Resilience and recovery after COVID-19 among migrant women and their families in the UK: Project findings and policy implications

Daniela Sime, Hannah Haycox and Emmaleena Käkelä
University of Strathclyde, Scotland, UK

United Kingdom: Policy Briefing 4
December 2024

Our project and how we produced evidence for this briefing

GEN-MIGRA was a research project that explored the lived experiences of migrant women and their families during the COVID-19 pandemic in four countries -the United Kingdom, Brazil, Poland and Germany. The collaboration was funded through the Trans-Atlantic Platform for Humanities and Social Sciences.

The team included researchers from the University of Strathclyde (Scotland, UK), University of Dortmund (Germany), the State University of Campinas (Brazil) and the Jagiellonian University (Poland). In the UK, the project was supported by a grant from the Economic and Social Research Council (ESRC).

The aim of the project was to investigate migrant women's experiences of inequalities during the COVID-19 pandemic and their post-pandemic experiences. Researchers in each country collected interview data from stakeholders such as government representatives and charities, community organisations, and migrant women and their family members. The project examined the role of state policies and community networks in mitigating or increasing gender inequalities that were widely reported during the COVID-19 pandemic at a global level.

This report explores the impact and experience of the pandemic on migrant women and families living in the UK, based on interviews with 17 service providers and policy leaders, 30 migrant women and 10 migrant families. It draws exclusively on the data collected by the UK-based research team and shares key findings and recommendations produced from this analysis.

We aim to use this evidence to drive gender-responsive policy solutions to support women involved in international migration and their families, particularly those who are more vulnerable.

The GEN-MIGRA research data: Profile of participants

The research first received ethical approval from the University of Strathclyde Ethics Committee. Interviews were undertaken with policy practitioners (17), migrant women (30) and migrant families (7 families recruited through the interviews with migrant women, plus 3 additional families, giving a total of 33 participants in family interviews).

We spoke to NGO representatives and policy practitioners with a variety of expertise in supporting people who migrate, including:
- Legal experts
- Caseworkers
- Welfare advisors
- Service managers
- Policy specialists

The 30 migrant women we interviewed had different migration journeys and immigration statuses. The length of time they had lived in the UK varied, but they were all living in the UK during the COVID-19 pandemic. The majority had children and 18 out of 30 were lone parents. There were differences in participants' citizenship status, financial situation and employment conditions. Their countries of origin included Nigeria, Angola, Tanzania, Namibia, South Africa, Malawi, Portugal, Ukraine, Moldova, Greece and Poland.

Sample clarification: This was a convenience sample, where women were recruited through organisations and social media.

All participants' names are pseudonyms, no real names are used.

Key Findings

We asked key stakeholders, migrant women and their families to map out their experiences of COVID-19 policy, including in relation to education, accommodation, housing and other supportive services.

The main issues to emerge from the research are:

Key Finding 1: The Covid-19 pandemic has increased existing gender inequalities for migrant women in the UK. Our findings show that migrant women were particularly affected by the cumulative effects of service closures, increased care responsibilities and mobility restrictions imposed during the pandemic.

Key Finding 2: Migrant women faced significant barriers in accessing essential services (healthcare, mental health and domestic violence support, housing and education) as a result of service closures, language barriers and lack of specialist support.

Key Finding 3: Grassroots community groups and NGOs provided crucial support to mitigate the impacts of the pandemic and lack of state support.

Key Finding 4: The pandemic exacerbated delays for refugee status and citizenship applications, increasing women's precarity. The No Recourse to Public Funds (NRPF) visa condition increased vulnerability for many women and children.

Key Finding 5: Travel restrictions inadvertently undermined women's ability to draw on the kinship and community networks and led to poor mental health outcomes.

Key Finding 6: Post-pandemic, migrant women and their families require intersectional, gender-responsive policies and targeted initiatives to support their wellbeing and recovery.

Key Finding 1: **The Covid-19 pandemic has increased existing and marked gender inequalities for migrant women in the UK. Our findings show that migrant women were particularly affected by the cumulative effects of service closures, increased care responsibilities and mobility restrictions imposed during the pandemic.**

During the COVID-19 pandemic, the situation of migrant women has been compounded by the effects of welfare disentitlements, gendered labour market inequalities, additional caring responsibilities and vulnerabilities to gender-based violence. These vulnerabilities have been particularly pronounced for migrants with No Recourse to Public Funds, including asylum seekers who are forced to navigate lengthy decision-making process with limited support (see also our Policy Briefing 1).

> *"The first thing that came to mind is definitely risk of destitution. We've also had the cost of living crisis at the same time flowing from the pandemic, and how you level of financial support by both the Home Office for women that are in the asylum system, but also financial support by local authorities for women that have no recourse to public funds that have children. They are so low that essentially we are dealing with a particular group that is facing destitution. I think that everything else kind of comes from that, the other risks."* (Joanne, Charity manager)

Most women described the increasingly difficult circumstances they were faced with right from the start of the pandemic, such as loss of employment, increased responsibilities for care, restrictions to mobility, including international. These experiences led for many to increasing poverty, reduced access to networks of support in the UK and abroad, isolation and relationship difficulties, mental ill health:

> *"I was totally stressed during the pandemic because of the pandemic, being closed off at home, because of the children being at home and the problems I had with my ex at that time. So it was really, really stressful. I know that many of my friends ended up taking anti-*

depressants, a lot of women ended up on anti-depressants." (Agatha, Poland, Settled status)

> *"Women feel a bit trapped going through the immigration process right now, because the immigration advice is do not leave the country because you might not be able to come back in until we have a decision."* (Matilde, Practitioner)

Overall, we found experiences of social exclusion increased for migrant women in the UK, as many found themselves with very limited support available. This meant that many women were isolated in their homes, unable to access services, liaise with family members or seek support from charities.

Key Finding 2: **Migrant women faced significant barriers to essential services (healthcare, mental health and domestic violence support, housing and education) as a result of service closures, the language barrier and lack of specialist support.**

Our participants and their family members were faced with limited healthcare access, reduced access to welfare support services and none or very little support with their children's care and learning. For many, the immediate impact on their mental health in the absence of services to access specialist help led to situations of crisis. Similarly, the closure of many services providing domestic violence support meant that women in vulnerable situations were trapped with their violent partners. This change in support available happened rapidly and was a result of reduced service capacity to provide specialist support, also language barriers and lack of technological skills to access services online, when available. Such barriers further intersected with gendered caring responsibilities.

Many of the women interviewed also emphasised how gender inequalities in caring responsibilities compounded the barriers that they faced in accessing supportive services, leading to conflicts between duties of care within the family and access to employment and educational opportunities.

"It's just in society in general, it's always the certain roles, gender roles, quote unquote, are just passed onto the woman, regardless of their situation." (Grace, Malawi, Leave to Remain)

Delays to Home Office visa processing times led to further exclusions in access to statutory services, particularly for new arrivals. Limited access to the internet or lack of devices, language barriers, and lack of specialist support for migrant families led to significant obstacles in children's learning.

"Without a national insurance number, you cannot move on. We couldn't enroll the kids for the nursery or school, it was unpleasant all this... perhaps it was easier for those who are already from this country, but for those who are migrants, it's both confusing and frustrating and unpleasant." (Elena, Moldova, pre-settled status)

Key Finding 3: Grassroots community groups and NGOs provided crucial support to mitigate the impacts of the pandemic and lack of state support.

In the absence of state-level interventions and support, local charities and faith-based organisations, grassroots networks, and non-governmental organisations provided crucial support to migrant women and families throughout the pandemic.

"The charities are doing a good job where the system fails to inform people... They have foodbanks, and they help me with applications, with Universal Credit, and with the housing, with the Council, and they even put me on the list for support, like a therapist, to get mental support." (Anastasia, Greece, pre-settled)

The initiatives designed and implemented by grassroot organisations varied from assisting with finding accommodation for families at risk of homelessness to providing advice for domestic violence survivors. In the main, women interviewed praised the support available from organisations which were providing assistance

under challenging circumstances, dealing with lack of funding and restrictions:

"Just knowing that you can pop in for a brew, you know, or knowing that if you pop in somewhere, they'll just give you the undivided attention and just listen to you and see you. Like you feel seen, you feel heard, you feel embraced. Yeah, that's a big boost in allowing someone to continue." (Kanoni, Tanzania, Leave to remain)

Many services moved their provision online during the pandemic; however, this impacted negatively help-seeking due to language barriers, limited skills to access online support, or digital poverty. Women in abusive relationships also lacked safe spaces to access services. Specialist services had to adopt increased flexibility to provide financial advice and counselling services, especially as some public services had closed or reduced provision at a time of increased need.

Key Finding 4: The pandemic exacerbated delays for refugee status and citizenship applications, increasing women's precarity. The No Recourse to Public Funds (NRPF) condition increased vulnerability for many women and children.

The pandemic has led to significant delays in processing applications for refugee status and UK citizenship. Some practitioners emphasised that the pandemic has acted as the perfect smokescreen for delays in Home Office decision-making. Such waiting periods forced women to live in inadequate conditions and uncertainty over a long-term period:

"The Home Office delays, it's a massive issue. So pre-pandemic, the Home Office was slow in making decisions, but post-pandemic, it's absolutely ridiculous. We are talking about people being stuck in the [asylum] system for years and years and years. And they still use the pandemic as an excuse for their delay 3 years on." (Joanne, Practitioner)

The coinciding measures of visa application deadlines, immigration restrictions and COVID-19 lockdowns resulted in significant

stress and anxiety amongst migrant families, as well as concerns for family members. For EU nationals, the pandemic coincided with deadlines for settled and pre-settled status applications, which increased the time many had to spend without being able to travel or knowing their immigration status:

> "We had the EUSS deadline, that was obviously bang in the middle of lockdowns. People were losing their mind, left, right and centre." (Sarah, Practitioner)

Overall, women were exposed to a paradoxical system whereby the pandemic measures restricted women's ability to travel, whilst the UK's immigration system attempted to deter them from remaining in the UK. In addition, migrant women's restricted access to services, support networks and social protections further contributed to experiences of isolation and feelings of being excluded:

> "We were sent letters from the GP to isolate. How do you isolate when you are the provider at home? And you're on five pound a day. Now I saw people going shopping, buying the whole shop to themselves. Tissues, fighting for tissues." (Grace, Malawi, Asylum seeker-then LTR)

The No Recourse to Public Funds (NRPF) visa condition increased food precarity, poverty and risks of debt amongst migrant women and lone parent families in the context of the national lockdown. The lack of access to financial support in the form of Universal Credit payments for women with No Recourse to Public Funds resulted in increased poverty and deprivation, including food shortages for young children.

> "We didn't have food and it was tough, you know, we suffered. It was tough. And you hear all sorts of stories about how many people had died. It was scary...We suffered, yes. And you don't want to look like a beggar, you know what I mean?" (Zakiyya, Nigeria, Pre-settled)

Families on NRPF also faced barriers in accessing support to furlough schemes and other financial provisions for small businesses, despite having

a track record employment in the UK. Access to support schemes was often made more difficult by their immigration status or lack of documentation required:

> "Then the pandemic hit and I was like, Oh my God, and sadly with the renewal of my visa they had put me on No Recourse to Public Funds, that means I had no money coming in. So during the pandemic everywhere they were advertising: We are helping people, doing this, doing that. I didn't qualify. It was the same answer, always." (Delilah, South Africa, Family visa)

Other groups identified as falling between the gaps included those who were not in the system as asylum seekers or refugees, for example, partners and children of international students who were on a student visa, individuals with expired visas or who became undocumented during the pandemic.

Key Finding 5: Travel restrictions inadvertently undermined women's ability to draw on the kinship and community networks and led to poor mental health outcomes.

The pandemic has brought the socio-economic inequalities experienced by migrant women into sharp relief. Stay-at-home orders and travel restrictions inadvertently undermined women's ability to draw on the kinship and community networks that they require to navigate everyday life, or to travel internationally to re-connect with family and friends and access support that way.

> "You're being unable to access the services... the social spaces that they have before in terms of like community spaces. Glasgow is a great place for that, in terms of grassroots organisations, and trying to get new arrivals integrated in the community, and that access to kind of social opportunity. Being unable to do all of that has had absolutely a massive impact on women. That initial period of lockdown and complete isolation, I think, it was definitely a huge concern." (Sophie, Practitioner)

The majority of women interviewed relied on friends and family to navigate the everyday exclusions from public services or social spaces, although these networks of support became more limited:

> *"When they opened the phonelines, I called the first day. My roommate had told me, because I didn't know what that was, and he did, because he was immigrant himself, but he lived here for five, six years. So he told me; 'Listen, you need to get national insurance number, and the lines will be open.'"* (Anastasia, Greece, Pre-settled Status)

In addition, to address the increasing caring responsibilities, many women relied on kinship and family networks to balance employment and/or education with duties of care, although these networks were not available for most:

> *"My mum...helped me out so much, even with the two little ones. I can always just say like I done my two year old, he was raised by both my mom and I. Had my mum not been here, I probably would have lost it."* (Kanoni, Tanzania, Leave to Remain)

For many women, the cumulative effects of insecure immigration status, vulnerability to poverty and limited access to support services and increased care loads led to the worsening of their mental health, with limited access to support services, as counselling services closed down or were providing a reduced service. The long-term effects on their mental health were remarked by many.

Key Finding 6: Post-pandemic, migrant women and their families require intersectional, gender-responsive policies and targeted initiatives to support their wellbeing and recovery.

The evidence from this research points to the long-lasting effects of the pandemic on migrant women's vulnerability, increasing risk in the labour market long-term and on-going barriers to accessing support to aid their recovery. Women in organisations we approached and those in individual and family interviews spoke about the resilience proven by many during the challenging times of the pandemic, with the toll taken on everyone's wellbeing.

The lessons from the pandemic show there is a need for intersectional, gender-responsive policies which recognise the intersecting inequalities exacerbated by the pandemic- and concrete measures that support women in their everyday lives on the path to recovery. These need to include community and family-level support, improved access to services, a range of benefits aimed at women and on-going dialogue to understand continuing challenges:

> *"I definitely believe the resilience can be fuelled by your community and just that reassurance of remembering that you're not alone, remembering that we can get through this. We can, you know, there's just love, unity, just community."* (Kanoni, Tanzania, Leave to Remain)

Policy recommendations

The GEN-MIGRA project findings have identified how entrenched inequalities intersected to render migrant women particularly vulnerable during the pandemic. Post-pandemic, many migrant women remain at risk of destitution, under/employment and uncertainty over immigration status, each of which may lead to detrimental mental health and delays to settlement.

Based on our findings, we suggest several recommendations to government bodies, local authorities and organisations working with migrant groups. We hope these recommendations will ensure that women can access service provisions that are gender-responsive and supportive to processes of settlement.

Government bodies and local authorities should:

- Develop gender responsive policies to address the specific needs of migrant women, centering intersectionality in health, education and welfare provision.
- Promote specialist services aimed at migrant and minoritised groups to facilitate recovery and reduce the vulnerabilities which have disproportionately impacted women, including services targeting gender-based violence and mental health support.
- Strengthen and expand community-led initiatives developed by faith-led and specialist organisations that provide essential support to migrant women and increase collaboration between statutory and third sector organisations.
- Recognise the particular needs and invest in migrant communities, by supporting intercultural activities and anti-racist training in schools, communities and work places.
- Campaign to remove the punitive measures of the NRPF visa condition and support the expansion of benefits available to people on NRPF and local initiatives that mitigate the effects of NRPF on families.

Services working with migrant groups should:

- Consider the long-term impacts of the pandemic adjustments to women's careers, family relationships and mental health and signpost support available that may have missed by those who arrived in the UK during the pandemic.
- Improve and standardise support for migrant children and young people's learning and development, given documented impacts of the pandemic on children and young people.
- Support women's confidence in applying for secure and well-paid work, if they are seeking employment, given the significant impact of care responsibilities on women's careers.
- Continue mental health support activities for migrant adults, children and young people. Support groups and one-to-one support may be needed, given long-standing trauma.
- Build on the resilience mechanisms that women developed during the pandemic - including informal networks of support that developed locally- to support on-going recovery.