

# Covid 19 Information and Data Hub

Bulletin 6: 24 September 2020

This is the sixth bulletin of the COVID-19 Information and Data Hub which presents the impact of the COVID-19 crisis on people in the immigration system across the UK. It presents data from two sources representing 140 organisations from across the UK and 290 refugees living in Scotland.

- Section 1 - Survey of Refugee and Migration Organisations
  - Section 1b - Regional Focus: East of England
- Section 2 – Scottish Refugee Council: The impact of COVID-19 on refugees and refugee-assisting organisations in Scotland

## Section 1: Survey of Refugee and Migration Organisations

### 1. Respondents

- The survey received 58 responses from organisations operating in all regions of the UK, apart from Scotland. One respondent only answered questions in parts 1-3 of the bulletin<sup>1</sup>.
- The largest groups of respondents were operating in London (22%) and Yorkshire and the Humber (21%), followed by 9% in West Midlands, 9% UK-wide and 7% in each of Wales, the South East, East of England and the North West.
- Turnover: 34% under £150,000; 50% between £150,000 and £1 million; 16% over £1 million.
- Of the 57 respondents who completed the survey, 24 respondents (42%) also participated in Survey 5, and 13 (23%) have participated in all six surveys.
- The most common client groups (where respondents were able to select multiple main client groups) were: People seeking asylum who are destitute (60%), people who have been refused asylum who are living in the community (59 %)

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<sup>1</sup>Unless otherwise stated, the data presented in part 4 of Section 1 of the Bulletin onwards includes responses from 57 organisations.

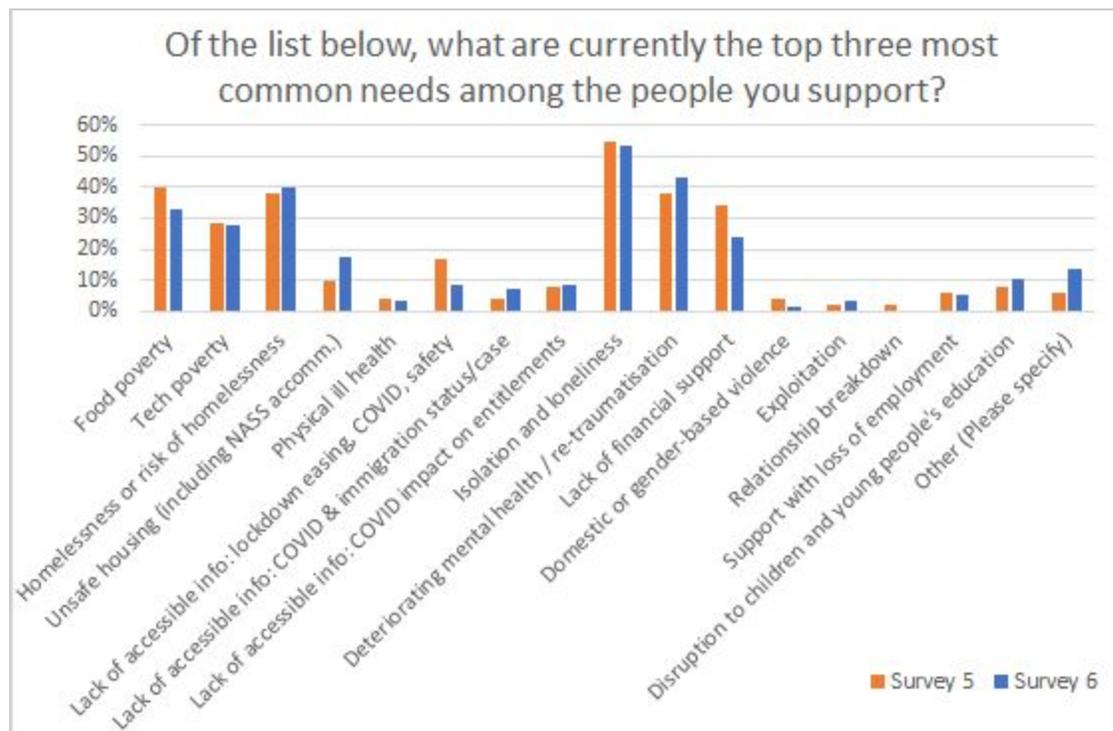
refugees who have received their status in the UK (57%), People seeking asylum living in Home Office accommodation – Initial Accommodation (47%) and Migrants who have no recourse to public funds (45%)<sup>2</sup>.

- The most common primary activities (where respondents were able to select multiple options) were generalist advice and signposting, provided by 76% of organisations, community/social/emotional support activities (59%) and specialist advice and casework e.g. immigration advice, housing advice (50%).

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<sup>2</sup> Other main client groups were refugees who have been resettled in the UK, listed by 33% of respondents, EU nationals (24%), Undocumented migrants 28%, Unaccompanied Asylum seeking children (17%), people in immigration detention (9%), children with insecure immigration status (9%).

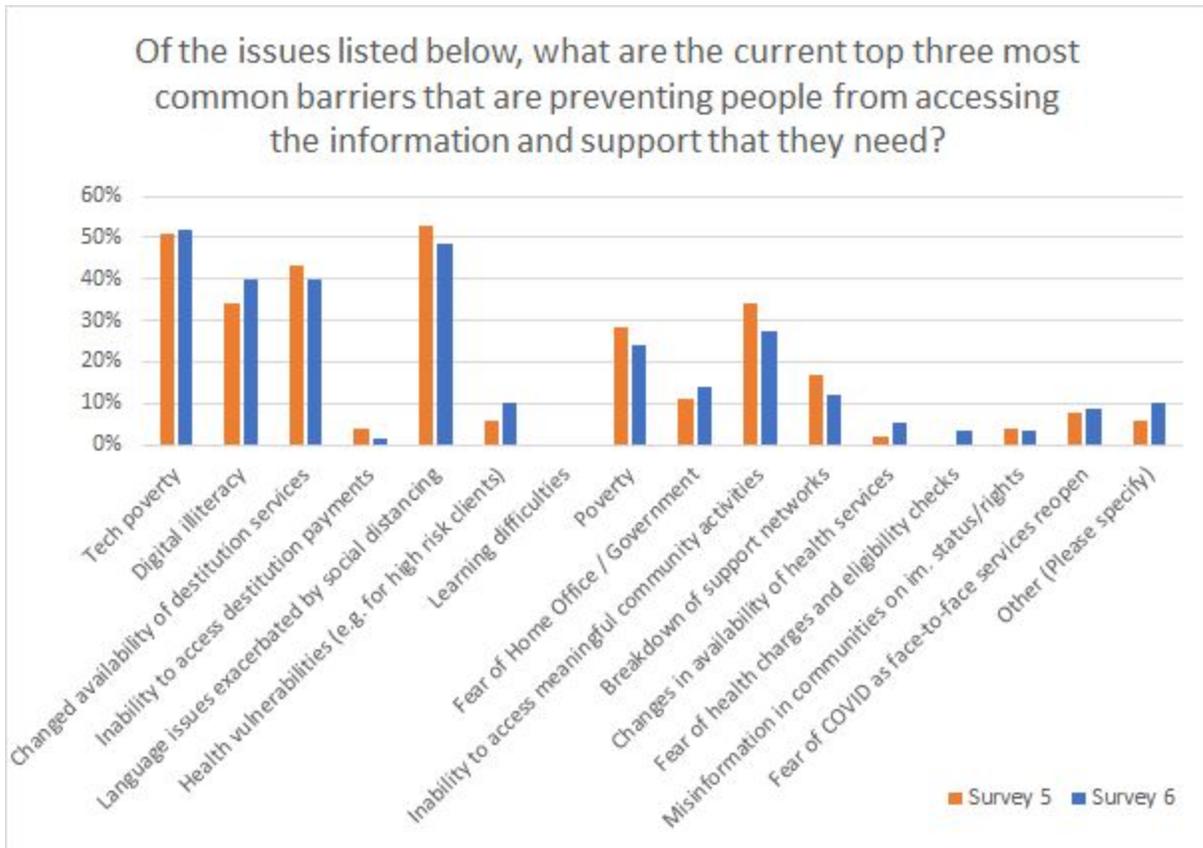
## 2. Changes in the needs of people within the immigration system



- The graph above shows a similar profile of top needs in Survey 6 to those identified in Survey 5, with **isolation and loneliness**, **deteriorating mental health** and **homelessness** being the top needs.
- The top needs in Survey 1 (conducted in April) were **food poverty**, **isolation and loneliness** and **lack of financial support**. Food poverty, the top need over the lockdown period, is now the 4th highest concern, while isolation and loneliness has remained high. Issues related to a lack of accessible immigration advice were mentioned as 'other' top needs by 2 respondents and emerging needs by 3 respondents.
- When asked to comment on emerging needs among their clients, 3 respondents raised concerns about **homelessness and evictions** and 3 about **unsafe accommodation** in hostels, hotels; particularly the longevity of this unsafe accommodation.
- **Other** responses included lack of access to education, training and ESOL and lack of employment. As in previous surveys concerns continue to be raised about increasing numbers of NRPf clients who have lost their jobs. Other groups

outside of respondents' main client groups reported with emerging needs were **vulnerable elderly** and **victims of human trafficking**. One respondent also raised the need to support vulnerable EU nationals with the EUSS deadline approaching.

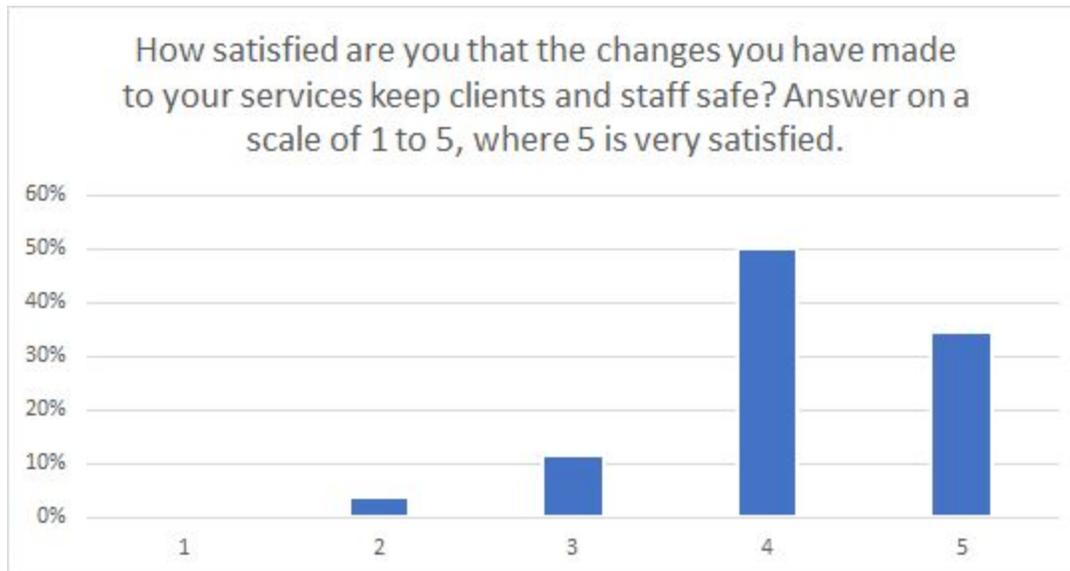
### 3. Barriers Preventing People From Accessing Services



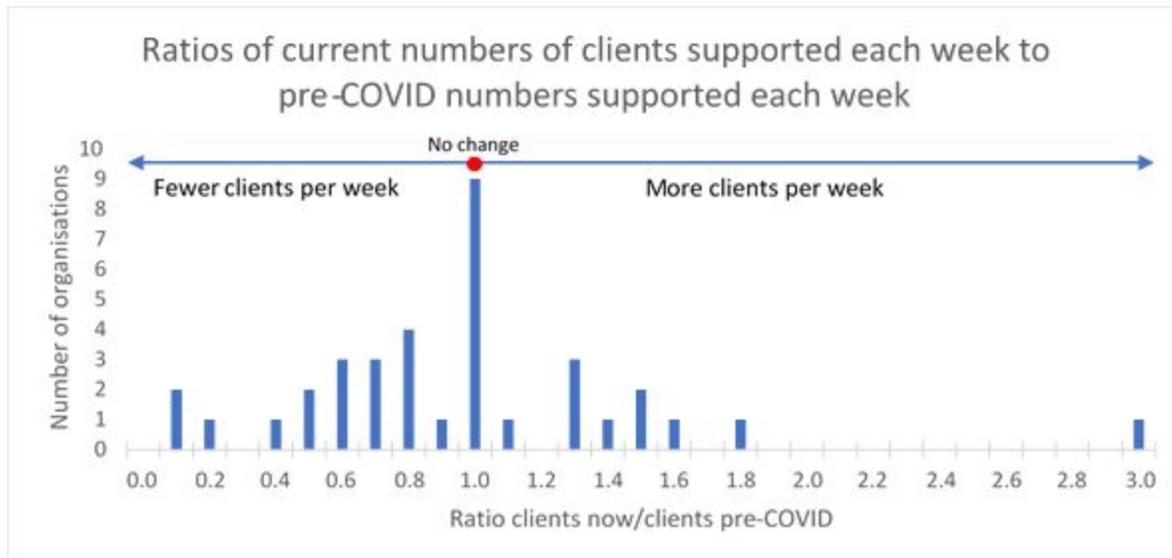
- As with needs, the reported barriers faced by clients are similar to those in Survey 5, with the top barriers reported as **Language issues exacerbated by social distancing/remote service delivery**, **Tech poverty** and **Changes in availability of services that provide destitution and food support**
- **Other** responses included worry about potential lockdown, continuing delays in home office decisions and racism.

## 4. Service Adaptation

- **91%** of the 57 participants who answered this question said that their organisation has set up **socially distant services**, either remotely or in person.

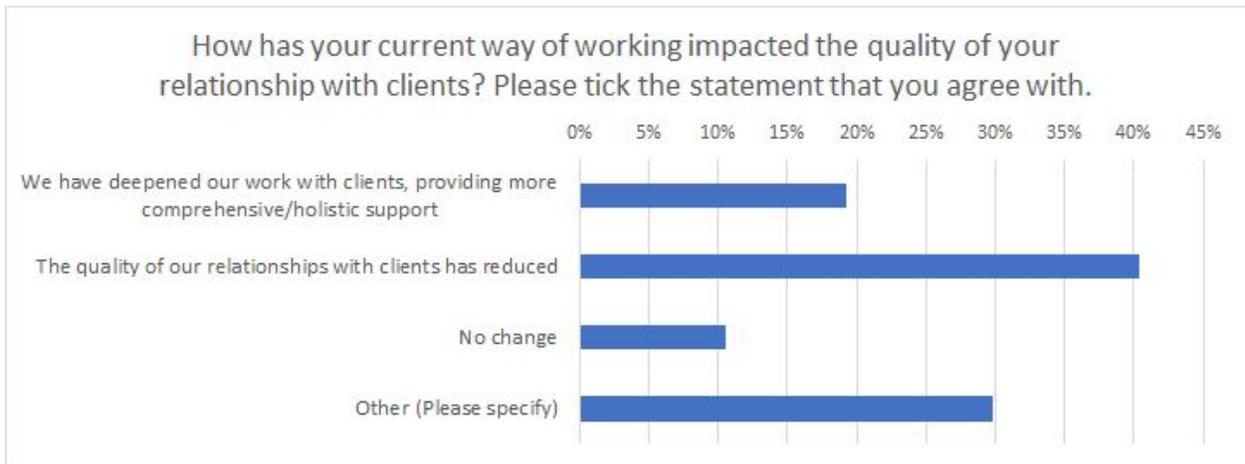


- We asked organisations who had made changes how satisfied they were that these changes are keeping staff and clients safe. On a scale of 1-5, with 5 being 'very satisfied', 50% of respondents selected '4'. 35% (18) selected '5', 4% (2) selected '2', 12% (6) selected '3' and none selected '1'.
- We also asked **if services had been added or removed** in response to COVID-19 and related restrictions. Several respondents explained that face-to-face services have been replaced by phone or online provision, and those that could not be safely or effectively transferred online have been removed. Social activities, ESOL, drop-ins and hosting programmes were among activities that respondents had stopped or suspended. New projects or services included remote social activities for families and teenagers, outdoor exercise classes, befriending initiatives, and new projects on wellbeing, homeschooling support and digital inclusion.
- When asked what changes they would make to **improve the safety** of their services, 2 respondents noted that while their services are 'safe' in a physical sense, there remains concern about the ongoing and longer-term impact of lack of face-to-face contact, support and activities. This links to the high level of **isolation and loneliness** among clients that has been reported.



- The chart above is an analysis of the **change in client numbers** reported by respondents. 36 survey participants told us roughly how many clients they support a week now compared with how many roughly they supported a week pre-COVID. The graph above shows the ratios of current weekly client volume over pre-COVID weekly client volume.
- 8 respondents reported that they are supporting the **same** amount of clients as before COVID (their ratio on the above graph is 1).
- 17 respondents told us that they are supporting **fewer** clients each week than before COVID (ratios of less than 1) .
- 12 respondents told us that they are supporting **more** clients each week than before COVID (ratios of more than 1). This includes one organisation that is supporting 12 times as many clients as they were before COVID<sup>3</sup>.
- The changes to **quality of client relationships** are discussed below. The relation between the number of clients that organisations are supporting and the quality of relationships with clients warrants further investigation.

<sup>3</sup> This number could not be incorporated into the graph for reasons of scale.

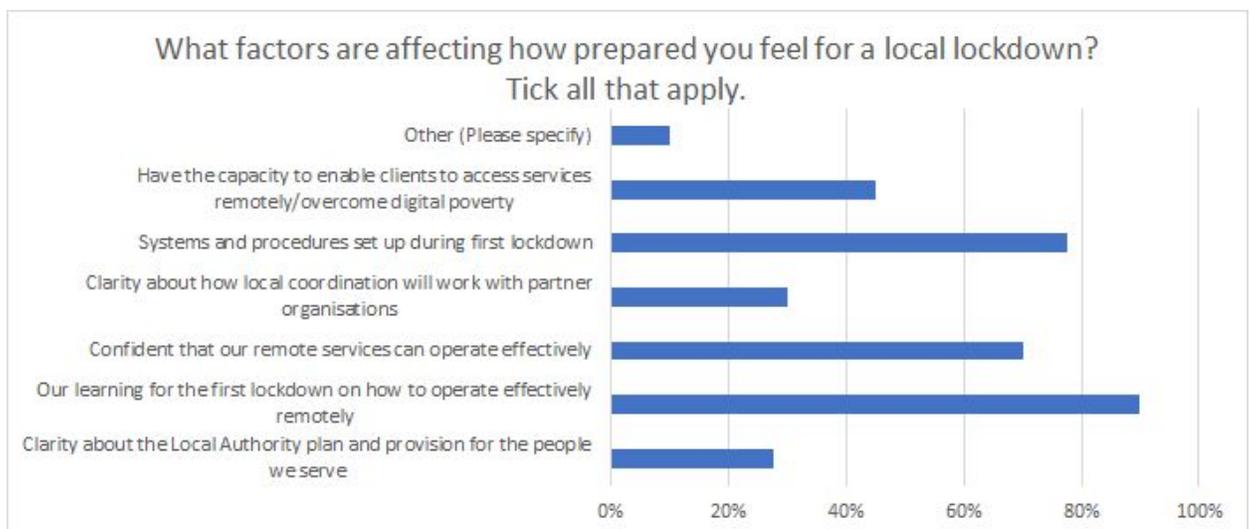


- 26 respondents (40%) reported that the quality of their relationships with clients has **reduced** under current methods of working.
- **Other** ways in which current service delivery have impacted quality of relationships with clients include increased regularity of contact with less rapport (reported by two organisations) or quality has remained consistent but the number of clients has reduced or they are not taking on new clients. Some characterised the change in quality as different, not necessarily worse or better. Several respondents noted discrepancies between different client/ case types, varying across types of services. For example, one organisation reported that it has been more difficult to build relationships with clients with mental health issues or those who have suffered substantial trauma.

## 5. Local lockdown

- 39% (22) of 57 respondents told us **they were aware of their local authority's outbreak plan**; 61% (35) **were not**.
- We asked respondents who were aware of these plans what they thought of them. Outbreak plans were reviewed favourably when they were updated regularly in different languages and when they engaged with and provided resources to the voluntary sector. Good communication and timely sharing of updates by the local authority were also mentioned by respondents as positive factors.

- Some respondents suggested improvements, including increased multi-sectoral working, and identified a need for better understanding and consideration of barriers to COVID safety for particular groups e.g. undocumented migrants and those in poverty.
- Respondents who were not confident about their local authority outbreak plans cited **poor or non-existent communication** and **lack of clarity**.
- 17 organisations had local restrictions imposed at the time of responding to the survey (between 3rd-18th September). 7 of these respondents reported on the factors that had enabled them to effectively respond to these restrictions, among which learning and development of systems and procedures from the first lockdown, and clarity about the local authority's plan and provisions, were prominent.
- Of the 40 organisations who had not yet experienced a local lockdown, 85% said they felt prepared.

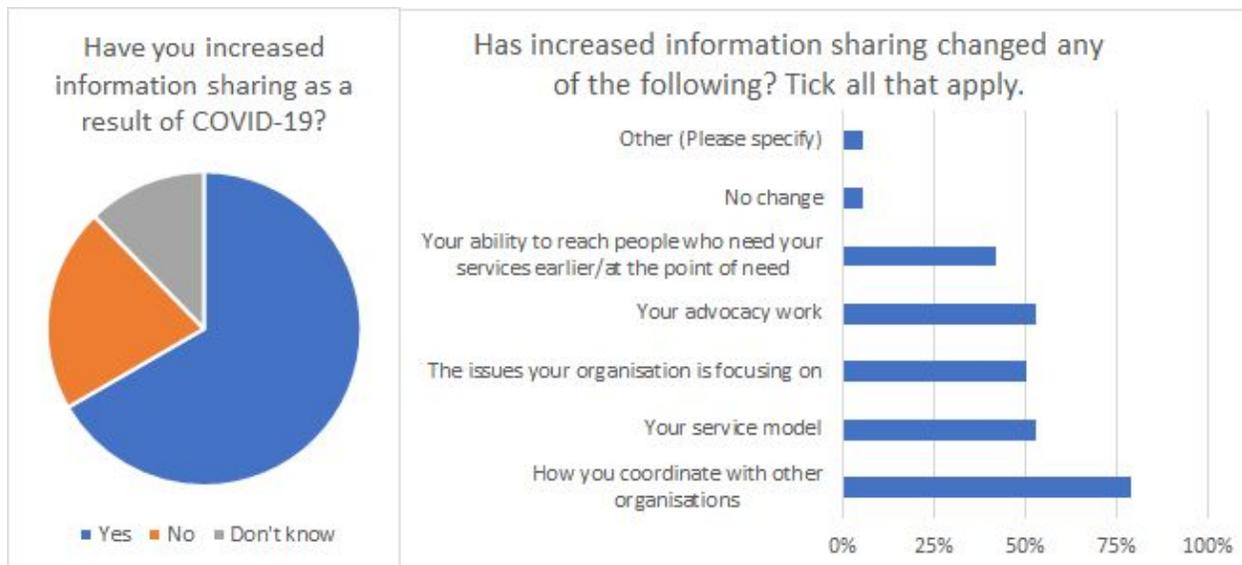


- Learning about **systems for and confidence in remote working** were the main factors influencing a sense of preparedness for a local lockdown.
- Alongside the survey, 9 organisations in the **East of England** participated in semi-structured interviews<sup>4</sup>. When asked about preparedness for a local lockdown, most felt that between the established methods of remote working, partnerships, new agencies and general voluntary sector learning, they were reasonably well prepared for a local lockdown. However one organisation raised

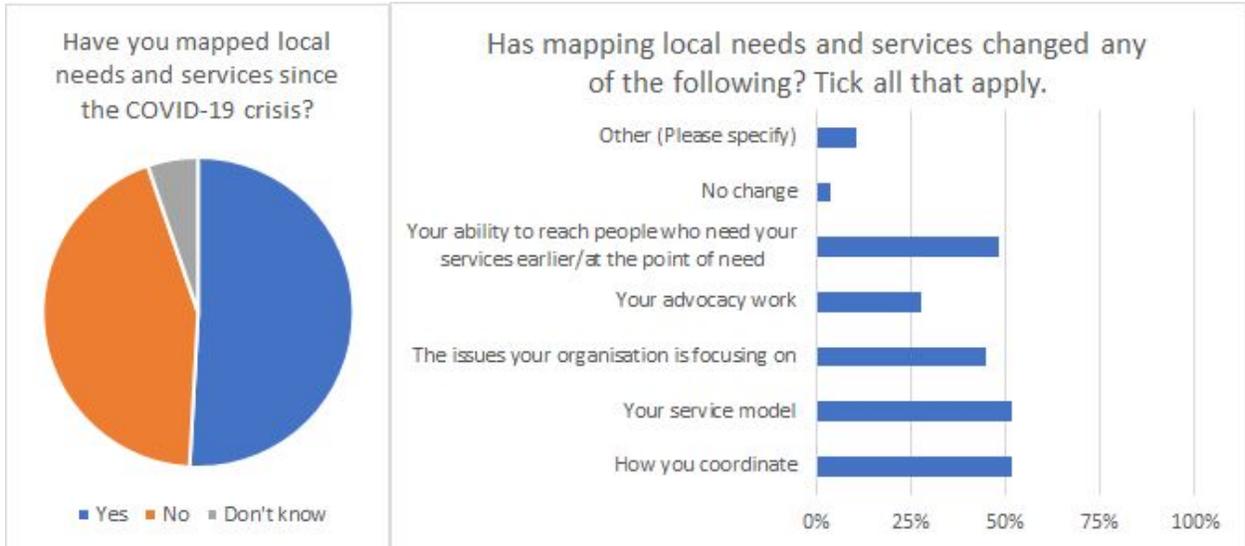
<sup>4</sup> Further analysis of the interview data is included below in Section 1B.

concerns about being unable to meet the anticipated spike in demand for **destitution support** with a second lockdown. The most variable factor in interviewees' feelings about possible local restrictions was their confidence in their respective local authority.

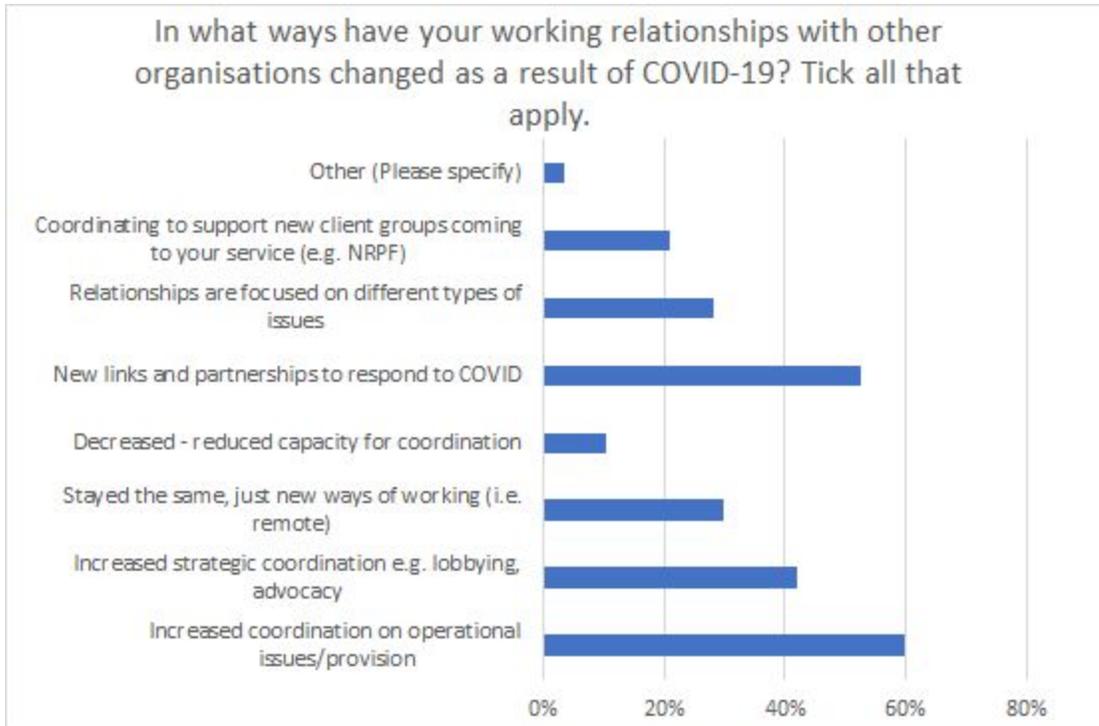
## 6. Coordination with other organisations



- 67% (38) of the 57 respondents who answered this question have **increased data sharing as a result of COVID-19**.
- Increased information sharing has had a substantial impact on how many organisations operate. 79% (30) of these told us that increased information sharing had changed **how they coordinate with other organisations**, while 50% (19) or more said it had changed their **service model, advocacy work**, and the **issues their organisation is focusing on**.
- As a result of increased information sharing, organisations are not only coordinating more closely with other organisations, but over half are also changing their service models, the issues they are focusing on, and their advocacy work, showing **good adaptability** in the sector. Service model changes could also be linked to the shifts in organisations primary activities through adding or removing services, as outlined on page 4.



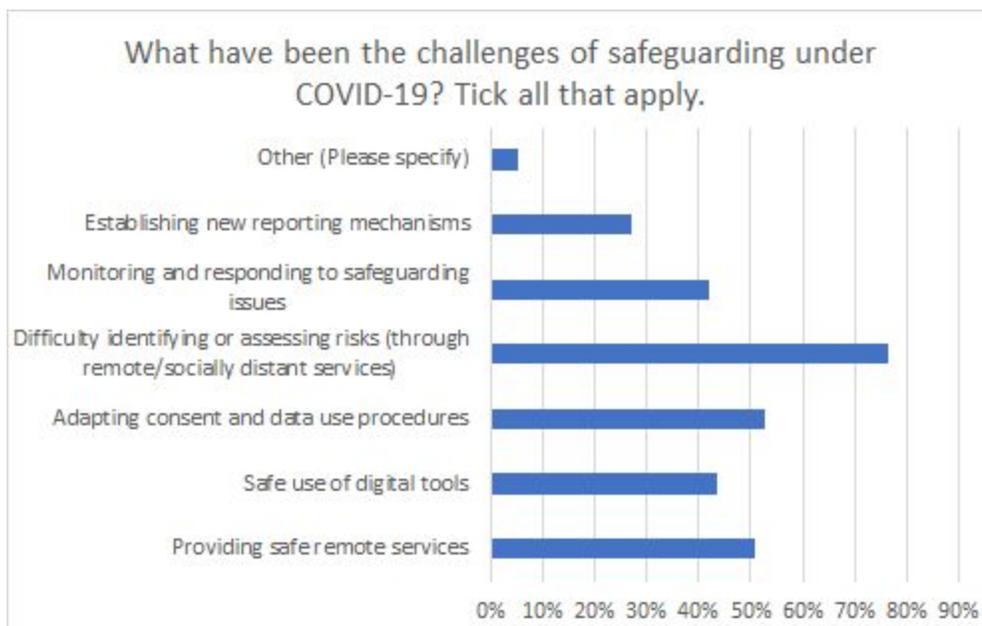
- 51% (29) of the 57 respondents who answered this question **have carried out mapping of local needs and services since the COVID-19 crisis** to identify gaps in provision and new opportunities for collaboration.
- Over 50% of organisations who had mapped local needs and services said it had changed **how they coordinate with other organisations** and **their service model**.
- **Other** changes as a result of mapping include likely changes to their service model and responses to specific issues such as asylum seekers in hotels, and provision of English support.



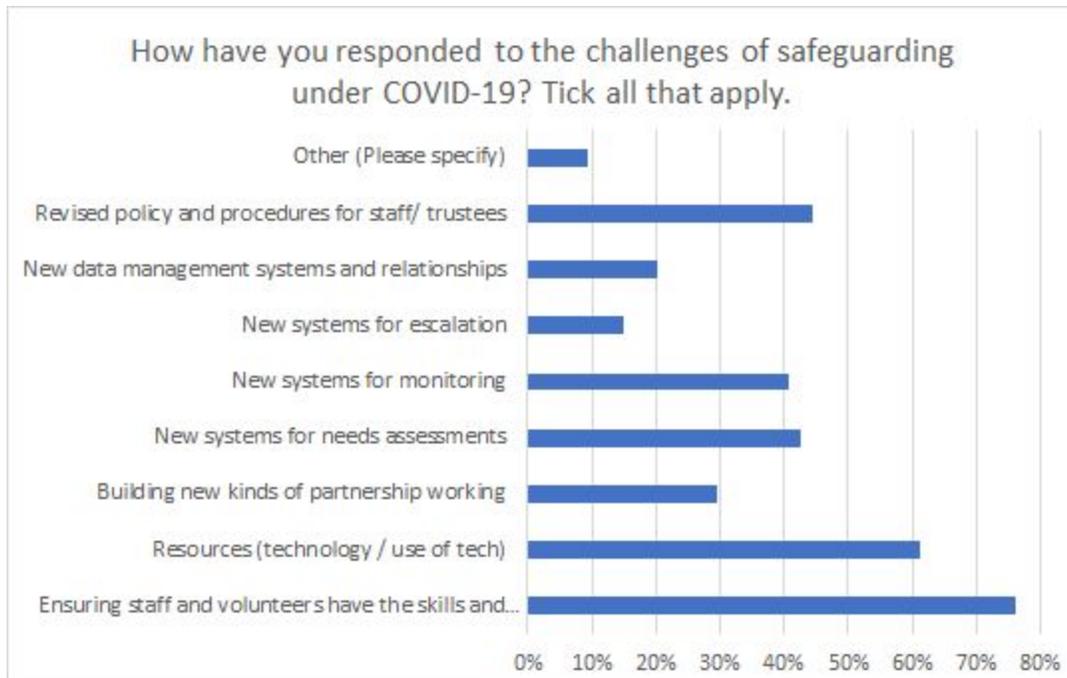
- 60% (34) of 57 organisations reported **increased coordination on operational issues or provision**; 53% (30) reported **new links and partnerships developed to respond to COVID**, followed by 42% (24) reporting **increased strategic coordination e.g. on lobbying and advocacy**.
- In **other**, one respondent reported better understanding of the eligibility to access other services and how to refer clients.
- The East of England focus in Section 1b explores the changes in working relationships as a result of COVID-19.

## 7. Safeguarding

- 65% (37) of 57 respondents said they had had to **adapt their safeguarding procedures under COVID**. 31.5% said they had not, 3.5% said they did not know.

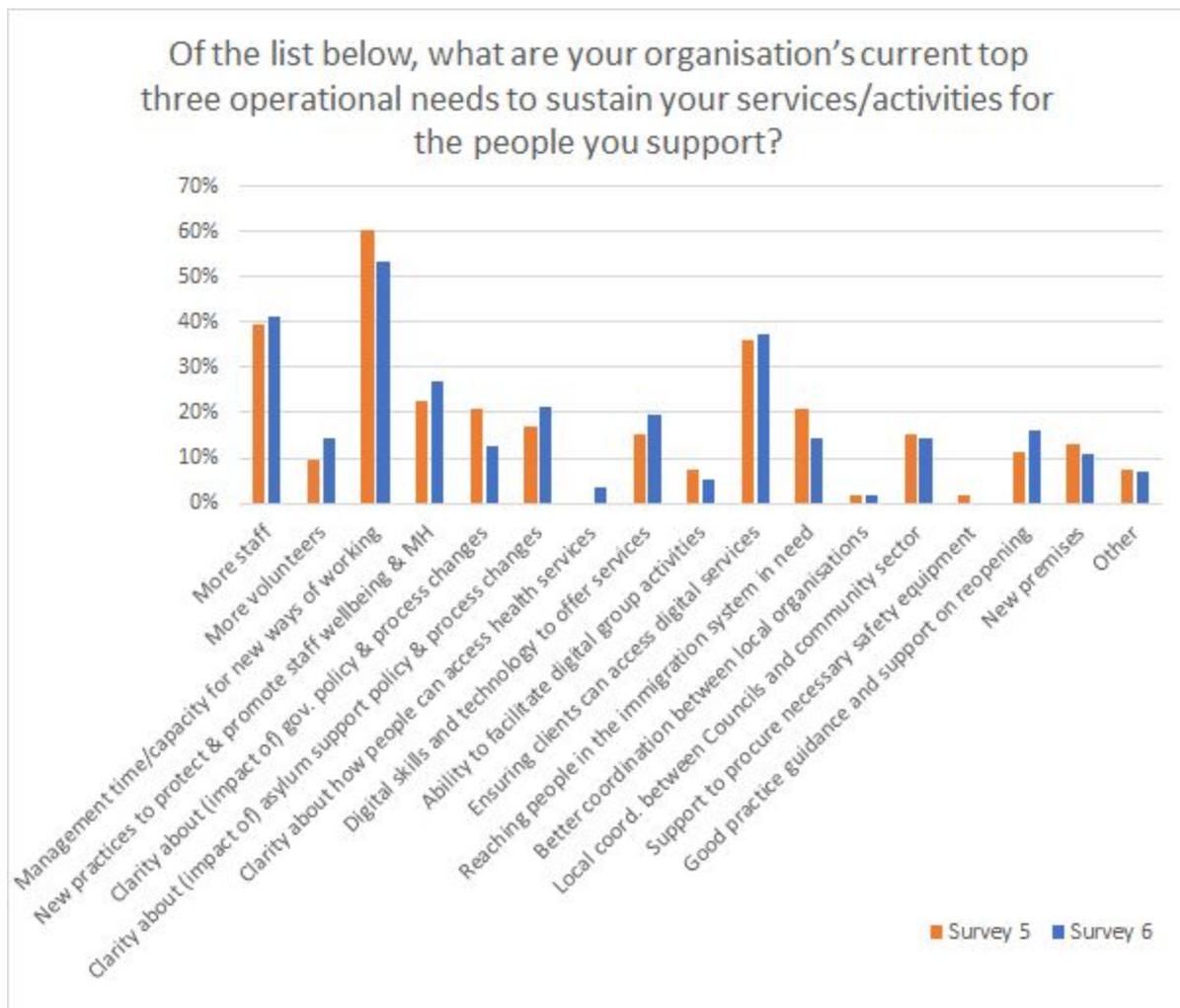


- Remote risk assessments** and **digital safeguarding** seem to be key emerging needs in this area, due to the increased or new safeguarding risks arising with remote service delivery.
- 76% (42) of 55 respondents to this question identified **difficulty identifying or assessing risks** through remote services as a challenge of safeguarding under COVID. The next two most commonly reported challenges were **adapting consent and data use procedures** at 53% and **providing safe remote services** at 51%.
- Other** responses included getting community mental health teams to respond, and accessing local statutory safeguarding teams.



- Of the 54 participants who told us about their responses to the challenge of safeguarding under COVID-19, 76% (41) **were ensuring that their staff and volunteers were adequately skilled up for the new safeguarding challenges**; 61% were responding with new **resources including new uses of technology**.
- 43% (23) have responded with **new systems for needs assessment** and 44% (24) by **revising policy and procedures**.
- **Other** responses included extra responsibilities given to Trustees or canceling activities due to concern about effectiveness of infection control measures. One organisation raised the increased safeguarding risks of holding social events online, and reported that due to the challenges of remote needs assessments they have not been able to add any new members to their support groups.
- In our East of England focus, one organisation reported a **drop in domestic abuse safeguarding referrals** (via the Multi Agency Risk Assessment Conference) as people have reduced access to one-to-one institutional contexts in which it is safe to disclose, such as doctor's appointments.

## 8. Operational needs



- The profile of top operational needs in Survey 6 is similar to that in Survey 5 with the highest operational needs being **management time/capacity**, reported by over half of respondents (54%) followed by **more staff** (41%) and **ensuring clients are able to access digital services** (38%).
- Emerging operational needs included concerns around difficulty in accommodating homeless clients with shelters closed, and concerns about the impact of colder weather and increasing demand for shelter. **Homelessness was identified as a top need** in this survey and one that is expected to rise due to factors including Home Office decisions, and those potentially negative, which have started to be issued. This is likely to be an increasing priority for organisations.

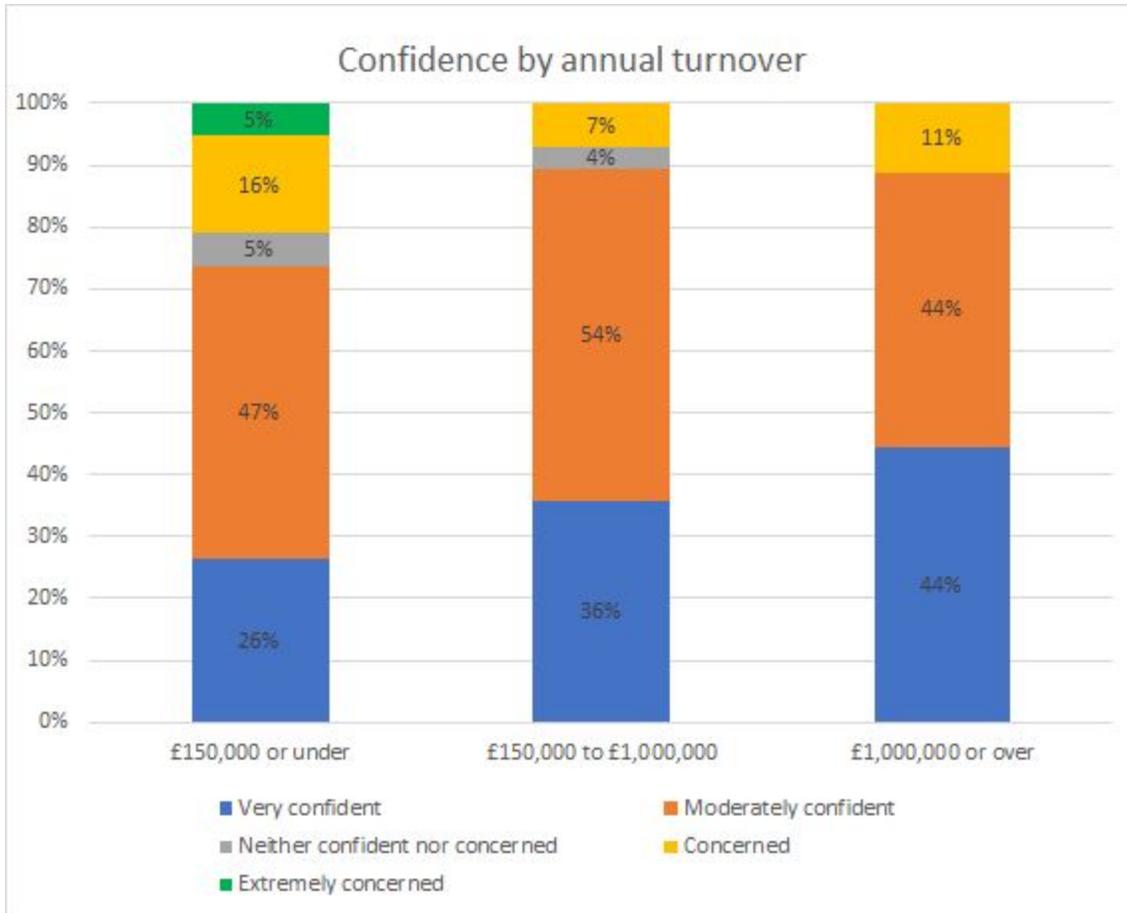
## 9. Confidence



- 34% of 56 respondents that answered this question said they were 'very confident' in their organisation's ability to survive and thrive over the next 12 months. This is 13% higher than in July. 66% of respondents in July were **moderately confident**, compared to 50% in September<sup>5</sup>.
- Factors improving confidence include **secure and diverse funding** including effective COVID funding and the flexibility of funders. Respondents also reported strong local networks and partnerships and the experience and commitment of staff as contributing to confidence.
- **Concerns about longer-term funding**, notably beyond the end of this financial year, remained a common factor limiting confidence as well as concern about insecure contracts or contract renewal. Less confident organisations reported concerns about the **wellbeing and safety of staff and volunteers**.

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<sup>5</sup> **To note:** only 42% of organisations (24) in Survey 6 also participated in Survey 5.



- The graph above shows levels of confidence by annual turnover. Smaller organisations (£150,000 or under) report to be less confident, with 5% **extremely concerned** and 16% **concerned**. Over 88% of organisations with a turnover of £1,000,000 or over are, **moderately** or **very, confident**.

## Section 1b: East of England regional case study

9 third-sector organisations supporting people in the immigration system in the East of England took part in semi-structured interviews to map coordination and how it had changed in the region in response to COVID-19. Participants were selected to cover counties across the region and reflect a variety of organisation types, and were interviewed between August 19th and September 18th.

### Changes to coordination and relationships with other organisations under COVID-19

#### Intensifying coordination

- Organisations reported **increased coordination** around specific issues such as food poverty and homelessness, which might vary according to the needs and priorities in different areas.
- Organisations we spoke to that provide holistic services **intensified working relationships** and information sharing on clients within existing partnerships.
- Some organisations have **adapted their referral procedures** to respond to the increased demand that they cannot absorb, for reasons of capacity or remit: doing pre-referral casework to ensure a smooth client transfer. One organisation on the receiving end of increased referrals observed challenges related to remote working and lack of digital access for homeless clients (with closure of shops, libraries, community centres etc) and the need for better systems in place for collecting documentation. The support of localised providers is crucial in this regard.
- Organisations working closely with **community groups** registered an advantage of being able to distribute information through these grassroots groups as well as the benefit of these networks in ensuring the most effective and appropriate support is provided, such as culturally appropriate food deliveries.

#### De-intensifying

- **Not all respondents reported intensifying working relationships.** Some existing partnerships or networks have become disjointed as their members are under pressure and focusing on their own issues.

- Similarly, regional or national networks that previously had the advantage of enabling communication to the Home Office have lost some of their utility with the HO being closed and absent.

### Diversifying

- Voluntary sector organisations reported **increased mutual recognition of specialised knowledge**, resulting in new working relationships, receiving more referrals from a wider range of organisations, and being invited into new or established networks responding to the crisis.
- Urgency has also been a driving motivation in making new contacts. In some cases they also reported **increased awareness from the statutory sector** about their services or specialisms as well as a new motivation by other local providers to explore different options and find appropriate support, such as homelessness teams proactively getting in touch with organisations working within the immigration sector.
- Some **new networks or partnerships** have formed around issues that are not specifically COVID-related, but have been highlighted by COVID, for example employment and homelessness. For some organisations the injustices highlighted by COVID dovetailed with the demands of the Black Lives Matter movement to raise the profile of their work and stimulate the generation of new working relationships.

### Change of shape/scale

- For some organisations, the **geography of coordination** had changed: new cross-county referrals for specific projects with shorter-term COVID-19 funding; establishing referral pathways to new locations outside of their geographical remit, to ensure that clients they cannot support are not left in the lurch.
- One organisation reported new links with national networks/ organisations working on **housing rights issues**. This was a highly effective link and enabled an organisation to challenge evictions under COVID.
- Roll-out of a trial **model on mental health** working on the interface of the statutory and voluntary sector, already established in one part of the region, to another county. This plan that was already in motion, but has gained traction under COVID due to mental health being a priority need.

## **Maintenance**

- Pre-existing **formal partnerships**, e.g. with legal centres, have been significant for maintaining pre-COVID levels of operation and service delivery.
- Not all participants reported a change or increase in coordination. Broadly it appears that a **more significant change was experienced by more grassroots, holistic, open-access organisations**. Organisations or projects that have an issue-specific funding remit and work heavily with statutory services, or primarily on an advocacy level, appear to have had less need or capacity for change in their coordination relationships.
- Respondents who participated in the East of England Local Government Association felt that the **Regional Strategic Migration Partnership**<sup>6</sup> forums were consistent in response to COVID.

## **Local lockdown**

- Broadly, a significant factor in respondents' level of concern about the impact of a potential local lockdown, or outbreak, was their **confidence in their respective local authority**.
- Some organisations had been **consulted by Local Authorities** about the needs of people in the immigration system and migrant communities, building and strengthening previously established lines of communication (for example through funding relationships). One respondent mentioned being invited to participate in a City Council steering group through which they could contribute expertise to discussions around a spike of cases among higher risk groups.
- Organisations whose respective authorities had **not** consulted or reached out to them were **less positive** about the authority's handling of the first lockdown and less confident about future management; some respondents felt there was a severe lack of leadership or guidance from the local authority. Furthermore these organisations who had tried to contact local authority and public health departments received no follow up contact.

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<sup>6</sup> Regional Strategic Migration Partnerships are Local Government led partnerships funded by, but independent of, the Home Office, whose role is to coordinate and support delivery of national programmes in asylum and refugee schemes as well as agreed regional and devolved migration priorities.

- The **Banham Poultry factory outbreak** highlighted the specific localised risks faced by migrant workers in Norfolk<sup>7</sup>:
  - Workers on long shifts in the factory are a mix of contract and agency staff located far from sources of support, digitally excluded and under-informed
  - The local authority at the time of the outbreak made inadequate use of the contact databases and knowledge of organisations working with affected communities, making their communication efforts highly ineffective
  - The resulting scenario was high levels of confusion and anxiety around guidelines, especially related to specific living conditions in houses with multiple occupation HMOs and with children, as well as leaving several people at risk of loss of employment and without access to statutory sick pay
- However, since the time of conducting the interview there have been significant **positive shifts** in the engagement of the local authority, with the establishment of weekly meetings as well as a positive response from Norfolk Assistance Scheme with supporting the migrant workers and other vulnerable people being supported by organisations in the area. This change follows increased advocacy from local organisations.

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<sup>7</sup> For further information please see:

[www.gyros.org.uk/post/track-and-trace-self-isolation-and-eu-migrant-workers](http://www.gyros.org.uk/post/track-and-trace-self-isolation-and-eu-migrant-workers)

## Section 2: The impact of COVID-19 on refugees and refugee-assisting organisations in Scotland

The full report by the Scottish Refugee Council [can be found here](#).

### [Executive Summary](#)

In July 2020 Scottish Refugee Council surveyed 290 refugees living in Scotland and 75 organisations supporting and working with them on the impact of the COVID-19 pandemic.

### Physical and mental health

65% of men reported their physical health in the last four weeks as either good, very good or excellent. Only 55% of women fell into these categories.

46% of men and women rated their mental health in the last four weeks as either good, very good or excellent. **41 women (30% of respondents) and 35 men (33% of respondents) stated that their recent mental health had been poor or very poor.**

Only 34% of people with insecure immigration status (people in the asylum system or refused asylum) 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.

17 organisation respondents stated that deteriorating mental health of the people they work with was a significant concern before COVID-19. This increased to 21 who identified it as a top current concern.

**70% of respondents with insecure immigration status said that not having enough money to buy food was a serious or moderate problem.** Responding to food poverty has become a far greater area of concern for organisations supporting refugees since the COVID-19 lockdown.

22 respondents (7.6%) stated that they, or someone in their household had tested positive for COVID-19.

## Digital inclusion

90% of respondents had access to a smartphone. But only 44% had access to a PC and 20% had access to a tablet. 67% of respondents reported they had broadband and 78% reported they had mobile data.

While there was evidence of gaps between genders in terms of access to devices and mobile 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: **1 in 4 did not have a smartphone and only 1 in 3 had access to a PC.**

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.

Parents appeared most concerned about the effect of their limited digital connectivity on their children's education.

Only 10 organisational respondents placed digital poverty as one of the top three needs of their client group pre-COVID-19. This increased to 29 who described it as a current top organisational concern.

*“New country new faces. all the time at home. Without network.....oh no very difficult.”*  
(Sri Lankan woman, seeking asylum)

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

## COVID 19 information and public health measures

**75% of respondents were confident that they had access to accurate information on COVID-19.**

The Scottish Government was cited as a top source where people got information about COVID-19.

There were high levels of compliance with key public health measures. 86% reported they always complied with guidance on handwashing. 64% of respondents stated they always observed social distancing guidance. And, 73% said they always wore mask in shops or public transport<sup>8</sup>.

In relation to government guidance on daily exercise only 31% of respondents said they managed to do so always or often.

### **Social isolation and connections**

In both surveys, isolation emerged as the single most prominent problem or concern singled out by respondents.

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 loneliness and isolation.

**30% of people with secure immigration status (people who have received refugee status and resettled refugees), and 37% of those with insecure status (in the asylum process or refused asylum), had phone or in person contact with friends or relatives only a few times a month or less.**

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.

*“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)

### **Safety**

Across men and women respondents and respondents with different immigration statuses, people indicated that they broadly felt safe in Scotland with 67% reporting they felt extremely or very safe.

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<sup>8</sup> 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 towards the end of the survey.

**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.**

25 people noted that more general anti-social behaviour in their area undermined their sense of safety.

## **Organisational concerns**

Lockdown has increased demand for services, even although some people struggle to access remote provision, and has placed resourcing pressures on refugee-assisting organisations.

29 organisations said that digital skills and the ability to facilitate digital group work as being one of their three most pressing requirements.

**70% of organisations have been able to access specific funding to meet the challenges of continuing services throughout lockdown. This was slightly lower for refugee-led and community-based groups at 66%.**

Most respondents felt that the local response to the pandemic had been effective to some degree, nevertheless respondents' comments highlighted that coordination and efforts to avoid duplication should continue to be a focus of efforts in future.

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 needs identified by organisations.

The societal impact of COVID-19 and failures in the Home Office policy response were cited as factors likely to lead to a sustained increase in future demand, without attendant stability of long-term core funding.

## **Recommendations**

Service providers and policy makers need to place measures to mitigate isolation and loneliness at the forefront of responses to COVID-19 and its aftermath.

The people most excluded from services are those with insecure immigration status. Alongside developing provision, there needs 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.

Ongoing efforts, already partly funded in Scotland during lockdown, need to be extended to ensure people's digital connectivity and capacity through provision of devices, internet access and skills.

The Park Inn incident of June 2020 threw into stark relief that, rather than actively seeking to improve people's living conditions during lockdown, the Home Office and its subcontractor put in place measures that directly undermined people's safety and wellbeing. Living in unsuitable accommodation and in enforced poverty cannot in any measure be justified.

Beyond the immediate pandemic response, there is a need to understand and tackle the underlying issues that frame some refugees' lives in Scotland. This could include working with communities to raise awareness of hate crime legislation and reporting mechanisms; identifying local solutions to community tensions; and exploring harassment and abuse in future research and engagement activities.

*"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 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. The report was supported by funding from the Respond & Adapt Programme (RAP). We would like to thank everyone who gave their time, experience and views in completing the survey.*