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The Effects of the COVID-19 Pandemic Among Undocumented Migrants in the UK: findings from the CICADA study

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September 2022, BSA MedSoc Lancaster

The CICADA-ME Study aims

Aim

To improve understanding of pandemic-related issues faced by minoritised ethnic groups with chronic conditions (including long COVID) in daily living, mental & physical health

- **Impact of pandemic on social & health-related needs**
- **Access to services**
- **Coping strategies, strengths & solutions**
- **Information sources**
- **Attitudes and responses to guidance**



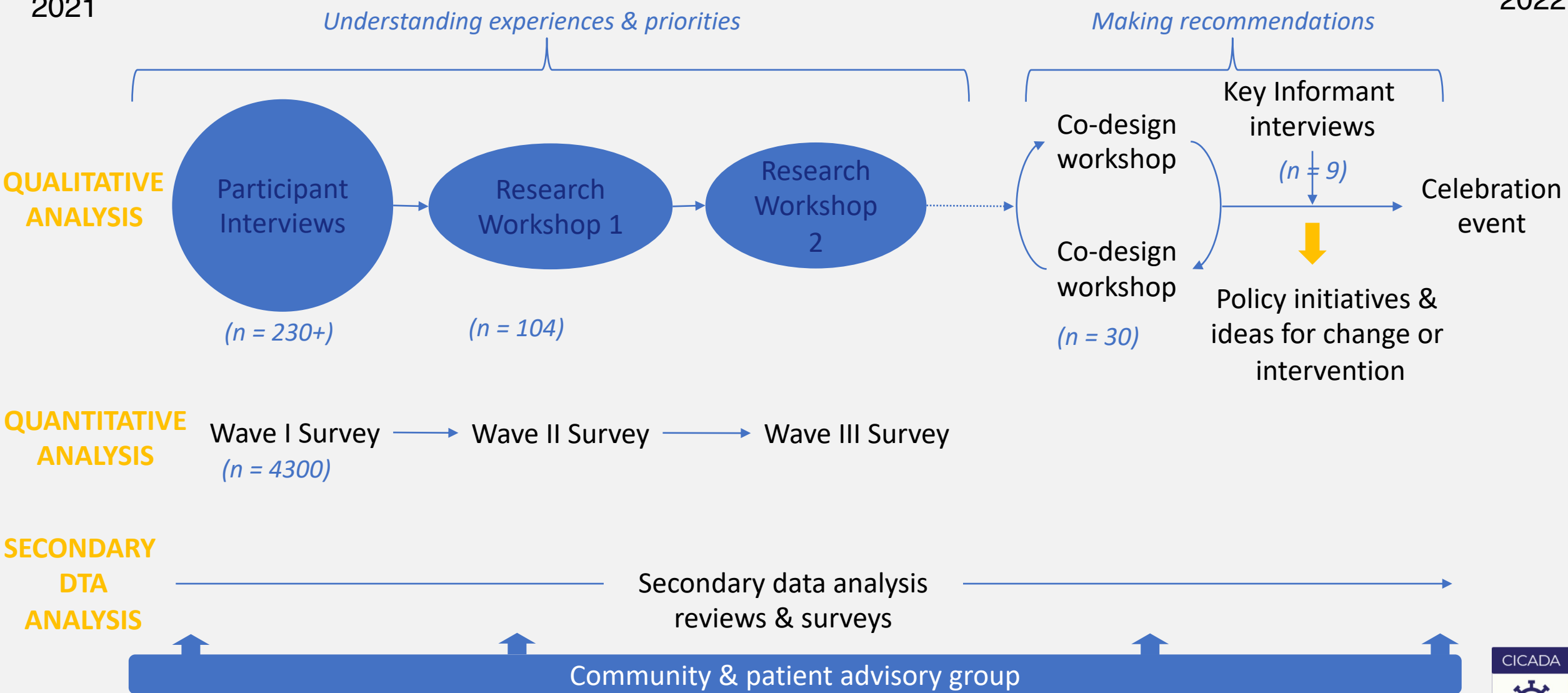
...understand needs

...shape policy & practice

Study design

June 2021

Oct 2022



Undocumented migrants: why definition matters?

“They are aliens.”



Undocumented migrants are living in the UK whom the government does not consider to have the legal right to remain. This is usually because they are a non-citizen who does not currently have a valid visa or other form of documentation proving their status or their right to live in the UK (JCWI, 2021).

Recent estimates suggest the undocumented population is between 800,000 and 1.2 million people (JCWI Report, 2021).

Undocumented Critical Theory ('UndocuCrit')

- It is a 'derivative' of Critical Race Theory (CRT) and Tribal Critical Theory (TCT).
- UndocuCrit centers undocumented experiences, knowledge, and understanding in the creation of stories exposing the complex, varied, and at times contradicting realities of communities.
- It seeks to validate and honour the experiences and identities of undocumented communities.
- This framework highlights the spirit of undocumented communities by exposing the fear and oppression, the varied and rich-fullness of their experiences, and the ways in which they navigate and succeed despite the obstacles encountered daily.

Findings



“I am waiting for that day [...] first I will get my eyes checked by a doctor. Because of my diabetes, I can’t see...”



“[....]I used to work in the factory at [x] during April 2020 I think when I had Covid. No one cares there as they were thirty people in the room, sometimes we don't use to wear the mask and people are coughing...”

Fear of data sharing



The image is a screenshot of the NHS website. At the top, there is a blue navigation bar with the NHS logo and links for 'Health A-Z', 'Live Well', 'Mental health', and 'Care and support'. Below this is a yellow banner for 'Coronavirus (COVID-19)' with a link to 'Get the latest advice about COVID-19'. The main content area has a light blue background and features the title 'How to register with a GP surgery' in large, bold black text. Below the title, there is a paragraph of text: 'Anyone in England can register with a GP surgery. It's free to register. You do not need proof of address or immigration status, ID or an NHS number.'



"In April 2020, I think I got Covid from my colleagues [at factory]. I didn't know but I told this doctor on WhatsApp that...The doctor asked me to get a Covid test. I didn't know what to do. I contacted my private doctor in [...]. He asked my daughter to order the Covid kit. The kit came in two days, and I found that I have Covid..."

"My husband was laughing and started saying that I am lying. But I was very weak. One day I fell in the kitchen..."

Managing the Covid: belief system



“I couldn’t do anything as everyone in my house think I am okay and just overreacting. I just covered my face, so my husband and son are not affected. But my throat was in pain, always coughing for hours. It is very painful. I prayed to God, but I don’t know when Covid left my body. After 40 days of praying, one day I felt that I don’t have any Covid. I felt better.”

Access to care: 'WhatsApp doctor'



“My doctor in [x] is good. He WhatsApp me when I want to discuss my condition and diabetes. He is very good and always available when I need support. He recently told me to pray to God when I had the infection. For medicines, I send him money and he post medicines to me. It takes time to come but I manage somehow. In 2020, the medicines took time to come to me. I had to wait for a month for medications which affected my health.”

Access to care: 'Private Garage doctor'



"His clinic is in a garage in [x]. It is a small room, and he has a bed and medical instruments to see a patient. This is the condition of the room..."

"Then I went to my doctor [the private doctor] in [x] for medicines. They charged me £60 for 10 minutes. It is expensive for me as I am not working but I have to ask for his help. He gives me medicines and checks my eyes, but I have to work hard to pay him for every visit.

How their experiences could be improved?

"My experiences, who cares about it. I think experiences can be improved first by having a status in the UK so that I can start going to GP....."

"[...] When I have status, I will also get treatment for my condition and eyes. I pray to God that I get the status now. I am trying for thirty years now."

"[...] The hard thing for me was to tell my family. They didn't really care about it. I have to do a lot to convince my family members. This was upsetting but they hardly listen to ladies in our culture."

Key similarities
with other
participants

Financial insecurity: constantly 'scared'
of losing job and 'modern slavery'

Vaccine hesitancy due to fear of data
sharing

Access to online/private doctor

Cultural belief system as coping
strategy

Changes suggested by participants

Picture source:
<https://www.commonwealthfund.org/publications/podcast/2021/may/sick-in-the-shadows-why-immigrants-should-have-health-care>



Visa arrangements and
regularisation plan

End modern slavery

"Disconnection" between the
Home office and NHS

Acknowledgements



Core research team: Prof. C Rivas, Dr A, Moore, Z. Zuzer Lal, Dr Alison Thomson

CICADA advisory group

CICADA Collaborators: Tough Cookie, Sheren Gaulbert , Born in Bradford



Our charities: Bromley by Bow Centre, Europaia, Kran, Migrant Solidarity group.

Our community researchers and study participants

Our community patient advisory group led by Jenny Camaradou and Sarabajaya Kumar

The CICADA Study is sponsored by University College London (UCL) and funded by the National Institute for Health Research (NIHR) HS&DR programme (NIHR132914). The views expressed are those of the study team/author(s) and not necessarily those of the sponsor or of NIHR or the Department of Health and Social Care.

Thank you