Children’s Neighbourhoods Scotland (CNS) is based in the University of Glasgow, working in partnership with the Glasgow Centre for Population Health. In collaboration with Policy Scotland and the Network for Social and Educational Equity, CNS is undertaking a programme of research and intelligence gathering in high poverty settings across Scotland that seeks to understand how local responses are working in the current rapidly changing context and provide insights that can support the next phase of COVID-19 action at both local and national levels. This document is part of a series that shares insights emerging from the research.

Refugee and migrant families’ experiences of the COVID-19 pandemic: insights from frontline practitioners in Glasgow

Labour market, housing inequalities and language barriers

Our research with frontline workers, focusing on the experiences of refugee and migrant families during the period of lockdown, reveals that the COVID-19 crisis has exacerbated pre-existing inequalities and oppression.

In addition to the challenges faced by families already experiencing poverty, refugee and migrant families experience institutional racism and worse outcomes in the labour market, as well as in health and education (Meer, 2020; EHRC, 2020).

Refugees and migrants are more likely to be employed in lower-paid and less secure jobs, so were particularly vulnerable to the economic impact of the crisis:

we have a lot of people that are either working on more or less the black market, or work for employers that didn’t have any interest in applying for furlough or just, you know, people […] found themselves from one day to another without any job, without any means of support, without any way of doing anything (front-line worker).

Housing inequalities and overcrowding, made the lockdown experience even more challenging for these families. Social distancing is impossible in overcrowded conditions, adding to the likelihood of spreading infection and increasing the anxiety and pressure on the mental health of children and parents.

Inadequate housing combined with language barriers and digital exclusion have directly impacted children’s learning and increased educational inequalities:

[Y]ou’ve got seven children in a flat with three other adults and no one particularly has a thorough grasp of English, and certainly no idea what’s going on within the current curriculum with your school, and possibly also the barrier of an inability to access emails and online […] (frontline worker).
Face to face translation services were withdrawn during lockdown and the increased demand meant that telephone-based interpretation services were more difficult to access. This has made it more difficult for refugee and migrant families to access services such as healthcare during lockdown.

Participants also expressed concern that since information and guidance from official sources was sometimes not translated, or only translated into some languages, many people were relying on second-hand information which was not always accurate and intensified the sense of risk and fear.

**Vulnerable asylum seekers**

Participants explained that asylum seekers – already an extremely vulnerable group – are suffering considerable harm as a result of the COVID-19 crisis. The disparity in financial support between asylum seekers and others reliant on state support is stark, with asylum seekers living on just £37.75 per week. Many asylum seekers rely on foodbanks and community meals to feed their families but found that in some areas these services had closed down entirely at the point of lockdown. Although third sector organisations and community-based mutual aid groups quickly mobilised to provide food parcels for vulnerable families, the choice of food was not always culturally appropriate and the children would not eat it, leaving families hungry:

*This woman that I work with in the group, she was saying she was down to her last bit of bread. She’d eaten one bit of bread the whole day because she wanted the girls to eat* (frontline worker).

Participants spoke of high levels of fear amongst the people they support, including anxieties around getting ill, particularly in context of ethnic minorities being disproportionately affected by COVID-19 and the higher mortality rate:

*And people are very, very frightened as well. Again, from African populations, because they’re hearing on the news that more people from, sort of, ethnic minorities seem to be getting COVID and it seems to be [...] a worse outcome for those people, then that’s an additional worry* (frontline worker).

Asylum seekers experienced the same problems as refugee families with the loss of face-to-face support from services and translation but with the additional stresses of going through the complex asylum process, which has been slowed down or stopped in some cases due to the crisis.

Moving asylum seekers from their homes and into hotels was considered by participants to be an extremely damaging decision. This was exacerbated by the removal of their financial allowance to buy food, and the requirement to eat in communal areas with strangers during a pandemic. Frontline workers expressed

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**Key issue: Vulnerability and safety**

One participant is supporting a young asylum-seeking woman who is living in unsafe conditions in a shared flat. She is pregnant and ‘very, very vulnerable’, with mental health issues associated with the trauma of escaping a forced marriage. She feels unsafe in her current accommodation and is worried about bringing her new baby into such conditions. Despite advocacy efforts from third sector organisations, she remains at risk until a safe place to live can be found.
serious concerns about the consequences of this decision for the mental health and wellbeing of vulnerable asylum seekers, including young people:\(^1\):

*So I would say one of the most consistent responses we’ve had from young people is that they’re bored every day, and then on the more serious scale we’ve had young people who are suicidal and in a lot of distress. It’s not to say that that’s because of isolation or because of being in a hotel, because of the pandemic, but it definitely is a factor (frontline worker).*

**Vulnerable Roma families**

Roma communities are amongst the most marginalised groups in society and face multiple barriers to accessing the support and services they are entitled to. Often the first hurdle to overcome is the language barrier, with many families relying on their children to translate information. Participants spoke of the misinformation in regard to COVID-19 circulating within the Romanian Roma communities at the beginning of lockdown, instilling fear. It was initially difficult for families to access accurate information regarding COVID-19, social-distancing and lockdown. The death of a local Romanian church minister due to COVID-19 then sparked panic within the community. Participants estimated that approximately fifty percent of the Roma families they support returned to Romania at the beginning of lockdown.

*People went home, went to Romania fearing that they’re going to die here in a foreign land (frontline worker).*

Participants were concerned that these families will not have access to the same support and services in Romania. Many families have now lost their tenancies and belongings, as landlords empty their abandoned flats.

Participants discussed the health inequalities faced by Roma communities and noted high numbers of people contracting the virus, being hospitalised and, sadly, dying. Indeed, one practitioner explained how part of their role had become supporting families to repatriate bodies to Romania. They have also been acting as an intermediary between the hospital and families to keep them informed of their family members progress in hospital.

*The doctor called you or you called the doctor every day so you had to talk over the phone, but if you couldn’t talk in English that... created another problem, so we had to get involved in that (frontline worker).*

This resulted in some families being unable to say goodbye over the phone to their family members as they passed away in hospital. Phone interpreters were not used by statutory services, causing families further distress.

Overcrowding was mentioned frequently and the implications this had for families in regard to social distancing and their mental health. Many Roma families live in overcrowded, poor-quality and insecure accommodation, often with several generations living under one roof, making social distancing near impossible. This has impacted on mental health as families of up to ten people living in one flat, have no access to outdoor space or gardens.

\(^1\) This research was conducted (shortly) before the incident in Glasgow on 16\(^{th}\) June.
People stick together and they’re big families, so live in a small flat with maybe five, ten people, you know, children included. So, if naturally one of the persons got something, you know, it was easy to pass on without going and meeting another member from another flat (frontline worker).

Many Roma people are unknowingly exploited in terms of employment, working within the black market with no job security or employment rights. This means that many families are ineligible for financial support, such as Universal Credit and the furlough scheme, because they do not have the evidence needed to prove their employment history and national insurance contributions. With more informal third sector support, such as community hubs and meals, closed due to lockdown, many Roma families are struggling to meet their basic needs.

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