentation normally required in applications for formal jobs.

LAWA representative highlights the difficulty that informality brings for these beneficiaries, as most of them work without formal contracts, cannot pay taxes to access public services and are unable to claim their labour rights. Many employers do not send payslips nor register these workers, but pay them in direct cash. It seems almost unreachable for most beneficiaries to access formal work in a that guarantees labour rights, as most of them require documentation that these people still do not possess. A registered formal contract would also mean paying more taxes and therefore sending less remittances for their households in their place of origin. LAWA representative underlines the **hardship for beneficiaries to even consider career plans in the long term, as their circumstances have forced them to think in more immediate needs that demand urgent earnings.** This makes it particularly hard for these organisations to discuss with some beneficiaries about the sectors and roles they wish to work in. Facing this pressuring need to survive in the short term, most beneficiaries accept the very first job that appears, even though it might have indecent conditions and no social protection nor labour rights.

IRMO and LAWA representatives underline the importance of upskilling training for these disadvantaged groups, as many of them see themselves limited to work opportunities requiring physical labour - lacking other sets of skills that could enable their access to more sectors and roles. Many of their beneficiaries frequently express interest in courses such as IT skills, beauty sector and secretary skills - which in some cases would not require huge investments of money and time from employers who would be interested in having more skilled workers. They also identify a **big potential for these migrants in the translation business, which is still underexplored** for these groups. Migrants could receive translation training and provide this service for a series of materials which would not necessarily require a very technical knowledge or a university degree in the specific area. An example could even be the interpreter roles of the NHS phone line for booking appointments or making simple check ins and/or giving general basic information. These migrants would also present an **advantage of knowing not only the language but also some cultural particularities which further enable communication with certain groups** with more sensibility and efficiency.

Interviewees also identify a **strong interest among some of their beneficiaries to start their own small businesses**, especially beauty salons, food shops or small restaurants. It would be much appreciated to offer these migrants some **training on basic administration and on how to open a small business in the UK market** - as representatives mention that some of them struggle to

understand UK regulations in this area and/or to maintain the financial stability of the business over time.

3- Main findings from the interviews with migrants facing vulnerability in London

As most interviewees did not have the right to work formally and full-time in the UK, they were mostly doing autonomous informal jobs, such as cash-in-hand operational tasks, informal care work and selling products online and outdoor, working informally in small restaurants and bars. With the isolation imposed to control the pandemic, the demand for these services has dramatically decreased, as well as the possibility to do such work in public spaces. Therefore, all the 10 migrants interviewed over the phone were facing severe economic hardship as the pandemic reduced their income to practically zero. Since the undocumented interviewees could not request government benefits owing to their visa status, they were basically depending on fluctuating donations and foodbanks which remained open but were operating with some difficulties as explained above. The pandemic has affected not only their previous occupations but also their future work prospects, with a general fear about the unstable, uncertain and precarious labour market projected for the post-pandemic context. Half of the interviewees mentioned that they would be willing to use some of their quarantine time to build up some skills that could increase their work prospects, but they did not have a stable internet connection to do that online, and/or did not have the mental stability to reconcile this upskilling with the economic and emotional difficulties they were facing.

There was also a significant reference to difficulties to navigate through the aid services aimed to provide support, due to language barriers and lack of a constant internet connection or technological literacy. In the group interviewed, nobody was aware that the NHS is providing free healthcare assistance for non-British and non-EU migrants (documented or not) during the Covid-19 pandemic, which reinforces the comments of the support organisations regarding some difficulty and inefficiency in the government communication about the policies provided to this public. When asked if they would use these services, eight interviewees showed some skepticism and apprehension about the NHS promise to not disclose their data later on and eventually share their status with border authorities.

The pandemic also increased challenges to find shelter for three interviewees. They say they found it especially difficult to find more long term vacancies in free shelters provided by the government and charities, which they associate with an increase in the number of homeless people looking for a place to stay as public spaces became even more risky owing to the Covid-19 contamination. Half of the interviewees mention they feel paranoid about getting the virus, especially because they live in overcrowded and insalubrious conditions, and they fear not being able to use the public health system to treat an eventual infection.

In terms of mental wellbeing, all interviewees highlighted a strong feeling of anxiety, besides some significant reference to loneliness and negativity. Half of the interviewees were sharing a place with people they know, and these interviewees have indicated that such interactions have been crucial for them to keep some emotional support. This interaction was considered less positive by interviewees who were sharing a place either with strangers (for those living in a shelter) or with people they are not very close to (for those sharing overcrowded rooms rented informally and with frequent turnover of residents). Sharing a room in these conditions was also mentioned as a core factor causing anxiety, as it increases the chances of Covid-19 contamination. There was also a significant mention of anxiety and sadness about the risk for their families in the country of origin, as the relatives were left in countries without infrastructure to control the pandemic and to treat all people infected. In most cases the interviewee's relatives were in a place where there was either no public healthcare or only paid alternatives which were not affordable for them. None of the interviewees was either receiving nor sending financial help to and from their families in the place of origin. Nobody was attending any professional psychological support either, and only two of them knew that this service was provided online and for free by the NHS and by charities.

4- Summary and recommendations

Overall, the main challenges indicated by the organisation representatives and the migrant individuals interviewed were:

(i)   *language barriers to access official information and instructions regarding the pandemic impacts and related restrictions and rules in the UK;*

(ii)   *(ii) lack of stable internet connection to access online guidance and services provided by the government and by these organisations;*

(iii)   *(iii) severe disruption to work and incomes as many were self-employed and/or workers in informal sectors or with no protection/labour rights, in activities deeply affected by the quarantine restrictions such as cleaning, informal caring, bars/restaurants, small sales in public spaces;*

(iv)   *(iv) difficulty to access food banks and emergency shelters as these services have been receiving increasing demand;*

(v)   *(v) lack of means to keep the hygiene and isolation requirements in crowded accommodation in unhealthy conditions;*

(vi)   *(vi) ineligibility for universal credit owing to undocumented status;*

(vii)   *(vii) avoidance of NHS services owing to fear of eventual charge which they would not be able to pay, intimidation related to their undocumented status, data sharing with other government services (which might cause criminal persecution or deportation etc).*

The key recommendations mentioned in the interviews which could contribute to easing the challenges described in this report would be:

(a) provide free-of-charge simultaneous translations for government services phone lines, to facilitate communication and sharing of crucial information;

(b) provide credit emergency programmes to which undocumented migrants would be eligible, without sharing their data with other services that might cause subsequent persecution/intimidation;

(c) improve the NHS communication to highlight and fully guarantee that data of undocumented patients would not be shared with other government services and security authorities;

(d) increase education/awareness campaigns that could go directly to the accommodations (with proper care respecting Covid-19 rules) to provide more means to keep hygiene (masks, hand sanitisers, new clean towels, coverages/packings etc) and educating how housemates can alternate the use of common rooms and avoid sharing objects;

(e) provide shelters for longer periods to provide users with more stability to make plans for the post-Covid recovery period.