COVID-19
Impact Assessment Framework

Risks and responses for people in the UK immigration system

Summary

May 2020

Migration Exchange
at Global Dialogue

Introduction

The COVID-19 pandemic has dramatically altered life for many of us, but certain groups of society are affected more than others. There is growing evidence of the disproportionate impact of the pandemic on Black and minoritised communities, but to date there has been no detailed research into the challenges it brings for people living within the UK immigration system.

The COVID-19 Impact Assessment Framework – commissioned by Migration Exchange and carried out by the Institute for Public Policy Research (IPPR), Migration Observatory and independent public health experts - fills that gap.

It examines both the socio-economic and health impacts of the COVID-19 pandemic on people living within the UK immigration system, then offers short, medium, and long-term policy recommendations to enable the UK to respond effectively.

This summary highlights the study's key findings and cohorts in question, in order to inform the responses of policy makers, charities, and funders.

Demographic characteristics

Age	Older patients have an increased risk of severe disease and mortality.
Sex& Gender	There is evidence to suggest that male sex is linked to more severe clinical outcomes from COVID-19.
Ethnicity and racial identity	Ethnicity and racial identities for Black Asian and Minority Ethnic (BAME) populations pose higher risks of developing some of the health conditions linked to increased severity of COVID-19. The experience of discrimination, barriers to public services and socio-economic status experienced by people in the immigration system closely link with those impacting many Black and minoritised groups.
Disability	Disability may increase a person's risk of contracting COVID-19 (through e.g. contact with carers), severity of disease course, and access to healthcare.

Factors that increase the risk of contracting COVID-19

Language capability People who are unable to speak or understand English are unable to access public health messaging and healthcare advice related to COVID-19. The availability of such information in other languages has been limited, or delayed. Long-term resources for English language support have been cut significantly over the past decade.

Health literacy People who find it difficult to navigate the NHS may not be able to adhere to public health messages or advice.

Accommodation type & number of people in household People navigating the asylum and immigration system are statistically more likely to live in overcrowded housing – a known driver of increased disease transmission, including COVID-19.

Number of generations living in household Multiple generations living in one household mean elderly and vulnerable individuals find it difficult to physically distance, although they do also have access to support for essential activities.

Agency of household members Gender can have a role in power dynamics in a household, which can impact on susceptibility to COVID-19; such as caring responsibilities, amount of exposure due to work/travel.

Occupational exposure People who work outside the home are exposed to a greater risk of exposure to COVID-19. People who arrived in the UK through the immigration system are more likely to be working in certain key worker roles (1 in 5 in health and social care, 4 in 10 in food manufacturing) and are therefore likely to have worked throughout lockdown.
Travel Using public transport as many people within the immigration system do, carries a greater risk of exposure to COVID-19 than travelling in a private car.

Geographic location There may be discrepancies in services provided by councils and business in areas of lower socio-economic status, e.g. reduced public health messaging and signage; less sanitising and cleaning of public housing and estates; more limited food and accommodation distribution to those in need.

Factors that increase the risk of worse clinical outcome

Underlying health conditions Several health conditions have been linked to increased susceptibility as well as increased morbidity and mortality.

Eligibility to access NHS care Those unable to access or afford NHS care may have poorly managed health conditions, putting them at greater risk. Despite primary care being available to all, regardless of immigration status, individuals have struggled to register with a GP practice during the COVID-19 pandemic.

Inclusive healthcare People living within the UK asylum and immigration system have been deterred from accessing health and social care. As a result, in many cases there won't be a record of their experience of COVID-19, which may mean their needs are not understood and accounted for in future public health planning.

Deterrence from healthcare Over the past few years, policy interventions within a political framework designed to create a 'hostile environment' for people living in the UK illegally have led to a distrust, and fear, of accessing public services among many communities, due to fears of charging, immigration enforcement, and discrimination. The NHS and the Home Office share data in the context of 'eligibility checking', and whilst Public Health England (PHE) announced that treatment for COVID-19 infection is in the list of conditions exempt from data sharing, this message has not got through, and many people remain fearful about accessing health services.

Likewise, although PHE confirmed that treatment for COVID-19 infections is exempt from charging, this message has not got through either.

Factors that increase the risk of indirect health impact

New or existing health conditions There is potential indirect impact of reduced healthcare provision during the pandemic for both primary, secondary and emergency services. Previous experience of mental ill health may increase the likelihood of COVID-19 impacting on an individual's mental health. The increase in surveillance and national security during the pandemic could also exacerbate the exclusion felt by those living in the asylum and immigration system.

Domestic Violence There is already evidence from around the world and in the UK that the lockdown and stay at home messages have increased domestic violence. There is evidence that women with insecure immigration status, r who are unable to access public funds due to their immigration status, are at particular risk.

Destitution Uncertain income, poor housing and difficulty accessing necessities (including food) can all have a negative impact on mental health, and such destitution could be created or increased by COVID-19. People unable to access public funds due to their immigration status are in an even more precarious state.

Exacerbation of societal exclusion There have been reports of COVID-19 related racism such as attacks against people of Chinese ethnicity. Increased marginalisation can also prevent people accessing health and social care.

Factors that increase the risk of socioeconomic impact

Debt Previous NHS debt, or debt from immigration costs, means that some people are in precarious financial situations even before losing jobs due to COVID-19.

Immigration status Immigration status uncertainty, due to pauses or delays in applications due to COVID-19, means that some people may become 'overstayers'. This change in immigration status could mean loss of jobs, and access to services.

Dependents Parents that are sole carers, or individuals supporting dependents abroad will face additional financial pressures.

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 and 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, meaning people may not access public funds such as benefits, housing or homelessness support. Local authorities may have a duty to provide accommodation and support to people with NRPF in certain circumstances. People on the 10- year partner/parent/private life route can apply to lift NRPF conditions, if they 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 the 10-year route, lengthening period to permanent residence.

A cohort analysis for COVID-19 and critical associated risks

The study summarises the risks associated with COVID-19 for sixteen cohorts of people within the immigration system; based on the nature of peoples' immigration status to recognise the different rights and restrictions attached to each status.

The cohorts include:

- Adults and families in the process of claiming asylum
- People recently recognised as refugees
- People whose asylum application has been refused
- Those who arrived as unaccompanied children or adolescents seeking asylum
- People in immigration detention
- People with leave to remain under the Destitution Domestic Violence concession
- People without immigration status, and their children
- People who have been affected by trafficking and/or modern slavery
- People from the Windrush generation
- People in the UK on work visas
    - Work visas (Tier 2 General)
    - Study visas (Tier 4)
    - Seasonal worker visas

    - Domestic worker visas
    - Family visas
- EU citizens
- People who are carers with a derivative right to reside

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

The full cohort analysis is too large to be included here, but the critical risks associated with COVID-19 that were identified as part of the analysis follow.

These are divided 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.

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) makes it hard to afford daily essentials.

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 people in the UK to work on Tier 2 visas, 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 at higher risk of contracting COVID-19 due to their work at the frontline of response.

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 immigration enforcement 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. Institute for Fiscal Studies analysis 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

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. Many charities and community networks that normally provide food and support have suspended or reduced 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 No Recourse to Public Funds (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.

Socio-economic 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 people 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, with recent research showing that the current crisis has exacerbated the vulnerability of people who were already in a precarious situation.

Impact on health

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 communities). 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.

Policy considerations

Short term

The 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.

Medium term

There is a need for targeted investment for mental health and related services, particularly those giving tailored support to people within the immigration system.
It is critical to monitor how the changing labour market affects people who migrate to the UK for work 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.

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 damaging 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.

Further information

This research was commissioned by Migration Exchange in April 2020.

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The full report is available online: COVID-19 Impact Assessment Framework
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