The impact of COVID-19 on refugees and refugee-assisting organisations in Scotland

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Scottish Refugee Council
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Introduction

Between 8 July and 26 July 2020, Scottish Refugee Council surveyed refugees living in Scotland and the organisations supporting and working with them on the impact of the COVID-19 pandemic.

The individual survey included questions about digital inclusion, physical and mental health, social isolation and understanding and ability to respond to public health guidance on COVID-19, all of which have been identified as issues through Scottish Refugee Council’s casework and community services.

The organisational survey sought to understand the perspectives of refugee-assisting organisations and refugee community groups across Scotland on the constant and evolving needs of the people they serve and support during COVID-19 as well as their own current and future organisational challenges.

This report presents initial analysis of the findings of these surveys.
Scotland has a long history of welcoming those fleeing conflict and persecution. Those fleeing conflicts in Vietnam, Kosovo, Bosnia, and the Democratic Republic of Congo have all built new lives in Scotland in recent decades. However, the majority of refugees currently living in Scotland have arrived through the UK asylum system rather than resettlement, humanitarian or evacuation programmes.

Asylum
In 1999, the Immigration and Asylum Act created a programme of moving people who had arrived in the UK and made an application for asylum across different regions and nations of the UK. Glasgow has been and remains the only asylum ‘dispersal’ area in Scotland. In 2019, the Home Office outsourced its obligation to provide accommodation in Scotland to the Mears Group who secure accommodation from housing associations and, especially, from private landlords.

People seeking asylum\(^1\) do not have access to mainstream benefits. Instead, newly-arrived asylum seekers receive a temporary form of accommodation (‘initial accommodation’) and support to meet essential living needs, known as Section 98,\(^2\) while they await a decision on their application for longer-term accommodation and financial support, known as Section 95.\(^3\) The time that people should spend in initial accommodation is meant to be for a short period, however many people are now experiencing much longer stays including beyond three months.\(^4\)

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1. The focus of the individual surveys did not extend to unaccompanied asylum-seeking children and young people under 18. Although some respondents to the organisational survey work with this population.
2. S.98 Immigration and Asylum Act 1999
3. S.95 Immigration and Asylum Act 1999
4. The recent Home Affairs Select Committee report on the Home Office preparedness for COVID-19 (Coronavirus): institutional accommodation, charts the shift in Home Office targets for length of stay from 19 days in 2017 to 35 days in 2020. [https://publications.parliament.uk/pa/cm5801/cmselect/cmhaff/562/56203.htm#_idTextAnchor000](https://publications.parliament.uk/pa/cm5801/cmselect/cmhaff/562/56203.htm#_idTextAnchor000).

In addition the National Audit Office report into the asylum support contracts found an increasing number of asylum seekers had been in “initial accommodation” for months, at Paras. 3.14-3.18 of NAO report.

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Since the COVID-19 lockdown in March 2020, people receiving Section 98 support have been accommodated in hotels in the centre of Glasgow. This has included new asylum arrivals to Glasgow as well as 321 people who were moved “en masse” into hotels.
Since the COVID-19 lockdown in March 2020, people receiving Section 98 support have been accommodated in hotels in the centre of Glasgow. This has included new asylum arrivals to Glasgow as well as 321 people who were moved “en masse” into hotels from existing serviced accommodation without assessments of their vulnerability.5

Section 95 support is provided to people seeking asylum who would otherwise be destitute6 until their claim for asylum is finally assessed. People receive accommodation across different areas of Glasgow and financial support.7 At the end of March 2020, there were 3,763 people seeking asylum receiving Section 95 support in Glasgow.8

Despite calls from Scottish Refugee Council and refugee charities across the UK to significantly raise the financial support received by people seeking asylum during the pandemic in line with increases to Universal Credit,9 support rates remain low. On 8 June 2020, the Immigration Minister announced that weekly asylum support would temporarily rise from £37.75 to £39.60 per week – an increase of £1.85.10 This took effect on 15 June 2020, three months after lockdowns were announced across the UK.

When the UK Government recognises an individual’s claim for asylum they will be granted refugee status and five years’ leave to remain in the UK11 and have 28-days to vacate the Home Office-provided accommodation, apply for mainstream benefits and receive accommodation and support provided they meet certain criteria. Support to the value of £35.39 per week is loaded onto the individuals ‘ASPEN’ card which is used like a debit card but cash cannot be withdrawn.

People may apply for a reduced form of accommodation and support provided they meet certain criteria. Accommodation in Glasgow is usually provided through self-catering accommodation. Support to the value of £35.39 per week is loaded onto the individuals ‘ASPEN’ card which is used like a debit card but cash cannot be withdrawn. It is challenging to quantify the number of people in Scotland that are refused by the Home Office, destitute and street homeless. During COVID-19, the Scottish Government has provided funding to ensure that all those who are street homeless are accommodated including refused and destitute people seeking asylum.12

Since October 2018, the Scottish Refugee Integration Service has supported 1,115 newly-granted refugees from 57 different countries of origin with the top three countries being Iran (34%), Iraq (9%), and Sudan (8%). Sixty-one percent (61%) of those accessing the service are men and 29% are women with the total average age of thirty-five. Sixty-three (63%) had arrived in the UK in the last three years. Ninety-five (95%) were in unsecure accommodation and 47% were not receiving all available benefits prior to their first appointment.

In April, the Home Office announced that they would extend asylum support payments until refugees receive their first Universal Credit payment.14 If the Home Office refuses the asylum claim of an individual. Section 95 support will be withdrawn and people will be made destitute.15 People may apply for a reduced form of accommodation and support provided they meet certain criteria. Accommodation in Glasgow is usually provided through self-catering accommodation. Support to the value of £35.39 per week is loaded onto the individuals ‘ASPEN’ card which is used like a debit card but cash cannot be withdrawn.

It is challenging to quantify the number of people in Scotland that are refused by the Home Office, destitute and street homeless. During COVID-19, the Scottish Government has provided funding to ensure that all those who are street homeless are accommodated including refused and destitute people seeking asylum.16

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6. Applicants must satisfy a ‘destitution’ test. This means that they do not have adequate accommodation or money to meet living expenses for themselves and any dependants now or within the next 14 days.
7. Nearly all people seeking asylum in Scotland are destitute and are accommodated by the Home Office. There are a minority of ‘subsistence-only’ claims in Scotland – that is people who may be living with family or friends. As of March 2020, there were 67 subsistence-only claimants in Scotland. The majority are in Glasgow (38) with 16 claimants in Edinburgh and the remainder across a number of different local authorities.
8. Figure from latest published Asylum Statistics (May 2020) as at end of March 2020 - Asy_D09 - Asylum seekers in receipt of Section 95 support by local authority.
11. A range of other statuses may be granted including Humanitarian Protection or Discretionary Leave.
13. The Home Office do not provide official statistics on grants of refugee status by region or nation of the UK.
15. Individuals with dependent children currently can remain on Section 95 until they leave or are removed from the UK.
16. The Scottish Government, through its Immediate Priorities Fund, from 18 March 2020 and up to 8 June 2020, gave £276,000 to the Glasgow Night Shelter for Destitute Asylum Seekers, to accommodate those refused asylum and who were otherwise destitute and homeless - Immediate Priorities Fund (June 2020).
Some refugees arrive in Scotland under Family Reunion rules to join family members who have refugee status and are already living in Scotland. Under EU law, people seeking asylum in Europe, including unaccompanied asylum-seeking children, currently also have rights to join family in the UK under the Dublin III regulation.

Resettlement
Since 2015, Scotland has welcomed refugees to communities across all 32 local authorities through the UK Government's Syrian Resettlement Programme and Vulnerable Children’s Relocation Scheme. These programmes are led by local authorities, working together with local statutory and third sector organisations. People arriving through resettlement are recognised by the UK Government as refugees and thus have refugee status on arrival and access to mainstream benefits and services. As of March 2020, 3,569 refugees had arrived in Scotland, representing 16% of the total (21,833) resettled to the UK under these schemes. The top five local authority areas resettling refugees are Glasgow (521), Edinburgh (483), North Ayrshire (201), Dundee (197), and Aberdeenshire (192).

Policy measures introduced during COVID-19
The Home Office has introduced some measures to respond to the public health emergency caused by COVID-19. In addition to those mentioned above, this has included pausing face-to-face asylum interviews; allowing in-country claims for asylum to be registered in Glasgow and other locations around the UK and pausing the requirement for those refused asylum wishing to provide further submissions to their asylum claim in person at the Further Submissions Unit in Liverpool.17

Refugee-assisting organisations
Scottish Refugee Council estimates that there are at least 163 active third sector refugee-assisting organisations in Scotland proving a range of support from advice and information to different integration projects. These range from large charities to smaller refugee-led community organisations.18

Methodology

The individual survey was developed through consultation with Scottish Refugee Council services, community development and policy staff. The organisational survey was adapted from a similar survey conducted by Refugee Action with refugee-assisting organisations across the UK.¹⁹

Both self-completion surveys in English were published online via Survey Monkey on Wednesday 8 July with translations of the individual survey in 9 languages available from Friday 10 July (Arabic, Faris, Kurdish Sorani, Spanish, Simplified Chinese, Amharic, Pashto, Vietnamese and Turkish). A translation in Tigrinya was published on 17 July. We selected languages for translation based on the most popular languages of Scottish Refugee Council advice service clients. An adapted version of the individual survey was created for use by trained Scottish Refugee Council casework volunteers to contact selected clients of our advice services from Monday 13 July to Friday 24 July.²⁰

We promoted requests to complete the surveys through multiple channels: Scottish Refugee Council website and social media channels, direct contact with refugee community organisations and refugee-assisting organisations through Scottish Refugee Council’s Regional Integration Co-coordinators and the New Scots Connect network.

Organisational responses (75) were analysed via Survey Monkey. Data from 290 respondents²¹ to the individual surveys²² were extracted from Survey Monkey and merged for analysis in Excel.

The use of online surveys provided a rapid means to secure data to understand the impact of COVID-19 on refugees and refugee-assisting organisations in Scotland. Nevertheless, there are limitations to this methodology with refugees - most notably the need for individuals to have the technology (equipment, mobile data or internet access) and skills to complete the survey. The inclusion in the research methodology of casework volunteers to contact and complete the survey on behalf of individuals by phone was developed as a means, albeit partial, to respond to this challenge.

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¹⁹. [https://www.ragp.org.uk/blog/data-hub-bulletin-01](https://www.ragp.org.uk/blog/data-hub-bulletin-01)
²¹. Fifteen individual respondents did not consent for data to be used for research purposes and so were deleted prior to any analysis. And additional three records were removed as erroneous.
²². Arabic (130), English (87), Sorani (32), Volunteer completion (23), Farsi (18).
Acknowledgements

The report was written by Gary Christie and Helen Baillot. Gary Christie is the Head of Policy, Communications & Communities at Scottish Refugee Council. Helen Baillot is an independent researcher whose work focuses on the experiences of refugees and people seeking asylum.

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We would like to thank all the staff and volunteers who supported this rapid study through contributing to the research design, promotion and completion of the surveys. In particular, Elodie Mignard, Jewels Lang, Scott Preston, Clo Meehan, Faris Dannan, Pauline Diamond Salim, Chris Afuakwah, Graham O’Neill and Donna Gibson without whose practical support this report would not have been possible.

Most importantly we are indebted to the individuals and organisations who gave their time and shared their views in completing the surveys.

Data from this project is contributing to two current academic studies by Glasgow University and Queen Margaret University funded by the Chief Scientist Office of Scotland under the Rapid COVID-19 Call\(^\text{23}\) and reporting in November 2020. The Glasgow University study led by Professor Sarah Armstrong and Dr Lucy Pickering, is exploring how lockdown impacts on people in Scotland who may already have been isolated or excluded prior to the pandemic.\(^\text{24}\) The Queen Margaret University research, led by Dr Alison Strang and Dr Olivia Sagan, is considering the impacts of COVID-19 restrictions on loneliness amongst refugees.\(^\text{25}\)

\(^{23}\) [https://www.cso.scot.nhs.uk/COVIDcalloutcome/](https://www.cso.scot.nhs.uk/COVIDcalloutcome/)

\(^{24}\) [https://scotlandinlockdown.co.uk/about/](https://scotlandinlockdown.co.uk/about/)

Individual survey results
1. Individual survey results

This analysis is based on data from 290 individual survey responses, of which 23 were completed with the assistance of a Scottish Refugee Council casework volunteers, while 267 were self-completed by people who were at a variety of stages within the asylum and immigration system. A breakdown of the demographic characteristics of these 290 survey respondents is given below.

1.1 Demographic Profile

Just over half of respondents were female, and 36 different nationalities were represented, with six countries – Syria, Iraq, Sudan, Iran, Nigeria & Afghanistan accounting for over 70% of total responses. Of the translated surveys, the Arabic version attracted by far the greatest number of responses, with 130 self-completed surveys as of the date at which the current data was extracted. The survey was translated into Tigrinya, but despite this, there were only a very small number of respondents from Eritrea (n=3) even although this is one of the key nationality groups served by Scottish Refugee Council services. This could indicate that more efforts would be required in future research studies to engage with Eritrean communities.

Figure 1: Principal countries of origin of respondents (n=213 of 290)

Figure 2: Gender of respondents (n=290)
The majority of respondents (72%) were living in households with one or more children. However, the men who responded to the survey were more likely to be living in single adult households - 30% of men as opposed to only 5% of women. Women were more likely than men to be living in the UK as single parents – 37% of women as opposed to only 15% of men.

One the reasons for the relatively high number of respondents who were living with family members may be that the majority of people who completed the survey – 59% - had some form of settled immigration status, defined for the purposes of this report as primarily either refugee status or having come to the UK under a resettlement programme. People recognised as refugees by the Home Office have the right to apply for family reunion to enable spouses and dependent children to join them in Scotland; resettlement schemes are almost uniquely tailored to enabling families with children to travel to the UK.

**Figure 3: Principal countries of origin of respondents** (n=213 of 290)

**Figure 4: Immigration status**

- Refugee status: 34%
- Resettlement: 25%
- Asylum: 20%
- Refused asylum / NRPF: 7%
- Prefer not to say: 11%
- Other: 3%
- Other: 3%
While in the chart above, we have illustrated the various different immigration statuses of those who completed the survey, for the majority of our analysis below we use two broad categories: settled immigration status (refugee status or resettlement); and insecure immigration status (still awaiting asylum decision or refused asylum). A relatively large number of people did not specify their status - i.e. ticked ‘prefer not to say’. This means that where we have conducted preliminary analysis using people’s status as a comparator, we have removed these responses from the numbers presented.

215 of our survey respondents (74%) were aged between 25 and 44.

A majority of respondents had spent 3 years or over in the UK, with 108 people (37%) having lived in the UK for four years or more. Only 48 responses (17%) were from people who had been in the UK for under one year.

There is a correlation between time in the UK and immigration status. 57% of people who stated that their immigration status was insecure (43) had been in the UK for two years or less; whilst 68% of people who stated that they had secure immigration status (121) had been in the UK for more than three years.

With this picture of the composition of our survey respondents in mind, in sections 1.1 – 1.4 below we present preliminary analyses of the survey data, broadly corresponding to the initial two sections of the survey, which focused on digital inclusion and health. Findings related to the impact of COVID-19 and lockdown measures on refugees in Scotland are in section three below.
1.2 Digital Inclusion

Many organisational respondents (see section two, below) pointed to a lack of access to suitable devices as a significant problem for refugees during lockdown. Individual responses broadly supported that view. Whilst access to smartphones was widespread, access to tablets and/or personal computers of any sort was far more limited. As we explore in more detail in section three, this may have had a negative effect on parents’ and children’s ability to engage with schooling, given the limitations of using smartphones as a platform to access online learning resources.

While there was some evidence of gaps between genders in terms of access to devices and data, these appear less significant than the increased exclusion from digital access faced by people with insecure immigration status. Across every measure, access to devices, and most markedly to broadband, appeared to be reduced for our respondents who were either still in the asylum process or had been refused asylum. Scottish Refugee Council and other charities did actively seek to provide digital devices to asylum seekers in need during lockdown, but in this regard had to actively advocate with Ministers to ensure that these were not deemed to be ‘assets’ that might negatively affect their entitlement to asylum support.

Regardless of immigration status, a small but significant minority of people - 14% of women and 21% of men - stated that they were either only a little or not at all confident in their ability to use the internet, indicating that for a number of people, digital skills acquisition would be required as well as access to hardware and internet services.26

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26. 20 of 144 women and 25 of 117 men stated that they were only a little or not at all confident in using the internet.
1.3 Mental Health and Physical Health

Respondents were asked to report on their physical and mental health in the past four weeks preceding survey completion. Under physical health, a majority of people reported being in either good, very good or excellent health. However, only 55% of women fell into these categories, as opposed to 65% of men, with women therefore appearing more likely to report only fair, poor or very poor physical health than their male counterparts. 22 respondents stated that they, or someone in their household had tested positive for COVID-19. At 7.6% of respondents, this would seem high compared to national data, however with a small sample, no definite conclusion can be drawn as to prevalence of COVID infection in this cohort.

The survey results do not indicate a similar gender difference as regards mental health, with the same proportion - 46% - of men and women rating their mental health as either good, very good or excellent. However, this does mean that our survey respondents generally rated their mental health as having been less good than their physical health. Indeed, 41 women (30% of respondents) and 35 men (33% of respondents) stated that their recent mental health had been poor or very poor. The difference between self-rated mental and physical health was most striking amongst men, only 18 of whom (17%) had rated their physical health as being poor or very poor. For respondents who were living without secure immigration status, there are some indications that uncertainty over their future in the UK has itself been a major stressor. For example, across both genders, only 34% of people with insecure immigration status rated their recent mental health as being good, very good or excellent, with 40% of respondents in this situation rating their mental health as being very poor.

Comments broadly reflected the negative mental health impact that uncertainty of status can have, and the fact that for some people, even during lockdown their immigration status was their prime concern. Indeed, 56% of people with insecure immigration status categorised this as being a serious problem for them during COVID-19, outflanking every other possible problem presented to them in the relevant survey question (see also section 3 below).

“Being a[n] asylum [seeker] makes me feel very low”
(Zimbabwean woman, refused asylum)

“Uncertainty of my asylum case is what I worry most about.”
(Cameroonian woman, refused asylum)

1.4 Information on COVID-19

Despite the evidence of a level of digital exclusion noted at section 1.2 above, 183 of the 243 respondents (75%) who completed the relevant questions around access to information on COVID-19 were confident that they had access to accurate information on COVID-19. Sources of this information were many and varied, with those emerging most strongly summarised in the table below. Notably, the Scottish Government is top of the table, potentially indicating strong penetration into communities of public health messaging from official sources. Information sharing amongst family and friends living in the UK is another key resource, pointing to the importance of the social connections detailed in section 1.4 below.

With respondents therefore seemingly accessing a multiplicity of information sources, our data also indicate a high level of compliance with key public health measures. The only exception appears to be governmental advice to take daily exercise, with only 31% of respondents managing to do so always or often.

![Figure 12: Sources of information on COVID-19](image1)

<table>
<thead>
<tr>
<th>Source</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scottish Gov</td>
<td>140</td>
</tr>
<tr>
<td>TV News</td>
<td>120</td>
</tr>
<tr>
<td>Family/friends in UK</td>
<td>100</td>
</tr>
<tr>
<td>Online news</td>
<td>80</td>
</tr>
<tr>
<td>YouTube</td>
<td>60</td>
</tr>
<tr>
<td>Radio</td>
<td>40</td>
</tr>
<tr>
<td>Newspapers</td>
<td>20</td>
</tr>
<tr>
<td>Housing/Welfare Officer</td>
<td>10</td>
</tr>
<tr>
<td>Family/friends in country of origin</td>
<td>8</td>
</tr>
<tr>
<td>Charity</td>
<td>6</td>
</tr>
<tr>
<td>Social media</td>
<td>4</td>
</tr>
</tbody>
</table>

![Figure 13: Compliance with COVID-19 public health measures](image2)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical distancing from others</td>
<td>64%</td>
<td>27%</td>
<td>8%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Daily Exercise</td>
<td>10%</td>
<td>21%</td>
<td>44%</td>
<td>15%</td>
<td>6%</td>
</tr>
<tr>
<td>Handwashing</td>
<td>86%</td>
<td>12%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Wearing mask in shops / transport²⁸</td>
<td>73%</td>
<td>17%</td>
<td>6%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Undertaking only essential working / activities</td>
<td>36%</td>
<td>23%</td>
<td>20%</td>
<td>4%</td>
<td>5%</td>
</tr>
</tbody>
</table>

²⁸ To note the data collection period was from 8 July to 26 July. The wearing of face coverings in Scotland became mandatory in shops, public transport and in certain other indoor public places on 22 July 2020. Scottish Government, 2020
1.5 Social Connections

Relationships with other people – family, friends, and communities – are recognised as being a critical element of personal and societal wellbeing. Within the field of work with refugees, social connections and networks are deemed to be the ‘connective tissue’ that underpins people’s integration into their new homes. While the survey did not focus solely on social connections, three elements relate to this area of people’s lives. The first was a question around the frequency with which people had been able to remain in contact with close networks of friends and family. The second, ostensibly about feelings of safety, drew out a number of responses relating to racism and anti-social behaviour in people’s neighbourhoods. And finally, individuals were asked about their knowledge of where to go if they needed advice. The results of each question are given below.

1.5.1 Contact with friends and relatives

As the chart above shows, a majority of people, regardless of immigration status, did have at least weekly contact with friends or relatives living in the UK. However, 30% of people with secure immigration status, and 37% of those with insecure status, had phone or in person contact with friends or relatives only a few times a month or less. This indication of potentially persistent isolation amongst some refugees and asylum seekers seems borne out not only by previous studies but by many of the comments made by respondents at the end of the survey. We explore these in section three below.

1.5.2 Safety

Respondents were asked to rate their sense of safety in Scotland. Safety is situated as a facilitator of integration, and so critical to people being able to build or re-build lives and connections within communities. Overall, and across men and women respondents, people indicated that they broadly felt safe in Scotland.

However, initial analysis of the 135 comments provided by people when asked what might make them unsafe provides a less positive picture. 23 people explicitly said that racist abuse, or their visibility as a person of colour or a woman wearing the hijab made them feel unsafe in Scotland. For example, one man person spoke of “hearing voices of hate” (Sudanese man, refugee status), while another said that he felt unsafe because of being told of “friends who had been racially abused” (Somali man, refugee status).

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A further 25 people noted that more general anti-social behaviour in their area, often linked to drinking or drug-taking; or personal experience of being attacked or harassed – but without explicit racialised motive – were factors undermining their sense of safety.

While in the latter group, there was no explicit mention of race, it has been noted in previous research that discussions of general anti-social behaviour can be a way to minimise experiences of racism and racist abuse.31 Finally, two people mentioned the impact of the Park Inn incident, with one man explaining in detail how the incident itself, and the resulting backlash, had made him feel:

“The environment around me is not suitable for living safely, especially for children”
(Woman, refugee status)

“Random attack by unknown people”
(Afghan man, refugee status)

“The recent incidents put me under too much pressure. being a refugee and reading about some issues regarding racism, go back to your country and so over the internet have somehow made me anxious. people do not understand the danger i have faced and I am not going to use their money I only need a safe place to stay alive. I will search for a job and capable of working and look after myself. the problem I am a new here and only need support and advice to where to look and what is available.”
(Libyan man, refugee status)

1.6 Access to Services
The penultimate question in the survey asked individual respondents whether they knew where to go for advice on such practical matters as housing, benefits and health. The results are summarised in figure sixteen below.

While people with settled immigration status on the whole appeared confident in their knowledge to access support, those with insecure status were a lot less so – of concern as their circumstances were generally likely to be far more constrained. As one woman explained:

“Most of support that people receive during the lockdown, I’m not aware of it and I can’t act on it. So, I missed a lots of support.”
(Woman, uncertain status)

We reflect on what this means for service providers in section four below.

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**Figure 16: Do you know who to contact if you have problems with benefits, housing and health?**

![Graph showing the percentage of people with insecure and secure immigration status who know where to contact for benefits, housing, and health problems.](image)

- **Yes**: Secure immigration status (80%), Insecure immigration status (30%)
- **No**: Secure immigration status (20%), Insecure immigration status (50%)
Refugee-supporting organisations survey results
2. Refugee-supporting organisations survey results

2.1 Profile of Organisational Respondents
75 organisational representatives completed the questionnaire, representing at least 57 different organisations,
all but one of which consented to be named in this report (see appendix 1). These organisations include registered charities (30 respondents), refugee-led community groups (19 respondents), Integration Networks (11 respondents) and Local Authorities (7 respondents). While just under 40% of respondents operate primarily in Glasgow, there were responses from across Scotland, with areas outside Glasgow – including a number of primarily rural local authority areas - collectively representing just over 50% of responses.

The size of organisations varied greatly, from local authorities or large national charities with large numbers of paid staff, to smaller groups that are entirely volunteer-led. When asked to define the principal pre-COVID activity of their organisation, 54 of 69 respondents fell into one of three categories: integration support, provision of material assistance or provision of advice. Thus, the majority of respondents were involved in some form of service provision to refugees and people seeking asylum before the COVID-19 crisis began.

Figure 17: Geographical spread of organisational respondents

<table>
<thead>
<tr>
<th>Region</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scotland wide</td>
<td>8</td>
</tr>
<tr>
<td>Aberdeen City</td>
<td>3</td>
</tr>
<tr>
<td>Aberdeenshire</td>
<td>1</td>
</tr>
<tr>
<td>Angus</td>
<td>1</td>
</tr>
<tr>
<td>Argyll &amp; Bute</td>
<td>1</td>
</tr>
<tr>
<td>City of Edinburgh</td>
<td>3</td>
</tr>
<tr>
<td>Clackmannanshire</td>
<td>1</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>0</td>
</tr>
<tr>
<td>Dundee City</td>
<td>2</td>
</tr>
<tr>
<td>East Ayrshire</td>
<td>1</td>
</tr>
<tr>
<td>East Dunbartonshire</td>
<td>1</td>
</tr>
<tr>
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32. 11 respondents did not provide an organisational name.
33. 6 respondents did not answer this question.
2.2 Organisational Impact

In this section we reflect on survey responses around the impact of the COVID-19 pandemic on organisations. One recurrent theme was that the circumstances of lockdown have increased demand for services, even although some people may, due to the digital poverty referenced above, struggle to access remote provision. To some extent, this was viewed in a positive light, in that people excluded from or possibly unaware of provision were coming forward:

“A previously hidden population has come forward for accommodation and support.”
(R3 – charity)

“[We have seen] More asylum seekers attending our online events”
(R10 – charity)

Equally, there was strong evidence of the impact this has had on organisational resourcing. Indeed, one respondent explained that the level of work required to meet the challenges of lockdown had only been possible because of staff giving up their own spare time and working beyond contracted hours. Another noted the impact on staff wellbeing in an environment where remote working has become the norm, while:

“COVID is a threat to the resilience of staff carrying out emotionally demanding roles. Staff are working from home, hearing traumatic disclosures in their bedroom [...] with little in the way of opportunities to decompress.”
(R70 – youth group)

We explore resourcing in more detail below with regards to current and future funding.

2.3 Access to Funding

The majority of organisations – just over 70% (47 of 65 respondents) - had been able to access specific funding to meet the challenges of continuing services throughout lockdown. While this was slightly lower for refugee-led and community-based groups at 66%, this was broadly comparable across different types of organisations. More noticeable was that of the 18 organisations that had not received specific funding, only 2 were Glasgow-based – meaning that while a substantial majority of Glasgow-based organisations (22 of 24) had accessed specific funding support; 12 of the 33 organisations based elsewhere in Scotland had not done so.34

Of the 44 organisations who had received funding, 42 provided further details of the relevant funding source(s). 30 had accessed monies administered via Scottish Refugee Council.35 One respondent shared an example of where this funding had an impact:

“Families have been engaging well with our new online/video support sessions thanks to the technology provided through the Scottish refugee council grant awarded”
(R61 – Charity)

Other funders included:
• Scottish Government (12 respondents)
• Corra Foundation (5 respondents)
• Interfaith Scotland (2 respondents)
• Comic Relief (2 respondents)
• Glasgow City Council / other local authority (3 respondents)

34. 65 respondents to this question, 8 were Scotland-wide and so have not been counted.
35. In May 2020 Scottish Refugee Council distributed a fund of £224,693 to 57 to groups to support their communities during COVID-19. This fund was enabled by Foundation Scotland.

At the beginning of lockdown in March 2020, Scottish Refugee Council had also provided small grants, totalling £60,000, as part of the Asylum Migration and Integration Fund, and organisations that were awarded were able to use this funding to practically support their community.

On 12 August, Scottish Refugee Council launched a new call for community grants, distributing a fund of £100,000 made available by the Scottish Government and administered by The National Lottery Community Fund on their behalf. This was part of a larger grant to Scottish Refugee Council, to support our response to minimise the impact of COVID19 on people and communities we are working with.
While specific funding available during the COVID-19 pandemic appears therefore to have reached a majority of organisations working in this field, funding nonetheless emerged as a key concern for the longer term future of many of the projects who took the time to complete this survey. Indeed, many comments reflected on the fact that the societal impact of COVID-19 - and, in some instances, failures in the Home Office policy response - was likely to lead to a sustained increase in future demand, without attendant stability of long-term core funding:

“Post COVID we require to identify new premises and the resources to support this. We have over 300 people waiting for our service.”
(R20 -charity)

“Hotel incarcerations have severely impacted on young people’s mental health and wellbeing, which will increase needs for support from eg our counselling service into the future - at a time when we do not know if the funding that sustains it will still be available beyond September”
(R18 – youth charity)

Unsurprisingly given that many organisations felt that digital poverty was a key concern for refugees and people seeking asylum, two of the specific areas that would appear, from our survey results, to require consideration for future funding and development work related to the importance of ensuring that organisations have the ICT skills needed to enhance their digital capacity. When asked to identify their top three current practical needs, 29 organisations selected digital skills and the ability to facilitate digital group work as being one of their three most pressing requirements.
Similarly, when asked to reflect on challenges in the longer term, acquiring digital skills and adapting to new ways of working with communities strongly emerged alongside funding and resource issues as the most acute of the needs identified by the organisations completing this survey. Taken in conjunction with the emerging evidence from individual surveys of digital exclusion amongst refugees and asylum seekers, these results suggest that a strategic, well-resourced approach that focuses on enhancing the digital capacity of organisations and the communities they serve will be critical to ensuring ongoing access to services for this client group in future.

Figure 19: Organisations’ current practical needs to sustain services / activities

Figure 20: Long-term challenges limiting organisations’ ability to respond and adapt to the COVID crisis
2.4 Coordination & New Scots Connect
A majority of respondents had accessed information either through New Scots Connect or Scottish Refugee Council Coordinators.

Of those who had, a similar majority rated the support they had received as very or somewhat effective. As one respondent noted:

“The information on the forum was very useful, inspiring. It was good to know what’s going on in different communities /organisations”
(R11 – Integration Network)

Perceptions of the effectiveness of a local response appeared to improve amongst organisations that had accessed the New Scots Connect information or sought support from the Scottish Refugee Council Coordinator, although with a relatively small sample we cannot assume that support received was the driving factor behind this increase in satisfaction.

While overall, most respondents felt that the local response to the pandemic had been effective to some degree, respondents’ comments highlighted that coordination and efforts to avoid duplication should continue to be a focus of efforts in future:

“We need a more joined up approach and an understanding of what each organisation is providing as we move forward to tackle the ongoing difficulties”
(R64 – refugee-led community)

Others referenced a lack of practical support to buy laptops and other devices; and possible food wastage due to the multiple projects involved in food distribution, giving concrete examples of areas where improved coordination may be required in future.
Impact of COVID-19
3. Impact of COVID-19

Above we have given an overview of the initial results of our survey analysis, with a focus on comparing responses by gender and by security of immigration status. In this section, we present some preliminary insights on the impact of COVID-19 and associated lockdown measures on refugees and asylum-seekers living in Scotland.

We begin by presenting an overview, from the full cohort of survey respondents, as to the impact of COVID-19. These questions were asked in a different format for organisations as compared to individual respondents, and so while we draw parallels between each group of responses, these do not map directly onto one another.

Individual respondents were asked to identify, from a multiple-choice list, whether ten items presented a serious, moderate, minor or no problem to them as a result of COVID-19. The results – grouped in order as per those deemed by the greatest percentage of respondents to be a serious/moderate problem – are presented in figure twenty-four below. From this overview, isolation, mental and physical health, children’s education and finance emerge as the concerns most likely to be deemed either serious or moderate problems by respondents. Further disaggregation by factors such as gender or immigration status is underway, with initial results showing, for example, that a higher percentage of women than men rated children’s education as a serious or moderate problem; and that people with insecure immigration status, as noted above, were significantly more likely to rate immigration concerns as being either a serious or moderate problem for them.

Meanwhile, organisational respondents were asked to identify the principal needs of their client groups prior to the COVID-19 pandemic, and now – taken as being at the time of completion of the survey in July 2020. While isolation and loneliness emerged as the leading concern across both time periods, digital (tech) poverty and food poverty became far greater areas of concern in the post-COVID period. We note too an increase in the number of organisational respondents - from 17 to 21 - who identified deteriorating mental health as a concern. The clear and present links between poor mental health and the other concerns represented in the chart below are evident throughout the quotes we have gathered below.

36. 80 of 118 women respondents who deemed the category of ‘children’s education’ to be applicable to them (i.e. who did not tick ‘not applicable’ to this concern) placed this as a serious or moderate concern. This is as opposed to 35 of 69 men
The one area where organisations and individual respondents seem to differ is in their understanding of the primacy of physical health concerns amongst refugees and asylum seekers. Over 50% of individual respondents rated these as being either a serious or moderate problem. Only four of 75 organisational respondents thought though that ‘physical ill health’ was a key concern for their client group at present. However, different wording of the question may have played a role in this result. The individual survey did not specify that a person needed to be suffering from ill health, just that they were concerned for their physical wellbeing. Comments relating to physical health therefore appeared to relate more to the general threat to health posed by the pandemic. As for much of the population, the risk from COVID-19 was causing anxiety and fear, with one respondent explaining:

“As an essential worker, working in a COVID ward, I was in constant fear of being around my family at home in case I brought home the virus.”
(Tanzanian woman)

Broadly then, although differences in question phrasing make an exact comparison between organisational and individual responses more complex, we have extracted below four themes to illustrate the impact of COVID-19, based upon this initial data sweep. We cover each below.

3.1 Isolation And Loneliness
In both the organisational and the individual surveys, isolation emerged as the single most prominent problem or concern singled out by our respondents. The public health measures introduced by governments across the UK are widely recognised as having posed challenges to all members of the population as regards restrictions on social contacts. Yet, responses to our survey indicate that refugees and asylum seekers may face particular challenges as regards maintaining social contact during lockdown. These range from being newly arrived in the UK and so knowing few people even before social distancing was in place; to the structurally imposed conditions of poverty and poor quality housing imposed upon asylum seekers within the asylum support process.

“I have no one in Scotland, it has been an incredibly lonely and scary time.”
(Zimbabwean woman, in asylum process)

“I'm living alone, who will know about me if I die?”
(man with refugee status)
“New country new faces. all the time at home. Without network......oh no very difficult.”
(Sri Lankan woman, seeking asylum)

In some circumstances it was clear that the lockdown had increased isolation, and potentially attendant mental health difficulties. The quote below highlights the inter-connected nature of many of the concerns described by respondents.

“The specific circumstances of asylum seekers living in Glasgow, some of whom were moved into hotel accommodation by their Home Office-contracted accommodation provider at the start of lockdown, were highlighted by several respondents. Eight organisational respondents, all operating in Glasgow, chose living in long-term hotel accommodation as being one of their client group’s top three needs currently. Other respondents provided comments that underscored the extreme stress and isolation felt by people living in hotels, and referenced the Park Inn Hotel incident in July 2020 that resulted in violent loss of life and injury of seven people, including four people seeking asylum.

“Our Asylum seekers was mostly affected especially whom arrived during the lock down also after the Park Inn hotel accident our community is badly affected by this incident”
(R15 – Refugee-led community)

3.2 Mental Health
Respondents’ comments noted that the COVID-19 situation was a real source of anxiety and had a negative impact on mental health, with many respondents relating their feelings of poor mental health back to the loneliness and isolation explored above.

“[COVID] Impacted my mood and mental health a lot as I’m living alone”
(Malaysian Woman, refugee status)

“My mental health was really alarming, I live with my two girls and I don’t have friends that I can trust to talk to.”
(Woman with insecure immigration status)

Even people who nominally are perhaps in a more secure economic and immigration position, such as those in paid work, made comments denoting the additional pressure they had felt during the lockdown:

“I was the only was working and working through this crisis. And my entire family depends on me financially, [I] am frustrated with it all”
(Eritrean woman)

Indeed, mental health cut across many of the other areas outlined in this report, with economic pressure, social isolation and general anxiety about COVID-19 and the future all apparent. Mental health was identified as not solely an immediate issue, but something that would continue to affect people in the longer term and would require ongoing and increased investment.

“The long-term impact economically will also be a significant stressor in relation to refugee mental health outcomes and should be acknowledged/planned for accordingly”
(R75 – Charity / Refugee-led organisation)
3.3 Digital Poverty / Education

Digital poverty is the area of need that shows the highest increase in organisational concern. Only ten organisational respondents placed this as one of the top three needs of their client group pre-COVID-19. This increased to 29 as of the survey completion date. At least three respondents noted that digital poverty had prevented their clients from engaging with their organisation’s online services during the lockdown period, although one respondent working in a rural area felt that where refugees were geographically distant from service, the shift to online provision had worked well (R14).

Prime amongst the obstacles that a lack of access to internet capability or devices can create were barriers to online learning and education:

“Many of the adults and families that we support do not have access to devices and data or WiFi to enable them to engage with online services, including adult learning.”
(R58 – Charity)

Parents appeared most concerned about the effect of their limited digital connectivity on their children’s education. If young people were of school age, they were likely to be set online activities for which a lack of devices or internet connectivity might impede their engagement with ongoing learning.

“Home schooling without fully equipment it’s hard”
(Afghan woman with refugee status)

“Worries about children’s education - limited internet access means they would have trouble schooling from home”
(Syrian woman with refugee status)

“[I] Need internet and laptop to help son with schoolwork”
(Nigerian woman, in asylum process)

We have already noted above that cumulative concerns about children’s education figured highly in individual survey responses, and that women in particular rated this as a serious or moderately serious concern.
3.4 (Food) Poverty

Food poverty has been a concern for organisations across the UK responding to the impact of COVID-19 in their communities. Specific issues around employment patterns and support structures may have made this even more acute for refugee and asylum-seeking communities. One organisational respondent noted that some refugees may be excluded from government employment support schemes and so be placed in deeper financial difficulty than other residents:

“Some of the local cohort have been employed in the grey market, and as result are disadvantaged in terms of access to government employment related support.”
(R46 – Charity contracted by LA)

Similarly, those in precarious or self-employment might have missed out on government support and found themselves in financial precarity as a result:

“My husband had to close his shop because he was self-employed and he was not allowed access to public fund. Myself I was only working part time. Also I have a 2 years old. Is it really hard to access money after paying the bills I was left with no money”
(woman with refugee status)

As noted above with reference to placing asylum seekers in hotel accommodation, the asylum support system is already designed to maintain people in conditions only just above the level of destitution; and, for refused asylum seekers, to use enforced destitution as a deliberate government policy to encourage return. While Universal Credit rates were increased by £20 per week in March 2020, those in receipt of asylum support were given only £1.85 of additional monies per week, and that only in June 2020.

People seeking asylum in Glasgow who were forcibly transferred to hotel accommodation had all access to cash removed at the time of their move. People living within these already precarious conditions may, even more than other community members, have found the existing limits to their financial security magnified.

“COVID-19 has exposed and worsened the living conditions [of] our service users. Many have been exposed to extreme poverty due to unexpected increased fuel, electricity and food expenditure.”
(R51 – Charity / Refugee-led organisation)

“Financial aid will not suffice for me to buy food, and since the pandemic, I have not been able to get clothes, shoes”
(Sudanese man in the asylum process)

Finally, food was not the only essential item that refugees noted they might struggle to afford. One man stated that, having been furloughed, he was “using my credit card to pay rent” (Somali man, refugee status). It is not just food poverty but general financial precariousness that is of concern then in this population.

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3.5 Resilience
At least three respondents took the time to focus on more positive elements of their work. Interestingly, all three were local authority – or local authority affiliated services – working in areas where the prime client group are resettled refugees, rather than those still in the asylum process.

“The refugee community has coped better than expected during the pandemic. They appreciated the lock down measures and the feeling of safety this brought.”
(R37 – Local Authority)

“Generally our families managed well throughout the pandemic and were able to access relevant services/help when needed.”
(R47 – Local Authority)

These comments echo our findings from individual surveys that did generally indicate that people feel safe in Scotland and are able to access COVID-19-related information and observe social distancing without, it would seem, too much difficulty. Moreover, while our survey encouraged refugee-assisting organisations to reflect on the challenges they faced, the speed of adaptation of service delivery and the fact that services have been able to continue and in some cases change and expand during the COVID-19 could in itself be seen as testament to the resilience of this sector as a whole.

However, it was clear that even for the most resilient of refugees, COVID-19 had led to changes or blockages to their plans for a new life in Scotland, and that overcoming these would be a priority as life returned to some sort of ‘normality’.

“My husband and I just graduated from university. After surviving the Syrian war, we focused on completing our studies to start building a new life where we feel safe and financially secure. However, because of COVID-19 it seems impossible to get a job for any or both of us although we are highly educated and very motivated to serve the lovely community which welcomed us at the time we mostly needed to feel loved.”
(Syrian woman, refugee status)
Moving forward
4. Moving forward

In the sections above we have presented an initial overview of the results of our short-life survey, conducted with organisations and individuals in July 2020. While these will be subject to further analysis and will be rounded out by a series of qualitative interviews conducted by Glasgow and Queen Margaret Universities in August and September, some preliminary themes and recommendations for moving forward can be discerned.

Firstly, it is vital the service providers and policy makers place measures to mitigate isolation and loneliness at the forefront of responses to COVID-19 and its aftermath, particular in populations where poverty, lack of local knowledge and reduced social networks are all in evidence. The links between isolation and poor mental health are well known, yet simple provision of practical support can address, without huge cost or complexity, some of the isolation our respondents have described:

“Things are looking up as there are organisations stepping up to help with food parcels and phone top up which helps with being connected on the phone with friends and services.”

(Zimbabwean woman, asylum process)

The people most excluded from services would appear to be those with insecure immigration status. Therefore, alongside developing provision, there need to be continued efforts to engage people at all stages in the immigration system and empower them with knowledge and confidence in accessing services and seeking advice on the issues that concern them. This may well run hand in hand with ongoing efforts, already partly funded during lockdown, to extend people’s digital connectivity and capacity through provision of devices, internet access and skills.
While this was not the primary focus of the survey, 48 people mentioned experiences of racism or anti-social behaviour when asked about their safety in Scotland. Above and beyond the immediate pandemic response, this would suggest that work is required to understand and tackle the underlying issues that frame some refugees’ lives in Scotland. This could include, but would not be limited to: working with communities to raise awareness of hate crime legislation and reporting mechanisms; continuing to work with key partners – Police Scotland, Local Authorities – to identify local solutions to community tensions; and exploring harassment and abuse in future research and engagement activities.

One a more positive note, in Scotland refugees and asylum seekers did not, in our survey, appear to have experienced difficulties in accessing relevant public health information and report high levels of compliance with public health measures. Official government messaging seems to have been disseminated in ways that have reached communities, and for some, this increased their feeling that their needs were being addressed and understood.

However, as always in this field, there does not seem to have been a commensurate improvement in Home Office procedures. The Park Inn incident of June 2020 threw into stark relief that, rather than actively seeking to ameliorate people's living conditions given that lockdown had been imposed, the Home Office and some of its subcontractors put in place measures that directly undermined people’s safety and wellbeing. Our survey shows that people already felt their mental health suffer due to the stress and uncertainty of COVID-19. Living in unsuitable accommodation and in enforced poverty cannot in any measure be justified at such a time.
## Organisations who completed the survey

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<tr>
<th>Aberlour Childcare Trust</th>
<th>Freedom from Torture</th>
<th>Safety Awareness Glasgow</th>
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<td>Saheliya</td>
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<td>Glasgow Night Shelter for Destitute Asylum Seekers</td>
<td>Scottish Faiths Action for Refugees</td>
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<td>Sharpen Her: the African Women's Network</td>
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<td>Inspiring Families Development Network Scotland</td>
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<td>Interfaith Glasgow</td>
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<td>The Welcoming Association</td>
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<td>Migrant Voice</td>
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<td>Forth Valley Welcome</td>
<td>Rainbow Muslim Women's Group</td>
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Understanding the impact of the COVID-19 pandemic on New Scots

The COVID-19 pandemic has had profound impacts on the lives of everyone in Scotland. Some people are more impacted than others.

Scottish Refugee Council and Queen Margaret University wants to understand what impact COVID has had on you and other people who have come to Scotland as New Scots.

We want to ensure that your needs and concerns are considered by the Scottish Government and UK Government as Scotland moves into the next stages of its response to the pandemic.

The information provided by you in this questionnaire will be used for research purposes. It will not be used in a manner which would allow identification of your individual responses.

Thank you for taking part and sharing your views.

Appendix 1 – Individual survey (English)

About you

1. Do you consent for Scottish Refugee Council and Queen Margaret University to use the information you provide anonymously for research purposes to understand the impact of COVID-19 on refugees in Scotland?
   Yes / No

2. What is your gender identity?
   Male
   Female
   Gender variant / non-conforming
   Prefer not to say
   Other

3. How old are you?
   18-24 years old
   25-34 years old
   35-44 years old
   45-54 years old
   55 years +
   Prefer not to say

4. Who lives in your household?
   1 adult
   2 adults
   1 adult and 1 child
   1 adult and 2 children
   1 adult and 3 children
   2 adults and 1 child
   2 adults and 2 children
   2 adults and 3 children
   2 adults and more than 3 children
   Prefer not to say
   Other

5. Immigration status
   I have made a claim for asylum and I am living in temporary hotel accommodation
   I have made a claim for asylum and I am living in a flat
   My claim for asylum has been refused and I am receiving S4 support – I am living in a hotel at the moment
   My claim for asylum has been refused and I am receiving S4 support – I am living in a flat at the moment
   My claim for asylum has been refused and I am living in the community / with friends etc.
   I have received refugee status in the UK
   I came to Scotland under the UK resettlement programme
   I have never claimed asylum. The Home Office says I have No Recourse to Public Funds
   Prefer not to say
6. What is your country of origin?

7. How long have you been in Scotland / UK?
   - Less than 6 months
   - 6 months to a year
   - 1-2 years
   - 3-4 years
   - Over 4 years
   - Prefer not to say

Digital inclusion

8. Do you have a Personal Computer in your household?
   - Yes
   - No
   - If yes, how many?

9. Do you have a smartphone?
   - Yes
   - No
   - If yes, how many?

10. Do you have a tablet?
    - Yes
    - No

11. Do you have home broadband?
    - Yes
    - No

12. Do you have access to mobile data?
    - Yes
    - No

13. How much do you spend monthly on internet access?
    - e.g. £5, £10, £15

14. How confident are you to use the internet? (tick one that applies)
    - Very confident – I don’t need support or guidance
    - Confident – I sometimes need guidance
    - Quite confident – I need support to develop my existing skills
    - A little confident – I need support to gain core skills
    - Not at all – I lack core skills and need intensive support
    - Prefer not to answer
    - Other reason

15. Why do you need access to the internet? (tick all that apply)
    - My children need to do secondary school work
    - My children need to do primary school work
    - Social security
    - I need it to do ESOL classes
    - I need it for other college courses
    - I need it for my university course
    - Connecting with friends and families
    - Information on rights and services
    - Looking for work
    - Prefer not to answer

Your physical and mental health

16. Overall, how would you rate your physical health during the past 4 weeks?
    - Excellent
    - Very good
    - Good
    - Fair
    - Poor
    - Very poor
    - Prefer not to answer

17. Overall, how would you rate your mental health during the past 4 weeks?
    - Excellent
    - Very good
    - Good
    - Fair
    - Poor
    - Very poor
    - Prefer not to answer

18. How safe do you feel living in Scotland?
    - Extremely safe
    - Very safe
    - Somewhat safe
    - Not so safe
    - Not at all safe

19. What are the things that make you not feel safe?

20. Have you or someone in your family been tested positive for COVID-19?
    - Yes
    - No
21. Do you feel you have access to accurate information about what COVID-19?
Yes
No

22. Where do you get your information about COVID-19? (Select all that apply)
- Through family or friends in Scotland / UK
- Through friends and family in my country of origin
- Housing Officer / Welfare Officer (e.g. someone who works for Mears or local authority)
- Scottish Government website / daily briefings
- TV news (e.g. BBC News, Sky News, STV News)
- Radio news programmes
- Newspapers
- YouTube
- Online News site (e.g. BBC News, Huffington Post, The Guardian, Mail Online)
- Charity websites
- Other sources

23. The Scottish Government has introduced the following measures to prevent the spread of COVID-19. Can you tell us how you have been able to follow these?
- Social distancing (keeping 2 meters away from people)
- Daily exercise
- Handwashing
- Wearing masks when going into shops or public transport
- Essential work / activity only

24. How often do you speak on the phone or meet up with friends and/or relatives who live in Scotland or the rest of the UK?
- Every day
- A few times a week
- About once a week
- A few times a month
- Once a month
- Less than once a month
- Never

Challenges of the COVID lockdown

25. What are challenges for you personally as a result of COVID?
- I do not have enough money to buy food
- I am worried about my benefits
- I am worried about my accommodation
- I feel isolated and lonely
- I am unsure about what is happening to my asylum / immigration case
- I cannot find out information about how to keep safe during COVID
- I am worried about my job
- I am worried about my health (physical)
- I am worried about my mental health
- I am worried about my child’s / children’s education
- Other problem

Likert scale: Not at all a problem / Minor problem / Moderate problem / Serious problem / N/A

Final questions

26. Do you know who to contact if you have problems with benefits, housing, and health?
Yes / No

27. Do you want to tell us anything else about the impact that COVID has had on you and your family?

28. Over the next few weeks, Queen Margaret University are studying the impact of COVID on loneliness, health and social isolation, and need to reach as many refugees and people seeking asylum as they can.

Would you be happy to take part in this follow-up study and for Scottish Refugee Council to share your contact details with the researchers?

End of survey.
The impact of COVID-19 on refugee-assisting organisations in Scotland

The COVID-19 pandemic has had profound impacts on the lives of all of us in Scotland including those who have sought safety and our protection. It will continue to do so in the months ahead. The impact of the pandemic is also felt by the groups and organisations supporting refugees and the communities they live in across Scotland.

As Scotland moves into the next phases of how it responds to the pandemic, it is vital that the evolving needs and impact of the pandemic on refugees and the groups that support them is fully understood in order to inform how funders, government (local, Scottish and UK) need to respond.

This questionnaire asks questions on how refugee-assisting organisations and community groups have been supporting people during the COVID-19 pandemic, and how they will support people in the future.

The information provided by you in this questionnaire will be used for research purposes. It will not be used in a manner which would allow identification of your individual responses. Scottish Refugee Council aims to produce a rapid report on the survey responses in July.

If you would like more information on how Scottish Refugee Council uses your data please email: data@scottishrefugeecouncil.org.uk

Appendix 2 – Organisational survey

About your organisation

1. Can we list the name of your organisation in a list we publish of organisations that have completed this survey?
   Yes / No
   If yes, what is the name of your organisation?

2. Where do you mainly operate?

3. What is the nature of your group/organisation? (Select all that apply)
   - Refugee-led community
   - Integration network
   - Faith-based community
   - Youth group
   - Community of interest/nationality
   - Registered charity
   - Social enterprise
   - Charity contracted / funded by local authority to provide support to refugees
   - Community sponsorship group
   - We provide multiple services - services to refugees is one thing we do
   - Other (please specify)

4. What is the size of your organisation / group?
   - paid staff ____
   - volunteers ____

5. What population/groups does your organisation serve?
   - Resettled refugees
   - Those who have received refugee status in the UK
   - People seeking asylum
   - People who have been refused asylum
   - People with no recourse to public funds
   - Family members who have arrived in the UK through family reunion
   - Local population
   - Asylum-seeking trafficked children and young people
   - Other (please specify)

6. Has the population / groups you serve changed during the pandemic?
   - Yes / No
   - If yes, how has it changed?
   - Other (please specify)

7. What was your principle pre-COVID 19 activity of your organisation?
   - General advice and signposting
   - Direct support - food or financial support
   - Destitution housing provider
   - Specialist advice & casework e.g. immigration advice
   - Integration support e.g. employment, befriending, women & baby groups
   - Health care provider e.g. mental health provision and/or access
   - Policy & campaigning
   - Other (please specify)
8. What were the OTHER pre-COVID activities of your organisation? (tick all that apply)
- General advice and signposting
- Direct support - food or financial support
- Destitution housing provider
- Specialist advice & casework e.g. immigration advice
- Integration support e.g. employment, befriending, women & baby groups
- Health care provider e.g. mental health provision and / or access
- Policy & campaigning
- None

9. What were the TOP THREE needs of the people you work with before the COVID-19 crisis?
- Food poverty
- Tech poverty
- Homelessness
- Unsafe housing
- Physical ill health
- Unaware of how to stay safe
- Confusion about their immigration status/rights/case
- Isolation and loneliness
- Deteriorating mental health / re-traumatisation
- Lack of financial support
- Hate crime
- Domestic or gender-based violence
- Exploitation
- Language practice / ESOL
- Employment
- Support with practical items
- Cultural activities
- Other (please specify)

10. What are the current TOP THREE needs of your client group right now?
- Food poverty
- Homelessness
- Digital poverty
- Unsafe housing
- Long-term accommodation in hotel or hostel
- Physical ill health
- Unaware of COVID or how to stay safe
- Confusion about the impact of COVID on their immigration status/rights/case
- Isolation and loneliness
- Deteriorating mental health / re-traumatisation
- Lack of financial support
- Hate crime
- Domestic or gender-based violence
- Exploitation
- Language practice / ESOL
- Employment
- Support with practical items
- Cultural activities
- Other (please specify)

11. Have you received specific funding to support your activities during the lockdown period?
- Yes / No

12. Of the list below, what are your organisation’s TOP THREE current practical needs to sustain your services / activities for the people you support during the COVID-19 crisis?
- More volunteers
- Food to distribute
- A way to distribute money
- Understand the eligibility criteria for local food distribution schemes
- Clarity about who is offering people destitution payments
- Clarity about Home Office policy on status and financial support
- Clarity about how people can access health services
- Digital skills and technology to offer services
- Ability to facilitate digital group activities
- Helping people to access educational services
- Access to online educational resources for families
- Translated materials on education/ health
- Accessible materials on education/ health
- Other (please specify)
13. Of the list below, what are the TOP THREE longer term challenges limiting your organisation’s ability to respond and adapt to the COVID crisis?

- Not enough staff and volunteers to deliver services
- Anxiety about future finances
- Lack of funds to pay for food for clients / being unable to purchase food in bulk
- Lack of ICT hardware to deliver remote services
- Acquiring the digital skills to adapt our services / our clients having digital access to be able to access adapted services
- Securing destitution funds for clients who are destitute
- Insufficient management time to develop and risk assess new ways of working
- Finding accommodation for destitute clients
- Changes in the way you work with the communities
- No structural changes to the ways in which people are supported
- Other (please specify)

14. How effective do you feel the co-ordination of local responses has been to support the people you work with locally?

- Unsatisfactory
- Needs development
- Somewhat effective
- Capable and effective
- Very effective

15. Have you accessed information through New Scots Connect or Scottish Refugee Council’s Regional Integration Co-ordinators?

- Yes
- No
- Not aware of New Scots Connect

16. If yes, how effective has New Scots Connect and Scottish Refugee Council’s Regional Integration Co-ordinators been to you during COVID?

- Very effective
- Capable and effective
- Needs some development
- Needs significant development
- Needs some development

17. Any other comments on the issues that your community or organisation has faced during the COVID pandemic?

18. Scottish Refugee Council is also working with Glasgow University on a medium-term study exploring the impact of COVID on already marginalised groups. This study is funded by Scotland’s Chief Scientific Officer. Are you happy for Scottish Refugee Council to share your responses anonymously with Glasgow University for the purposes of their study?

- Yes
- No

19. Would you be willing to take part in an interview with researchers at Glasgow University?

- Yes
- No

Any further comments are appreciated.

Thank you for participating in our survey.

Finally, would you like to be added to our mailing list to receive updates from Scottish Refugee Council?

Yes
No
The report was written by Gary Christie and Helen Baillot, and supported by funding from the Respond & Adapt Fund. With thanks to all individuals and organisations who gave their time and shared their views in completing the surveys.

Scottish Refugee Council is an independent charity dedicated to providing advice and information to people seeking sanctuary in Scotland.

We have been campaigning for refugee rights since 1985.

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