

COVID and Society: Evidence Synthesis

Summary and scope

This review focusses on the impact of COVID-19 on BAME and migrant groups in the UK. It has been informed by detailed research undertaken for a report published in June 2020, 'A Chance to Feel Safe: Precarious Filipino Migrants Amid the UK's Coronavirus Outbreak' (full details in bibliography), which comprised an online survey completed by 78 respondents, with 15 follow-up semi-structured interviews. I have additionally analysed existing evidence and reports (see bibliography) and conducted scoping interviews with members of community-level organisations working with BAME and migrant groups. These conversations were brokered through my own professional networks. They are not intended to replace detailed research, but to feed into a broader synthesis, and suggest areas where further study is needed.

The individuals consulted were:

- Dr Rhetta Moran, RAPAR UK. Grassroots human rights group based in central Manchester.
- Lynda Ouazar, Solidarity Britannia. Food bank working primarily with North African migrants in east London.
- Loraine Mponela, Chair of Coventry Asylum and Refugee Action Group.

As I will elaborate below, further research is needed to understand the complex ways in which the pandemic intersects with social inequalities accruing to racialisation and precarious migratory status. Foremost, I will recommend that such research be devised and led by BAME and migrant communities themselves.

Migration status, racialisation and ethnic identity must be understood intersectionally. Clearly, vast differences exist across and within BAME and migrant constituencies. Moreover, thematic COVID-related inquiries must be understood in relation to BAME and migrant experience. The latter is not a separate or discrete area of research, and should be considered across analytic approaches.

BAME and migrant individuals have without doubt already been disproportionately affected by COVID-19 and social distancing measures ('lockdowns'), both through physical health and fatality rates, and through broader social impacts. It is clear that clinical factors are not able to fully account for the increase in contracting and dying from COVID-19 among BAME populations. While most of the available literature documents existing effects rather than suggesting predictions for the future, this review highlights and in some cases extrapolates longer term consequences as per the British Academy brief.

Overall, my findings predict that BAME and migrant people, and particularly those who do not have leave to remain or recourse to public funds, will be disproportionately affected in months and years to come. This also affects their children in the UK, as well as financial dependents and loved ones in other locations. In the final section of the review, I will

highlight what can be done at community and policy levels to mitigate these impacts, as well as suggesting areas for further research.

Synthesis of existing literature

The hostile environment

This review finds that a consideration of the hostile environment is vital to understanding the effects of COVID-19 and the 'lockdown' on migrants, and that policy change to mitigate the negative impacts of the pandemic must occur at the intersection of immigration and public health.

Coined by then Home Secretary Theresa May in 2012 and implemented primarily through the Immigration Acts of 2014 and 2016, the “hostile environment” forms the generalised policy context for migrants currently living in the UK. Policies most relevant to this review include:

- The criminalisation of illegal working, with increased financial penalties and prison sentences for employers. This creates unregulated, informal employment situations for irregular migrants attempting to stay out of destitution, which is conducive to exploitation, low income and no legal remedy for losing work due to the pandemic.
- The requirement for landlords and letting agents to check tenants’ immigration status before renting to them, and powers to evict tenants without the right to rent. This creates insecure, transient and overcrowded accommodation contexts with unscrupulous landlords, with no remedy for evictions taking place despite the ban imposed by the government due to COVID-19.
- Charges for NHS care for certain migrants, at 150% of the cost to the NHS, and patient data-sharing between the NHS and the Home Office for the purposes of Immigration Enforcement. Data-sharing was formalised in a 2017 Memorandum of Understanding, which was later withdrawn in 2018 following legal action by rights groups. However, some data-sharing is still taking place (for example with regard to debt to the NHS). Both charging and data-sharing deters migrants from accessing healthcare due to fears of prohibitive costs and immigration detention or deportation.

BAME migrants are further affected by the racial profiling and discrimination that accompanies these policies.

Dr Rhett Moran of RAPAR UK noted that the hostile environment had become not just hostile but “aggressive” in the context of the pandemic. RAPAR is part of Status Now Network, a coalition of more than 80 organisations and action groups calling for the granting of leave to remain status to all undocumented migrants and migrants in the legal process in the UK and Ireland amidst the pandemic – a consensus that demonstrates the far-reaching implications of immigration status on public health.¹ In November 2020, the

¹ <http://statusnow4all.org/>

² Equality and Human Rights Commission, ‘Public Sector Equality Duty assessment of hostile environment policies’, 2020, <https://www.equalityhumanrights.com/sites/default/files/public-sector-equality-duty-assessment-of-hostile-environment-policies.pdf>

³ Michael Marmot et al., ‘Health Equity in England: The Marmot Review Ten Years On’ (London: Institute of Health Equity. 2020). 80.

Equality and Human Rights Commission concluded that hostile environment policies were implemented unlawfully in breach of Public Sector Equality Duty.²

Poverty

There is a consensus that COVID-19 has revealed and exacerbated longstanding socio-economic inequalities affecting BAME and migrant people. Poverty affects the likelihood of contracting coronavirus, and produces or affects existing health conditions that result in greater severity or death. In the longer term, existing poverty will make it significantly harder to weather the economic effects of the pandemic and lockdown.

It has long been clear that poverty levels are higher among BAME and migrant people in the UK.³ The economic consequences of the pandemic and 'lockdowns' therefore have a disproportionate severity for BAME and migrant people. Dr Rhett Moran of RAPAR stated that the pandemic had "exacerbated and deepened what were already yawning inequities," with already poor members of the community losing the "fingerhold" they had inside of informal economies and becoming "effectively enslaved." Employment scarcity has led to greater exploitation, as noted throughout this report. Moran and Loraine Mponela of CARAG both called attention to the "digital divide" as a faultline that disadvantages low-income BAME and migrant groups without access to phone credit, wifi or devices.

Savings are lower among BAME groups, which makes them more vulnerable to longer term economic impacts, for example those related to increasing unemployment.⁴ Even taking into account government initiatives to protect workers (such as the Job Retention Scheme), one study notes that "My findings not only illustrate the much more severe economic adversity facing BAME migrants than UK-born white British during the pandemic, but also indicate that BAME natives seem to enjoy a lower level of employment protection, such as furloughing, than their white non-migrant counterparts."⁵

Beyond the health impacts of the virus itself, BAME people and migrants will find it more difficult to weather the impact of the lockdown and the high levels of job and income loss that have already occurred in informal employment and are expected to follow in the mainstream as economic safety initiatives come to an end. As Mponela put it, "If the big tables in No. 10 Downing Street are starting to shake, how about us on the ground?"

² Equality and Human Rights Commission, 'Public Sector Equality Duty assessment of hostile environment policies', 2020, <https://www.equalityhumanrights.com/sites/default/files/public-sector-equality-duty-assessment-of-hostile-environment-policies.pdf>

³ Michael Marmot et al., 'Health Equity in England: The Marmot Review Ten Years On' (London: Institute of Health Equity, 2020), 80.

⁴ British Medical Association, 'PHE Review into the Disparities and Outcomes of COVID-19', 2020, <https://www.bma.org.uk/media/2604/bma-phe-review-into-the-disparities-and-outcomes-of-covid-june-2020.pdf>.

⁵ Yang Hu, 'Intersecting Ethnic and Native–Migrant Inequalities in the Economic Impact of the COVID-19 Pandemic in the UK', *Research in Social Stratification and Mobility* 68 (2020): 4, doi:10.1016/j.rssm.2020.100528.

Housing

BAME and migrant people are more likely than white British counterparts to have housing conditions that are precarious or make it harder to social distance. This not only carries immediate health risks; my findings suggest that this will have long term effects as tenants struggle to pay rent amidst job loss resulting from the pandemic.

Statistics demonstrate higher levels of housing insecurity among BAME and migrant people. 31% of households in 'statutory homelessness' in 2017/2018 were BAME.⁶ 54% of migrants rent their property compared to 29% of the UK-born population, and 1 in 20 non-EU born migrants in the UK live in accommodation linked to their employment.⁷ The latter group include daffodil pickers living in disused holiday rental caravans while employed in seasonal work, and live-in domestic workers.⁸ This not only links job precarity to homelessness, but heightens the risk of labour abuses, whereby those unable to leave accommodation are subject to (increased) exploitation. Domestic workers, for example, reported being told by employers not to leave the house if they wanted to keep their jobs, and were consequently made to work without breaks or days off, and no overtime pay.⁹

Overcrowding emerges in much of the literature as an explanatory factor for the increased likelihood of BAME and migrant people contracting coronavirus, though disputed in some reports.¹⁰ Public Health England reports that in London, 30% of Bangladeshi households, 16% of Black African households, and 18% of Pakistani households have more residents than rooms compared with only 2% of white British households.¹¹ Among those surveyed in 'A Chance to Feel Safe', the majority of survey respondents (58%) lived in shared houses, but one in five were homeless, had no fixed address (NFA) or were staying temporarily with friends. Among the shared house and NFA groups, respondents on average shared a bedroom with 1-2 others, and communal spaces such as a bathroom and kitchen with 4-5 others. Interviewees reported that it was difficult to socially distance and feared contracting (or had contracted) coronavirus in these conditions.¹² Lynda Ouazar of Solidarity Britannia described one case of 14 undocumented migrants sharing a bedroom following evictions in the first lockdown. Loraine Mponela of CARAG described accommodation for those seeking asylum in which as many as 15 people shared a kitchen

⁶ British Medical Association, 'PHE Review into the Disparities and Outcomes of COVID-19'.

⁷ Marley Morris, 'Migrant Workers and Coronavirus: Risks and Responses', 2020, <https://www.ippr.org/blog/migrant-workers-and-coronavirus>.

⁸ Catherine Barnard and Fiona Costello, 'Migrant Workers and Covid-19', *UK in a Changing Europe*, 28 March 2020, <https://ukandeu.ac.uk/migrant-workers-and-covid-19/>; Ella Parry-Davies, 'A Chance to Feel Safe: Precarious Filipino Migrants amid the UK's Coronavirus Outbreak' (Kanlungan Filipino Consortium, 2020), https://www.kanlungan.org.uk/?page_id=118.

⁹ Parry-Davies, 'A Chance to Feel Safe: Precarious Filipino Migrants amid the UK's Coronavirus Outbreak'.

¹⁰ James Nazroo et al., 'Rapid Evidence Review: Inequalities in Relation to COVID-19 and Their Effects on London', 2020, 24, <https://airdrive-secure.s3-eu-west-1.amazonaws.com/london/dataset/rapid-evidence-review-inequalities-in-relation-to-covid-19-and-their-effects-on-london/2020-09-29T09%3A15%3A05/Rapid Evidence Review - Inequalities in relation to COVID-19 and their effects on London.pdf>

¹¹ Public Health England, 'Beyond the Data: Understanding the Impact of COVID-19 on BAME Groups', 2020, 21, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf.

¹² Parry-Davies, *A Chance to Feel Safe: Precarious Filipino Migrants amid the UK's Coronavirus Outbreak*.

and a bathroom, with numerous reports of infection. Others in hotel accommodation were not given enough food, for example to take medication with, and newly recognised refugee mothers unable to access charity donations during the lockdown were left without items like a fridge or cooker.

Given the difficulty of finding secure employment and accommodation in the hostile environment, housing conditions are particularly transient for undocumented migrants. Those without the legal right to rent have no remedy for evictions taking place within the pandemic despite the government ban, and reports have been made of people being evicted if they display symptoms of COVID-19.¹³ Describing housing conditions within Gypsy, Traveller and Liveaboard Boater communities, Doctors of the World notes: “There is a general lack of living space within caravans, trailers and boats for adequate physical distancing and self-isolation. Overcrowding has also increased as people try to stay in one place. People’s need to access basic water and sanitation; rubbish disposal and top up electricity can present problems for physical distancing or self-isolation once symptomatic. The shortage of space within homes for storing supplies has increased the likelihood of breaking self-isolation to go shopping, particularly if some of the areas where people are living are deemed inaccessible by online shopping delivery services.”¹⁴ Some interlocutors in the literature reported a general mobility in migrant communities that was not accounted for in government social distancing advice; for example, one Somali respondent noted that their home was a “transit point for travelling friends and relatives.”¹⁵

This review finds that, longer term, homelessness, rough sleeping and associated difficulties will become more widespread, especially among undocumented migrants and those with no recourse to public funds (NRPF).

Children and young people

Children are affected by the pandemic in distinctive ways, with long term consequences for their education and well-being.

Children of immigrants are less likely to have a computer and access to a quiet place to study at home.¹⁶ The “digital divide” has specific and long term impacts on children’s formal education; one member of the Gypsy and Traveller Community noted that “Since schools closed there has been no contact from school at all and we have no access to the internet. When they go back to school they will have forgotten everything.”¹⁷ Parents with less proficiency in the language of instruction or familiarity with the UK education and assessment system may find it harder to support their children’s education at home. Over

¹³ Doctors of the World, ‘A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic’, 2020, 57, <http://www.doctorsoftheworld.org.uk/wp-content/uploads/2020/05/covid19-full-rna-report.pdf>.

¹⁴ Ibid., 31; see also R. Armitage and L. B. Nellums, ‘Letter to the Editor: COVID-19 and the Gypsy, Roma and Traveller Population’, *Public Health* 185, no. June (2020): 48, doi:10.1016/j.puhe.2020.06.003.

¹⁵ Nazroo et al., ‘Rapid Evidence Review: Inequalities in Relation to COVID-19 and Their Effects on London’, 24.

¹⁶ OECD, ‘What Is the Impact of the COVID-19 Pandemic on Immigrants and Their Children?’, 2020, 16, https://read.oecd-ilibrary.org/view/?ref=137_137245-8saheqv0k3&title=What-is-the-impact-of-the-COVID-19-pandemic-on-immigrants-and-their-children%3F.

¹⁷ cited in Doctors of the World, ‘A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic’, 60.

70% of first generation immigrant children in the UK do not speak English at home, compared to 30% of children with immigrant parents.¹⁸

In a survey by the mental health charity Young Minds, 83% of under-25s with a mental illness history said the pandemic had made their conditions worse and 26% said they were no longer able to access mental health support as peer support groups and face-to-face services have been cancelled, and support by phone or online is difficult for some young people.¹⁹ BAME children in the UK are also more likely to be experiencing bereavement due to the pandemic.

BAME and migrant children may also experience xenophobic and racial discrimination, which some groups have warned impacts on pandemic-related changes such as the suspension of examinations. In an open letter regarding the use of predicted grades in GCSE, AS and A levels, the Runnymede Trust warns that “Teachers' expectations of black students and their working-class peers tend to be systematically lower than warranted by their performance in class.”²⁰ One NGO worker spoke of a young asylum seeker who experienced verbal and psychological abuse by care staff at his residence: “He felt trapped with no escape and self-harmed. He had to go to A&E and be seen by the Crisis team. I believe this could have been avoided if it wasn't lockdown.”²¹

Women

Conditions such as increased domestic violence and loss of work and income, which have been reported across the country, affect migrant women in specific ways, often due to a lack of state support.

Higher levels of domestic violence and violence against women and girls (VAWG) has been reported across the country.²² Some BAME and migrant women are affected in specific ways by an increase in domestic violence. Lynda Ouazar of Solidarity Britannia notes that undocumented women or those with NRPF are less able to leave abusive partners if they do not have the right to work, have children who are also undocumented, or do not have language proficiencies. The Latin American Women's Rights Service likewise reports an increase in women staying with or returning to perpetrators for lack of other options as they are unable to access refuge and financial support due to immigration conditions.²³

¹⁸ OECD, 'What Is the Impact of the COVID-19 Pandemic on Immigrants and Their Children?', 18.

¹⁹ Doctors of the World, 'A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic', 69.

²⁰ Runnymede Trust, 'Open Letter: Predicted Grades and BME Students', 5 April 2020, <https://www.runnymedetrust.org/blog/predicted-grades-bme-students-letter-to-ed-sec>.

²¹ Doctors of the World, 'A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic', 60.

²² Women's Budget Group, 'Crises Collide: Women and Covid-19', 2020, <https://wbg.org.uk/wp-content/uploads/2020/04/FINAL.pdf>; End Violence Against Women Coalition, 'Rapidly Compiled - Initial Briefing on the COVID-19 Pandemic And the Duty to Prevent Violence Against Women & Girls', 2020, <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/EVAW-Coalition-Briefing-on-COVID19-Pandemic-and-Duty-to-Prevent-VAWG-April-2020-FINAL.pdf>.

²³ Coalition of Latin American Organisations in the UK and Latin American Women's Rights Service, 'Written Evidence Submitted to "Unequal Impact? Coronavirus and BAME People" Inquiry by the Women and Equalities Committee', 2020, <https://committees.parliament.uk/writtenevidence/8642/pdf/%0AEvidence>

Women are often primary caregivers, and the closure of nurseries and schools have meant many women have become unable to work.²⁴ For women who have NRPF or are undocumented and cannot access financial support like the Job Retention Scheme, stopping work means a total loss of income. Loraine Mponela of CARAG noted that the closure or sporadic nature of some services in the lockdown had left women without sanitary products.

Employment sector

BAME people and migrants are more likely to be employed in 'essential' and frontline services, and fewer have stopped working or have been working from home during COVID. Those in low-income and informal employment contexts have been particularly affected by the pandemic, and this will have long term consequences on poverty levels and health outcomes.

850,000 migrants in the UK work in health and social care.²⁵ While non-EU born workers make up 10% of the overall UK labour force, they represent 21% of health professionals and 19% of nurses and midwives.²⁶ The health and care workforce in England are significantly over-represented by people from BAME groups: 40% of doctors, 20% of nurses, and 17% of social care workforce are from of BAME groups, and in London, nearly 50% of the NHS and CCG staff come from a BAME group.²⁷ Often, BAME workers are in lower paid roles within the NHS, which mean that these roles cannot be done remotely, and they are more likely to use public transport to get to work.²⁸ It has been reported that up to 60% of health workers who died identified as BAME.²⁹ This has been especially strongly felt in the Filipino community, which accounted for 18% of deaths among NHS workers.³⁰ Loraine Mponela of CARAG described her fears for the long term health effects of those who were financially unable to stop working and did not have PPE, such as informally employed care workers.

Filipino and Latin American groups, both over-represented in the areas of cleaning and domestic work, reported being made to work without adequate personal protective equipment.³¹ The Coalition of Latin Americans in the UK reports workers being made to

submitted to 'Unequal impact? Coronavirus and BAME people' Inquiry by the Women and Equalities Committee: <https://committees.parliament.uk/work/227/unequal-impact-coronavirus-covid19-an>.

²⁴ Women's Budget Group, 'Crises Collide: Women and Covid-19'.

²⁵ Morris, 'Migrant Workers and Coronavirus: Risks and Responses'.

²⁶ Mariña Fernández-Reino and Rob Mcneil, 'Migrants' Labour Market Profile and the Health and Economic Impacts of the COVID-19 Pandemic' (Oxford: Migration Observatory, 2020), <https://migrationobservatory.ox.ac.uk/wp-content/uploads/2020/07/Report-Migrants'-labour-market-profile-and-the-health-and-economic-impacts-of-the-COVID-19-pandemic.pdf>.

²⁷ Public Health England, 'Beyond the Data: Understanding the Impact of COVID-19 on BAME Groups'.

²⁸ Ibid.

²⁹ Amnesty International, 'Exposed, Silenced, Attacked: Failures to Protect Health and Essential Workers during the COVID-19 Pandemic', 2020, 18, <https://www.amnesty.org/download/Documents/POL4025722020ENGLISH.PDF>.

³⁰ Liezel Longboan, 'Analysis: Understanding the data on Filipino healthcare deaths,' *Tinig UK*, August 2020, <https://tinig-uk.com/analysis-understanding-the-data-on-filipino-healthcare-deaths/>

³¹ Coalition of Latin American Organisations in the UK and Latin American Women's Rights Service, 'Written Evidence Submitted to "Unequal Impact? Coronavirus and BAME People" Inquiry by the Women and

work extra hours without pay to cover for colleagues who were ill.³² A study by the Indoamerican Refugee Migrant Organisation shows 30% of those surveyed were receiving no income, and this figure reached 56% among precarious Filipino migrants surveyed (of whom 9 in 10 were domestic and care workers).³³ Worldwide, the ILO estimates that 55 million domestic workers (75% of the total number) have been significantly affected through uncompensated loss of work and income as a result of coronavirus.³⁴

The disproportionate impact of coronavirus on specific industries will have long term effects for prospective employees; for example, “in the particularly hard-hit hospitality industry, a quarter of employees in the EU are foreign-born, twice their share in overall employment.”³⁵ Drawing on data from the Labour Force Survey, the IPPR finds that in the UK, “migrants are more likely to be working in industries affected by the crisis, including accommodation and food services. Moreover, migrants are more likely to be self-employed and in temporary work, putting them at particular risk of losing their livelihoods as a result of the crisis.”³⁶ The IPPR also notes that self-employed people have received less comprehensive support from UK government initiatives amidst the pandemic. The precarity of these workers is exacerbated by immigration conditions which do not allow for a change in employment sector, such as for domestic workers in private households.

Those working in informal employment (including migrants with no legal right to work) are frequently in ‘no work, no pay’ contexts and are caught between endangering their health and that of those around them by continuing to work, or falling into debt and destitution.

Access to healthcare

BAME and migrant people experience specific barriers to accessing healthcare which impact their ability to protect themselves from, diagnose and receive appropriate treatment for COVID-19, as well as affecting long term health conditions which can lead to worse health outcomes from the virus.

Across the literature, NHS charging and data-sharing with the Home Office is consistently identified as a barrier to receiving diagnosis and care for coronavirus, particularly for undocumented migrants. Of the thirteen respondents who reported COVID-19 symptoms in ‘A Chance to Feel Safe,’ only 1 accessed any form of medical advice, and Filipino undocumented migrants are known to Kanlungan Filipino Consortium to have died at home for fear of seeking NHS care. This was also reported by Lynda Ouazar working with the North African community in east London. A substantive body of literature published prior to the pandemic argues that NHS charging and data-sharing deters migrants from seeking

Equalities Committee’; Parry-Davies, *A Chance to Feel Safe: Precarious Filipino Migrants amid the UK’s Coronavirus Outbreak*.

³² Coalition of Latin American Organisations in the UK and Latin American Women’s Rights Service, ‘Written Evidence Submitted to “Unequal Impact? Coronavirus and BAME People” Inquiry by the Women and Equalities Committee’.

³³ Ibid.; Parry-Davies, *A Chance to Feel Safe: Precarious Filipino Migrants amid the UK’s Coronavirus Outbreak*.

³⁴ International Labour Organization, ‘Impact of the COVID-19 Crisis on Loss of Jobs and Hours among Domestic Workers’, June (2020), <https://coronavirus.jhu.edu/>.

³⁵ OECD, ‘What Is the Impact of the COVID-19 Pandemic on Immigrants and Their Children?’

³⁶ Morris, ‘Migrant Workers and Coronavirus: Risks and Responses’.

healthcare, and points to inconsistencies in applying charging regulations.³⁷ On the eve of the pandemic, the BMJ reported that a third of healthcare professionals surveyed reported examples of the charging regulations impacting patient care, with sometimes fatal consequences.³⁸

Amidst the pandemic, the literature also reports widespread difficulty registering and engaging with different parts of the NHS – from GPs to emergency services – affecting BAME and migrant people’s ability to access information about the virus, seek appropriate care and gain access to statutory sick leave.³⁹ For example, only 1 in 6 Latin Americans in the UK (of a total population of 250,000 in 2016) are registered with a GP.⁴⁰ Isolation from health services is exacerbated by digital exclusion, a factor identified by participants across all socially excluded groups surveyed by Doctors of the World.⁴¹ Doctors of the World, alongside the British Red Cross and several other partners have translated the NHS guidance into 60 languages, including some audio versions, but much of the guidance from government was in English and did not reach BAME and migrant communities via trusted sources. Healthcare professionals in a study conducted by Medact, Migrants Organise and

³⁷ Sarah Steele et al., ‘The Immigration Bill: Extending Charging Regimes and Scapegoating the Vulnerable Will Pose Risks to Public Health’, *Journal of the Royal Society of Medicine* 107, no. 4 (2014): 132–33, doi:10.1177/0141076814526132; Omar Martinez et al., ‘Evaluating the Impact of Immigration Policies on Health Status Among Undocumented Immigrants: A Systematic Review’, *Journal of Immigrant and Minority Health* 17 (2015): 947–70, doi:10.1007/s10903-013-9968-4; Doctors of the World, ‘Deterrence, Delay and Distress: The Impact of Charging in NHS Hospitals on Migrants in Vulnerable Circumstances Doctors’, 2017, https://www.doctorsoftheworld.org.uk/wp-content/uploads/import-from-old-site/files/Research_brief_KCL_upfront_charging_research_2310.pdf; Laura B Nellums et al., ‘The Lived Experiences of Access to Healthcare for People Seeking and Refused Asylum’, 2018, <https://equalityhumanrights.com/en/publication-download/lived-experiences-access-healthcare-people-seeking-and-refused-asylum>; Kristine Husøy Onarheim et al., ‘Towards Universal Health Coverage: Including Undocumented Migrants’, *BMJ Global Health* 3 (2018), doi:10.1136/bmjgh-2018-001031; Royal College of Physicians, ‘Royal Colleges Call for Suspension of NHS Overseas Visitor Charges Pending Review’, 2018, <https://www.rcplondon.ac.uk/news/royal-colleges-support-suspension-nhs-overseas-visitor-charges-pending-review>; Marjolein Winters et al., ‘A Systematic Review on the Use of Healthcare Services by Undocumented Migrants in Europe’, *BMC Health Services Research* 18, no. 30 (2018): 1–10, doi:10.1186/s12913-018-2838-y; Neal James Russell et al., ‘Charging Undocumented Migrant Children for NHS Healthcare: Implications for Child Health’, *Archives of Disease in Childhood* 104, no. 8 (2019): 722–24, doi:10.1136/archdischild-2018-316474; World Health Organisation, ‘Promoting the Health of Refugees and Migrants’, 2019, <http://www.unhcr.org/uk/figures-at-a-glance.html>,%0Ahttp://www.who.int/migrants/about/A70_R15-en.pdf?ua=1.

³⁸ Lisa Murphy et al., ‘Healthcare Access for Children and Families on the Move and Migrants’, *BMJ Paediatrics Open* 4, no. 1 (2020): 1–8, doi:10.1136/bmjpo-2019-000588.

³⁹ Medact, Migrants Organise, and New Economics Foundation, ‘Patients Not Passports: Migrants’ Access to Healthcare During the Coronavirus Crisis’, 2020, <https://neweconomics.org/2020/06/migrants-access-to-healthcare-during-the-coronavirus-crisis>%0Ahttp://www.migrantsorganise.org/?p=29054; Healthwatch Haringey, ‘Understanding the Impact of Covid-19 on Turkish/Kurdish Communities in Haringey’, 2020, [https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/reports-library/2020080_Haringey_Understanding the impact of COVID-19 on Turkish Kurdish communities in Haringey.pdf](https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/reports-library/2020080_Haringey_Understanding%20the%20impact%20of%20COVID-19%20on%20Turkish%20Kurdish%20communities%20in%20Haringey.pdf); Doctors of the World, ‘A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic’.

⁴⁰ Coalition of Latin American Organisations in the UK and Latin American Women’s Rights Service, ‘Written Evidence Submitted to “Unequal Impact? Coronavirus and BAME People” Inquiry by the Women and Equalities Committee’.

⁴¹ Doctors of the World, ‘A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic’, 25.

New Economics Foundation “reported that, in contravention of NHS England guidance, migrants are frequently asked to pay for or provide their own interpretation services.”⁴²

Lynda Ouazar of Solidarity Britannia, working with North African migrants in east London who are undocumented or have NRPF, notes that the importance of trust in the community means people are more likely to seek medical advice from friends than from healthcare professionals. The literature also reports growing concerns from front-line advisers that vulnerable clients are on the government’s ‘at-risk’ list.⁴³ Groups including the Coalition of Latin Americans in the UK note that ethnic categorisation makes them invisible in monitoring, leading to a lack of professional knowledge about their needs and appropriate support.⁴⁴

While I did not find up-to-date literature regarding possible COVID-19 vaccines, anecdotal evidence suggests that the barriers to accessing healthcare described above may go on to produce stark social divides, whereby undocumented migrants are unable to access vaccination.

Delays and closure of services

Delays to immigration procedures have had consequences for migrants in the UK, and the closure of support and community services have had severe impacts on those struggling to stay out of destitution. These are especially vital for migrants who have NRPF, and closures have exacerbated social isolation.

Free movement under EU law is set to end in December 2020. For EU citizens – including many Latin Americans who hold dual citizenship – access to the application process for the EU Settlement Scheme has been key to ensure that they do not lose their legal status and become undocumented. Outstanding applications have also been greatly delayed, with applicants having to wait months for a response. This has directly affected their possibility of claiming benefits and social housing, as the application to the EUSS is required.⁴⁵ Restrictions imposed on applying for Family Permits from abroad, as well as travel restrictions in other countries, have meant that family members have been unable to join their families in the UK. Travel restrictions have also affected people with pre-settled status who were unable to return to the UK and therefore risked running over the 6-months absence limit. Doctors of the World notes that “some migrants have become hostages of the asylum system as immigration processes have been paused.”⁴⁶ Loraine Mponela of CARAG described delays in asylum-seeking processes due to solicitors not being able to access files, leading to prolonged destitution, uncertainty and mental health problems.

⁴² Medact, Migrants Organise, and New Economics Foundation, ‘Patients Not Passports: Migrants’ Access to Healthcare During the Coronavirus Crisis’, 20.

⁴³ Barnard and Costello, ‘Migrant Workers and Covid-19’.

⁴⁴ Coalition of Latin American Organisations in the UK and Latin American Women’s Rights Service, ‘Written Evidence Submitted to “Unequal Impact? Coronavirus and BAME People” Inquiry by the Women and Equalities Committee’.

⁴⁵ Ibid.

⁴⁶ Doctors of the World, ‘A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic’, 58.

Support from non-governmental organisations has been vital for many affected by language and technological barriers, as well as complex mental health problems. Dr Rhetta Moran of RAPAR notes that the organisation is “under massive pressure” and that due to closures and cuts the “drips” provided by charities – for example £5 for a bus fare that is used to buy food, or a cup of tea in a warm place in an example given by Mponela – are no longer available to the most vulnerable.

Doctors of the World reports that asylum seekers and refused asylum seekers receiving Section 4 support are not entitled to banking services (including chip and pin and contactless card payments) and have reported difficulty accessing their weekly cash allowances as cash machines stand empty during lockdown.⁴⁷ The organisation also notes that asylum seekers feel less able to access universal food banks during this time, for fear of discrimination: “A lot of food banks can’t help too because asylum seekers are scared to go when other people are also there - don’t want to be looked at or stared at. Seen as different, not from the country, don’t want to be seen as taking other people’s food.”⁴⁸ As these examples show, logistical restrictions and the threat of discrimination are factors specific to certain BAME and migrant groups.

As elaborated below, the restriction or closure of mental health services has deeply affected BAME and migrant people, with half (49%) of participants in one study by African women-led organisation Forward considering emotional support, such as therapy or counselling, to be urgent.⁴⁹

The closure of places of worship and associated community venues has caused significant disruption to ethnic groups orientated around such venues, exacerbating social isolation at a time when reliable information and support is key. The literature also notes that certain religious and cultural customs make social distancing challenging to implement, especially at a time of higher bereavement within ethnic minority groups.⁵⁰

The interruption of English classes for Speakers of Other Languages (ESOL) is expected to have long term consequences, especially for recent immigrants for whom the first 5 years of language learning and network building are crucial for long term success.⁵¹

Mental health

Numerous studies show that mental health concerns have been key for BAME and migrant interlocutors amidst the pandemic and ‘lockdowns’, which may have long term social and health impacts.

The pandemic adds to existing mental health problems such as anxiety and depression for those already facing racialised discrimination and/or long term uncertainty produced by

⁴⁷ Ibid., 65.

⁴⁸ Doctors of the World, ‘A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic’, 33.

⁴⁹ Forward, ‘Written Evidence Submitted to “Unequal Impact? Coronavirus and BAME People” Inquiry by the Women and Equalities Committee’, 2020, <https://committees.parliament.uk/writtenevidence/8651/pdf/%0A>

⁵⁰ Nazroo et al., ‘Rapid Evidence Review: Inequalities in Relation to COVID-19 and Their Effects on London’, 30.

⁵¹ OECD, ‘What Is the Impact of the COVID-19 Pandemic on Immigrants and Their Children?’

their immigration status. Significantly, Public Health England notes that “The role of severe mental illness as a risk factor for COVID-19 disease severity and death was mentioned repeatedly and identified as an area that was at risk of being overlooked in the current response.”⁵²

Dr Rhett Moran at RAPAR described the effects of the pandemic as a “combination of acute distress, intense frustration, and conscious struggle to channel the anger and not internalise victimhood.” One respondent without leave to remain is cited at length in ‘A Chance to Feel Safe’: “I just really want to be part of a group that cares. If you’re given the right to stay, then it would be uplifting for the heart. We could see a good side of others. Just live a normal life and not be scared any more. Because that’s really a big, big part of being undocumented: fear. It does something to your brain, to your wellbeing. You try to face it, but it’s difficult.”⁵³ A charity worker supporting unaccompanied asylum-seeking children and young people explained that “PTSD can involve constant replaying of distress and trauma. Constant reminders like thinking about your asylum claim and your lost family. Now we are on lockdown this is on their mind 24/7 for some of them.”⁵⁴ Nearly three in five participants in a study by African women-led group Forward said they were concerned about their mental health, with over half saying their mental health had worsened since the outbreak.⁵⁵ A report published by BAMEStream noted that anxieties including around employment legal advice, migration status and benefits “had shown themselves in feelings of ‘suicide’ and ‘psychotic delusions about what Covid-19 is or is not.’”⁵⁶

While Forward notes positive effects in which the lockdown has meant families spend more time together, their report also states that some respondents felt under increased pressure to live up to gendered cultural expectations when spending more time with older family members.⁵⁷ Outdoor space and exercise have been priorities for many amidst social distancing measures, yet people from Black ethnic groups are almost four times less likely than White groups to have outdoor space at home.⁵⁸

The long term effects of mental health problems affect people’s ability to manage employment, healthcare, housing, caring responsibilities and social isolation. The lack of engagement with healthcare professionals described above also applies to mental health, and scarcity in culture- and language-appropriate treatment may negatively affect BAME and migrant people.

⁵² Public Health England, ‘Beyond the Data: Understanding the Impact of COVID-19 on BAME Groups’, 7.

⁵³ Parry-Davies, *A Chance to Feel Safe: Precarious Filipino Migrants amid the UK’s Coronavirus Outbreak*, 15.

⁵⁴ Doctors of the World, ‘A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic’, 69.

⁵⁵ Forward, ‘Written Evidence Submitted to “Unequal Impact? Coronavirus and BAME People” Inquiry by the Women and Equalities Committee’.

⁵⁶ Karl Murray, ‘National Mapping of BAME Mental Health Services’ (London: BAMEStream, 2020), 22, <http://www.bamestream.org.uk/wp-content/pdf/National-Mapping-of-BAME-Mental-Health-Services.pdf>.

⁵⁷ Forward, ‘Written Evidence Submitted to “Unequal Impact? Coronavirus and BAME People” Inquiry by the Women and Equalities Committee’.

⁵⁸ Nazroo et al., ‘Rapid Evidence Review: Inequalities in Relation to COVID-19 and Their Effects on London’, 28.

Cross-cutting themes

Within the framework supplied by the British Academy, I have highlighted trust, cohesion and inequality as the cross-cutting themes most pertinent to the landscape I am researching.

Trust

In some BAME and migrant communities, the pandemic has forced some of the most isolated individuals to contact support services for the first time. The number of undocumented migrants engaging with Kanlungan Filipino Consortium, for example, rose from approximately 30 to over 200 in the first months of the pandemic. However, the literature frequently refers to a lack of trust in state services, including the NHS.

Public Health England concedes that “For many BAME groups lack of trust of NHS services and health care treatment resulted in their reluctance to seek care on a timely basis, and late presentation with disease.”⁵⁹ Government guidance has often failed to reach BAME and migrant communities via trusted sources, leading to misinformation. For example, the Indoamerican Refugee Migrant Organisation has gathered evidence of families falling victim to scammers pretending to provide support in applying for the Job Retention Scheme in order to receive part of their salaries.⁶⁰ According to Lynda Ouazar of Solidarity Britannia, for undocumented migrants who already have “hidden lives,” trust is “very hard to get and maintain,” even for grass-roots community organisations.

Pressure on community and voluntary sectors, already pushed by budget cuts in recent years, will have long term consequences for the communities they serve. 40% of SME community and voluntary sector groups have been predicted to cease to exist in the coming months, with one interlocutor noting that “my concern is that trust is diminished yet again for these communities, but how do we sustain and strengthen a sector that doesn’t exist?”⁶¹ Public Health England noted that the “cultural competence” of providers to deliver services that meet the social, faith, cultural, and linguistic needs of service users was raised repeatedly by respondents. “This has contributed towards a lack of trust [in] the health system and apathy among ethnic minorities towards health information.”⁶²

It is noted that among healthcare workers, a lack of confidence in structural equality, based on experiences of racialised discrimination, meant that BAME workers are more likely to report feeling pressured to see patients without adequate PPE.⁶³ We might extrapolate that experiences of discrimination have similar, long term effects on workers in other sectors.

Cohesion

This review takes a critical approach to the notion of “social cohesion,” noting that the discourse of social or community cohesion can direct attention away from the realities of

⁵⁹ Public Health England, ‘Beyond the Data: Understanding the Impact of COVID-19 on BAME Groups’.

⁶⁰ Coalition of Latin American Organisations in the UK and Latin American Women’s Rights Service, ‘Written Evidence Submitted to “Unequal Impact? Coronavirus and BAME People” Inquiry by the Women and Equalities Committee’.

⁶¹ Public Health England, ‘Beyond the Data: Understanding the Impact of COVID-19 on BAME Groups’, 28.

⁶² *Ibid.*, 39.

⁶³ British Medical Association, ‘PHE Review into the Disparities and Outcomes of COVID-19’.

inequality and mask more obviously pernicious attempts to promote assimilation, conformity and compliance. Loraine Mponela of CARAG noted that while she had seen increased cohesion in the form of mutual aid during the pandemic, she had doubts as to whether this would exist in the long term: “Now everyone is being empathetic – but are they looking for real change?”.

Dr Rhetta Moran of RAPAR defined cohesion as a metaphorical “plait” that worked through “retaining everything that is distinct and unique, and through respect and support creating something much more powerful.” A number of groups represented in the literature emphasised the importance of community-level services and organisations in consolidating social cooperation amidst the pandemic. Conversely, perceptions emerged of a disconnect in top-level government, which is not seen to be listening to the needs of BAME and migrant people (with Boris Johnson’s lack of knowledge about NRPF conditions cited more than once). Investment in and resourcing of local services is often seen as vital and appears in recommendations in a number of reports (see recommendations below): “Volunteers have been and are the backbone of our community – providing medicine, care and support to the most vulnerable – it’s heart breaking to see so many forced to close or unable to support more because of a lack of resources.”⁶⁴

Despite these efforts to support the type of cohesion Moran identifies, reports already point to a decay of social cohesion in the form of racialised exclusion. BAME and migrant people have in some cases effectively been ‘designed out’ of COVID solutions. Within the health profession, for example, this ranges from Personal Protective Equipment which does not meet the needs of those who wear beards for religious reasons, to an “insider/outsider” culture in the NHS leaving BAME doctors lacking in relative support and at greater risk.⁶⁵ More broadly, some forms of racism have increased amidst the pandemic, with police recording of hate crimes showing that those targeted at people characterised as “IC5 – Oriental” doubled in February 2020 and tripled in March 2020.⁶⁶ One interlocutor explained that: “Currently we have a Chinese mother with children. She’s suffered domestic violence and moved out of the home, but because of the racist comments due to COVID-19, people shouting at her, she’s so scared so she moved back to her husband. This happens a lot, we suffer a lot of racist comments in the Chinese community due to COVID19.”⁶⁷ One worker from Southwark Travellers Action explained: “I’m worried about hate crime... in these sorts of situations some people like to blame particular communities and the gypsy and travellers are particularly susceptible to that.”⁶⁸

There is evidence of discrimination against ethnic minority people in the policing of the response to the pandemic, in the form stop and search and arrests of ethnic minorities in the period and of a disproportionately high number of Covid-19 Fixed Penalty Notices issued by the police to ethnic minority people.⁶⁹ A former police officer highlights the

⁶⁴ Public Health England, ‘Beyond the Data: Understanding the Impact of COVID-19 on BAME Groups’, 31.

⁶⁵ British Medical Association, ‘PHE Review into the Disparities and Outcomes of COVID-19’, 4.

⁶⁶ Nazroo et al., ‘Rapid Evidence Review: Inequalities in Relation to COVID-19 and Their Effects on London’, 28.

⁶⁷ Public Health England, ‘Beyond the Data: Understanding the Impact of COVID-19 on BAME Groups’, 40.

⁶⁸ Doctors of the World, ‘A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic’, 61.

⁶⁹ Nazroo et al., ‘Rapid Evidence Review: Inequalities in Relation to COVID-19 and Their Effects on London’.

simultaneity of the COVID crisis and renewed Black Lives Matter protests: “The coming together no doubt of the BLM and the COVID has been a double-edged sword, of which it might seem only one side is being used. [...] There is the fear that black youths, in particular, could come under greater scrutiny through stop and search as well as fixed penalty notices.”⁷⁰

Predictions also point to a potential lack of social cohesion in the long term, expressed in the form of racism, discrimination and scapegoating. This will affect how BAME and migrants are impacted, particularly as unemployment increases following the expected withdrawal of measures such as the Job Retention Scheme in March 2021. The literature points out that employment discrimination increases with high unemployment levels, particularly against immigrant populations: “As unemployment increases and public finances come under pressure, it may thus be expected that public opinion regarding immigration and immigrants becomes more negative.”⁷¹ Mediatisation of the disproportionate impact of COVID on BAME populations may counterproductively have negative effects including employment discrimination, with one interlocutor noting that “Black men are labelled as being four times more likely to have COVID-19 infection – what will mean for them in seeking employment?”⁷² With Brexit and a points-based immigration system on the horizon, providing a safe route for “low-skilled” migrants (many of whom do ‘essential’ and frontline jobs) will ensure they are still able to perform these jobs without the increased risk of exploitation, trafficking and modern slavery.⁷³ Racial discrimination is known to have public health implications, with Public Health England highlighting that “Racial discrimination affects people’s life chances and the stress associated with being discriminated against based on race/ethnicity affects mental and physical health.”⁷⁴

Inequality

Discussions of racialised and migration status-related inequality has been ubiquitous in my research. When prompted to respond to “inequality” as a keyword, my interlocutors stated that it was “a fact of life” (Moran) and “much bigger than what the statistics are showing” (Ouazar).

The literature broadly reflects Public Health England’s findings that “COVID-19 did not create health inequalities, but rather the pandemic exposed and exacerbated longstanding inequalities affecting BAME groups in the UK.”⁷⁵ BAME groups in the UK have significantly lower disability-free life expectancy than people of white ethnicity, and intersections between socioeconomic status, ethnicity and racism intensify inequalities in health for ethnic groups.⁷⁶

⁷⁰ Ibid., 29.

⁷¹ OECD, ‘What Is the Impact of the COVID-19 Pandemic on Immigrants and Their Children?’, 21.

⁷² Public Health England, ‘Beyond the Data: Understanding the Impact of COVID-19 on BAME Groups’, 41.

⁷³ Coalition of Latin American Organisations in the UK and Latin American Women’s Rights Service, ‘Written Evidence Submitted to “Unequal Impact? Coronavirus and BAME People” Inquiry by the Women and Equalities Committee’.

⁷⁴ Public Health England, ‘Beyond the Data: Understanding the Impact of COVID-19 on BAME Groups’, 7.

⁷⁵ Ibid., 27.

⁷⁶ Michael Marmot et al., ‘Health Equity in England: The Marmot Review Ten Years On’, 23.

The higher rates of COVID-19 infection, severity and death for BAME people in the UK have been explained in multiple ways, many of which focus on social inequality, and the literature is clear that medical factors are not adequate to explain the statistics.⁷⁷ Nazroo et al further comment that “The negative consequences of a COVID-19 infection are amplified by pre-existing ethnic inequalities in health, both of which are driven by social and economic inequalities. Crucial, however is that the patterning of these social and economic inequalities are underpinned by longstanding and enduring structural and institutional racism and racial discrimination.”⁷⁸

The long term effects of how the pandemic has exacerbated inequality is summed up by one interlocutor: “We already had people who had existing problems, but we know that because of the post-COVID economic issues that there are going to be disproportionate effects on those people who are from lower socio-economic backgrounds and there is a predominance of people from black and Asian and minority ethnic groups in those lower socio-economic status backgrounds. So, this is like a triple whammy, adding the traumatic effects of COVID itself and then the economic effects.”⁷⁹ The British Medical Association underscores the public health implications of long term, exacerbated inequality caused by the pandemic, noting that “adverse health impacts of this pandemic extend beyond the illness itself.”⁸⁰

Recommendations and further research

This section of the review synthesises the various policy recommendations made in the literature and suggests areas for further research.

Focus on racial equality and justice

- The need for particular attention to be given to the disproportionate effects of the pandemic on BAME and migrant people “to ensure racial justice as well as broader social justice [...] in the design and delivery of social protection and welfare provision during these challenging times.”⁸¹

⁷⁷ Zahra Raisi-Estabragh et al., ‘Greater Risk of Severe COVID-19 in Black, Asian and Minority Ethnic Populations Is Not Explained by Cardiometabolic, Socioeconomic or Behavioural Factors, or by 25(OH)-Vitamin D Status: Study of 1326 Cases from the UK Biobank’, *Journal of Public Health* 42, no. 3 (2020): 451–60, doi:10.1093/pubmed/fdaa095; Elizabeth J. Williamson et al., ‘Factors Associated with COVID-19-Related Death Using OpenSAFELY’, *Nature* 584, no. 7821 (2020): 430–36, doi:10.1038/s41586-020-2521-4; Office for National Statistics, ‘Coronavirus (COVID-19) Related Deaths by Ethnic Group, England and Wales: 2 March 2020 to 15 May 2020’, 2020, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbyethnicgroupenglandandwales/2march2020to15may2020%0A>; Public Health England, ‘Beyond the Data: Understanding the Impact of COVID-19 on BAME Groups’.

⁷⁸ Nazroo et al., ‘Rapid Evidence Review: Inequalities in Relation to COVID-19 and Their Effects on London’, 22.

⁷⁹ Public Health England, ‘Beyond the Data: Understanding the Impact of COVID-19 on BAME Groups’, 30.

⁸⁰ British Medical Association, ‘PHE Review into the Disparities and Outcomes of COVID-19’, 3.

⁸¹ Hu, ‘Intersecting Ethnic and Native–Migrant Inequalities in the Economic Impact of the COVID-19 Pandemic in the UK’, 5.

- Immediately conduct Equality Impact Assessments on all central and local Government actions in relation to the coronavirus pandemic.⁸²
- The disproportionate impact of COVID-19 on BAME healthcare professionals should be addressed by “tackling workplace bullying, racism and discrimination to create environments that allow workers to express and address concerns about risk.”⁸³
- Raise awareness of discrimination and reinforce anti-discrimination measures, as the labour market impact of the pandemic risks increasing discrimination against immigrants and their children.⁸⁴

Immigration policy

- Across the literature there was fierce critique of hostile environment policies, and in particular strong consensus that NRPF conditions posed a threat to public health and should be scrapped.⁸⁵ In May 2020, the High Court ruled that NRPF restrictions breach article 3 of the European Convention of Human Rights, which prohibits inhumane or degrading treatment. In November 2020, the Equality and Human Rights Commission produced a detailed report concluding that the Home Office had not complied with the 2010 Equalities Act in implementing hostile environment policies.⁸⁶
- Several groups advocated for the immediate regularisation of all undocumented migrants, including members of the Status Now coalition of more than 80 organisations.
- NHS immigration-related charging and histories of data-sharing with the Home Office were identified as a key barrier to healthcare, and several studies recommended an end to NHS charging (which obviates data-sharing) and that this needed to be widely publicised once acted on.⁸⁷
- The Habitual Residence Test should be suspended so that EU migrants do not need to prove their ‘right to reside’ in order to access benefits such as Universal Credit.⁸⁸

⁸² Nazroo et al., ‘Rapid Evidence Review: Inequalities in Relation to COVID-19 and Their Effects on London’.

⁸³ Public Health England, ‘Beyond the Data: Understanding the Impact of COVID-19 on BAME Groups’; Amnesty International, ‘Exposed, Silenced, Attacked: Failures to Protect Health and Essential Workers during the COVID-19 Pandemic’.

⁸⁴ OECD, ‘What Is the Impact of the COVID-19 Pandemic on Immigrants and Their Children?’

⁸⁵ Amnesty International, ‘Press Release: Migrant Workers in Desperate Need of Crucial Financial Support during COVID-19 Pandemic - Amnesty Warns’, 1 May 2020, <https://www.amnesty.org.uk/press-releases/uk-migrant-workers-desperate-need-crucial-financial-support-during-covid-19-pandemic>; Parry-Davies, *A Chance to Feel Safe: Precarious Filipino Migrants amid the UK’s Coronavirus Outbreak*; Morris, ‘Migrant Workers and Coronavirus: Risks and Responses’; Joint Council for the Welfare of Immigrants, ‘Open Letter on NRPF’, 28 May 2020; Doctors of the World, ‘A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic’; Medact, Organise, and Foundation, ‘Patients Not Passports: Migrants’ Access to Healthcare During the Coronavirus Crisis’.

⁸⁶ Equality and Human Rights Commission. ‘Public Sector Equality Duty assessment of hostile environment policies’, November 2020.

⁸⁷ Minnie Rahman and Kate Green, ‘Coronavirus Bill Second Reading: Universal Access to Healthcare’, 2020, <https://www.jcwi.org.uk/Handlers/Download.ashx?IDMF=f19eff9d-9448-42d6-bf40-9364e527587a>; Parry-Davies, *A Chance to Feel Safe: Precarious Filipino Migrants amid the UK’s Coronavirus Outbreak*; Doctors of the World, ‘A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic’; Medact, Organise, and Foundation, ‘Patients Not Passports: Migrants’ Access to Healthcare During the Coronavirus Crisis’.

⁸⁸ Morris, ‘Migrant Workers and Coronavirus: Risks and Responses’.

Community-level initiatives

- Lack of reliable information was identified as a barrier to healthcare, and emphasis was placed on clear, language-appropriate messaging via trusted sources that specifically addressed fears around engaging with healthcare professionals.⁸⁹
- Support local, community and voluntary groups providing direct services through resources, stability and fostering partnerships between groups. This may include faith groups and local government. As the African women-led organisation Forward described, “From our work we know that equipping community champions with the skills to carry out community engagement work can significantly improve awareness, access, and signposting to professional services. They also strengthen links between community members and support professionals and organisations. This is a crucial form of community-led engagement that could greatly benefit from added government investment.”⁹⁰
- Work with community and faith leaders to develop a communication plan to mitigating the fears and stigma in communities arising from media headlines around BAME and COVID-19.⁹¹

Economic and digital equality

- Abolish the restriction for Statutory Sick Pay for those earning less than £120 per week who are currently ineligible, and an increase of Statutory Sick Pay to cover the equivalent of one working week (35 hours) at minimum wage level.⁹²
- Provision of mobile phones, tablets, phone credit, data, internet access and support to develop digital literacy to address digital exclusion.⁹³
- Address the specific difficulties of children of immigrants in distance learning. This needs to be factored in with respect to decisions about school closure and distance learning, and appropriate support measures taken.⁹⁴

Information gathering

- Better models for monitoring varied impacts on different groups.⁹⁵ However, one interlocutor noted: “We want to flag that communities don’t always like or want granular data published about them. We are afraid of the public gaze and the hate that can arise from that.”⁹⁶

⁸⁹ England, ‘Beyond the Data: Understanding the Impact of COVID-19 on BAME Groups’; Doctors of the World, ‘A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic’.

⁹⁰ Forward, ‘Written Evidence Submitted to “Unequal Impact? Coronavirus and BAME People” Inquiry by the Women and Equalities Committee’.

⁹¹ England, ‘Beyond the Data: Understanding the Impact of COVID-19 on BAME Groups’.

⁹² Coalition of Latin American Organisations in the UK and Latin American Women’s Rights Service, ‘Written Evidence Submitted to “Unequal Impact? Coronavirus and BAME People” Inquiry by the Women and Equalities Committee’.

⁹³ Doctors of the World, ‘A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic’.

⁹⁴ OECD, ‘What Is the Impact of the COVID-19 Pandemic on Immigrants and Their Children?’

⁹⁵ Group, ‘Crises Collide: Women and Covid-19’; Coalition of Latin American Organisations in the UK and Latin American Women’s Rights Service, ‘Written Evidence Submitted to “Unequal Impact? Coronavirus and BAME People” Inquiry by the Women and Equalities Committee’.

⁹⁶ England, ‘Beyond the Data: Understanding the Impact of COVID-19 on BAME Groups’, 44.

- Broaden the definition of ‘vulnerable’ beyond those who are asked to shield to incorporate all those who have difficulty in accessing services and ensure that these individuals have access to the support infrastructure that is provided during periods of lockdown.⁹⁷

My review of the existing literature and direct conversations with communities and frontline service providers suggests that the following areas of research are urgent:

- Participatory research that is led by those with lived experience, using creative methodologies to centre their decision-making in knowledge production.
- Research on the experiences of migrants without leave to remain, who are often reliant on trusted networks due to their status and are under-represented in the literature.
- Research on the possible effects of regularisation of undocumented migrants, for example for the UK economy and for public health.
- Research on the institutions engaging with BAME and migrant people (police, immigration enforcement, health services) to draw attention towards systemic inequalities.
- Research linking findings on migrants in the UK with effects on countries of origin, for example through diminishing remittances.

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⁹⁷ Nazroo et al., ‘Rapid Evidence Review: Inequalities in Relation to COVID-19 and Their Effects on London’.

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<https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/EVAW-Coalition-Briefing-on-COVID19-Pandemic-and-Duty-to-Prevent-VAWG-April-2020-FINAL.pdf>.
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