

Impact of COVID-19 on migrant families in the UK

POLICY BRIEF | Mar 2024

Amrita Limbu, Ruth Evans, and Rosa Mas Giralt

This Policy Brief analyses the impact of the COVID-19 pandemic on migrant families in the UK. It highlights how migrants' differential legal and immigration status during the crisis exacerbated existing economic and social inequalities facing migrant families, with significant consequences for the wellbeing, care and protection of the most vulnerable groups. Policy recommendations focus on the need to address intersecting inequalities in the labour market, health and social care, welfare and immigration systems; facilitate transnational family reunion and mobility across borders, especially where there are care needs; and increase funding and collaboration in service delivery to address the needs of the most vulnerable migrant families.

Introduction

The COVID-19 pandemic that surged in early 2020 impacted various aspects of life and work, with lockdown measures, closures of borders of varying degrees, restricted mobility, mandatory quarantines, and closure of schools and services. But considerations of legal / immigration statuses reveal the stark differences in how migrants and their families experienced the COVID-19 pandemic compared to citizens. Several studies report pre-existing inequalities faced by ethnic minorities in the UK, which not only disproportionately affected their experiences of the COVID-19 crisis but also exacerbated these inequalities further^{1,2,3}. Pre-existing structural inequalities in occupational distribution, the differential access to the welfare system across divisions of nationality, legal visa status, migration type, and cultural factors such as language or family arrangements resulted in an uneven impact on migrants' health and economic wellbeing during the

pandemic. Health and economic impacts included mortality and hospitalisation, reduced income and employment, uneven access to healthcare, social care and other services and benefits during the pandemic³. More specifically:

- Minority ethnic groups (including migrants) in the UK faced a higher risk of death from COVID-19, attributed largely to their occupational distribution in jobs categorised as key sectors during the pandemic that increased their risk of contact with the virus⁴. National Health Service (NHS) data from March – April 2020 reveal the highest deaths of patients with COVID-19 positive tests among Black, Asian, and minority ethnic (BAME) groups compared to White British ethnic groups⁵. Nurses had one of the highest death rates from COVID among the NHS staff, the large majority of whom are from minority ethnic groups⁶. Non-EU born workers alone

1 MICREATE. (2021). Pandemic, Online Learning and Its Impact on Migrant Children in the UK. MICREATE.

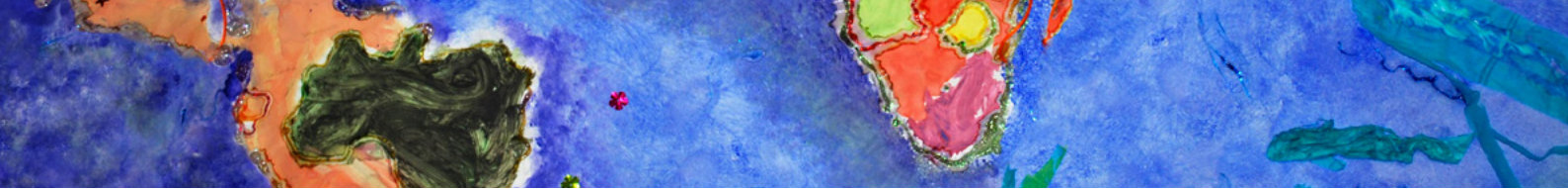
2 Migrants' Rights Network, Kanlungan Filipino Consortium, The3million, & Migrants at Work. (2020). The Effects of Covid-19 On Migrant Frontline Workers and People of Colour: Migrants' Rights Network; Kanlungan Filipino Consortium; The3million; Migrants at Work. <https://migrantsrights.org.uk/wp-content/uploads/2020/12/the-effects-of-covid-19-on-migrant-frontline-workers-and-people-of-colour.pdf>

3 Platt, L. (2021). COVID-19 and ethnic inequalities in England. LSE Public Policy Review, 1(4), 1-14. <https://doi.org/https://doi.org/10.31389/lseppr.33>

4 Mamluk, L., & Jones, T. (2020). The impact of COVID-19 on black, Asian and minority ethnic communities. National Institute for Health Research.

5 Aldridge, R. W., et al. (2020). Black, Asian and Minority Ethnic groups in England are at increased risk of death from COVID-19: indirect standardisation of NHS mortality data. Wellcome Open Research, 5(88).

6 Aldridge, R. W., et al. (2020). Black, Asian and Minority Ethnic groups in England are at increased risk of death from COVID-19: indirect standardisation of NHS mortality data. Wellcome Open Research, 5(88).



comprise 21 per cent of health professionals including 19 per cent of nurses and midwives⁷.

- The pandemic had the most significant impact on financial resilience among the minority ethnicities. A September 2020 survey of 2500 adults in the UK revealed the highest likelihood of a monthly deficit for those from Asian ethnic backgrounds (27 per cent), followed by 22 per cent from Black ethnic backgrounds, compared to their counterparts from White ethnic backgrounds (17 per cent)⁸.
- The vulnerabilities of migrants with No Recourse to Public Funds (NRPF) or those with immigration restrictions on accessing the welfare system, predominantly affect non-European Economic Area (non-EEA) migrants, undocumented migrants and asylum seekers with limited or restricted access to welfare benefits further increased during the pandemic.
- The imposition of lockdowns and closure of schools during the pandemic reinforced educational inequalities of children from vulnerable migrant families or new arrivals, including those who might have experienced gaps and disruptions in their education⁹. There are an estimated 215,000 undocumented children alone in the UK¹⁰.

The question of how to mitigate these inequalities and disproportionate experiences during a crisis is an important policy consideration and imperative to inform future policies and strategies that affect migrants and their families. This Policy Brief identifies the impact of the COVID-19 pandemic on migrant families in the UK across the key themes of health and financial wellbeing, welfare benefits, access and barriers to healthcare, the situation of families affected by the European Union Settled Status (EUSS) policy, transnational families and care, and disruption to service delivery.

Health and financial wellbeing

An analysis of employment patterns and occupational distribution in the labour market offers key insights to understanding the higher risk of hospitalisation and mortality among migrants during the pandemic¹¹. Non-EU born workers are concentrated in sectors such as care and health, and transport and travel while EU-born migrants are predominantly employed in food services, hospitality and security¹². These sectors requiring close proximity and frequent interactions with the public increased workers' exposure to COVID-19. Moreover, transport, travel, food and hospitality were the sectors that were most economically impacted by the pandemic¹³. Poorer socioeconomic situations and pre-existing health conditions also contributed to the COVID-related adverse health outcomes for minority ethnic groups¹⁴. A survey conducted with frontline migrant workers in four key industries of health and social care, construction, security guards and delivery drivers during the pandemic in August 2020 reported



7 Fernández-Reino, M., & McNeil, R. (2020). Migrants' labour market profile and the health and economic impacts of the COVID-19 pandemic. COMPAS. <https://migrationobservatory.ox.ac.uk/wp-content/uploads/2020/07/Report-Migrants%E2%80%99labour-market-profile-and-the-health-and-economic-impacts-of-the-COVID-19-pandemic.pdf>

8 Turn2US. (2020b). Weathering the Storm: How Covid-19 is Eroding Financial Resilience. Turn2US.

9 McBride, M., et al (2020). Refugee, asylum seeking and Roma families during the COVID-19 pandemic: Insights from frontline workers in Glasgow. Children's Neighbourhoods Scotland; MICREATE, (2021).

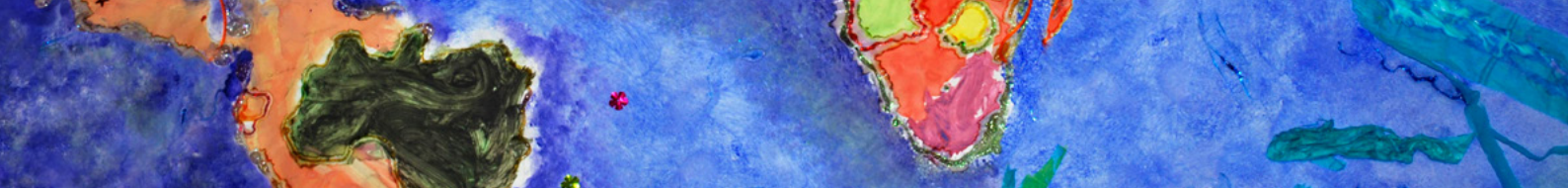
10 The Children's Society. (2020). The impact of COVID-19 on children and young people. The Children's Society.

11 Platt (2021).

12 Fernández-Reino & McNeil, (2020); Platt, (2021).

13 Platt (2021).

14 Public Health England. (2020). Beyond the data: Understanding the impact of COVID-19 on BAME groups. Public Health England.



that more than three-quarters of these migrant workers continued to work in risky and dangerous conditions¹⁵. Concerns about loss of income or employment, and the need to afford everyday necessities including food, rent and mortgages, were cited as primary reasons for continuing work during the pandemic¹⁶. Furthermore, as the Home Office did not drop the income rules for family reunification, continuing to work in risky conditions was also necessary to meet the minimum income requirements of £18,600 for family reunion, including to extend spouse/partner visas in the UK¹⁷.

A higher proportion of people from minority ethnic backgrounds engage in atypical forms of employment compared to their White counterparts, such as self-employment or zero-hours and casual contracts¹⁸. Consequently, they bore the brunt of the financial impact caused the COVID-19 pandemic. These were also jobs that could not be undertaken remotely from home. Many in zero-hours contracts were faced with reduced working hours but without any income top-ups¹⁹. Studies estimate more than half (58 per cent) of those on zero-hour contracts saw their income drop compared to 34 per cent in other types of employment²⁰.

Likewise, undocumented migrants who are more likely to work in low paid jobs in the informal economy - notably in care and domestic work - emerged as one of the most vulnerable demographic groups during the pandemic, as these types of work were harder to find²¹. Consequently, the "added layer of inequalities" experienced by some migrants due to their insecure legal / immigration status, including those who are undocumented and those with No Recourse to Public Funds (NRPF) heightened the precarity of the most vulnerable groups placing them at risk of destitution and homelessness²².

Access to welfare benefits

During the pandemic, the UK made some changes to its stringent immigration and welfare policies to include the most vulnerable migrants. This demonstrated that policy changes previously considered "impossible or undesirable", are not only necessary, but can also be achieved²³. Policy measures introduced to cushion the loss of income and employment during the pandemic were expanded to include migrants of different legal status, whom otherwise remained outside the welfare system. Examples of such policy changes include:

- Increased "Section 95" asylum support rates and an increase in number of locations to make claims
- Temporary suspension of "asylum eviction" during the first national lockdown
- Permanent extension of free school meals to support families with NRPF
- Furlough and income protection schemes, and homelessness assistance expanded to people with NRPF.

These protection schemes benefitted many who would otherwise not be entitled to state support mechanisms. But while furlough and income support schemes were not extended to benefit undocumented migrants, there was also considerable ambiguity regarding their eligibility for the homelessness assistance that the government extended to those with NRPF²⁴. Many with NRPF were not clear about their eligibility to apply for these schemes, while some were excluded, as the schemes depended on their employers^{25,26}. Reports also state that protective measures such as furlough and other schemes to support loss of jobs and income during the pandemic were not accessible to migrants in informal employment or for those on zero-hours contracts or variable hours/income²⁶. The uncertainty surrounding the entitlement of certain groups with specific legal/ immigration status to the protective schemes

15 Migrants' Rights Network et al., (2020).

16 MacQuarie, J.-C., & Martin, S. (2020). Voices from 'backstage': London nightworkers before and during the pandemic. COMPAS Coronavirus and Mobility Forum.; Parry-Davies, E. (2020). "A chance to feel safe": Precarious Filipino migrants amid the UK's coronavirus outbreak. Kanlungan Filipino Consortium; RAPAR.

17 Atkinson, M. (2020). Families on the Front Line. The Joint Council for the Welfare of Immigrants.

18 Turn2US. (2020a). Coronavirus: Exacerbating structural inequalities in the labour market and a looming rental crisis (June 2020). Turn2US. <https://www.turn2us.org.uk/T2UWebsite/media/Documents/Communications%20documents/Coronavirus-widening-structural-inequalities-June-2020.pdf>

19 Smith, C., O'Reilly, P., Rumpel, R., & White, R. (2021). How do I survive now? The impact of living with No Recourse to Public Funds. Citizens Advice.

20 Turn2US. (2020b). Weathering the Storm: How Covid-19 is Eroding Financial Resilience. Turn2US.

21 Parry-Davies, E. (2020). "A chance to feel safe": Precarious Filipino migrants amid the UK's coronavirus outbreak. Kanlungan Filipino Consortium; RAPAR.

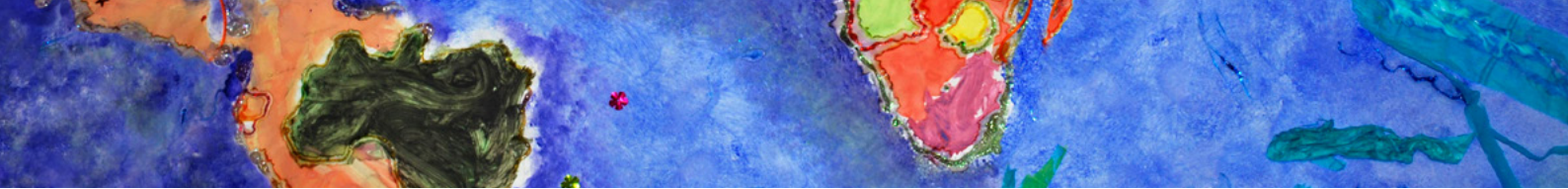
22 McBride et al., (2020).

23 McIntosh, K. (2020). From Expendable to Key Workers and Back Again: Immigration and the Lottery of Belonging in Britain. Runnymede. https://assets.website-files.com/61488f992b58e687f1108c7c/61c319c9affc317da11f69ad_ImmigrationAndTheLotteryOfBelongingFINALJuly2020.pdf, p.4

24 Boswell, C. (2022). "We also want to be safe": Undocumented Migrants Facing COVID in a Hostile Environment. The Joint Council for the Welfare of Immigrants (JCWI).

25 Smith et al (2021).

26 The Children's Society. (2020). The impact of COVID-19 on children and young people. The Children's Society.



introduced during the pandemic also posed challenges for third sector service providers and local organisations supporting migrant families²⁷.

Additionally, a lack of information in other languages besides English, coupled with shortage of interpreters, and the digital divide proved barriers for many migrant families in accessing welfare benefits²⁸. The practical challenges of an email address, access to the internet, and digital identification and application processes were common barriers faced by migrant communities²⁹.



Access and barriers to healthcare

The closure of physical healthcare services and the shift to online services disadvantaged marginalised and vulnerable migrant families that already face barriers of language and digital literacy³⁰. While the move to online services reduced the risk of COVID-19 transmission, there was a reduction

in GP registration and attendance by migrants during the pandemic³¹. Many migrants lacked the knowledge and technical ability as well as the language skills to navigate online services. Dissemination and the reach of public health messages including information about COVID-19 vaccines remained limited for speakers of other languages, often resulting in misinformation from social media or network, distrust of, and concerns about vaccines, or contradictory information about vaccines³². Further, racism and discrimination emerged as significant barriers, deterring many ethnic minority groups' uptake of health services during the pandemic³³.

During the pandemic, the government also extended healthcare provision, including treatment for COVID-19 along with food and shelter to irregular/undocumented migrants who otherwise were largely restricted from accessing any public services³⁴. This was deemed necessary to control the spread of the virus and to safeguard public health. However, despite such policy initiatives, the pre-existing "hostile environment" that effectively created distrust through fear of data sharing with the Home Office, fear of deportation, and NHS healthcare charges, nonetheless undermined public health efforts and deterred migrants particularly those who were undocumented, from accessing healthcare^{35 36 37 38}. Many undocumented migrants remained unaware of health services available to them during the pandemic³⁹. Fear of a potential negative effect on any future applications for permanent residence has also been known to deter asylum seekers from engaging with public services, even prior to the pandemic⁴⁰. During the pandemic, this deterrent effect to healthcare access was reported to be higher for Black and minority ethnic groups with NRPf putting them at greater risk of COVID-19⁴¹.

27 McBride et al., (2020).

28 Turcatti, D., & Vargas-Silva, C. (2021). The Experiences of London's Latin American Migrants during Brexit and the COVID-19 Pandemic. COMPAS.

29 Edmiston, D., et al. (2022). Mediating the claim? How 'local ecosystems of support' shape the operation and experience of UK social security. *Social Policy & Administration*, 56(5), 775-790. <https://doi.org/https://doi.org/10.1111/spol.12803>

30 Fu e Fu, L., et al. (2022). Vulnerable migrants' access to healthcare in the early stages of the COVID-19 pandemic in the UK. *Public health (London)*, 203, 36-42. <https://doi.org/10.1016/j.puhe.2021.12.008>

31 Knights, F., et al. (2021). Impact of COVID-19 on migrants' access to primary care and implications for vaccine roll-out: a national qualitative study. *British Journal of General Practice*, 71(709), e583-e595.

32 Ibid.

33 Public Health England (2020).

34 Mallet-Garcia, M., & Delvino, N. (2020). Migrants with irregular status during the COVID-19 pandemic: Lessons for local authorities in Europe. COMPAS.

35 Boswell, (2022).

36 Fotheringham, E., & Boswell, C. (2022). "Unequal Impacts": How UK immigration law and policy affected migrants' experiences of the Covid-19 pandemic. Public Interest Law Centre. <https://www.jcwi.org.uk/unequal-impacts-how-uk-immigration-law-and-policy-affected-migrants-experiences-of-the-covid-19-pandemic>

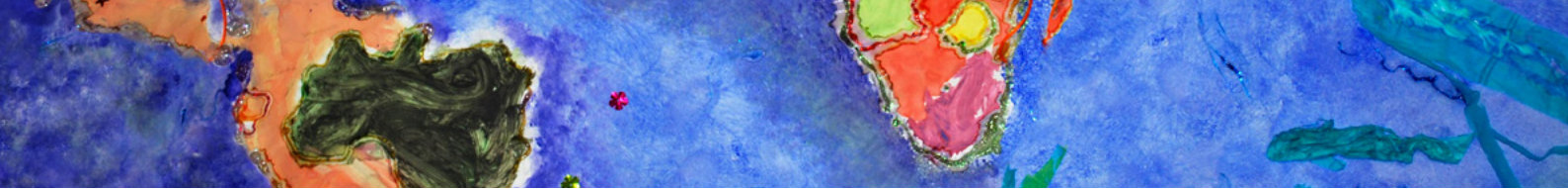
37 Gardner, Z. (2021). Migrants deterred from healthcare during the COVID-19 pandemic. The Joint Council for the Welfare of Immigrants (JCWI).

38 Vilog, R. B. T., & Pirocos III, C. M. (2021). Community of Care Amid Pandemic Inequality: The Case of Filipino Migrant Domestic Workers in the UK, Italy, and Hong Kong. *Asia-Pacific Social Science Review*, 21(2).

39 Bastick, Z., & Mallet-Garcia, M. (2022). Double lockdown: The effects of digital exclusion on undocumented immigrants during the COVID-19 pandemic. *New media & society*, 24(2), 365-383. <https://doi.org/10.1177/14614448211063185>

40 Berg, M. L., et al. (2019). Welfare micropublics and inequality: urban super-diversity in a time of austerity. *Ethnic and Racial Studies*, 42(15), 2723-2742. <https://doi.org/10.1080/01419870.2018.1557728>

41 Gardner (2021).



Families affected by the European Union Settlement Scheme

The continuing effects of the COVID-19 pandemic coincided with the post-Brexit EUSS deadline of 31 June 2021, increasing anxiety for many migrant families who faced the prospect of not meeting the application deadline and requirements. Many holding EU passports living in the UK risked losing their settled status and becoming undocumented or criminalised if they failed to meet the EUSS immigration requirements by the cut-off date⁴². Further, the outbreak of the pandemic was accompanied by the closure of borders, quarantines, the closure of services or the move to online services, and the loss of jobs and/or income, all of which complicated and lengthened the time and process for non-EU family members completing their EUSS applications⁴³.



Misinformation or inadequate information on the EUSS application process and requirements, together with digital and language barriers, especially for those on low incomes made migrants insecure and anxious about their settled status⁴⁴. Studies report that those with English language fluency, education, and higher incomes were better able to navigate the EUSS process⁴⁵. The closure of immigration centres where non-EU family members in the UK could provide biometric information, and the closure of support services for face-to-face support, as well as the inability to verify their status online, was a source of anxiety about not qualifying for settled status for those applying for EUSS during the pandemic⁴⁶. Many also faced the fear of their non-European Economic Area (non-EEA) partners losing their right to stay in the UK because of failure to meet the income requirement to renew their right to stay together⁴⁷. For family members living abroad, the closure of embassies and the non-issuance of family permits, as well as couples being unable to get married and produce documents, delayed family reunion but also risked not meeting the EUSS deadline.

Transnational families and caring arrangements

Despite the challenges of the pandemic, for those living with children and families, one of the few reported positives was spending more time with family during the lockdowns⁴⁸. This was however not possible for migrants with family members overseas. Lockdowns, mandatory quarantines, and border closures implemented during the pandemic restricted the mobility of transnational families, hindering visits or reunions.

For many migrants without close and/or extended family members and social support networks in the UK, lockdown and isolation exacerbated their loneliness and stress⁴⁹. Being away from family members during times of global crisis with high mortality rates often led to heightened concerns and anxiety regarding the safety and wellbeing of family members "back home" more than their own welfare⁵⁰. There were also concerns of separation becoming

42 Boswell, C., & Patel, C. (2021). When the clapping stops: EU Care Workers after Brexit. The Joint Council for the Welfare of Immigrants (JCWI).

43 Turcatti & Vargas-Silva (2021).

44 Boswell & Patel (2021).

45 Turcatti, D., & Vargas-Silva, C. (2022). "I returned to being an immigrant": Onward Latin American migrants and Brexit. *Ethnic and Racial Studies*, 45(16), 287-307.

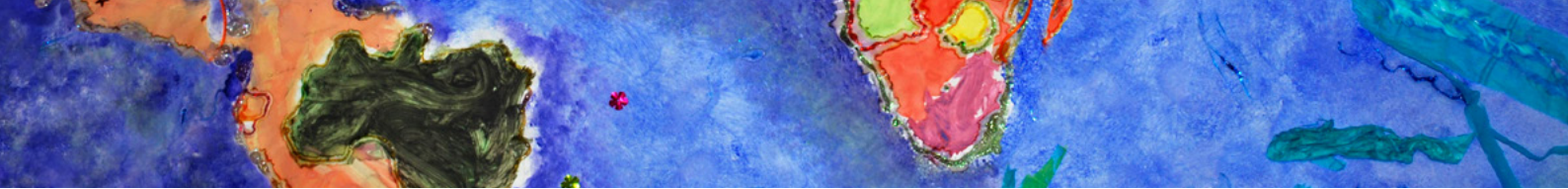
46 Boswell & Patel (2021).

47 Turcatti & Vargas-Silva (2022).

48 Turcatti & Vargas-Silva (2021).

49 Parry-Davies (2020).

50 Vilog & Picos III (2021).



permanent, particularly in the case of older family members and relatives and with ailing health^{51,52}. Indeed, some transnational families in our research experienced the death of relatives during the pandemic and were unable to visit transnational kin to provide care, or attend funerals or other family ceremonies, which compounded their loss.

The pandemic illustrated how reciprocity and the interdependence of care exchanges in transnational families becomes more crucial during a crisis. The flow of care from family members proved indispensable to migrants working in high-risk frontline health and care sectors, where they were confronted with the realities of death and hospitalisation on a daily basis⁵³. Despite the emotional dilemmas of wanting to visit family members when travel was possible, many continued working through the pandemic to fulfil their or their transnational family's financial needs⁵⁴. But for many undocumented migrants, the economic impact of the pandemic on their ability to earn meant that remittances to family members overseas were reduced⁵⁵. The close ties that many migrants maintain to family members overseas or in their home countries meant that the pandemic and the lack of support measures for migrants exposed transnational kin reliant on migrants' support to greater vulnerability⁵⁶.

Disruption to service delivery

The challenges many public and third sector service providers faced in adapting to the sudden and drastic changes brought about by the pandemic had detrimental effects across many areas of service delivery that vulnerable migrant families rely on. For instance, the Home Office application process was met with further delays and backlogs⁵⁷. Throughout the pandemic, the initial decision-making time for asylum claims increased; more than 100,000 were on the waiting list for an initial decision

on their asylum application while the share of asylum initial decisions fell from 87 per cent in the second quarter of 2014 to just 6 per cent in the second quarter of 2021⁵⁸. The legal aid sector that "was already close to breaking point prior to the pandemic" fared the worst⁵⁹. Such delays and the lack of access to legal aid is likely to cause further deterioration of the mental and emotional wellbeing of asylum seekers who are banned from working and claiming benefits. Interviews with practitioners and policymakers in our research revealed the demoralising effect of relying on asylum support and the lengthy waiting periods for an asylum claim – many asylum seekers desired instead to be self-reliant and support their families "back home". The situation of asylum seekers whose asylum claims were refused became even more precarious as they were pushed to homelessness, and left without any form of support for food or basic necessities⁶⁰.

While third sector charity organisations provided a range of services to migrants and refugees prior to the pandemic, including support with the immigration system, accessing the benefits system, applying for jobs, opening bank accounts, or GP registrations, the lockdowns and closure of services or shift to online services had a profound effect on the most vulnerable migrant families⁶¹. Most migrant support organisations moved to remote working, while some limited their engagements and their service delivery was compromised. The majority of service providers did not have the infrastructure in place to implement rapid changes in response to the lockdown, such as shifting services like language learning classes online to digital platforms, and to remote working patterns⁶². Nonetheless, despite the challenges posed by lockdowns and the risks of the COVID virus, it was also the third sector organisations – local migrant groups, community groups, charity organisations, that stepped in to provide the most crucial support to vulnerable migrant families during the pandemic.

51 Simola, A., et al. (2023). On not 'being there': Making sense of the potent urge for physical proximity in transnational families at the outbreak of the COVID-19 pandemic. *Global Networks*, 23(1), 45–58. <https://doi.org/https://doi.org/10.1111/glob.12382>

52 Simpson, J. (2021). Supporting transnational families in the time of COVID-19.

53 Vilog & Picos III (2021).

54 Parry-Davies (2020).

55 Ibid.

56 Merla, L., et al. (2020). Introduction to the special issue Transnational care: Families confronting borders. *Journal of Family Research*, 32(3), 393–414. <https://doi.org/10.20377/jfr-420>

57 Fotheringham & Boswell (2022).

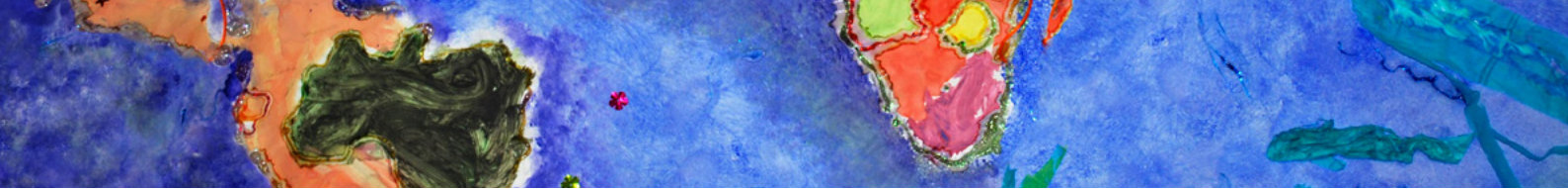
58 Walsh, P. W. (2021). Asylum and refugee resettlement in the UK. COMPAS

59 Fotheringham & Boswell (2022).

60 Dudhia, P. (2022). "Sisters not strangers: Refugee women, Covid-19 and destitution". In K. McIntosh (Ed.), *From Expendable to Key Workers and Back Again*. Runnymede.

61 Simpson (2021).

62 Edmiston et al., (2022).



The immediate focus during the initial lockdown was much more on emergency food provision and food parcel delivery^{63 64}. Later, third sector organisations expanded their support through the following services:^{65 66 67 68 69 70}

- food bank vouchers, grocery or grocery vouchers, sometimes also providing cash assistance to the most vulnerable
- healthcare and welfare support, including pop-up COVID vaccine clinics for undocumented migrants
- practical support with translation and dissemination of information in other languages
- community outreach and support groups and online activities to support mental health, support with asylum process or immigration advice
- organising donations and fundraising
- supporting families of those who died from COVID
- maintaining communication including through social media.

These “communities of care” proved vital support to undocumented migrants excluded from welfare and benefits by the government. However, the pandemic also illustrated how the third sector organisations are constrained by funding, limited resources and their capability to provide adequate and timely support to migrant families in the dynamic context of a health crisis and a rapid increase in demand for support services.

Policy Recommendations

1. ADDRESS LABOUR MARKET INEQUALITIES THAT DISADVANTAGE MIGRANTS

Pre-existing structural inequalities in the labour market and the concentration of migrants in particular sectors characterised by low income and low skilled jobs, such as the social care and healthcare sectors, were exacerbated by the COVID-19 pandemic. Such inequalities are likely to persist across future generations. Occupational and employment patterns that disadvantage migrants and their families need to be recognised and addressed as one of the root causes of inequalities.

2. ENSURE INCLUSIVE WELFARE SUPPORT ACROSS ALL MIGRANT GROUPS

Welfare benefits such as Universal Credit or the income protection schemes such as furlough introduced during the pandemic became “lifelines” for many in the UK including those with NRPf. But access to these schemes was hindered by ambiguity and confusion about eligibility, awareness, and the digital divide. Schemes like furlough also depended on employers rather than the employees. Undocumented migrants largely employed in the informal economy were once again left out of the government’s income protection schemes to support businesses and employees. It is vital to learn these lessons when considering the response to future crises.

3. MITIGATE THE EFFECTS OF THE HOSTILE POLICY ENVIRONMENT

An assessment of healthcare access during the pandemic illustrated how the hostile policy environment can undermine public health efforts during a crisis. Many undocumented migrants, asylum seekers, and migrants from ethnic minority communities did not access healthcare for fear of NHS charges, fear of data sharing with the Home Office and fear of deportation, or concerns about the potential effect on future applications for settlement^{71 72}. Migrant-related policies such as NRPf status checks for work and tenancy and asylum accommodation have effectively created a hostile policy environment in the UK and need to be mitigated to prevent outcomes that increase the risk and vulnerabilities of migrants during a crisis.

4. FACILITATE TRANSNATIONAL FAMILY REUNION AND MOBILITY ACROSS BORDERS

The pandemic highlighted the reliance of the UK labour market on foreign workers. The NHS has a significant proportion of foreign-born workers with family members living overseas. However, the lack of adequate support measures for migrants during the pandemic left their transnational family members vulnerable⁷³.

63 McBride et al. (2020).

64 Simpson (2021).

65 Atkinson (2020).

66 Boswell (2022).

67 Turcatti & Vargas-Silva (2021).

68 Vilog & Plocos III (2021).

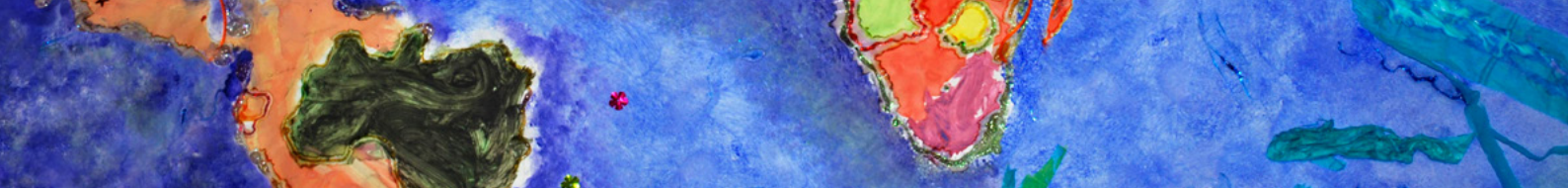
69 Galam, R. (2020). “Care and solidarity in the time of Covid-19: The pandemic experiences of Filipinos in the UK”. In *Philippine Studies: Historical & Ethnographic Viewpoints*, 68(3/4), 443-466

70 Guemar, L., et al. (2022). “Diaspora activism and citizenship: Algerian community responses during the global pandemic”. *Journal of Ethnic and Migration Studies*, 48(9), 1980-1997. <https://doi.org/10.1080/1369183X.2022.2031924>

71 Boswell (2022).

72 The Children’s Society (2020).

73 Merla et al. (2020).



While the reliance of transnational kin on the migrants' financial support is well established, our research has shown that reciprocal caring exchanges and mobility across borders are vital to ensure migrants' wellbeing, health and care needs are met appropriately. Expanded, more inclusive family reunion and visa policies that facilitate the mobility of transnational family members to provide unpaid care for families, both in the UK and in other countries, are needed based on broader definitions of who counts as 'family', particularly during a crisis. Restrictive family reunion policies such as the NRPF or minimum income requirements promote the migration of the individual over family migration. Minimum income requirements for family reunion or for family visa renewals proved to be major cause of anxieties for transnational families during the pandemic. The policy focus needs to be on facilitating family migration and family visits, especially where there are care needs, rather than on the separation of families.

5. INCREASE FUNDING AND COLLABORATION IN SERVICE DELIVERY TO ADDRESS THE NEEDS OF THE MOST VULNERABLE MIGRANT FAMILIES

language or the digital divide, the challenges faced by several migrant groups, including those who were undocumented or those with NRPF, was compounded by financial stress, lack of access to benefits, or the closure of services. During times of crisis, it was community groups, migrant groups, and grassroots charity organisations that stepped up to support the most vulnerable migrants, such as the undocumented or asylum seekers with failed asylum claims without funding or support from the government. Policies and programmes at times of crisis should be oriented to address the needs of the most vulnerable and marginalised in contrary to adopting "one-size-fits-all" approaches⁷⁴. Overlooking how policies impact migrant families with varying legal status differently from 'citizens' fails to address the needs of marginalised groups and may have long-term consequences for the outcomes and life chances of children.

74 Knights et al. (2021).

Methodological note

A review and analysis of literature on the COVID-19 pandemic and migration was conducted in 2022 – 2023 and has been complemented where relevant by insights from analysis of qualitative and participatory data gathered with transnational families and policymakers and practitioners in the UK as part of the *Care, Inequality and Wellbeing in Transnational Families in Europe* research project.

FOR MORE INFORMATION

This Policy Brief was produced by Amrita Limbu (University of Leeds), Ruth Evans (University of Reading) and Rosa Mas Giralt (University of Leeds), as part of the research project, *Care, Inequality and Wellbeing in Transnational Families in Europe: a comparative, intergenerational study in Spain, France, Sweden and UK*, led by Professor Ruth Evans, University of Reading and Dr. Rosa Mas Giralt, University of Leeds, UK. The project is funded by the Joint Programming Initiative 'More Years Better Lives' (UK Research and Innovation - Economic and Social Research Council, Agencia Estatal de Investigación, Spain, Agence Nationale de la Recherche, France and FORTE, Sweden).

About the author: Dr. Amrita Limbu is a Postdoctoral Research Fellow at the School of Law, University of Leeds etc. Her research interests focus on migration, labour, and transnational families.

Contact:

Dr. Amrita Limbu, University of Leeds.

Email: a.limbu@leeds.ac.uk

Prof. Ruth Evans, University of Reading.

Email: r.evans@reading.ac.uk

Read more:

<https://research.reading.ac.uk/transnational-families>

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