

Information and Data Hub

Bulletin 9: 19 March 2021

This is the ninth bulletin of the COVID-19 Information and Data Hub presenting the findings from our latest survey of refugee and migration focused organisations.

The survey received **34 responses** from organisations working in England, Wales, Scotland and Northern Ireland¹. 31 of these organisations have participated in the Information and Data Hub before, and 20 participated in Survey 8 as well as Survey 9. The largest groups of respondents were operating in London (24%), followed by the South East (15%) and the West Midlands (12%) and 9% operating UK-wide.

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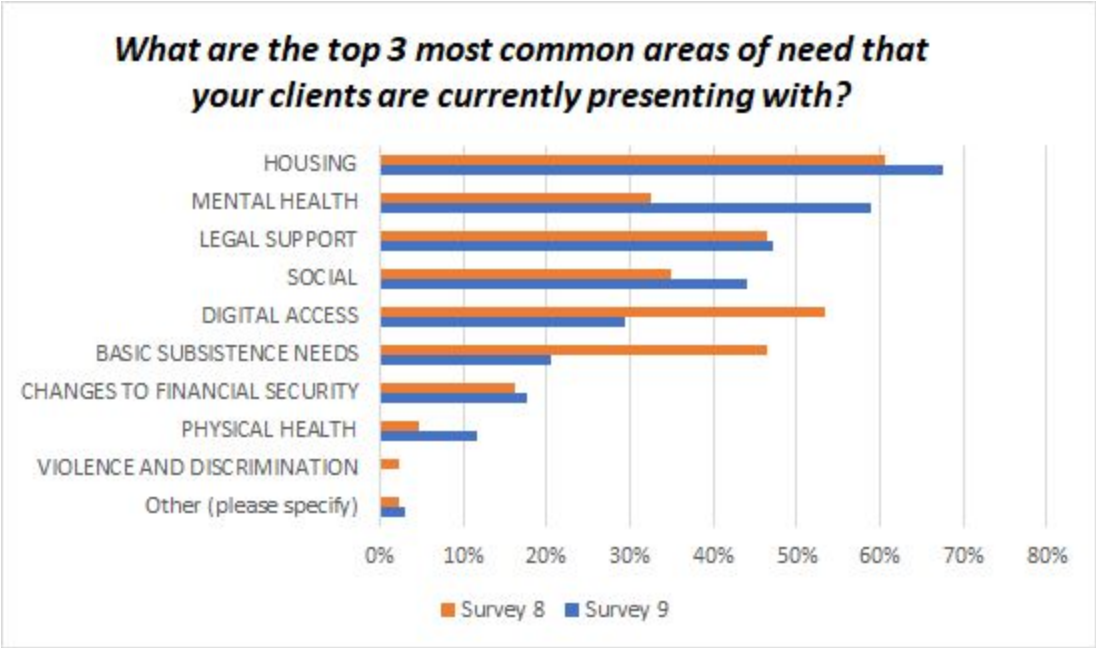
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¹ Respondent's turnover: 51% between £150,000 and £1,000,000, 32% £150,000 or under and 16% £1,000,000 or over

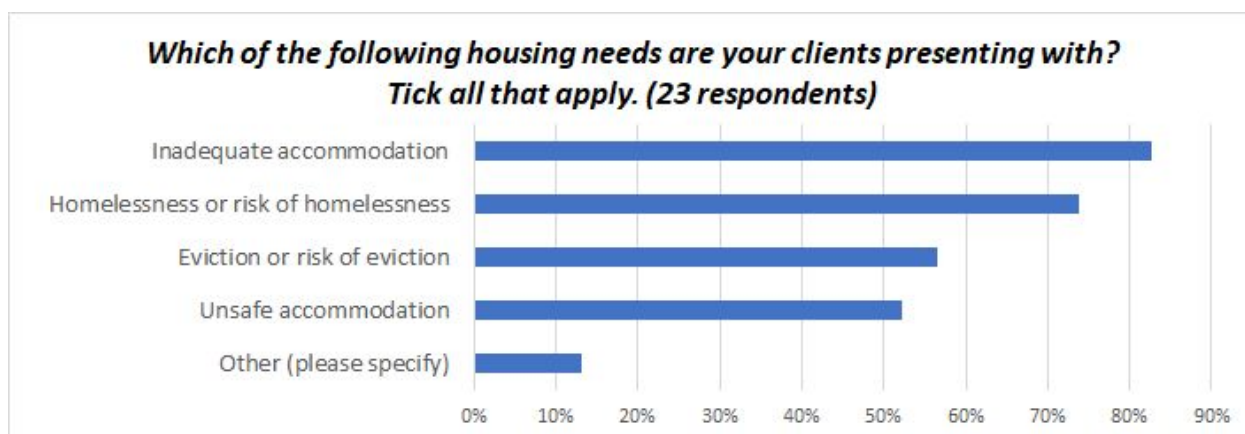
Section 1: Needs and Barriers

1.1. Current needs of people in the immigration system



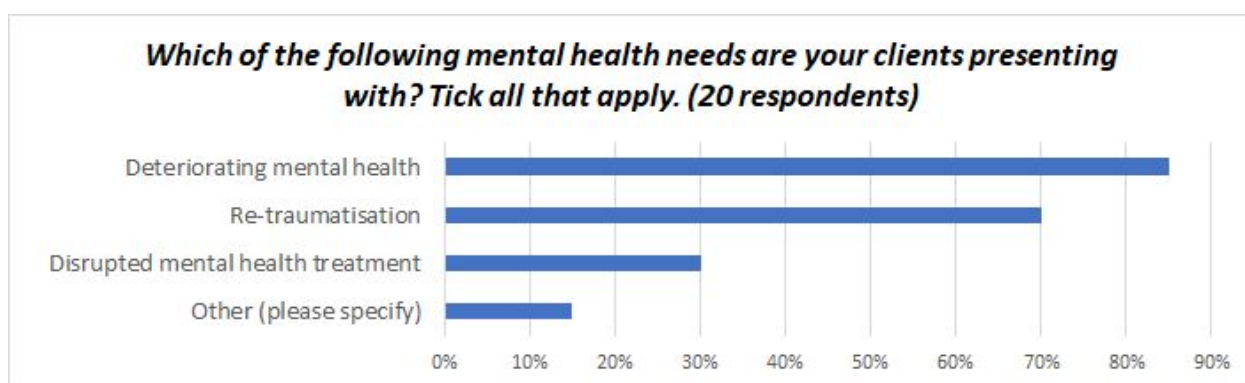
- As with Survey 8, the most common area of client need was **Housing**, at 68% (23 respondents).
- **Mental Health**, previously the 6th highest area of need at 33%, is now the second at 59% (20 respondents).
- **Legal Support** has remained the 3rd most common area of need at 47% (16).
- **Digital Access** fell from 53% in Survey 8 to 29% in Survey 9, dropping from 2nd to 5th most common area of need.
- **Basic Subsistence Needs**, which was joint 3rd with Legal Support in Survey 8 at 47%, has fallen to 6th highest need at 21%.

Housing needs



- Of the 23 respondents who selected housing as a top area of client need, 19 (83%) reported that their clients are living in **inadequate accommodation**, and 17 (74%) that their clients are **homeless or at risk of homelessness**.
- In 'other' two respondents mentioned issues with **hotels or contingency accommodation**, including the multiple challenges clients are facing in these forms of accommodation.

Mental health needs

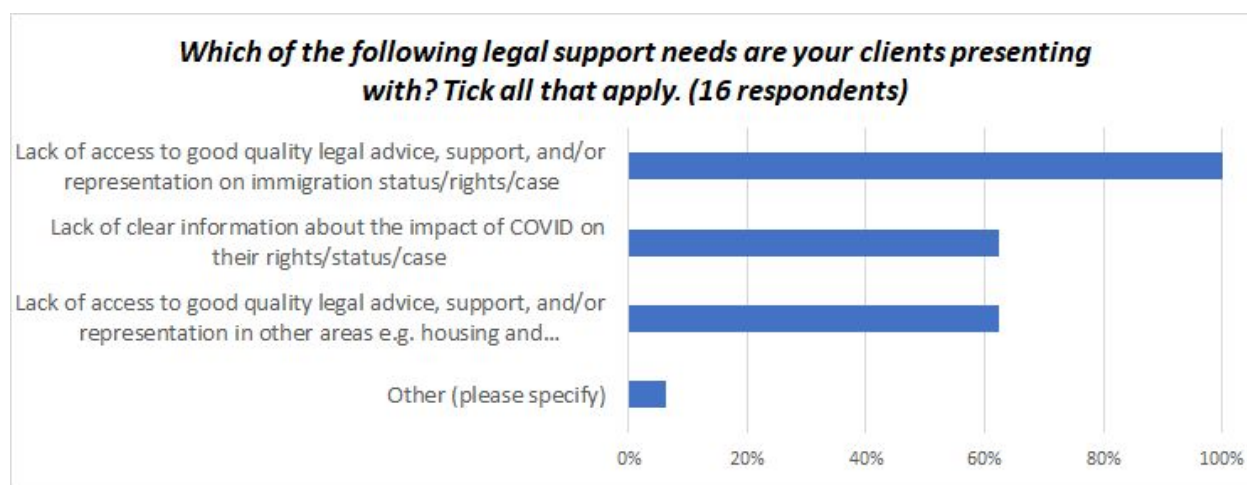


- Of the 20 respondents who said mental health was a top area of need among their clients, 17 (85%) said their clients were presenting with **deteriorating mental health**, and 14 (70%) that their clients are presenting with

re-traumatisation. This survey looked at Clients' mental health and wellbeing as a thematic focus and these findings are presented in Section 2.2 of the bulletin.

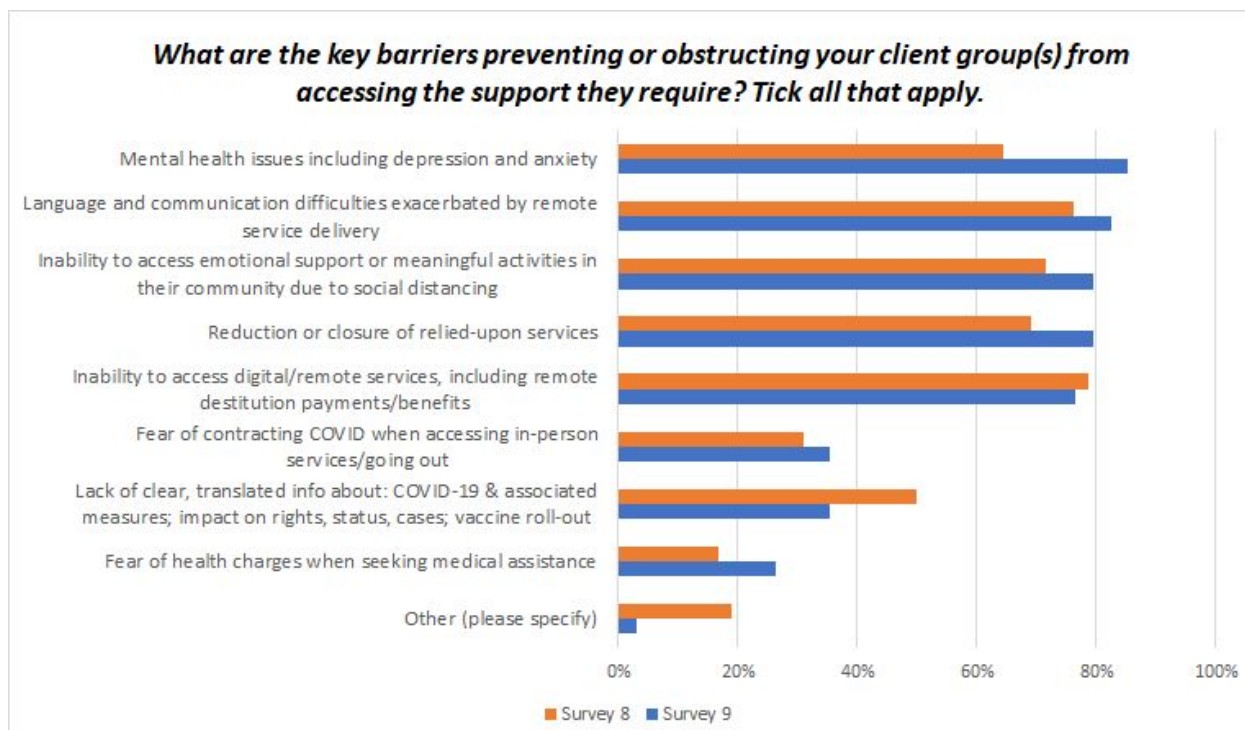
- **'Other'** mental health needs included inability to access support due to language barriers or cultural taboo.
- **Social isolation** was also mentioned as an 'other' mental health issue. This is echoed in the fact that all 15 respondents who selected 'social' as a top area of need told us that their clients were presenting with **isolation and loneliness**.

Legal support needs



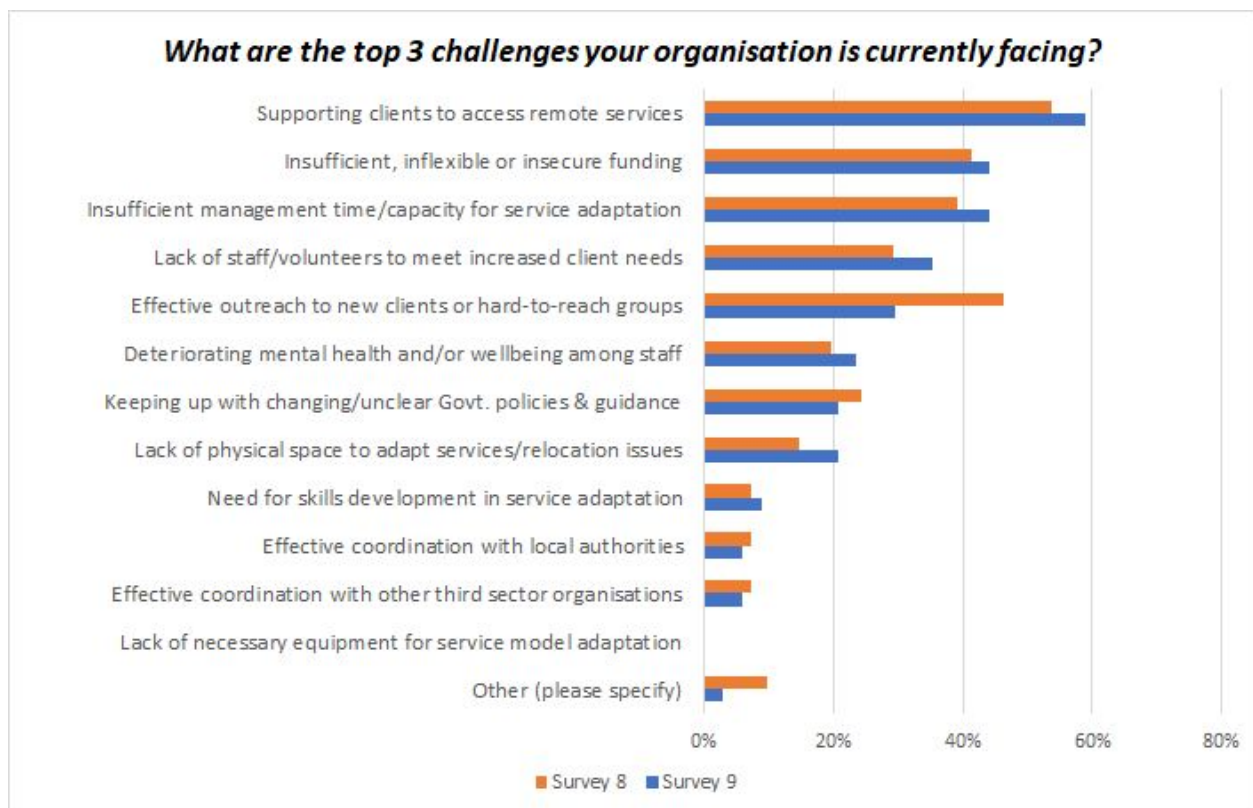
- All of the 16 respondents who listed legal support as a top area of client need said that their clients **lack access to good quality legal advice, support or representation on their immigration case, rights or status**. 10 (63%) said their clients **lack access to good quality legal support in other areas such as housing and employment**, and 10 (63%) said their clients **lack clear information about the impact of COVID on their status, rights or case**.
- One respondent explained while they do not provide legal support, they have recently supported 3 people to access legal help where none was available locally.

1.2. Barriers preventing people from accessing services



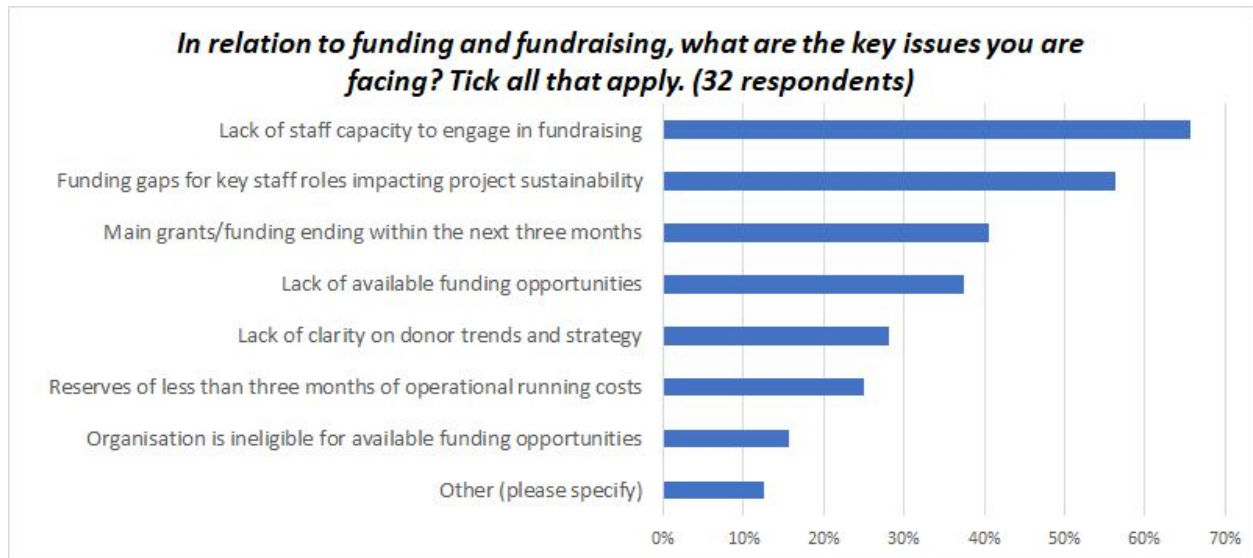
- As with client needs, mental health issues have risen in importance among client barriers since Survey 8. **Mental health issues** as a barrier to accessing support were previously the 5th most common barrier at 64%; they are now the top reported barrier at 85% (29 respondents).
- **Language and communication difficulties exacerbated by remote service delivery** remains 2nd top, reported by 82% (28 respondents).
- **Inability to access emotional support or meaningful activities in their community** remains the 3rd top barrier at 79% (27 respondents).
- **Reduction or closure of relied-upon services** has also remained high, reported by 79% of respondents (27). This includes specific services such as mental health and legal support.
- **Inability to access digital/remote services** has fallen in the order of barriers from 1st to 5th place but remains high at 76% (26 respondents).

1.3. Organisational Challenges



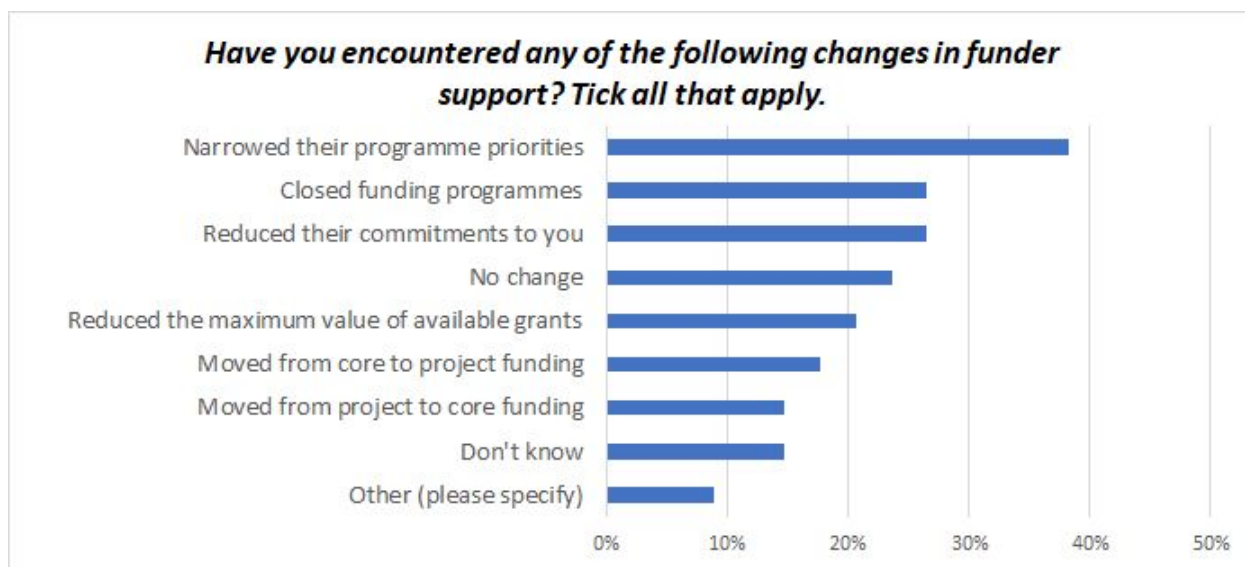
- As with Survey 8, the most common challenge, reported by 20 (59%) of organisations, was **supporting clients to access remote services**.
- **Insufficient, inflexible or insecure funding** and **insufficient management time/capacity for service adaptation** remain common challenges at 44% each (15 respondents).
- The challenge of **effective outreach to connect with new clients or hard-to-reach groups when they need support** fell in this Survey from 46% to 29% (10 respondents).

1.4. Fundraising and Funder Support



- Among the 32 organisations who answered this question, the most common funding and fundraising issue was a **lack of staff capacity to engage in fundraising**, reported by 66% (21 respondents)².
- **Funding gaps for key staff roles impacting project sustainability** was reported by 56% of respondents (18), followed by **main grants/funding ending within the next 3 months** at 41% (13 respondents).
- 'Other' reported issues include uncertainty over budget renewal, difficulty in recruiting skilled staff and developing durable solutions with short-term, COVID-19 funding.
- One organisation also highlighted unfunded work supporting asylum seekers in hotel accommodation, a concern raised previously by other organisations supporting this client group in Bulletin 7.
- Elsewhere in the survey, two respondents highlighted **increased competition** for funding and another reported voluntary sector organisations working in silo as a result of competing for the same local authority core funding.

² In survey 8 this was reported by 47% of respondents.



All 34 respondents answered this question:

- 38% (13) said they have experienced a **narrowing of funders' programme priorities**. 26% (9) have encountered **closed funding programmes** and **reduced commitments from funders e.g. reducing multi-year to single-year grants**.
- 20% (8) said they have experienced **no change**.
- In '**other**', one respondent commented favourably on the flexibility of funders which has been reported in previous surveys.

2.1. Asylum Support Payments

- **21** respondents (62%) said they are supporting one or more clients in **full board initial accommodation** (hotels or barracks) and answered questions related to the £8 weekly allowance available for residents under Section 95³.
- 9 (43%) of these 21 organisations said they are supporting clients **who are eligible for this cash support but not receiving payment**⁴. This includes:
 - clients who have **made a Section 95 application but are still waiting for a decision**, reported by 6 organisations
 - clients who have **received a Section 95 grant letter but not yet received any cash support**, reported by 5 organisations

“It is not really easy for people to know if they are entitled to Section 95 or not after they apply for it as they never receive any confirmation in writing.”

- 10 organisations (48%)⁵ told us that **some or all of their clients** have had their payments delayed, or not received, due to **administrative issues on the part of accommodation and support contractors**.

“1 in 5 people that we are seeing at least [have had their grant letter but not received any support]... Many people have a letter saying they are entitled to £8 per week (hotels) but not either receiving the money in cash or being given Aspen cards with no money on. I’ve also heard recently that former barrack residents, now in hotels, have Aspen cards but their payments are being sent to the barracks still in cash.”

- 4 organisations told us that they are supporting people **who have not yet made a Section 95 application**⁶, for reasons including:
 - **lack of awareness of eligibility**
 - **language barriers**
 - **mental health** or feeling ‘**shell-shocked**’
 - **lack of confidence in the process**
 - **waiting for support** from Migrant Help to complete the form, or being unable to resolve issues with the form via Migrant Help

³ The housing and financial support that the Home Office can provide to a person who has claimed asylum if they do not have accommodation and/or cannot afford to meet their essential living needs.

⁴ 2 respondents (10%) said no and 10 (48%) said don’t know

⁵ 3 respondents (14%) said they are not and 14 (67%) said they don’t know

⁶ 3 said they are not supporting anyone who has yet to make an application, and 14 (67%) said don’t know.

One respondent told us that the ‘**distribution process was not designed to ensure that residents received the money to which they were entitled**’:

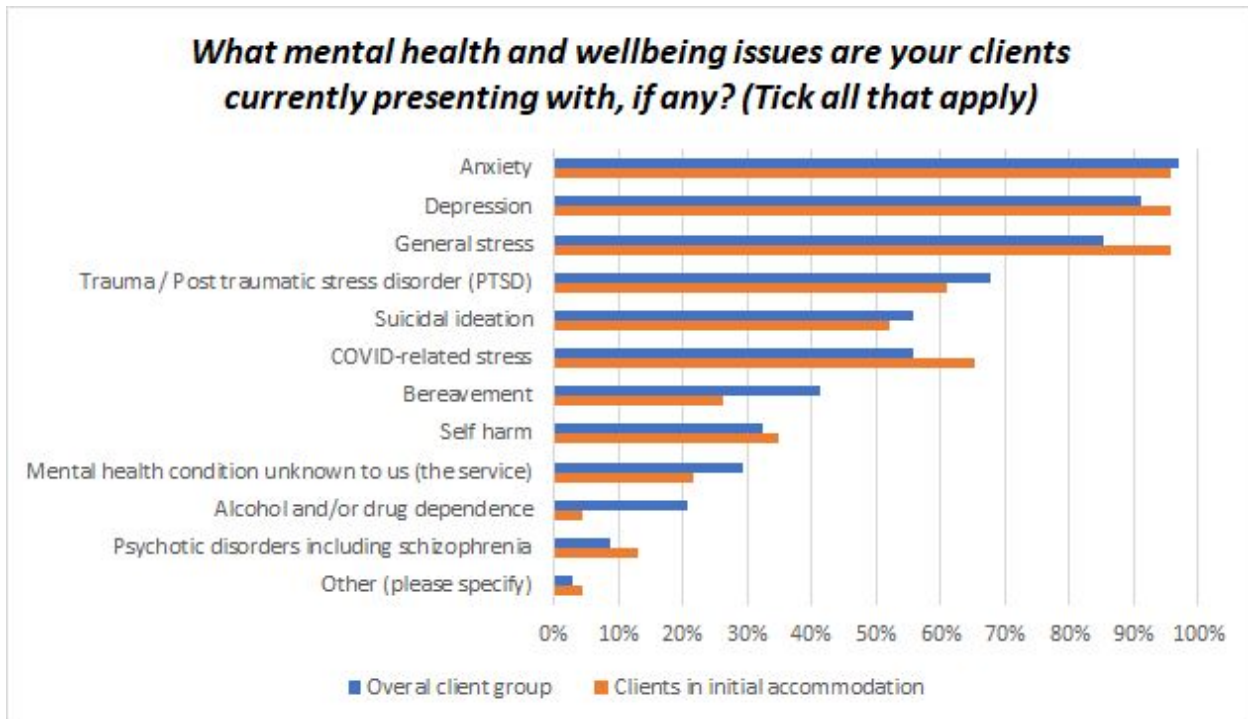
*“There was **no communication from the Home Office with any service user as far as we’re aware. The accommodation provider at the Hotel gave no notice of the first payment date. Someone knocked on the door of each resident on behalf of whom they had received cash, and if they didn’t answer, the cash was returned to the Home Office. I had several residents who were eligible to receive payments who told me that they were definitely in their room (as they were self-isolating or too afraid to leave due to poor security) at the time that the accommodation provider claimed they knocked on their door and heard nothing all day. Others were out getting fresh air when a friend sent them a message telling them that cash was being distributed, only to be told by the management when they returned to the Hotel that they had missed the window of opportunity and that their payment had already been returned to the Home Office...There was a prevailing attitude amongst the management that service users had no excuse not to be in their rooms at all times, even though no notice was given.**”*

The impact on clients of not receiving the £8 that they are entitled to include:

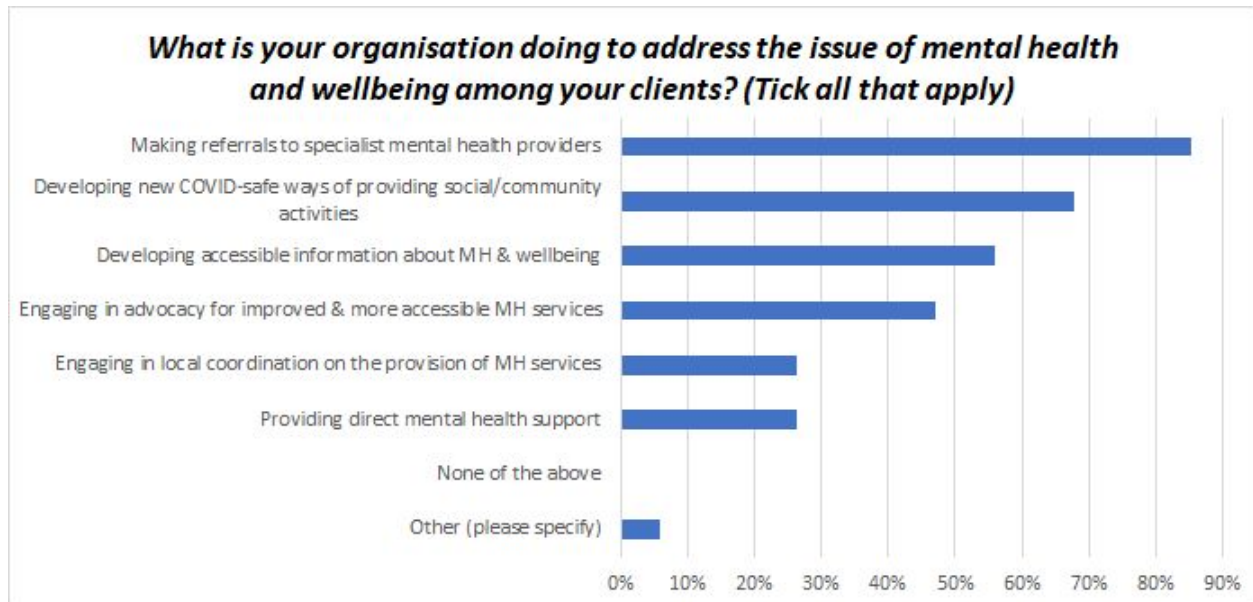
- **Inability to purchase basic items**, leading to a **lack of autonomy and reliance on charitable support** in areas of essential need, such as:
 - **Toiletries, clothing, mobile phone top ups**
 - **Travel costs**, including those to reach important medical and legal appointments or to access other forms of support
 - **Food** to supplement food provided in hotels that is inedible or not nutritious, which was specifically mentioned by 5 respondents and is **negatively impacting people’s diet and mental health**
- The **emotional impacts** of not receiving payments or having them delayed include: **stress and anxiety due to uncertainty** about whether and when they would receive payments; general **anger and frustration**; and exacerbated feelings of **anger, resentment, mistrust towards staff**.

2.2. Client Mental Health

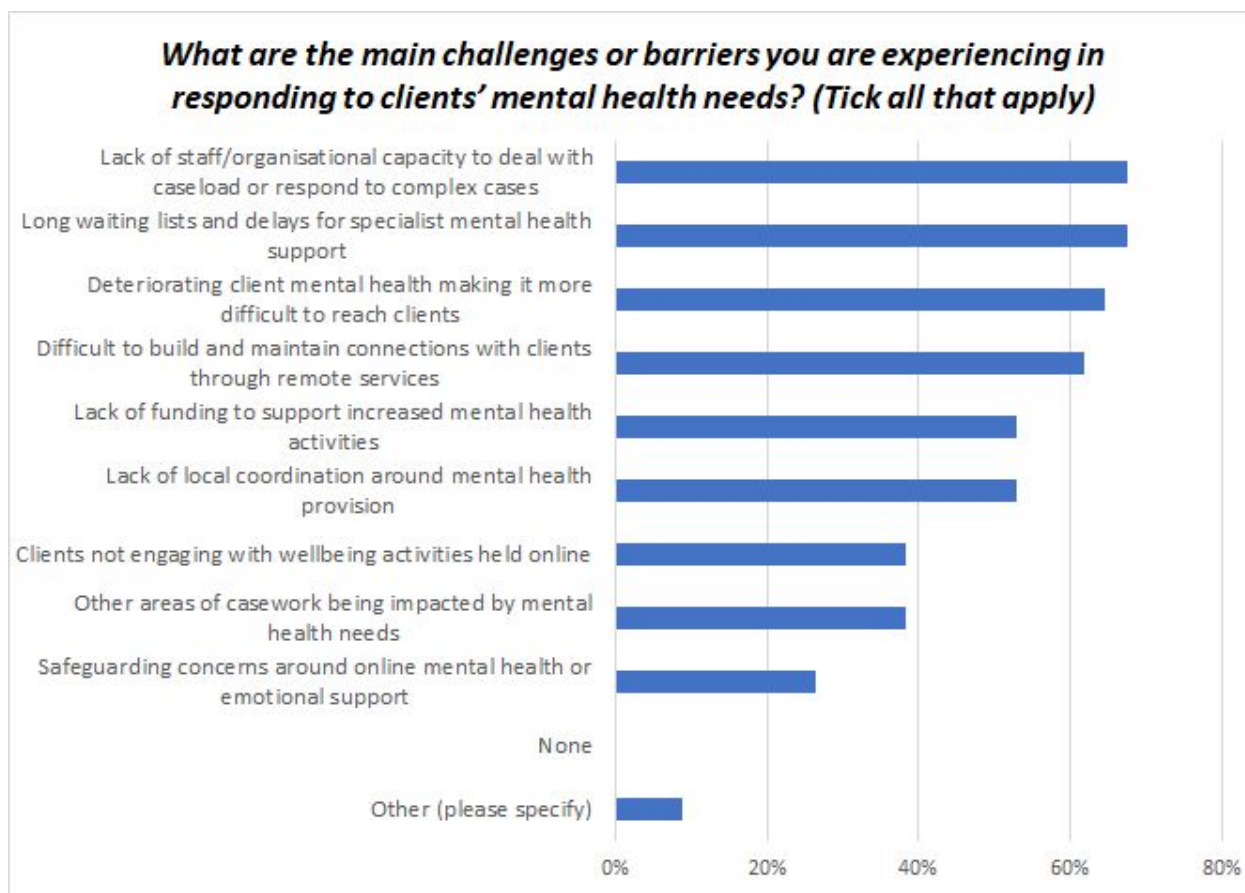
- **97%** of all respondents have seen an increase in mental health needs among clients in the last **3** months.



- 33 out of 34 respondents to this survey (97%) told us that they have clients currently presenting with **anxiety**, followed by **depression** (91%), **general stress** (85%), **trauma / PTSD** (68%), **suicidal ideation** (56%) and **COVID-related stress** (56%).
- In ‘**other**’, one respondent reported issues related to lack of food, and also anorexia and bulimia.
- 23 respondents who are working with clients in hotels and/or barracks told us about the specific mental health issues coming up among these clients.
 - The top three issues are the same as for the overall client group: **anxiety**, **depression** and **general stress**, each reported by 22 organisations (96%).
 - **Covid-related stress** was higher among clients in initial accommodation than the general client group, at 65%.



- 29 organisations (85%) told us that they are **making referrals to specialist mental health providers** to address their clients’ mental health and wellbeing issues.
- 23 (68%) said they are **developing new ways of providing social/community activities under Covid restrictions**.
- 19 (56%) are **developing accessible information about mental health and wellbeing** for people in their client group.
- ‘**Other**’ ways organisations are addressing mental health and wellbeing among clients reported are **running support groups, one-off wellbeing activities** and providing **bi-lingual counselling** via Skype.



- The top challenges or barriers faced by organisations in responding to clients' mental health needs were a **lack of staff/organisational capacity to deal with the caseload or respond to complex cases** and **long waiting lists and delays for specialist mental health support**, both reported by 23 organisations (68%).
- 22 organisations (65%) told us that **deteriorating mental health was making it more difficult to reach clients**.
- 21 (62%) said they were finding it **difficult to build and maintain connections with clients through remote services**.
- Other challenges reported were **lack of access to hotels** as well as several factors listed above occurring simultaneously.

How are the mental health needs of clients impacting your staff? (22 respondents)

Impacts on staff who are remote working

- Remote working has led, in some services, to **increased disclosures by clients of mental health issues**. While clients may feel more at ease to disclose, this can be overwhelming for staff, especially when coupled with **limited peer-support opportunities** for staff to **decompress and debrief**.
- Two respondents spoke of increased stress for staff due to the **safeguarding challenges** of remote working. One respondent highlighted the difficulty of understanding or assessing cases without face-to-face contact and the ability to visit clients and their families at home. Another pointed to the difficulty of tackling urgent safeguarding issues when not working with others in an office.

“Staff are hearing far more disclosures of stress, anxiety, self harm and suicidal ideation. Working online and over the phone creates a greater sense of confidentiality that leads to these conversations, coupled with a lack of trusted support elsewhere.”

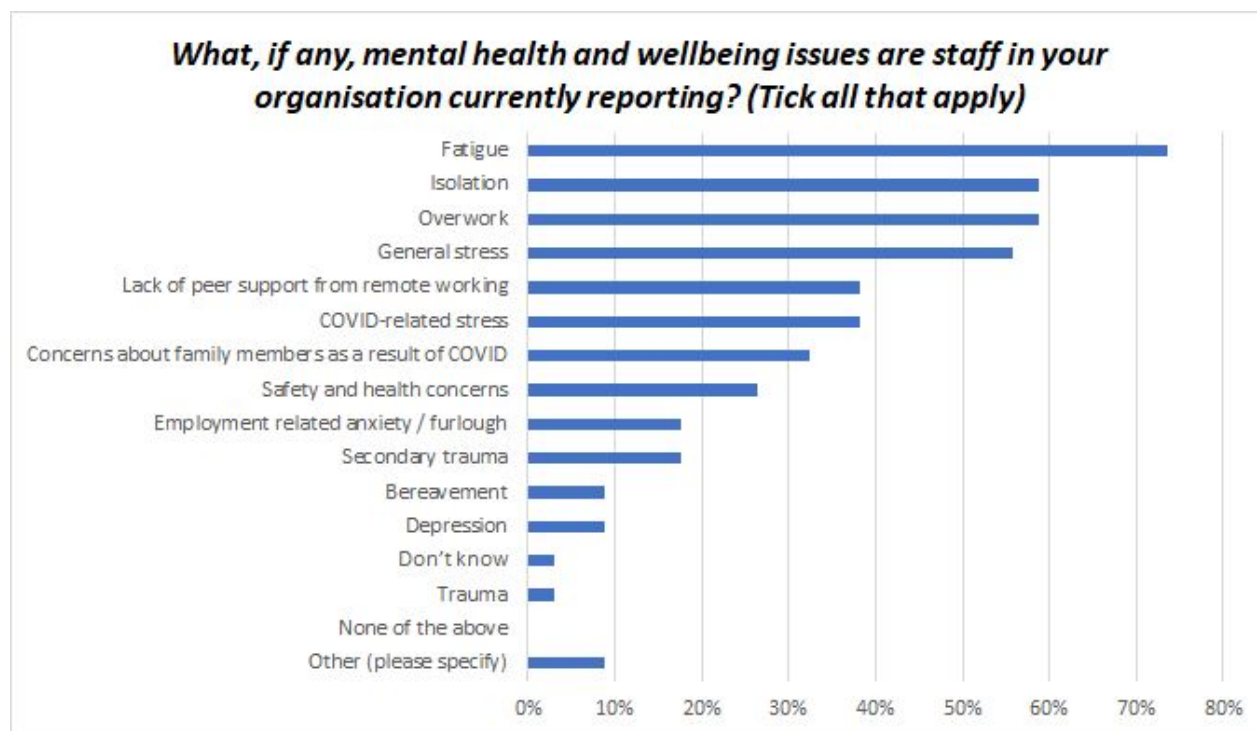
Pressure to meet increased need and complexity of cases

- One respondent raised concerns about the **emotional impact of working on cases with increased complexity** and with clients who are unable to access mental health services, including clients who have no recourse to public funds, those who are homeless or in crisis. Another reflected on the stress caused to staff when facing increasingly severe safeguarding issues, domestic violence, economic and criminal exploitation and hate incidents that are **very difficult to resolve or find solutions for**.
- One respondent described **staff putting themselves at risk in order to do weekly in-person visits to clients** who had no phone and required monitoring during lockdown, including two staff members contracting Covid-19.

Challenging client behaviours

- Three respondents reported the impact of certain client behaviours linked to deteriorating mental health including **disengagement** and displaying **challenging and aggressive behaviors**, including **confrontation and outbursts**. Elsewhere a respondent mentioned staff apprehension of meeting service users face to face due to aggression and verbal and physical abuse.

2.3. Staff Mental Health



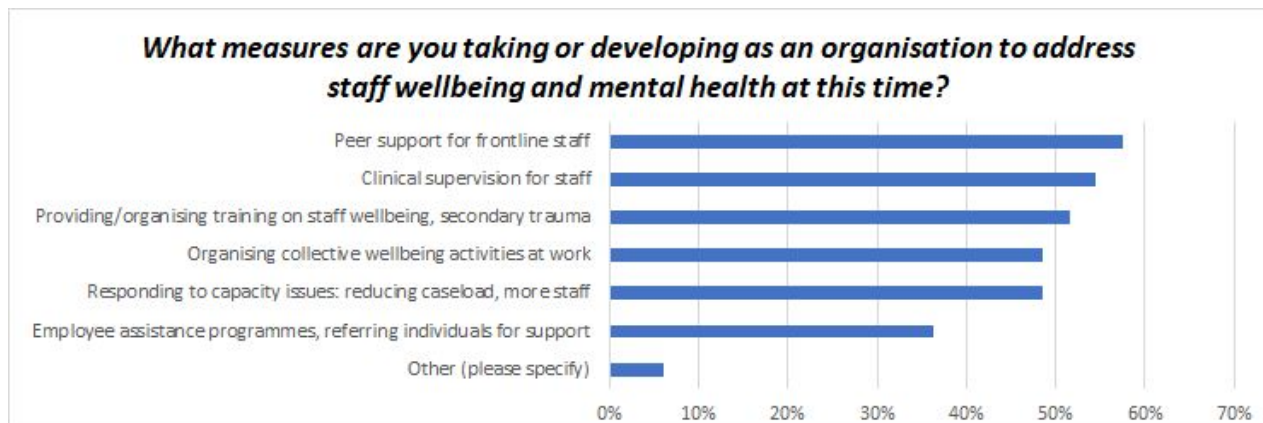
- 25 respondents (74%) told us that staff in their organisation are reporting⁷ **fatigue**, 20 (59%) that staff are reporting **isolation** and **overwork**, 19 (56%) that staff are reporting **general stress** and 13 (38%) that there is a lack of peer support due to home working.
- **'Other'** included **zoom fatigue**.
- Many of these issues are caused or compounded by the **impact of client mental health needs on staff**, discussed above. In particular, respondents raised **vicarious or secondary trauma**, feelings of powerlessness or helplessness, and increased stress, fatigue and affected sleep as impacts of client mental health needs on staff.

⁷ One respondent told us that they had observed mental health and wellbeing issues among staff and raised it with them (rather than staff reporting).

How are mental health and wellbeing issues among your staff currently impacting your service delivery capacity, or your ability to operate as an organisation?

“The costs of supporting staff well are high. We want to be a good employer and have a happy, healthy workforce; achieving this on ever shrinking budgets that are consumed by the higher costs of supporting more and more people online is a huge balancing act.”

“The issues relating to overwork and vicarious trauma can be reduced by cutting back on the capacity of services and giving more time for staff to consider their well-being. This is necessary but can also have the impact of reducing the level of service we can offer.”



- To address staff mental health and wellbeing issues, 19 organisations (56%) are offering **peer support for frontline staff**, 18 (55%) are offering **clinical supervision**, and 17 (52%) are **providing or organising training on staff wellbeing or secondary trauma**.
- **‘Other’** measures were: giving staff an extra day off for wellbeing activities and holding regular group meetings to reduce isolation.
- Elsewhere in the survey respondents described putting in place a **Wellness Action Plan** to support their staff to identify needs of support, another said they are providing all staff access to counselling and coaching. One respondent has recruited a **mental health support officer** for staff and users using some short-term funding.

Is there anything your organisation needs in order to better respond to the mental health and wellbeing needs of staff?

- **Increased capacity** (mentioned by 6 respondents) to reduce workload and create more time for reflection, away from screens, as well as increased time off.
- **Specific budget / long-term funding for mental health/wellbeing** (2); guidance on budgeting and tax related questions regarding provision of support to staff⁸.
- Two respondents said that small grassroots/voluntary organisations would benefit from the support of larger, better resourced organisations - either others in the third sector, or local authorities and Clinical Commissioning Groups.
- **Training on mental health first aid and vicarious trauma**

Case studies of interventions that have worked well to support staff and team:

- **Daily mandatory all-staff meetings** held every morning over Zoom - acting as a forum for Q&A in various legal and support areas, organisational updates, and reflecting practice sessions. It has built the sense of team beyond our expectations.
- **Monthly mental health wellbeing reflective sessions** to build reflective practice, specifically focused on impact of mental health on frontline
- **Weekly informal space for staff to offload** at the end of the week for an hour. Sometimes talking about the challenges of the week, sometimes just taking a bit of time to catch up and connect as a team.
- **Mental health survey** which turned out to be a surprisingly effective tool to elicit stress and anxiety, and often precedes mental health reflective sessions to promote introspection prior to the session.
- **Service re-modelling process that created new boundaries for services to ensure that workloads are more manageable** - this process needs to be led by those closest to the delivery of the service.
- **Online all staff video meetings** that focus on fun activities, quizzes etc.
- **Vicarious trauma training** for all frontline staff

⁸ For example, one organisation would like guidance on whether items purchased to support staff wellbeing would count as 'benefits', as knowing how to manage this would reduce delays in offering support to staff.

- **Group clinical supervision sessions**, either internally or externally run