COVID-19 Impact Assessment Framework

Risks and responses for people in the UK immigration system

April 2020

Migration Exchange
at Global Dialogue

Our Approach

1. Identifying potential risk factors
2. Assessing risks for cohorts within the immigration system
3. Analysing the socio-economic and health impacts
4. Drawing conclusions and recommendations

A framework for COVID-19 risk factors

We developed a framework to assess the impact of the COVID-19 pandemic on cohorts of people in the immigration system. Alongside demographic factors, there are several factors we have identified, and are purported in relevant analyses and scientific literature, that impact an individual's risk:

- Of contracting the COVID-19 virus;
- Of having a more serious illness or worse clinical outcomes following COVID-19 infection;
- Of experiencing greater indirect health impacts due to the COVID-19 pandemic;
- Of facing more severe socioeconomic consequences due to the COVID-19 pandemic.

It is important to recognise that many people in the immigration system will experience a number of these risk factors simultaneously, and they will interplay with, and at times exacerbate, one another.

Demographic characteristics

Age	Age has an impact on susceptibility to COVID-19 and disease course, with older patients seen to have an increased risk of severe disease and mortality. Age can also impact an an individual's health-seeking behaviour.
Sex & Gender	Biological sex and gender identity have an impact on an individual's experience of COVID-19 infection, as well as of wider societal and policy implications of the pandemic. There is evidence to suggest that male sex is linked to more severe clinical outcomes from COVID-19.
Disability	Disability may impact an individual's risk of contracting COVID-19 (e.g. sustained contact with carers), severity of its disease course, and ability to access healthcare and other forms of support within the context of social distancing.

Demographic characteristics

Ethnicity and racial identities for Black Asian and Ethnic Minority (BAME) populations pose higher risks of developing some of the health conditions linked to increased severity of COVID-19 – with further analysis needed of how structural inequalities influences health outcomes.

Ethnicity & Racial Identity

The experience of discrimination, barriers to public services and socio-economic status of those in the immigration system closely intersect with the UK's BAME population. The BAME population are disproportionately represented in lower socioeconomic deciles - with specific health needs and political factors further compounding the impact of the COVID-19 pandemic. Racial identity intersects with socioeconomic inequalities in several ways, as well as with experience of and access to healthcare.

Factors that increase the risk of contracting COVID-19

Language capability	People who are unable to speak or understand English or access health information in their own language are at risk of not understanding or receiving public health messaging or healthcare advice related to COVID-19. The availability of such information in languages other than English has been variable and often delayed. Long-term resources for English language support classes have been cut significantly over the past decade.
Health literacy	People who struggle to access, understand, appraise and apply health information, or who face barriers in navigating the complexity of the NHS, may not be able to adhere to public health messages or advice.
Accommodation type	UK migrants are statistically more likely to live in overcrowded and multi-generational housing. There is evidence that current government policies, such as the 'right to rent' scheme, are impacting the ability of people in the immigration system to access secure housing. Individuals classed as homeless will face even further challenges in adhering to public health advice. There is concern that COVID-19 outbreaks could occur in immigration detention centres and asylum accommodation – individuals in these settings may not be able to isolate, or may be further deprived of liberties as a result of self-isolation procedures. Poorly maintained housing can increase the risk of worse respiratory health and worse clinical outcomes if they contract COVID-19.

Factors that increase the risk of contracting COVID-19

Number of people in household	With more people in a household, each individual has a greater within-household contact rate and the household as a whole has a greater between-household contact rate. Overcrowded housing is a known driver of increased infectious disease transmission, including of COVID-19.
Number of generations Living in household	Multiple generations living in one household mean elderly and vulnerable individuals may struggle, or be unable, to physically distance themselves in a safe manner. However, older people might have more support for essential activities.
Agency of household members	Gender can have a role in the power dynamics within the household and this can impact susceptibility to COVID-19. For example, gender roles can impact health-seeking behaviour, caring responsibilities within the household, and amount of exposure to COVID-19 due to work/travel.

Factors that increase the risk of contracting COVID-19

Occupational exposure	People who are still working and leaving the household during this period have an increased risk of exposure to COVID-19. Those in informal employment are also less likely to have access to adequate, or any, PPE. Moreover, fixed work timetables might make workers shop for food or travel during busier periods. Those working as “key workers” or in places with minimal PPE available are at even more risk. Migrant workers are more likely to be employed in key worker roles, making up approximately 1 in 5 of the health and social care workforce and more than 40 per cent of workers in food manufacturing
Travel	Utilising public transport such as buses or trains, rather than a private car or similar, can put an individual at increased risk of being exposed, and thus contracting, COVID-19.
Geographic location	There may be discrepancies in services provided by councils and businesses in areas of lower socioeconomic status.

Factors that increase the risk of worse clinical outcome

Underlying health conditions	Several health conditions have been linked to increased susceptibility to COVID-19 as well as increased morbidity and mortality - including respiratory conditions, cardiovascular disease, and immunosuppressive conditions and treatments. Other determinants of health, such as obesity and smoking status, have also been implicated in a poorer prognosis after contracting COVID-19.
Eligibility to access NHS care	Those unable to access or afford NHS care may have poorly managed or controlled chronic conditions and could suffer increased rates of death and disability due to COVID-19. Despite primary care being available to all, regardless of immigration status, there are reports of individuals struggling to register with a GP practice during the COVID-19 pandemic.
Inclusive healthcare	The deterrence of people in the immigration system from health and social care also results in a lack of data being gathered on this group and their experience of COVID-19. A lack of diverse data will result in biased interventions and decision making, as well as inappropriate technology development.

Factors that increase the risk of worse clinical outcome

Deterrence from healthcare

'Hostile Environment' policy interventions have led to a distrust, and even fear, of public services among many communities.

Deterrence from healthcare among people in the immigration system is well documented – due to fear of charging, immigration enforcement and discrimination. There is sharing of personal information between the NHS and Home Office in the context of NHS 'eligibility checking' and of those with outstanding debts to the NHS.

Public Health England announced that treatment for COVID-19 infection is included in this list of exempt conditions - yet ensuring this message is disseminated widely enough is challenging. Some people may be concerned that should they test negative for COVID-19, or simultaneously be treated for other health conditions while under NHS care, that they will be facing large bills, leading to a delay in their presentation to healthcare services and potentially worse outcomes.

Factors that increase the risk of indirect health impact

Existing or new health conditions	There is potential indirect impact of reduced healthcare provision during the pandemic for both primary, secondary and emergency services. Previous history of mental ill health or experience of adverse psychological experiences could increase the likelihood of the COVID-19 pandemic negatively impacting an individual's mental health. The increase in surveillance and national security during the COVID-19 pandemic, such as increased police presence and powers, could exacerbate the hostility and exclusion that people in the immigration system feel. This will be particularly strongly felt by individuals impacted by domestic violence or who have fled state violence.
Domestic violence	There is already evidence from around the world and in the UK that the lockdown and stay at home measures have increased domestic violence. Domestic violence, be it physical, emotional, psychological, financial or sexual, can impact an individual's physical, mental and behavioural health. There is evidence that women with insecure immigration status or with No Recourse to Public Funds are at particular risk due to the barriers they experience to accessing support.

Factors that increase the risk of indirect health impact

Destitution	There is good evidence that precarity of income, housing and access to basic necessities (such as food) can have a negative impact on mental and physical health - such destitution could be created or exacerbated by the COVID-19 pandemic. People with NRPF are not entitled to benefits such as Universal Credit and housing or homelessness support, rendering them even more precarious in a collapsing economy.
Exacerbation of societal exclusion	There have been increasing instances of COVID-19 related racism and xenophobia during recent months, with several reports of racially motivated attacks against people of Chinese ethnicity in particular. This increased marginalisation, during a time when many are dealing with financial precarity and/or are being asked to risk their health to participate in the UK's pandemic response, serves only to deepen exclusion. This can have a range of health impacts, as well as deterring people from accessing health and social care.

Factors that increase the risk of socioeconomic impact

Financial precarity	Being in a financially precarious situation, such as being in low paid or insecure work, prior to the COVID-19 pandemic puts individuals at a higher risk of this being worsened due to the economic impacts of lockdown or business closures. This intersects with their housing stability, access to basic provisions such as medicine and food, and ability to socially distance if needed.
Access to financial and social support	Lack of eligibility for government financial support (e.g. access to Universal Credit or COVID-19 specific income support schemes) can create or exacerbate destitution. Charities and community networks across the UK provide food, health and social care and sense of community. Additionally, these groups provide phone credit and data, an important source of information and social contact. The current suspension of many groups' face-to-face support and/or reduction in operational capacity could have major ramifications on health and wellbeing.

Factors that increase the risk of socioeconomic impact

Debt	Previous debt, such as NHS debt or debt resulting from immigration costs, can mean that some people are in financially precarious situations - and thus if they face any further loss of income during the COVID-19 pandemic they could become (further) destitute.
Immigration status	Immigration status uncertainty, due to pauses or delays in application processing. Risk that some people may become “overstayers” if unable to leave the UK or apply for further leave/alternative status. The immigration status of some people may change, and thus their eligibility for healthcare and financial support may be impacted. For example, job losses may affect those with Tier 2 visas - with loss of the visa resulting in a loss of access to secondary NHS care.
Dependents	Parents that are sole carers, or individuals sending remittances and/or with dependents abroad, will face additional financial pressures.

Health and social care

Eligibility for NHS care	In England, secondary NHS care is only free for those who are 'ordinarily resident.' Non-EEA citizens must have indefinite leave to remain in order to be defined as ordinarily resident. People who are not ordinarily resident are charged at 150% of the cost of treatment. Non-EEA citizens who apply for visas longer than 6 months are exempt but must pay an immigration health surcharge as part of their visa application. NHS charging is targeted at visitors, short-term visa holders, as well as people without immigration status, but it can also affect others. For non-urgent treatment, upfront payment is required. Specific groups (people with existing asylum application) and specific treatments (A&E, COVID-19) are exempt. Scotland, Wales and Northern Ireland asylum seekers who have had their application refused are exempted from charges, which is not the case in England.
No Recourse to Public Funds (NRPF) conditions	Several immigration routes (temporary visas for non-EU citizens) are attached to NRPF conditions and thus not eligible to access public funds. Public funds include most benefits (as well as housing, homelessness support). Local authorities may have a duty to provide accommodation and support to people with NRPF in certain circumstances (e.g. Section 17 of the Children's Act). People on 10 year partner/parent/private life route can apply to lift NRPF condition, if can show destitution, risk of child welfare due to low income, or exceptional financial circumstances. People on 5-year partner/parent route can also apply for concession but must switch to 10 year route, lengthening period to secure permanent residence.

Limitations of this framework

The way that the data are collected and grouped means we are not always able to delineate between risk factors or unpick the nuances within them.

There is a lack of disaggregated data on the impact of many of the risk factors identified on specific nationalities, ethnicities and migrant statuses. There is also a lack of comprehensive data for the most marginalised groups, such as those who are undocumented and those who have come to the UK via irregular routes.

We have tried to account for new policy changes and emergency measures introduced during the pandemic so far. However this is a continuously evolving area, and it is difficult to assess the immediate impact of such policies – particularly for people impacted by, or fearful of, the hostile environment.

A cohort analysis for COVID-19

Our cohort analysis summarises the risks associated with COVID-19 for sixteen cohorts of people within the immigration system.

This analysis is based on the nature of people's immigration status – recognising that people's experiences of the current crisis are in many respects shaped by their immigration status and by the rights and restrictions attached to their status.

We have identified sixteen cohorts – we recognise that this not a comprehensive list, nor are all the different cohorts mutually exclusive.

For each cohort, we (a) estimate the number of people in the cohort (b) review the policy framework for this cohort (c) assess the risks for this cohort in relation to contracting the virus, suffering worse clinical outcomes, and experiencing other indirect health and socioeconomic impacts.

A cohort analysis for COVID-19

The sixteen cohorts in our analysis include:

- Adults and families in the process of claiming asylum
- Recently recognised refugees
- People whose asylum application has been refused
- Those who arrived as unaccompanied asylum seeking children
- People in immigration detention
- People with leave to remain under the DDV concession
- People without immigration status
- People who have been affected by trafficking and/or modern slavery
- People from the Windrush generation
- Work visa holders (Tier 2 General)
- Study visa holders (Tier 4)
- Seasonal worker visa holders
- Domestic worker visa holders
- Family visa holders
- EU citizens
- Carers with a derivative right to reside

A cohort analysis for COVID-19

The full cohort analysis is too large to be included in this presentation. But here we summarise some of the **critical risks** associated with COVID-19 that we have identified as part of the analysis.

We have divided these critical risks into the four categories identified earlier: the risk of contracting COVID-19, the risk of worse clinical outcomes, the risk of indirect health impacts, and the risk of socioeconomic impacts.

We emphasise that this is not a full list of all the risks identified in our analysis; instead, it is a summary of some of the more critical risks.

Cohort analysis: risk of contracting COVID-19

- **People seeking asylum are more likely to live in poorly maintained and overcrowded housing.** In particular, initial and dispersal accommodation are poorly designed for social distancing. There are concerns with sharing of bedrooms (and in some cases sharing of beds), communal washing and cooking spaces, and a lack of hygiene products. Limited financial support (£37.75 per week through an ASPEN card) also makes it very hard to follow social distancing guidance.

- **Detention centres pose a particular risk for COVID-19 transmission, as the virus could spread quickly once introduced by visitors or staff members.** Particular risks include shared cells and communal areas, poor hygiene standards and cleaning processes, and insufficient procedures for self-isolation. There are also reports of a 'culture of disbelief' among staff, which inhibits adequate access to healthcare.

- **Among Tier 2 General visa holders, there is a high share of people working in the NHS.** In 2018, 39 per cent of certificates of sponsorship used for this visa were for nurses and medical practitioners. Nurses and doctors are on the frontline in the response to the pandemic and are at higher risk of contracting COVID-19.

Cohort analysis: risk of worse clinical outcome

- **People without immigration status face major barriers to accessing healthcare, which have worsened during the pandemic.** Undocumented people are charged for secondary care and often fear arrest when seeking access to services. While primary care is in principle free, there are low levels of GP registration among this cohort, and the pandemic has made it especially hard for people without status to register.

- **People affected by trafficking or modern slavery are at particular risk of not receiving treatment for COVID-19.** Survivors have reported that traffickers had either restricted their access to health services, or accompanied them or interpreted for them during consultations. After escaping from exploitation, they may not be eligible for free care unless formally identified as a victim of trafficking and they may face other barriers, such as language difficulties and lack of familiarity with the NHS.

- **People from the Windrush generation, particularly those who have not had their status resolved, are at high risk given their age profile and potential denial of healthcare rights.** IFS analysis also indicates that the number of per-capita hospital deaths among Black Caribbean people is three times that of White British people.

Cohort analysis: risk of indirect health impacts

- **People seeking asylum are particularly likely to experience mental distress, which could be exacerbated under the current lockdown.** People who originally sought asylum in the UK are more likely to report mental health problems compared with others, with studies indicating very high levels of PTSD and depression.

- **Domestic workers are particularly vulnerable to violence, abuse and exploitation, as they often live in the same household as their employers.** In a survey of migrant domestic workers conducted in 2019, around 60 per cent of participants reported experiencing abuse at work – including most commonly physical abuse, as well as verbal and sexual abuse. Given the pandemic requires largely staying indoors, the risk is currently particularly high for this cohort.

- **People who experience domestic violence are only eligible for the DDV concession in limited circumstances.** There is evidence that the current social distancing measures have led to a significant increase in domestic violence. But the restrictive nature of the DDV concession could make it harder for people affected by domestic violence during the pandemic to seek support.

Cohort analysis: risk of socioeconomic impacts

- **People without immigration status could be further pushed into poverty as a result of the crisis.** They are not eligible for public funds and have no legal permission to work. Moreover, charities and community networks that normally provide food and support have suspended their face-to-face services. Losing employment during this crisis could therefore have a severe impact on this cohort.

- **People on family visas (e.g. spouse or partner visas) are at high risk of destitution.** Family visa holders have an NRPF condition, so they are not entitled to benefits such as Universal Credit. In addition, they are also subject to the minimum income threshold and high visa fees, which could make it difficult to extend their leave to remain.

- **Many EU citizens who lose work as a result of Coronavirus will face a minimal social safety net.** Many EU citizens struggling with living costs will not be eligible for housing assistance or benefits such as Universal Credit. This is because EU citizens who have not yet secured 'settled status' will need to prove a 'right to reside' as part of the Habitual Residence Test for accessing benefits and support.

Socioeconomic impacts: Data limitations

It is not always possible to have detailed information about the socio-economic characteristics of people with different immigration statuses because surveys do not ask people about their legal immigration status.

But most surveys ask respondents about their **citizenship**, **region of birth** and **year of migration to the UK.** We use this information to describe the economic situation of recent non-EU citizens (less than 5 years in the UK), many of whom have NRPF, and recent EU citizens, many of whom have pre-settled status.

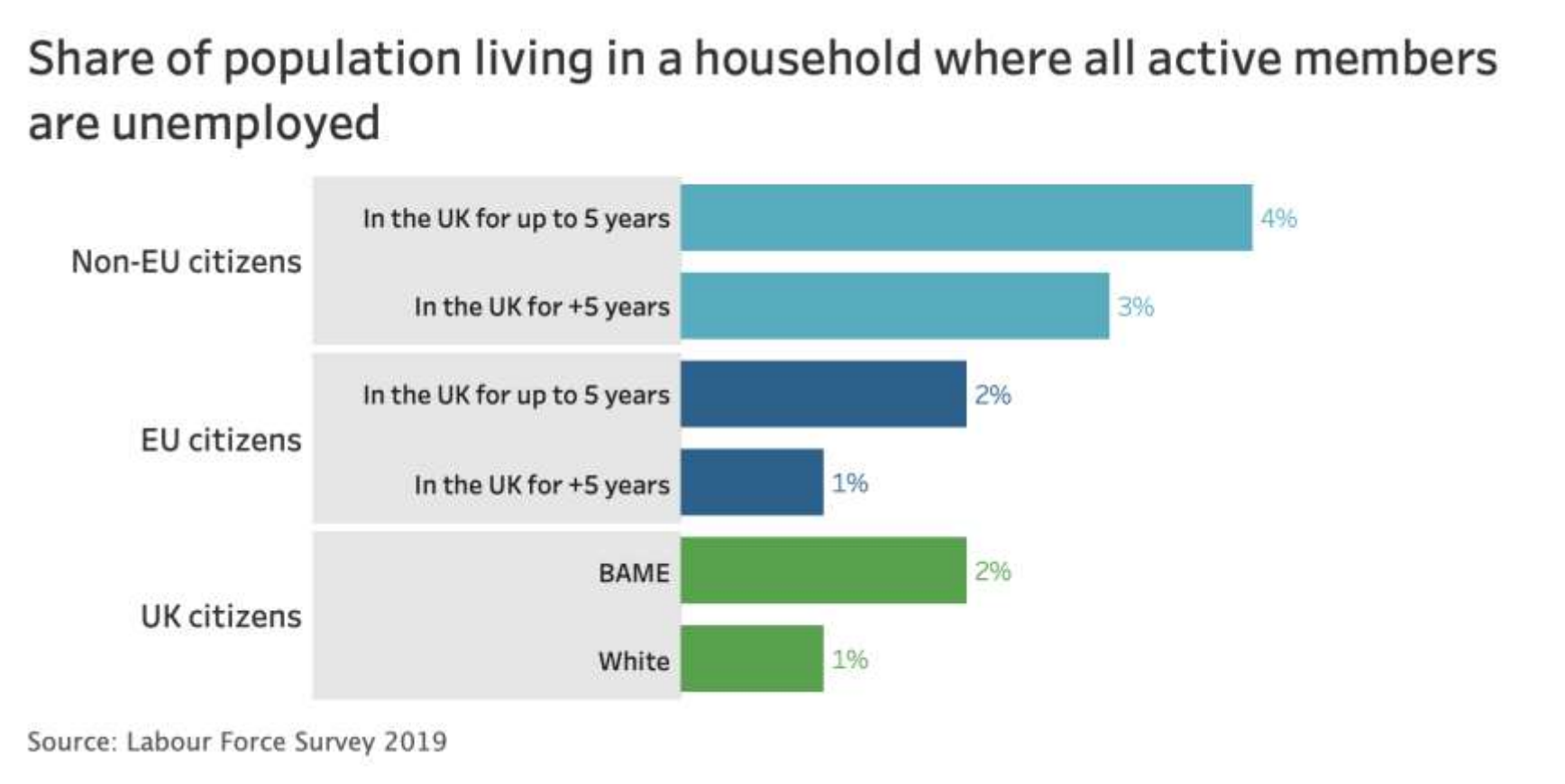
We also present data for UK citizens who self-identify as BAME.

Socioeconomic impacts: Large and unequal

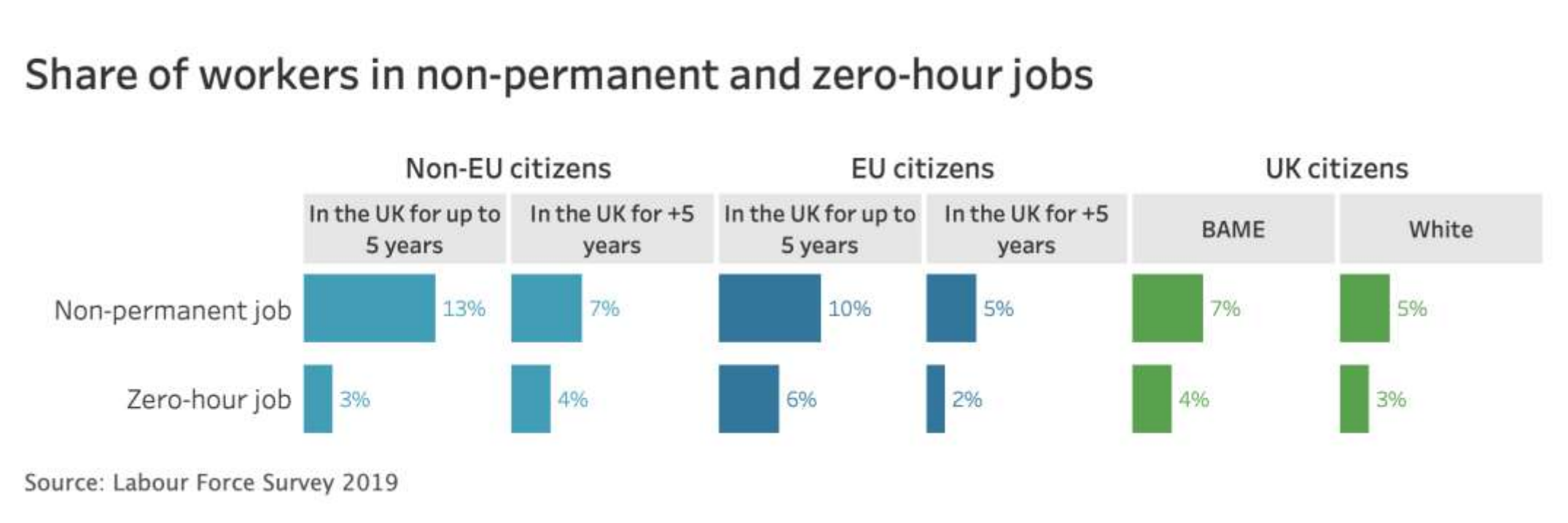
The measures that governments have put in place to contain the COVID-19 pandemic have had an unprecedented impact on the economy (OECD, 2020). As a result, many workers have lost their jobs or experienced substantial losses in their earnings, particularly those working in the sectors that have been required to close.

The economic impact of the crisis is large and unequal: recent research (Adams-Prassl, 2020; Dingel & Neiman, 2020) shows that the current crisis has exacerbated the vulnerability of people who were already in a precarious situation.

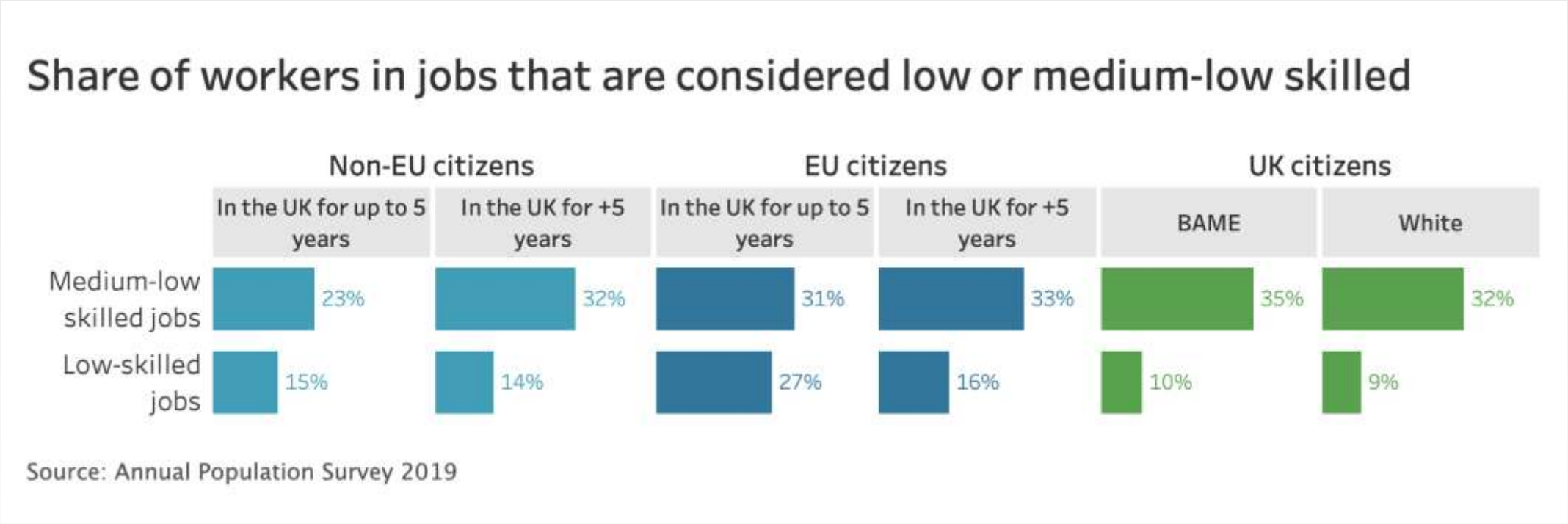
Socioeconomic impacts: economically vulnerable groups (I)



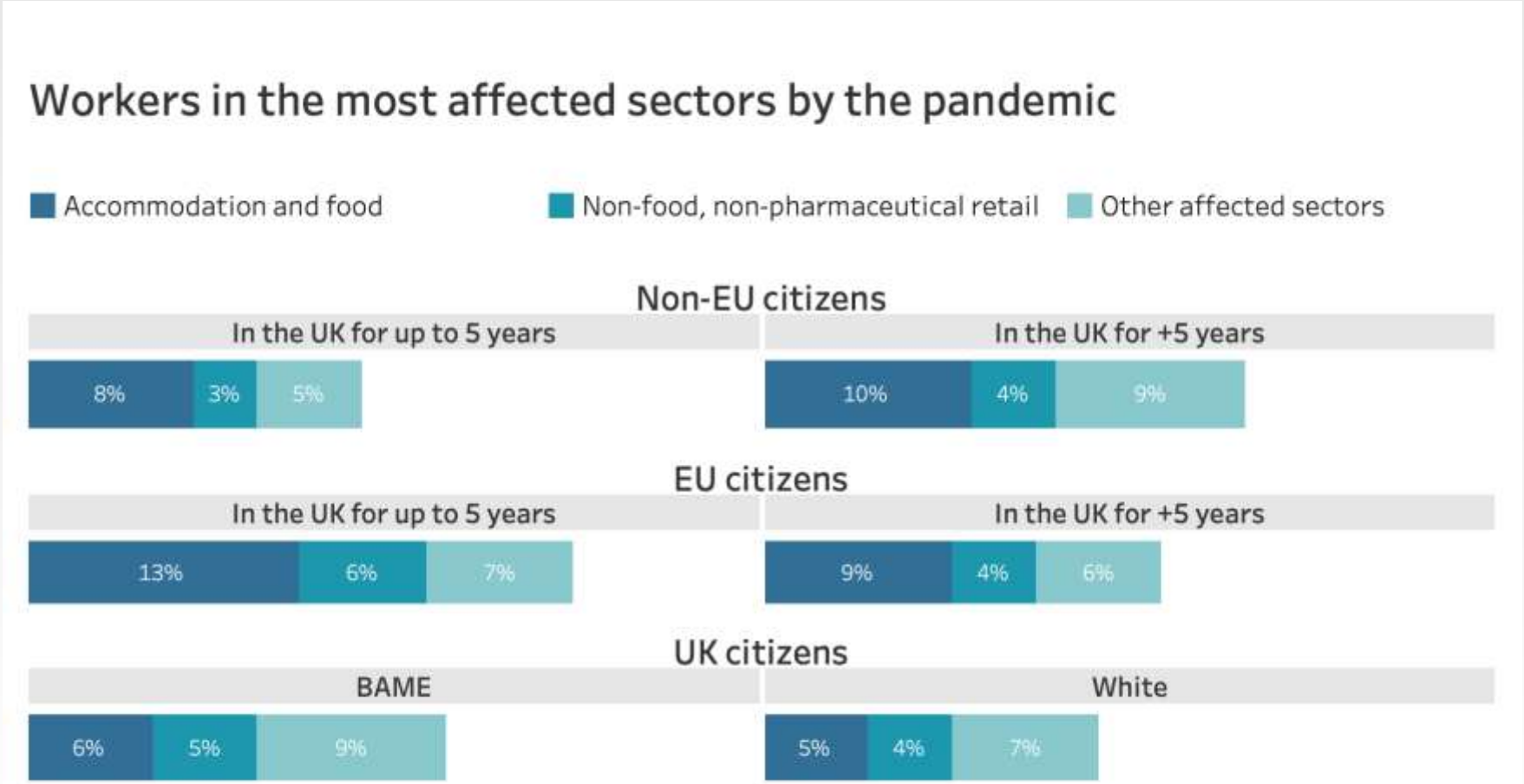
Socioeconomic impacts: economically vulnerable groups (II)



Socioeconomic impacts: economically vulnerable groups (III)

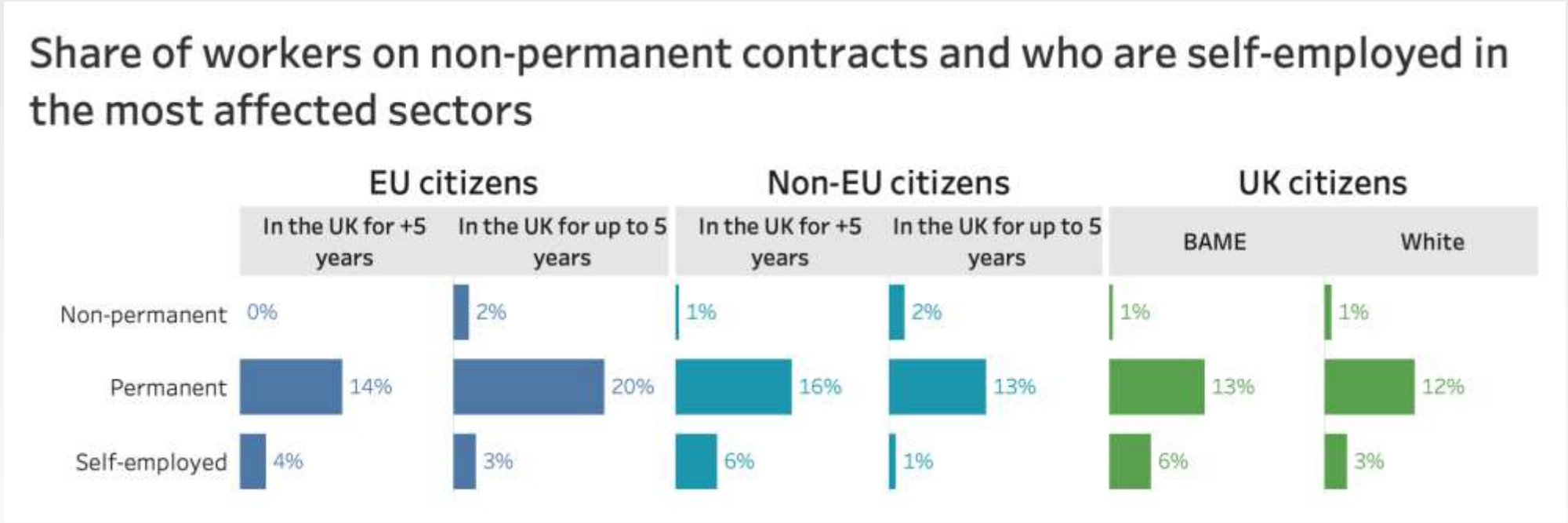


Socioeconomic impacts: most affected workers (I)



Source: Labour Force Survey 2019

Socioeconomic impacts: most affected workers (II)



Impact on health (I)

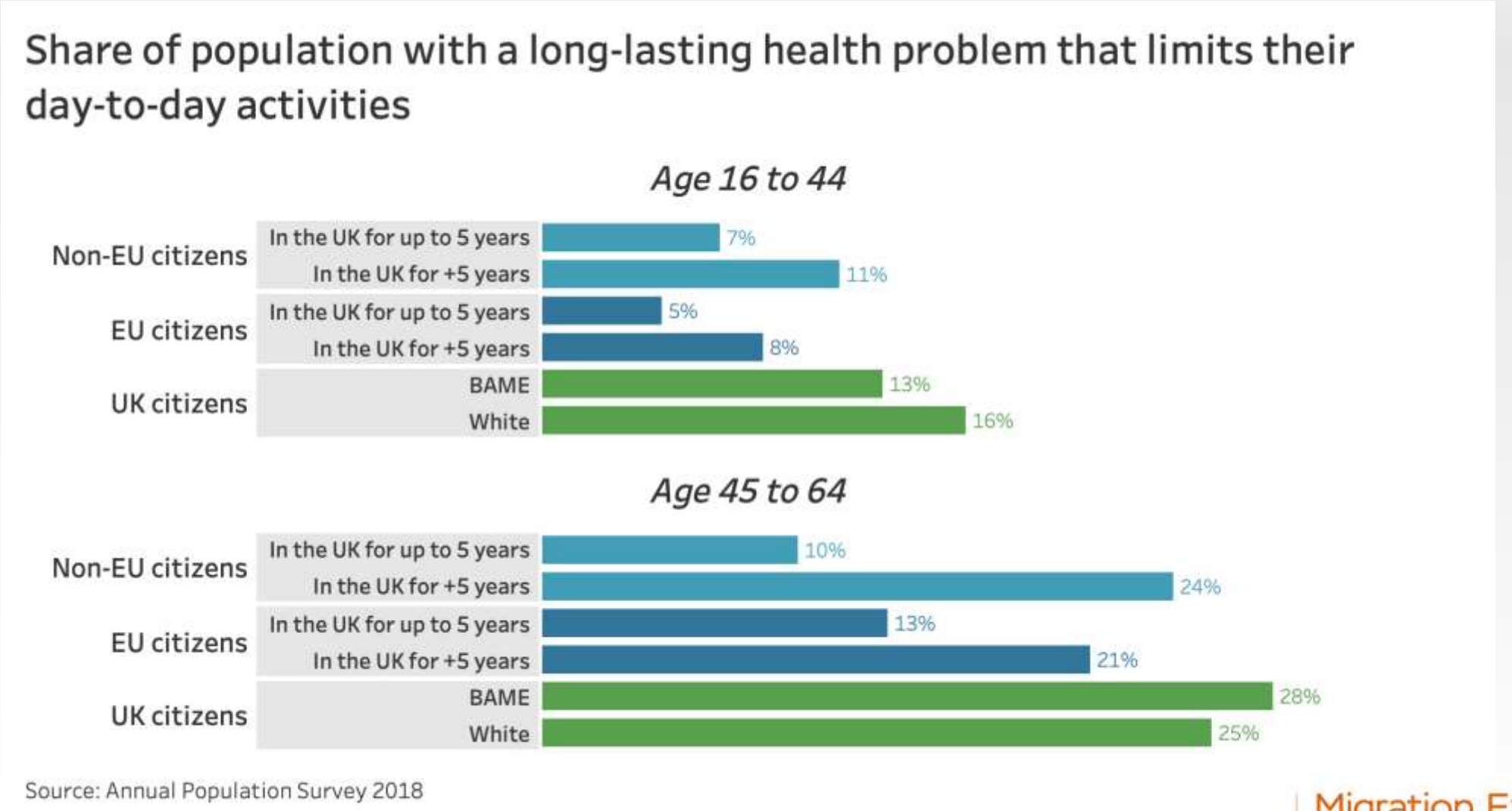
A general review of the evidence suggests that the foreign-born population (especially recent arrivals) are healthier and have fewer long-lasting health conditions compared to the UK-born population living in England and Wales.

However, some communities have a higher prevalence of certain medical conditions (e.g. diabetes is more prevalent among South Asian minorities).

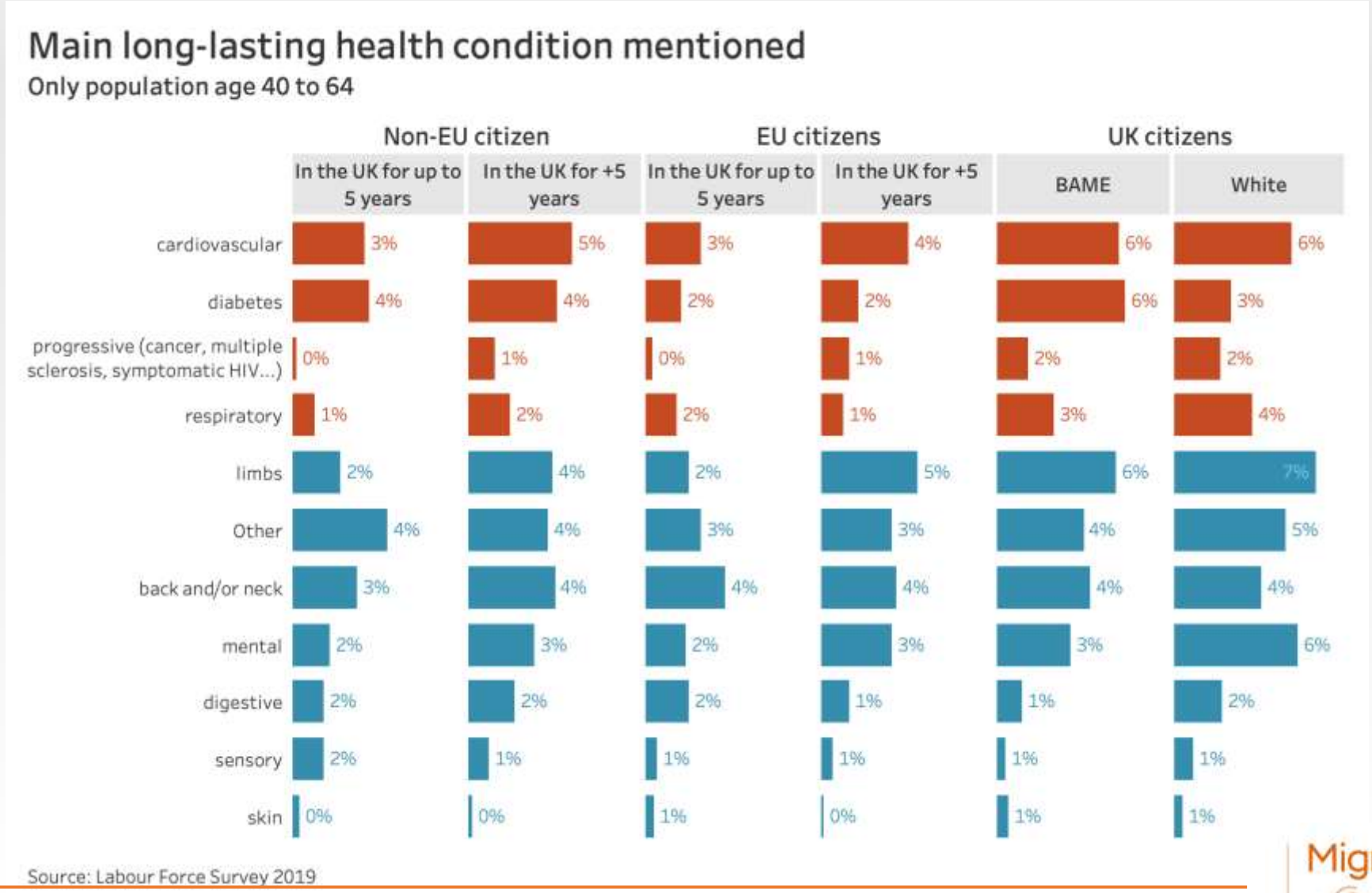
Several underlying health conditions have been implicated in increasing the severity of clinical outcomes of COVID-19, as well as morbidity and mortality following infection.

While the evidence-base is still evolving, it is important to highlight where these conditions intersect with health patterns among migrant and ethnic minority populations in the UK.

Impact on health (II)



Impact on health (III)



Source: Labour Force Survey 2019

Policy considerations

Short term

Our analysis demonstrates that several government policies undermine the national public health response and are particularly inappropriate to continue to enforce in the current context. These include:

- Data sharing policies between public services, particularly between the NHS and the Home Office;
- Current NHS charging regulations;
- Policies which restrict access to benefits, such as No Recourse to Public Funds and the Habitual Residence Test.

In addition, numerous grassroots and local community services are struggling to stay operational - severely restricting essential avenues of support for marginalised cohorts within the immigration system. There is an urgent need for action to ensure that these services are assisted and properly resourced, and that nationally coordinated aid efforts account for the needs of migrant communities.

Policy considerations

Medium term

There is a need for targeted investment for mental health and related services – particularly those which provide tailored support to people within the immigration system.

It is critical to monitor how the changing labour market affects migrant workers and to guard against the risk of a rise in exploitative working conditions in response to higher levels of unemployment.

Some people in the immigration system could be forced into overstaying their current visa and/or losing their immigration status due to the COVID-19 pandemic and the inflexibility of current immigration rules. This should be monitored closely, and appropriate adjustments and concessions made to avoid unjust penalisation of people affected by immigration control.

Policy considerations

Long term

It is critical for the UK to implement a more inclusive and equitable approach to health policies and access to healthcare. Immigration and public service policies must recognise the interconnections between physical/mental health, race, ethnicity, gender, and immigration status – with Home Office policy designed to protect and promote health.

A new strategy is needed to address the structural barriers and policy failings that are having deleterious impacts on health across cohorts within the immigration system – in particular, the government's 'hostile environment' policies which have restricted access to services and created a climate of fear for many communities.

Future planning for public health emergencies should consider:

- the potential barriers to following public health advice;
- the impacts of immigration policies affecting access to benefits and public services;
- the importance of specialist healthcare support and training.

Context we're working in

Economic bail-outs

Public health practice

Immigration Bill 2020

Moving forward

- **Research –** updating as policies shift and adapt to respond to the virus, identifying unknown information

- **Strategy –** using parts of the framework across the sector to push at different levels

- **Framing –** anticipating demands, and using evidence to challenge anti-migrant sentiment, alongside stories

Research team

Dr. Lisa Murphy, freelance global and public health specialist, having worked on evidence based policy at Public Health England (where she was the National Medical Directors Clinical Fellow), the Department of Health and the World Health Organization. She is also a trustee of Medact, where she works within the Migrant Solidarity Group to promote health access and justice for UK migrants.

Guppi Bola, freelance public health strategist with a background in climate, health and economic justice campaigning. She is currently Chair of JCWI, and recently finished a stint as Interim Director of Medact.

Mariña Fernández-Reino, researcher at The Migration Observatory (University of Oxford), where she leads the research on migrants' integration. Before joining the Migration Observatory, she was a postdoctoral researcher and investigated the labour market discrimination of ethnic and migrant minorities in Spain.

Marley Morris, Associate Director for Immigration, Trade and EU Relations at the Institute for Public Policy Research (IPPR). His work currently focuses on the effects of the 'hostile environment', local experiences of migration and integration, and the implications of the government's new points-based immigration system.

Rachel Burns, anthropologist and epidemiologist, with a research focus on healthcare barriers for excluded populations such as migrants and refugees and has experience in migrant health programme evaluation for the IOM and DOTW/MdM. She currently is a research associate at UCL, advocacy officer at Lancet Migration and consultant epidemiologist at Doctors of the World UK.

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The full report of this research is available from dylan@global-dialogue.org

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