



An Unsafe Distance: the impact of the COVID-19 pandemic on Excluded People in England

A briefing on the Doctors of the World UK's Rapid Needs Assessment of Excluded People in England during the COVID-19 pandemic

“How is it possible to self-isolate in a shared house with three mums and six children where you share a toilet and bathroom? And if we have to self-isolate there is no way of us getting food. They pay us weekly, it’s not like a bulk money. The money we have is hardly enough to eat for the whole week. And there is no way we can take help from any other person. I haven’t had credit on my phone for four to five days. No calls are possible if you run out of credit. You have to wait for people to call you.”

Newly recognised refugee

Introduction

Everyone living in the UK faces a period of extreme adjustment as the UK COVID-19 response and social distancing measures affect how we interact with health services, support networks, and means of employment. People who need medical support must now access GP consultations virtually, many are facing an indeterminate period of financial instability and everyone is required to comply with Public Health England guidance to control the spread of the virus and keep themselves and their communities safe. But these changes will not affect us all equally.

Doctors of the World UK (DOTW UK) carried out a [Rapid Needs Assessment \(RNA\)](#) in order to better understand the reality for groups who may be experiencing a disproportionate and adverse effect as a result of COVID-19 and UK control measures. This briefing highlights the major themes, profiling the perspectives of the people we interviewed in their own words through testimonies and case studies, and provides recommendations for action derived from the RNA.

The purpose of the RNA was to measure the impact of COVID-19 on groups for whom the virus represents a 'widening of the gap' between them and the essential services and support needed to stay well and healthy. This includes those who have limited entitlement to NHS services in law, such as those affected by NHS charging regulations, those who are refused registration with their local GP practice due to administrative barrier, those who have been 'displaced' by social distancing and isolation measures and those whose complex needs mean they are likely to disengage from care and will find accessing vital support for their health needs a compounding challenge.

Data was collected through semi-structured interviews and focus groups with key stakeholders and Experts By Experience (EBEs) over the phone or virtually. Submission of a testimonial was offered as an alternative for people unable to participate in an interview. For the full methodology and limitations, [see the full RNA](#).

Groups included in the assessment:

- Recently resettled refugees
- Newly recognised refugees
- People seeking asylum
- Unaccompanied asylum seeking children
- Refused asylum seekers
- Undocumented migrants
- People recently released from immigration detention
- People affected by or survivors of trafficking or modern slavery
- People experiencing homelessness (PEH)
- Gypsy, Roma and Traveller communities
- Sex workers
- People recently released from prison

Rose's story

"In terms of daily life for people in Gypsy, Roma and Traveller communities? Whatever you can imagine, it's worse."

Rose is British Romani Gypsy who lives with her daughter in a caravan at the side of a house. Her daughter has a heart condition and suffered a traumatic brain injury when she was young. In her community, lots of people don't have the guidance they need to keep safe during the coronavirus outbreak. Lots of people get their information from Social Media. "A lot of my people use Facebook and word of mouth is a big thing. We try and do things like share videos."

Rose learned that accessing healthcare wasn't straightforward when she approached her local GP practice to register her daughter following an injury. She was turned away because she couldn't prove her address - and the same thing happened at the next two surgeries she tried. During the COVID-19 outbreak, she worries that her community will miss out on advice and care because most people won't have this paperwork.

Key themes

People in excluded groups are at higher risk of being exposed to the virus

People in these excluded groups have **difficulty accessing COVID-19 guidance and key public health messages**, predominantly due to digital exclusion and language barriers. Where COVID-19 guidance is accessible, it is often **not feasible to implement** as guidance has failed to consider the life circumstances of people in vulnerable circumstances. This places these groups at an increased risk of acquiring COVID-19 and presents a wider public health risk of disease spread.

Participants from all groups reported **digital exclusion** prevented them from accessing online information about COVID-19. This is due to their inability to pay for access to broadband or mobile data (exacerbated by the closure of community and voluntary sector organisations that usually provide this), lack of access to technology, including broadband, smartphone, computers, tablets and televisions, and lack of knowledge and digital skills to be able to access information via websites and social media.

Asylum seekers living in initial accommodation do not have access to broadband internet, while people from Gypsy, Roma and Traveller communities living on traveller sites, unauthorised encampments or roadsides have poor or unstable access to the internet, with some relying on a single wifi router for an entire traveller site. Immigration detainees are not allowed smartphones and computer rooms are only accessible during certain hours. Some websites, including NGO sites, are also blocked. Prisoners have no access to the internet.

“It’s about accessing information. They see staff members walking around in Hazmat suits and then they don’t know what’s happening - does someone have the virus? So this causes more anxiety and panic.” **Staff member at Bail for Immigration Detainees**

The COVID-19 **guidance is often written in language that people in excluded groups do not understand**. The government’s guidance has predominantly been published in English, which can be inaccessible to new migrants and people in the asylum system, or people whose first language is not English. Translated versions have been limited, and updates to these translations have lagged behind the English language version. Doctors of the World UK, alongside the British Red Cross and several other partners, has translated the NHS guidance into 60 languages, including some audio versions.

“They [asylum seekers] didn’t receive any information. They should have received information from the Home Office or their housing provider, but they didn’t.” **NGO case worker**

The language used in guidance is often not accessible for people in excluded groups with **low literacy levels**. People from Gypsy, Roma and Traveller communities, and people experiencing homelessness often have lower levels of literacy than the general population. All government-produced easy-read versions and videos of the main guidance have been produced in English.

“Lots of people feel that without... [communication provided by a local CVS organisation] we would feel forgotten. Many people can’t read or write, or go online.”
Member of the Gypsy and Traveller community

People’s ability to protect themselves from COVID-19 was limited because they were **unable to follow government guidance** on staying at home, physical distancing, self-isolation and shielding for extremely vulnerable people.

Shared accommodation - such as the initial accommodation for asylum seekers, the large shared accommodation used for unaccompanied asylum seeking children, and shared housing used by people who are survivors of modern slavery, are undocumented, are experiencing homelessness, or are living in destitution - prevented residents from following the guidance. Communal living and eating areas, and shared bathroom facilities make physical distancing and self-isolation difficult. Overcrowding in initial asylum accommodation also presented challenges. Poor cleanliness was reported in these shared accommodations, areas with shared facilities and immigration detention centres. Pregnant women and people with medical conditions felt particularly unable to follow the recommended guidance.

People from Gypsy, Roma and Traveller and Liveaboard Boater communities experienced a general **lack of living space** within caravans, trailers and boats for adequate physical distancing and self-isolation.

The government’s drive to move people experiencing homelessness into hotel accommodation (the *Everyone In* scheme) has helped people to follow COVID-19 guidance, but there are still **people living on the streets** for a number of reasons, including mental health problems; pet ownership; fear of living inside after years of being outside; and people becoming newly homeless during the pandemic. People sleeping on the street are much less able to abide by the guidance on physical distancing and handwashing without access to water and sanitation facilities.

Domestic workers, people experiencing modern slavery and people in prisons or immigration removal centres often **do not have the autonomy to be able to protect themselves** by changing their circumstances.

“We have a member whose employer came home with fever. In the morning she had to change the bed of her employer. She was very scared, she said ‘I don’t have mask, I didn’t wear gloves to touch

beddings and put [them] in washing machine. I tried to talk to employer to say these concerns'. But there is nothing she can do because she is in the household. Employers don't think that the domestic workers need to look after themselves." **Founding member of The Voice of Domestic Workers**

Some people were unable to follow the guidance because they needed **to go outside frequently to obtain income, meet basic needs or manage addiction**. People living in destitution or on a very low income have difficulties managing access to food during the pandemic. It is often not possible for them to buy in bulk or store food so there is a need to **shop regularly** for small amounts. In order to manage shopping on their tight budgets, people often need to **travel on public transport** to different areas to source cheaper items, thus exposing themselves to greater risk of exposure to the virus. Online shopping is out of reach for asylum seekers receiving financial support through the preloaded payment card.

Street sex workers reported continuing to work in order to obtain an income, therefore putting themselves at risk of COVID-19. Similarly, **'street begging' as a means to getting money** continues during the pandemic, despite the increasing personal risk of COVID-19. This includes going into confined spaces, such as the London underground, and spending longer hours street begging due to the lower footfall.

Earning money to fund substances and going out to access substances are necessary activities for people experiencing addiction, and are, therefore, barriers to following the physical distancing and self-isolation advice.

Sarah's story

Sarah is a sex worker who is struggling financially because of coronavirus. She explains the additional level of criminality that lockdown places on sex workers, how existing inequalities affect the visibility of her struggle, and how access to vital services has been disrupted within her community:

"In the same way that this crisis is making things worse for those whose lives are difficult because of a lack of consideration of them in societal structures – disabled people, non-white people, immigrants, trans people like me – sex workers lives are being made worse due to the financial situation and increased need for social support. These identities can't be separated out – it all compounds. The most well off sex workers are struggling with the stigma that comes with being a sex worker in a time where social support is critical, and with the drop in income, but the intensity of that struggle increases the further down the social order you go.

Those who aren't getting/able to get state help are facing criminalisation for working. Street based workers are facing a near impossible situation, and those who are able to see clients aren't able to access sexual health services, and those who are seeing clients aren't able to access sexual health services. All of these situations put workers into the path of this virus."

People in excluded groups are struggling to access and use healthcare services during the pandemic

Accessing routine COVID-19 services

During the pandemic, it is essential people have continued access to healthcare services, yet excluded groups are struggling to access care for both COVID-19 and non-COVID-19 related health problems. There are a number of factors preventing or delaying people from recognising that they should seek healthcare for COVID-19, including lack of knowledge and awareness of COVID-19 and a disbelief in its existence.

“Most people who get the symptoms will just think it is the flu.” **Member of the Gypsy and Traveller Community**

Fear and distrust of health professionals, the NHS and government caused by legislation that increases certain groups’ risk of criminalisation, and previous negative experiences with the criminal and justice system, immigration services and social care are preventing people seeking advice on and healthcare for COVID-19.

“They would have to be on their deathbeds before they would go to a GP.” **British Romani Gypsy**

People without secure immigration status avoid health services because they **worry treatment could be chargeable**. Concern about **NHS data sharing with the Home Office** and associated possible detention and deportation was also mentioned in the interviews. Despite diagnosis and treatment for COVID-19 being exempted from hospital charging, the NHS is still regarded as a “place of fear” for some groups.

“They are concerned they will be charged by the NHS... they would avoid unless they were really very poorly” **NGO case coordinator**

“The NHS has spent six years sending letters to these people saying they aren’t entitled to NHS care and that they’re going to be reported to the Home Office. And that’s worked, that fear is there in these communities. And you can’t just turn that fear off now when you want people to come forward. Our patients have a very good idea that the NHS services are not for them.” **Doctors of the World staff member**

People also **struggled to get advice and help with COVID-19 symptoms** when they tried. The public is being advised to contact the NHS 111 telephone service for advice if they develop symptoms of coronavirus, but digital exclusion and language barriers make this difficult for some people. While a caller is entitled to ask the phone advisor for a translator, just getting to this point can be very difficult for someone for whom English is not their first language.

“A lot of our population don’t have English as a first language and again that can be quite off putting for them having to pick up a phone and ring us... even though we do offer [a] translation service, they may not know this and therefore are not going to be as able to access the service in that way.”

Doctors of the World staff member

Suspension of outreach services made **physically accessing healthcare a challenge** for some people. The cost of public transport may be prohibitive for those experiencing deprivation and, for people living at some Traveller sites and unauthorised encampments, it just isn’t available.

“A lot of rough sleepers rely on their physical ability to do things and would usually walk to access services. But if they became unwell with COVID they would be physically too unwell to do that and again if they don’t have access to a phone then calling for an ambulance or calling for help becomes impossible to do.” **Doctors of the World staff-member**

Accessing routine health services

People also faced **barriers when accessing health services for non-COVID-19 related health issues**. Delayed presentations or non-presentations to healthcare are likely to lead to poorer short- and long-term health outcomes, making it likely that the health inequalities already experienced by the identified groups will increase.

People who needed healthcare **struggled to even register with a GP**. Excluded groups routinely face barriers to GP registration, often being turned away because of their inability to provide proof of address or ID documents. This has become even more challenging during COVID-19 and some GPs have closed their surgeries to new registrations. This is a particular problem for newly released prisoners, new asylum seekers, mobile groups who arrive in a new area during ‘lockdown’ and people experiencing homelessness who are being displaced as they are housed in hotels.

“If you get symptoms, first you have to find a place to stop and then find a GP that will accept you. The chances of finding those two things? You’ve got no chance.” **British Romani Gypsy**

Many people who rely on outreach, mobile clinic and drop-in services have experienced a **reduction in these face-to-face services**, leaving them unaware of where to go to seek medical attention and mental health support.

“We saw a chap in a hotel with a large wound on his leg. He had been to A&E pre-COVID and had it sutured. It was recommended he have the stitches removed 10 days later... And then for a few weeks during the process of COVID he didn’t know where he could go and get it sorted. Eventually he came to our rough sleeping hotel and we reviewed him and he told us ‘I have had these stitches in my leg for three weeks’ and they needed to be removed. The stitches were a real mess, they were embedded, they were hard to get out, it was infected. Pre-COVID he could either have walked into A&E with ease and got that sorted, or he could have gone to a walk-in centre... But now, because it is harder to get through, stuff like that gets left.” **Doctors of the World GP**

The shift to **remote healthcare services has also failed to account for the digital exclusion** experienced by people in vulnerable groups. Many do not have the device, credit/data, internet access, or digital literacy required for access. Remote consultations also pose a challenge for people whose first language is not English or who are unable to articulate their symptoms well enough for an accurate medical assessment to be made remotely.

“I think for me, it’s when we went into lockdown, being in recovery, and how important the meetings are for me, to keep me going, to keep me maintained. We’ve got Zoom and there are meetings online, but I’ll tell you what, I would love a meeting... a proper AA, NA meeting, to keep us safe that way.” **Expert with experience of homelessness**

The **suspension of specialist services or reduced flexibility of critical support** has also impacted people's access to healthcare. Increased engagement with substance and alcohol misuse services by people experiencing homelessness since being accommodated in hotels has been observed. However, the closure of detoxification units, reduced flexibility of addiction services and delays as services adjusted to new ways of working, have presented challenges for newly released prisoners with addictions.

*"We have one service user who was released a couple of weeks ago. He has a very chaotic lifestyle and uses drugs significantly, but the safety net for him is just gone. You can't just walk into a service and say 'I need help'... and your probation office is shut, all that stuff is just going to be 10 times more difficult." **Through The Gate employee***

A reduction in the availability and breadth of **mental health services** has an impact on people with existing mental health problems, as well as those who are experiencing new or increased difficulties with their mental health during the pandemic. Face-to-face counselling, drop-in services and peer-support groups have been suspended as part of measures taken to control the spread of COVID-19. The shift to online or over the phone assessments and appointments has been challenging for accessing mental health services, where trust and effective communication are particularly important in enabling access to effective care.

*"How do you do this down the telephone? How do you deliver the support? You can do a lot of stabilisation work for someone's mental health but it's difficult to move things forward, difficult to assess suicidal ideation without looking at their eyes. [It's] really tricky, really hard to gauge how safe a situation is and, as a clinician, feel confident that you're leaving this person in a safe place. And [know whether] there is an adequate safety network around this person". **GP***

Amanda's story

Amanda has Refugee Status, but due to delays caused by coronavirus she still lives in shared asylum accommodation with her young daughter, 3 other mothers and 5 children. She has found it impossible to practice social distancing and hasn't received much information about how to stay safe during the outbreak "The only thing we have received from the manager here was what we received last week [w/c 22/4] telling us we should stay indoors and wash our hands. Not much information. If it were not for the TV that I have, or my phone."

When her daughter was referred to a secondary care service, Amanda couldn't complete the referral because she needed a code from her GP. She tried to get in touch with her practice but running out of phone credit was also a concern for her "I have been calling the GP all week but no one can help me."

Amanda suffers from depression and has found lock down hard "Normally I go to groups, mother and toddler groups, I volunteer. This helps me. But now you can't do anything. People are saying to exercise but it is not easy to exercise on your own. And it's hard when you have a child as well."

Excluded people are at the sharp end of the pandemic

Although COVID-19 has impacted everyone's lives, those in excluded groups have **fewer resources and access to support to mitigate against the negative impacts of COVID-19** and the social control measures implemented to control the spread.

Social and psychosocial impact

School closures have led to **exclusion from education for children**. Children within the Gypsy, Roma and Traveller communities have been cut out of education as teaching moved online, and parents with low literacy and little physical space have limited ability to provide home schooling. Children of asylum seekers have no access to technology and may have parents whose English proficiency limits their ability to support their children with schoolwork.

“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.” Romani Gypsy

The pandemic has also increased people's **vulnerability to extreme social isolation, violence and abuse, and hate crimes and discrimination**. Without reliable internet access or money to buy phone credit, people are separated from their support networks. People detained in immigration removal centres and prisoners are not allowed visitors. Children are at increased risk of abuse amid heightened tensions within families forced to spend long periods of time together, while opportunities to seek help, or for other adults to spot the signs and intervene, are reduced.

“He [a young asylum seeker] 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.” NGO worker

Lockdown has exacerbated **violence towards sex workers** as public control measures present fewer opportunities to work due to lower footfall and higher police activity. Sex workers reported taking greater risks to maintain their income and that being unable to pay fees drug dealers presented a high risk of violence.

“Workers, whose better [less aggressive and boundary pushing] clients have dropped off, are getting more pushy, controlling and aggressive clients who are aware of the situation and the power they have now. Clients are asking to pay less or are being aggressive pursuing bookings.” Sex worker

Impact on employment and finance

As England has locked down, those employed informally, seasonally, domestically or informally have experienced **job losses**. People who were previously managing to support themselves through informal work, such as sex workers or those with irregular immigration status, have lost their jobs or can no longer work, and have become newly destitute.

“Now the highest number of people we see, they are not our usual service users, but people who now have lost employment, illegal employment, they have lost their means of support, and have become homeless. They have been washed out.” NGO casework coordinator

The Gypsy, Roma and Traveller community has been heavily impacted by job losses as many are self-employed or rely on informal or seasonal work to support extended families and communities.

“What I am really worried about is that the people [members of the community] who work... they very much share their income with the poorer people on the sites, so they have been there almost as a safety net on the site, and I’m really worried... they won’t be able to support the community as much as they used to.” **Manager of Southward Travellers Action**

New **destitution** has been reported, particularly among those with no recourse to public funds.

“We’re seeing a real impact on undocumented families with no recourse to public funds... community support and informal work has completely dried up.” **Doctors of the World staff member**

Navigating the benefits system has been challenging for many without access to the internet or face-to-face support. Asylum seekers and refused asylum seekers on Section 4 support have experienced difficulties accessing their weekly cash allowances so struggled to buy food. This group, which receive less than £40 per week in financial support, often report being unable to meet their basic needs and rely heavily on CVS organisations for access to food, clothing and internet/mobile data.

“Last Monday, because they put the money in the account every Monday, I tried 12 different cash machines before getting the money. I know a family that couldn’t get the money out of the cash machine. They called Migrant Help. It’s been two weeks now and they haven’t fixed that issue. So we started seeking different places where they can get food.” **Asylum seeker**

Impact on housing

Good progress has been made during the pandemic to **accommodate those sleeping on the streets**, mainly in hotels. This support is being provided to those who are not normally entitled to public funds due to their immigration status and prisoners being accommodated on release, addressing two key drivers of homelessness. **Some people who street sleep have not been housed**, declining accommodation because of their pets or complex mental health needs.

Undocumented migrants who are sofa surfing, staying with friends or renting from illegal landlords, with no formal accommodation agreement are at **risk of eviction if they display symptoms of COVID-19**. Families have been evicted from traveller sites when a household member has exhibited symptoms of COVID-19 and domestic workers’ employment may be terminated if they display symptoms, rendering them without a job or a home.

“I know of a Vietnamese man who was sofa surfing and being supported by the Vietnamese community in London. He always had somewhere to sleep and always had something to eat as people were inviting him to their home. He developed a cough and no one would take him in after that. So now he has become street homeless, never having been street homeless before.” **Doctors of the World staff member**

Sex workers are extremely **vulnerable to losing their tenancy** and being made homeless during this time due to reduced income.

“I can’t overstate either that regardless of whether workers are working at the minute, the financial situation we’re all in is terrible. Most people are having problems with landlords but sex workers are in a situation where being outed to their landlords, as well as friends and family, is more likely. Being outed in this way is also devastating – workers will be evicted, crucial friends and family support will fall away.” **Sex worker**

Impact on services

A number of **negative impacts have been observed due to reductions and changes in many essential services**. Asylum claims have been put on hold, creating anxiety, uncertainty and preventing people moving on with their lives, and changes in prison processes have led to the loss of usual safety nets for recently released prisoners.

Erick's Story

Erick fled violence in El Salvador and claimed asylum in the UK with his wife and daughter a year ago. He lives in a flat provided by the Home Office with his wife and 6 year old daughter. A few weeks ago he started to feel ill with symptoms of coronavirus, and didn't know where to turn for help.

"We didn't know how to get food or buy medicines for the symptoms. I had thousands of questions, like what kind of things am I able to take for the continuous dry cough that I have. So I started buying natural things my mum used to give me back in my country. The struggling to breathe is the thing that most worried me, because that is what kills you"

Erick called NHS 111 to ask what to do when his symptoms had gone but he didn't get the information he needed "They told me they were going to call me again and send me guidance but they never called back" He gets his information from watching the news, if he has enough airtime credit.

It wasn't the first time Erik had struggled to access healthcare "in my area I have two GPs closer to my house. One of them refused to register me because they said I'm not from here so they just didn't want me to be registered there because I am from another place" Erick reports that many people in his community are encountering the same problems during COVID-19 "A lot of new asylum seekers, people who are new to the system, that came here when the lockdown was starting, they couldn't register themselves with the GPs. At some point they are going to need access to healthcare and if you are not registered that is going to make it harder."

Erick uses his English language skills to support people in his community access healthcare "Language over the phone is an issue. And that's another problem with accessing the GP. We don't have enough credit to call the GP and sometime the call can take really long".

The pandemic is already impacting on excluded peoples' mental health

COVID-19 and the social control measures introduced are already **impacting excluded peoples' mental health**. Unemployment, accommodation insecurity and financial stress - all known drivers of worsened mental health - are being compounded by other stressors, such as social isolation, bereavement, changes in immigration status or the loss of usual support. Challenges following COVID-19 guidance and accessing healthcare for COVID-19 are highly anxiety-provoking.

People are experiencing loneliness, increased fear and anxiety, depression, and sleeplessness, with those with pre-existing mental health problems and, in some cases, are responding with coping behaviours, such as increased alcohol and substance misuse.

“Before the coronavirus I am a very depressed person. I am on antidepressants. I have to go out every day to avoid that depressed feeling when you have a lot of things on your mind. Before the coronavirus I was a bit suicidal, so I make sure I go out every day. I go for company and I go to so many groups to keep my spirits going... But now you can't do anything... Access to internet [would help]. Have some activities to do with groups or have somebody to talk to, just something that keeps you busy and your mind occupied. That will really help. And most of this comes through the internet. And I don't have the budget for that.” **Person with new refugee status**

Social distancing measures have also affected the mental health of children and young people:

“PTSD [post-traumatic stress disorder] 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. It seems as though the anxiety is too much. Some of them are sleeping constantly because they don't know how they can get through this. They are so isolated.” **Charity worker supporting unaccompanied asylum seeking children and young people**

Excluded people are more likely to be disproportionately impacted by COVID-19

We expect people in these excluded groups are at **higher risk of health conditions that increase clinical vulnerability to COVID-19**. These groups have high rates of physical health problems¹²³⁴⁵, including many of Public Health England's list of conditions that are likely to make individuals 'clinically vulnerable' or 'extremely clinically vulnerable' to COVID-19. They are more likely to experience poor health, have poorer management of long-term conditions and experience barriers to accessing and utilising health services.

Many people in excluded groups **do not know that they have medical conditions and should be shielding** due to poor access to healthcare, for example, not being registered with a GP, to get a diagnosis. This is a particular risk for those without the agency to access healthcare services, such as victims of modern slavery and trafficking; those who experience deterrents to accessing healthcare, for example, due to irregular immigration status; and those who are not being risk assessed and identified, such as immigration centre detainees. Some **do not have the support needed for shielding** because they believe they are ineligible for this support or encounter barriers to registration, or the support provided is not tailored to their needs.

¹ Aldridge, R et al. (2019). *Causes of death among homeless people: a population-based cross-sectional study of linked hospitalisation and mortality data in England*. Retrieved 13th May 2020 from <https://wellcomeopenresearch.org/articles/4-49>

² BMA. (2019) *BMA refugee and asylum seeker health resource*. Retrieved 11th May 2020 from <https://www.bma.org.uk/media/1838/bma-refugee-and-asylum-seeker-health-resource-june-19.pdf>

³ UCL Institute of Health Equity. (2014)

⁴ House of Commons Health and Social Care Committee. (2018) *Prison health*. Retrieved 9th May 2020 from <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/963/963.pdf>

⁵ House of Commons Health and Social Care Committee. (2018)

“A cancer patient on a five-year visitor’s visa called us because she was destitute. She had been receiving food parcels from the council, but had recently been moved by the local authority and is now without any food or money. She shouldn’t be leaving her home but has no friends or family.” **Doctors of the World staff member**

What does this mean for people experiencing exclusion?

Entering the COVID-19 pandemic from a position of disadvantage

The RNA’s findings support the ever-widening evidence that any description of COVID-19 as ‘the great leveller’ is untrue. Risk of exposure to the virus depends on the circumstances in which people live and work. Susceptibility to experiencing more severe health outcomes varies by age, sex, the presence of underlying health conditions, and other factors that have been identified, such as ethnicity and deprivation. The impacts on people’s health and lives will significantly depend on their circumstances prior to the start of the pandemic. COVID-19, and the government and societal response to it, have significantly impacted the health needs of these groups as well as widened the health inequalities they experience.

Ethnicity, occupation and social deprivation are relevant factors for the groups selected for this report. These groups have long been exposed to systemic barriers to the conditions necessary for good health and well-being. People living in vulnerable circumstances have been most affected by policies of austerity over recent years, which have increased socio-economic risk factors, while simultaneously slashing the social protection measures that mitigate their health risks.

Excluded groups often face routine exclusion from healthcare due to barriers to GP registration, fear of and experienced discrimination and, in some cases, limited entitlement to health services. Overseas Visitor Charging has removed entitlement to free secondary care services for people without immigration status, creating an enormous financial barrier for many. It’s likely the recent COVID-19 exemption will prove too narrow to alleviate this barrier during the pandemic. People still fear healthcare bills and evidence shows a similar exemption for tuberculosis is ineffective, with migrant patients more likely to have a delay in diagnosis after the NHS Migrant and Visitor Charging Programme was introduced.⁶

This long term exclusion of people from health services is likely to have disadvantaged the national response to the pandemic. At a time when everyone needed to follow public health advice and access NHS services appropriately, a subsection of the population was not integrated into the health system, many were not equipped to navigate the system, and some were too afraid to access it. The pandemic has created additional barriers reducing these group’s access to healthcare and services further. Many do not have the resilience to cope with further deteriorations in their circumstances.

⁶ Potter, J.L., Burman, M., Tweed, C.D. et al. The NHS visitor and migrant cost recovery programme – a threat to health?. BMC Public Health 20, 407 (2020). retived on 21.05.2020 from <https://doi.org/10.1186/s12889-020-08524-9>

COVID-19 as a driver of destitution

COVID-19, and the accompanying control measures, has forced some in excluded groups into further poverty and destitution. The loss of work and income have been common and significantly impact those working informally or without access to benefits. Navigation of the benefits system has been challenging for many without access to the internet or face-to-face support, and new destitution and homelessness has been reported, particularly among those with no recourse to public funds.

Many people from excluded migrant groups often already live hand-to-mouth as a result of legislation which prohibits access to adequate financial support, such as the no recourse to public funds condition applied to many non-EEA visa holders, or the asylum support allowance, which is less than 70 percent the rate of mainstream benefits. For people living in close proximity to destitution, the narrowing of employment opportunities and additional financial pressures, such as an increased expenditure on phone credit, caused by the pandemic, is leaving them without enough to eat or stable accommodation. Increased levels of destitution puts people at greater risk of contracting COVID-19 and presents a risk to the health of the wider population.

The *Everyone In* scheme has worked well as a protective measure to ensure people experiencing homelessness who benefit from the initiative are able to practice social distancing measures safely. It has also had further indirect benefits: the RNA suggests increased engagement with health services as NGOs, volunteers and GP surgeries have coordinated their efforts to establish holistic provision, and an increase in the use of drug and addiction services as accommodated people have been able to progress to addressing addiction recovery as their immediate needs for shelter and food have been met. But it is unclear how long emergency accommodation will be available for. Many are concerned that people will again suffer the trauma of being returned to the streets after lockdown measures are lifted.

Although the drivers of homelessness are vast, and many are structural, the RNA demonstrates how a housing-first approach that prioritises stable accommodation can also address complex personal factors driving chronic homelessness, and show promising signs of success over a brief period. Now is the time to capitalise on this, by equipping those accommodated with the tools they need to find a pathway off the streets when the pandemic is over. The *Everyone In* scheme also provides the opportunity to support people recently made homeless back into housing swiftly and protect them from the challenges that those experiencing homelessness long term often face. Given the rising levels of unemployment and the likelihood of a global recession, interventions like this will be key in avoiding an increase in homelessness and rough sleeping in the future.

Digital exclusion and health inequalities

The RNA's findings expose the disempowering impact of digital exclusion and its potential to be a key driver of inequality, including health inequality. Lack of access to the internet affects access to information, benefits, housing support, peer support, social contact and education, and prevents people accessing health services. During the pandemic the ability to communicate and receive information, is closely linked to the maintenance of good physical and mental health. The importance of a phone and internet access for meaningful participation in society, as well as access to essential services, is a vital finding in shaping a response to this global pandemic, and also significant for future health inequalities as health services and access increasingly shifts to digital platforms.

Building Back Better

At a time when awareness of our society's interconnectedness is heightened, and rapid alterations in policies and guidance are possible, there is a unique chance to make changes that will give everyone the opportunity to live a healthy life. There are already some examples of positive actions undertaken to enhance inclusion during the COVID-19 crisis, including the provision of accommodation to people experiencing homelessness. Steps should be taken to ensure these are sustained and built upon. With 'fairness' featuring as one of the five overarching principles of the UK Government's strategy, actions to reduce widening health inequalities for people experiencing the greatest levels of deprivation, disadvantage and discrimination should be high on the government's agenda. Local governments, the NHS, Public Health England, NGOs, the community and voluntary sector, businesses, and wider society must work with the government to address the needs identified in the report and together 'build back better'. Given the challenges faced by people without immigration status identified in this needs assessment, there is a clear need for these initiatives to take a human rights based approach, ensuring increases in fairness and equality of opportunity are not targeted at certain groups whilst the rights of others are weakened.

Recommendations

The recommendations below identify some actions that can be taken by central and local government, statutory bodies and Public Health England and service providers to address the needs identified in the RNA in both the immediate and longer-term. A detailed set of recommendations can be [found in the RNA](#).

Recommendation	Relevant bodies/ organisations
1. Develop and disseminate guidance that can be understood by all people, including those with English language and literacy barriers	<i>UK Government NHS England Public Health England Healthcare providers Asylum accommodation providers Immigration removal centres Prisons Community & Voluntary Sector organisations</i>
2. Ensure guidance is accessible by people without access to the internet, telephones, or other digital services	<i>UK Government Local Authorities Asylum accommodation providers Mobile service providers Community & Voluntary Sector organisations</i>

<p>3. Enable people to follow COVID-19 guidance who are living in challenging and vulnerable circumstances</p>	<p><i>UK Government Local Authorities Asylum accommodation providers Immigration Removal Centres Prisons Traveller site managers</i></p>
<p>4. Identify and support people living within vulnerable circumstances who need to be shielding</p>	<p><i>UK Government Statutory Organisations providing frontline services Community & Voluntary Sector organisations</i></p>
<p>5. Enable access to meaningful primary care for people who otherwise experience exclusion</p>	<p><i>NHS England Clinical Commissioning Groups General Practices</i></p>
<p>6. Immediately suspend hostile environment policies that prevent access to public services for migrants in vulnerable circumstances</p>	<p><i>UK Government NHS England Immigration Removal Centres Asylum accommodation providers Healthcare providers Community & Voluntary Sector organisations</i></p>
<p>7. Reopen outreach and drop in services for people experiencing barriers to accessing alternative services</p>	<p><i>UK Government NHS England Clinical Commissioning groups Local Authorities Healthcare providers Community & Voluntary sector organisations</i></p>
<p>8. Provide sustainable housing solutions for people who have been placed in emergency accommodation during lockdown</p>	<p><i>UK Government Local Authorities</i></p>
<p>9. Urgently identify and prioritise inclusion of children from vulnerable circumstances into education</p>	<p><i>UK Government Local Authorities Schools</i></p>
<p>10. Conduct welfare checks on people in the most vulnerable circumstances</p>	<p><i>UK Government NHS England Local Authorities Social Care services Police Services Schools Secondary Care services General Practices Community & Voluntary Sector organisations</i></p>

11. Strengthen destitution prevention and support for people in vulnerable circumstances or at risk during the pandemic	<i>UK Government Local Authorities</i>
12. Actively identify evolving health and social needs of people in vulnerable circumstances and proactively develop supportive interventions	<i>UK Government Public Health England NHS England Statutory bodies Local Authorities Clinical Commissioning Groups Research Institutions & Universities Healthcare providers Secondary Care services General Practices</i>

About DOTW

Doctors of the World (DOTW) UK runs clinics providing medical care, information and practical support to people unable to access NHS services. Our patients include refugees, people seeking asylum, people who have been trafficked, people experiencing homelessness, sex workers, migrants with insecure immigration status and Gypsy, Roma and Traveller communities. In 2018, we supported over 2000 patients at our East London clinic and our case workers took nearly 13,000 advice-line calls from patients and partner organisations with health access support needs. Since March 2020, we have adapted our services to provide support to people through a national helpline and remote medical consultations. We continue to provide street medical outreach to people who are street homeless in London and have translated COVID-19 guidance into 60 languages.

With thanks to the many participants who gave their time to contribute to the rapid needs assessment, and to the following organisations and individuals:

Bail for Immigration Detainees	Maternity Action	Through the gate
Basis Yorkshire	National Federation of Gypsy	Unseen
Bevan Healthcare	Liaison Groups	Voices of Domestic Workers
British Red Cross	Pathway	Rachel Burns
Clinks	Refugee Action	Abiline McShane
Detention Action	Refugee Women Connect Say it	Dr Indrajit Ghosh
English Collection of Prostitutes	Loud	Sam Dorney-Smith
Friends Families and Travellers	Southwark Travellers Action	Rachel Stuart
Homeless Health Exchange	Group	DOTW staff
Leeds GATE	The Breakfast Club	

With thanks also to the research team: Ahimza Thirunavukarasu, Amy Stevens, Anna Ray and Ella Johnson.