



Connecting during COVID: The experiences of the Somali Community in Cardiff during the COVID-19 pandemic

The Connecting during Covid (CDC) study aims to address gaps in understanding remittances and care practices of migrant communities in the UK in the context of the COVID-19 pandemic. The research has focused on the experiences of Somali, Brazilian and Indian communities in Cardiff, London and Glasgow, respectively. Our key research questions were aimed at trying to understand the ways in which community members were impacted by, and responded to, the pandemic both in terms of their lives in the UK, but also their ties to family in their country of heritage who were also affected by the pandemic.

This policy brief focuses on the findings of our research with the Somali community in Cardiff. We focus on three key areas: livelihood precarity, community support networks, and health and wellbeing.

Our findings indicate that many of the government policies and procedures which were put in place to mitigate the impacts of the pandemic did not alleviate the difficulties encountered by the Somali community in Cardiff. By contrast, community organisations – some of which were already working prior to the pandemic and others which have formed in response to the crisis – have stepped up to fill the gap in statutory provisions and have been central to sustaining help and support to the Somali. They have done so despite a serious shortfall in resources provided by government.

Methodology

The CDC study is an 18-month project funded by the Economic and Social Research Council led by Professor Kavita Datta (Queen Mary

University London) in collaboration with Professor Laura Hammond and Dr Anna Lindley (both from SOAS University of London) Professor Elaine Chaise (UCL Institute of Education), Professor Eid Ali Ahmed and Mr Leban Ibrahim (both of the Grangetown Educational Centre in Cardiff). The Cardiff research is supported by Kaltun Fadal, Iris Lim and Saliha Majid.

Data was collected through two community spotlight workshops, two online surveys with 120 Somali respondents, qualitative interviews with 8 Somali community members in Cardiff (and another 9 in London), and 2 Focus Group Discussions with 30 Somali community members in Cardiff. Participants included men and women across a range of ages, occupations and educational levels.

The Somali community in Cardiff

The Somali community in Cardiff is one of the oldest in the UK, the first to settle in the area in the late 19th century were Somali seamen who were originally from Somaliland. Many of the community elders are former seamen, and they have been joined by family members who have either arrived in the UK subsequently or have been born in the UK. The community is extremely close-knit, and there is a long-established and strong ethic of mutual support and assistance within the community.

Livelihood precarity

The pandemic had a significant effect on the livelihoods of many Somalis living in Cardiff. Many members of the community are unemployed or underemployed, despite their

skills. While some people who were employed as key workers were able to remain actively working during the lockdowns, many others experienced a drop in individual earnings (41%) or in their overall household income (45%).

The pandemic also deepened difficulties and vulnerabilities that had already existed within the community. A significant proportion of Somali respondents reported living in social housing and being eligible for other welfare services. . Our survey found that 46% of respondents struggled with covering their essential costs, including food, housing, educational materials and equipment for children. Many reported that they had to use food banks or other food support for the first time during the pandemic , or that they had to borrow from family or friends to meet their needs.

At the same time that people were struggling to make ends meet at home, they were also facing increased pressure from family members in Somaliland and Somalia to send remittances, as they were affected by the pandemic as well.

Government-supported furlough payments were helpful for some people but many respondents said that the support was not enough for them to meet their essential costs, or that they had been unable to access the support because they were self-employed or freelance workers, or because the process of applying was too difficult for them to navigate. Some also had difficulty accessing the Self-Employment Income Support Scheme.

Community Support Networks

The Somali community in Cardiff has a strong tradition of providing mutual support both in the immediate community as well as to relatives living abroad. The pandemic put enormous pressure on the community to help relieve the impacts of the pandemic as well as to find new ways to sustain support that they

had already been providing. This included providing educational support to children, delivering food parcels to people in need, helping with translation services to enable access to healthcare and other services, and supporting elders in the community for whom the social isolation was extremely difficult. These needs were present before the pandemic, but they were made much more pronounced as a result of the lockdowns, school closures, and restrictions on visiting family members. Existing community centres whose physical premises were closed had to find new ways of extending support to the community, with hardly any financial support. In addition, new initiatives to provide food, laptops and other essential resources were started by the community during the pandemic.

Health and Wellbeing Challenges

The COVID-19 pandemic hit the Somali community in the UK extremely hard. Many elderly people became extremely ill, and unfortunately many also died. The challenges of caring for people who were ill while at the same time protecting oneself from contracting the virus, was not only a logistical challenge but also a source of great anxiety for many people.

Interviewees said that there was a lack of reliable information, leading to people often relying on misinformation. Those who did not speak English well became anxious, confused and fearful if they became ill as they were not able to bring a relative or someone to translate information for them about their condition and the care being provided. When community members died, friends and relatives were not able to grieve for them properly since gatherings were not allowed. People were also anxious about their relatives living abroad, since they were not able to travel to see them and they knew that they were also suffering from the pandemic.

These experiences caused a great deal of anxiety, depression, and loneliness within the community. Being a community that thrives

on being able to meet in the mosque, in cafes, and in each other's homes, the social isolation was difficult for people to cope with. In some cases this has led to lasting mental health challenges.

Recommendations

Livelihoods

1. Many people work in freelance or self-employed jobs and were not able to benefit from income support or other entitlements during the pandemic. Better understanding of the employment conditions of Somalis in the community can lead to more inclusive support.
2. Ensuring that all information regarding applications for furlough and other support is translated into Somali, and that translators are available to help people access these services, is vital.

Community Support

3. Somali Community Support Organisations (SCSOs) perform a vital function within the community. They should be supported with funding, organisational training, and regular flow of information concerning COVID-19 response measures to be able to serve their members effectively.
4. SCSOs should have close collaboration with mainstream statutory bodies to overcome any barriers and inequality in service delivery for the Somali community.
5. Support to CSOs should be maintained post-pandemic as the impacts on education, mental health and employment precarity are long-term and continue to be felt.
6. In-depth research is required on the education, training, employment and health needs and socio-economic wellbeing of the Somali community in Wales.

Health and Wellbeing

5. It is vital to make health messaging available in the Somali language, including not only printed materials but translation services and community outreach.
6. Health information should aim to increase community awareness about the importance of vaccination and learning to live with the long-term effects of COVID. This requires an outreach workforce that is recruited locally and is representative of the community to conduct home visits, hold events, and work with trusted figures such as imams, community leaders and professionals.
7. Vaccination centres should be located in places that are accessible to the Somali community (places of worship, local shopping centres, local community centres).
8. Hospitals and health centres should ensure that there are adequate translators to help patients understand their illness and the treatment that they are receiving.
9. There is a need to engage with Somali community services to provide appropriate mental health support to people who are affected by depression, anxiety or grief as a result of the pandemic.

For more information about this project, please see:

<https://www.qmul.ac.uk/geog/research/research-projects/connecting-during-covid/>

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