Refugee, asylum seeking and Roma families during the COVID-19 pandemic: Insights from frontline workers in Glasgow
December 2020

Children's Neighbourhoods Scotland
Acknowledgements

We are very grateful to all frontline workers who took part in this research, especially given the work pressure they were under during the time of the fieldwork. Their participation provided a unique opportunity to gain insights into the experiences of vulnerable migrant families, children and young people during the COVID-19 pandemic.

Thank you also to the wider CNS programme and research team at the University of Glasgow, for their guidance, support and encouragement. We would also like to acknowledge the support and help of our local and national funders.

Authors

Maureen McBride, Elaine Feeney, Claire Bynner, Jennifer McLean.

How to cite this report:


Accompanying literature review

Pirie, C. (2020), Migrant families and the COVID-19 pandemic: a review of the literature on pre-existing vulnerabilities and inequalities is a CNS briefing that accompanies this report. It summarises the recent academic evidence on the systemic risks that make migrant families particularly vulnerable to a crisis such as a pandemic.
Table of Contents

Acknowledgements .................................................................................................................. 2
Authors ................................................................................................................................. 2
How to cite this report: .......................................................................................................... 2
Summary ............................................................................................................................... 4
Key messages ........................................................................................................................ 4
1. Introduction ....................................................................................................................... 5
   Research approach and methodology .............................................................................. 5
   Contribution of study ........................................................................................................ 7
2. Research findings ............................................................................................................... 7
   Exacerbating existing poverty ......................................................................................... 7
   Housing inequalities and health ...................................................................................... 11
   Educational inequalities ................................................................................................. 13
   Family wellbeing and social isolation ............................................................................. 15
   Access to services .......................................................................................................... 18
3. Discussion, conclusion, and recommendations ............................................................... 21
   Key insights ...................................................................................................................... 21
   Poverty and the labour market ....................................................................................... 21
   Housing inequality ......................................................................................................... 22
   Educational inequality .................................................................................................... 23
   Family wellbeing and social isolation ............................................................................. 23
   Access to services .......................................................................................................... 24
   Implications of these findings for policy, practice, and research .................................. 24
Appendix 1 – Definitions ..................................................................................................... 26
   Definitions - refugee, asylum seeker, and migrant .......................................................... 26
Appendix 2 Demographics ................................................................................................... 27
References ............................................................................................................................. 28
Summary

The COVID-19 pandemic has disproportionately affected those living in areas with high levels of deprivation. The pandemic has also exposed the high levels of inequality affecting migrant families in Glasgow. Children’s Neighbourhoods Scotland (CNS) has conducted research on the perspectives of frontline workers who have supported vulnerable migrant families in local neighbourhoods during this time. The findings from this research provide new insights into the impact of COVID-19 on children and families who are living in poverty and who are further disadvantaged on account of their insecure immigration status.

Key messages

- Families without secure citizenship status faced various additional barriers compared to other families living in high-poverty areas during the COVID-19 pandemic.
- Higher levels of poverty left migrant families vulnerable to the economic impact of the pandemic. Insecure employment and a lack of access to social security resulted in significant loss of income for many families.
- Migrant families’ experience of the pandemic was further compounded by poorer housing conditions, with a reliance on the private rental sector or home office asylum seekers accommodation.
- Social isolation, the disruption of routine and activity, and the loss of formal and informal support networks during lockdown period strongly influenced the mental health and wellbeing of migrant families and individuals seeking asylum.
- Third sector organisations played a valuable role in supporting migrant families during the pandemic, including acting as an intermediary between families and statutory services.
1. Introduction

The COVID-19 pandemic has disproportionately affected those living and working in areas with high levels of deprivation. Children’s Neighbourhoods Scotland (CNS) works with children and young people in high-poverty neighbourhoods and was well-placed to capture the early lessons from this unprecedented public health emergency through its relationships with strategic and frontline workers who support families. Initial research carried out by CNS in Glasgow (Bynner et al., 2020) identified higher levels of vulnerability amongst certain migrant groups, namely refugees and asylum seekers and Roma families. A separate research study was undertaken to understand the experiences of new migrant families in Glasgow during the COVID-19 lockdown.

This report presents the findings from the CNS research exploring the insights of frontline workers supporting migrant families in Glasgow during the pandemic. The findings from this research suggest that vulnerable migrant families have been impacted disproportionately by the COVID-19 pandemic and lockdown. The level at which they were affected was higher than the rest of the population due to the added layer of inequalities and oppression faced by some migrant communities, particularly those with insecure immigration status and no recourse to public funds. Language barriers and racism further exacerbated migrant families’ experiences during the pandemic.

Research approach and methodology

This exploratory research sought to understand the impact of the COVID-19 pandemic on vulnerable migrant families (including refugee, asylum-seeking and Roma families – see Appendix 1 for definitions). Early in the lockdown period a ‘rapid review’ of existing research and literature was conducted to identify and understand the risk factors faced by marginalised groups which may be exacerbated by the impact of the pandemic (see briefing paper). An empirical research study was then carried out with a small sample of frontline workers to gain insight into the experiences of refugee and migrant families during the pandemic.

Nine interviews were conducted between May and June 2020, all with third sector frontline workers who support vulnerable migrant families in Glasgow (see Table 1). One interviewee had a city-wide remit, and the rest were located at neighbourhood level in different neighbourhoods in Glasgow, with both high levels of poverty and high populations of asylum seeking, refugee and Roma families (see Appendix 2 for demographic information). Interviewees were recruited through existing CNS relationships and by contacting organisations with a specific remit for supporting these groups.
Table 1. Breakdown of interviewees by role, service area and remit.

<table>
<thead>
<tr>
<th>Research participants (pseudonyms)</th>
<th>Service Area</th>
<th>Remit</th>
<th>Neighbourhood/ city wide remit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catherine</td>
<td>Housing</td>
<td>Provides housing and welfare support to Romanian Roma people/families</td>
<td>Neighbourhood</td>
</tr>
<tr>
<td>Colin</td>
<td>Health and social care</td>
<td>Broad remit in area with high population of asylum seekers and refugees</td>
<td>Neighbourhood</td>
</tr>
<tr>
<td>Alison</td>
<td>Children and families</td>
<td>Supports children and families in area with high population of asylum seekers</td>
<td>Neighbourhood</td>
</tr>
<tr>
<td>Roselyn</td>
<td>Refugee support</td>
<td>Supports asylum seekers and refugees</td>
<td>City</td>
</tr>
<tr>
<td>Nick</td>
<td>Health and social care</td>
<td>Broad remit in area with high population of Roma families</td>
<td>Neighbourhood</td>
</tr>
<tr>
<td>Rachel</td>
<td>Refugee support</td>
<td>Supports asylum seekers and refugees</td>
<td>Neighbourhood</td>
</tr>
<tr>
<td>Andrea</td>
<td>Social enterprise</td>
<td>Supports asylum seeking and refugee women and their families</td>
<td>Neighbourhood</td>
</tr>
<tr>
<td>Grace</td>
<td>Health and social care</td>
<td>Broad remit in area with high population of asylum seekers and refugees</td>
<td>Neighbourhood</td>
</tr>
<tr>
<td>Danny</td>
<td>Communities</td>
<td>Broad remit in area with high population of asylum seekers and refugees</td>
<td>Neighbourhood</td>
</tr>
</tbody>
</table>

Semi-structured interviews were conducted by phone or on Zoom video conferencing software and lasted approximately 45-60 minutes. Interview schedules were shaped by findings from a literature review (see Pirie 2020) and the CNS report on family wellbeing in Glasgow during the pandemic (Bynner et al., 2020). The semi-structured nature of discussions allowed for practitioners to lead discussion and raise issues that they felt were important for the families they supported. All interviews were audio recorded and transcribed then coded manually. Analysis of interviews was data led: thematic analysis was conducted on the basis of data emerging from the first few interviews, and the analytical framework developed as additional interviews were carried out.

The decision was taken to interview frontline professionals who work with refugee, asylum-seeking and Roma families in high poverty neighbourhoods. The decision not to engage directly with families was influenced by concerns around putting additional pressures on families at an extremely difficult time, as well as practical challenges. Conducting research with refugees, asylum seekers and Roma families requires significant input from frontline
professionals in terms of access to participants and provision of interpretation services. Frontline workers with trusted relationships with families were considered best placed to provide insights into their experiences during the pandemic, without causing additional stress to families themselves. The research met the highest standards of ethical research conduct, research integrity, data management and data protection, as approved by the University of Glasgow.

Contribution of study

The findings from this exploratory study come from the perspective of frontline workers and are not based on direct research with families. However, practitioners who work closely with families are well placed to offer in-depth information about their experiences during the pandemic. CNS was able to feed this real-time evidence into policy making through rapid intelligence sharing in the form of insight papers and briefings. An Insight paper based on the early findings from this study (July 2020) is available on the CNS website.

This report provides insights to support COVID-19 recovery at local and national levels in Scotland and the UK with respect to migrant families and migrant and refugee integration more broadly. The recommendations highlight the action that is required in key policy areas including social security, housing, education and mental health and wellbeing.

2. Research findings

This section of the report draws on findings from interviews with nine frontline practitioners who work with refugee and migrant families. It is presented in five sections: exacerbating existing poverty levels; housing inequalities and the impact of these on health; educational inequalities; social isolation and family wellbeing; and access to services. Quotations are used to illustrate how the frontline practitioners interviewed for this research made sense of the evolving situation during the early phase of the pandemic. In particular, they illuminate the perspectives that motivated their actions and how these practitioners positioned themselves and the role of their organisations in relation to broader socioeconomic processes.

Exacerbating existing poverty

*Loss of income*

Recent research has emphasised the increase in financial distress for many families as a result of the COVID-19 crisis and lockdown, and that this has been disproportionately felt by those engaged in low-paid and/or precarious employment, particularly BME groups and disabled people (Bynner et al., 2020; Poverty Alliance, 2020a). Many Roma individuals were unable to access the UK Government’s support when they lost their jobs due to the pandemic. A third
sector interviewee from an organisation supporting Roma people suggested that some employers did not comply with or participate in the Job Retention Scheme (JRS). Some workers were technically self-employed because their employers did not register them as employees and because of a lack of understanding of the system, they did not have the records to prove their previous earnings.

_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_ (Catherine, Glasgow South).

This interviewee described this group as a _‘challenged community’_ due to the shock of having a sudden loss of income, and a lack of access to support: _‘[they] found themselves from one day to another without any job, without any means of support, without any way of doing anything’_. All interviewees perceived that the crisis had highlighted the marginalised status of these families:

_They were already on the margins of society in terms of how much access they had to services and how much money they had, so I think that it’s probably hit them really quite badly_ (Andrea, Glasgow South).

**Food poverty**

Organisations stated that the financial burden of having families at home all day and the loss of free school meals was an additional challenge for vulnerable migrant families. Interviewees explained that many refugee and migrant families were reliant on food banks and soup kitchens, and in many areas, these had to close because they were run predominately by volunteers, many of whom were in the shielding category:

_So it meant that there just suddenly wasn’t enough resource to go around, and there have been families who have told us that they’re really struggling to make sure there’s enough food for their children, and then there’s just no additional money to buy anything that would help entertain the children_ (Roselyn, Glasgow City).

Interviewees echoed findings from other research that services across Glasgow responded quickly to the need for emergency food provision (Bynner et al., 2020; McKendrick & Campbell, 2020). However, a small number of interviewees highlighted concerns around the lack of _‘dignity’_ and _‘choice’_ in access to food for vulnerable migrant families. An interviewee who works in an area with a high proportion of refugees and asylum seekers suggested that the crisis _‘brutally exposed’_ how income deprived some families are:
There’s queues of families that are waiting for a meal a day, Monday to Friday, and I think that’s quite stark when you think about it, because that’s something that maybe isn’t always as visible (Alison, Glasgow South West).

Interviewees also noted that the lack of choice meant that available food was not always culturally appropriate, with food parcels often containing items that families could not eat. This resulted in some families not having enough to sustain themselves: ‘[a service user] 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’ (Rachel, Glasgow South West).

Another interviewee spoke of trying to link up an asylum seeker that she supported with a service that was providing hot meals to people experiencing food shortages, however the food was not halal, and therefore the service user could not access it. One organisation spoke of linking up their catering service with a mosque kitchen, to ensure that culturally appropriate food was available to those who needed it, but this provision was not consistent across the city.

A number of interviewees also noted that language barriers and a lack of understanding of the social security system meant that some refugee and migrant families were (at least initially) unable to access support offered by the local authority to offset the loss of free school meals. For example, an organisation supporting families noticed that some eligible families had not received the Farmfoods vouchers\(^1\) as they had not realised that they were required to make an application for means-tested support\(^2\):

> Often families, like asylum seeking families or families where the parents don’t speak English, they’re just not aware of all the entitlements they have (Roselyn, Glasgow City).

**Struggling to afford other essentials**

As well as food, interviewees reported that families also struggled to afford basic items like clothing for growing children, the increased price of fuel, phone/internet costs and items to ensure personal safety during the pandemic, including measures that have been deemed as mandatory such as hand sanitiser or masks. The very low income that some refugee families, especially asylum seekers, received meant they were more vulnerable and exposed to potential health risks.

---

1 Pre-paid Farmfoods payment cards were issued to the families of 32,000 children who were eligible for free school meals in Glasgow.

2 In Scotland, primary 1-3 pupils receive free school meals regardless of families’ financial circumstances, but clothing grants and other supports which are means-tested require an application to be submitted.
Interviewees pointed out that some services were supporting families to meet these additional costs by providing phone top ups and fuel cards, but several emphasised that this support was not consistent across the city and raised concerns that some vulnerable migrant families did not know what support was available or how to access it.

**Asylum seekers at risk of destitution**

Most interviewees stressed that asylum seekers generally experience the worst levels of poverty (see also Scottish Refugee Council, N.D.; Poverty Alliance, 2020b) because their entitlement to financial support is lower than that of refugees who can claim benefits or work. Interviewees explained that this meant they were unable to afford basic items to keep children entertained:

> There is a sort of ‘hierarchy of opportunity’ which asylum seekers are usually at the bottom of. If you are a refugee, even if you are just getting benefits, that’s still higher and you can spend a little bit more on activities or books, or things like that (Danny, Glasgow North East)

Interviewees spoke of barriers to supporting the most vulnerable asylum seekers, including a concern that the Home Office may penalise asylum seekers for receiving food aid. One frontline worker explained that their organisation wanted to give supermarket vouchers to asylum seekers who had previously relied on foodbanks. At the time of interview, the organisation was having to explore whether providing these vouchers might risk reducing the asylum support payment (which is £37.75 per week) as it could be considered additional income.

Similarly, another respondent suggested that strict Home Office rules prevented asylum-seeking families being able to access the internet at home or to have basic communication and entertainment devices, which severely constrained the ability of parents to keep children occupied and entertained during lockdown.

> There are families out there who have no access to the internet, no TV, no money to pay for any additional items. So, it’s not just the fact that their children might not be accessing education, it’s just there’s no stimulation at all within the house (Roselyn, Glasgow City).

The findings in this section have demonstrated that higher levels of poverty pre-pandemic resulted in vulnerable migrant families being particularly susceptible to the economic impact of the COVID-19 crisis. The next section explores how overcrowding and substandard housing shaped experiences of the pandemic.
Housing inequalities and health

Substandard and overcrowded housing
Recent research has emphasised that housing inequality has shaped experiences of the lockdown period (Bynner at al., 2020; Barker, 2020). Overcrowding was identified as a key problem, especially for larger families who were sharing a restricted space, compounded by a lack of resources and internet connectivity. Interviewees in this research emphasised that housing was also one of the key issues faced by migrant and refugee families during lockdown.

Refugee and migrant families are more likely to live in areas of higher deprivation. In some cases, particularly for Roma families in private rented housing, living conditions are overcrowded and unsanitary (Poole, 2010). One interviewee explained that he supported several Roma families who were living in small flats with ‘4 or 5 kids’ and experiencing ongoing problems with infestations:

*High levels of families living with various infestations in their housing, you know, rats, mice, et cetera. I think [the] Environmental Health [department] are aware, but the amount of families, I've certainly been surprised at, that are having to live in these conditions, in today’s age, I find it a bit surreal sometimes* (Nick, Glasgow South).

Another interviewee suggested that because of these conditions, families were at a higher risk of the virus itself spreading within households:

*From another perspective we have to talk about culture, and people stick together and they are big families, so [living] in a small flat with maybe five, ten people, you know, children included. So, naturally if one of the persons got something, you know, it is easy to pass on* (Catherine, Glasgow South).

This interviewee added that high numbers of people from the Romanian Roma community had been ill and hospitalised with symptoms. Some had died from the virus and some families had decided to leave Glasgow and travel home to Romania due to high levels of fear about the virus. It was also highlighted that many families who left were living in private rented accommodation were unable to pay their rent and their tenancies were not protected: ‘the government can’t protect them if they left the house, so basically the landlord took their stuff and put them out in the street’ (Catherine, Glasgow South). Interviewees expressed concern that the length of time away from the UK would complicate people’s entitlement to state financial support on their return to Glasgow.

Asylum seekers’ accommodation
The organisations who took part in our research considered asylum seekers to be the most vulnerable group. One interviewee highlighted in the quote below the case of young asylum-
seeking pregnant woman with mental health issues who was living in unsafe conditions in a shared flat. A request to be transferred to alternative accommodation had been submitted, however Mears\textsuperscript{3} advised that due to the pandemic they were unable to support the application and the woman was left feeling unsafe in her home:

\textit{But obviously with the COVID crisis, this lady’s mental health is quite vulnerable. And she’s having to walk out the house and walk round the local area because she says she can’t stand to stay in the house} (Grace, Glasgow East).

Finally, interviewees indicated that the decision to move asylum seekers out of their accommodation and into hotels starkly illustrated the impact of housing inequalities in shaping the experiences of the pandemic for this group of individuals. The Home Office and Mears stated that this decision was made in line with public health guidance, and due to additional challenges in procuring short term lets during the crisis (Brooks, 2020). However, campaigners criticised the lack of transparency and notice given to asylum seekers (\textit{ibid}). Interviewees highlighted that in some cases people were given less than a few hours' notice to collect their belongings before being moved from their homes, and this often included young people under 18 years of age\textsuperscript{4}.

\textit{Hotel accommodation is inappropriate for many reasons, but especially if you’re a child […] 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} (Roselyn, Glasgow City).

Interviewees concerns echoed recent findings from the Poverty Alliance (2020b), which described asylum seekers as being placed in accommodation where social distancing was ‘impossible’ and people were being forced to eat meals in communal areas. Interviewees also expressed serious concern about the fact that many asylum seekers had their weekly allowance for food and other essentials stopped, allegedly because food and basic toiletries were provided by the hotels. This was considered particularly challenging as Ramadan approached and those observing fasting were unable to access meals at times set by the hotel: ‘\textit{it was Ramadan so folk are fasting all day and then going down in the morning and getting like two bits of white bread […] it’s sub-par isn’t it, really, for trauma victims}’ (Rachel, Glasgow South West).

\textsuperscript{3} Mears is the company contracted by the Home Office to provide housing for asylum seekers.

\textsuperscript{4} The respondent explained that these asylum seekers had been estimated to be over 18 following an age assessment, which authorities conduct if a young asylum-seeker’s age is disputed.
The findings in this section have demonstrated that not having a safe and adequately spacious place to live very much shaped the experience of the COVID-19 crisis and lockdown for many refugee and migrant families. This was particularly the case for asylum seekers and vulnerable Roma families. The impact of the pandemic on children and young people’s education is explored in the next section.

Educational inequalities

**Barriers to supporting home-schooling**

Recent research has shown that children’s access to education during the period of lockdown varied depending on the resources that their families had to support their learning (Bynner et al., 2020; Children’s Neighbourhoods Scotland, 2020; Andrew et al., 2020). Digital exclusion was identified as one of the key problems for families with higher poverty levels, and interviewees in this research emphasised that this was also a significant challenge for vulnerable migrant families.

An interviewee also highlighted that digital exclusion also affected young people and parents who are taking part in post-school learning, such as college courses for English for Speakers of Other Languages (ESOL). Organisations had attempted to offset this disadvantage by sending worksheets by post to ESOL students, which were well received by students. However, by using this approach students missed out on receiving important feedback and guidance during their learning:

> There’s no one to mark those and give feedback necessarily. So, I think it’s kind of that balance of giving people resources but are they getting any feedback on them and are they getting any encouragement or mapping of their progress? (Roselyn, Glasgow City).

Interviewees pointed out that the ‘digital divide’ experienced by vulnerable migrant families was compounded by a range of other disadvantages, such as the lack of space at home for children to engage properly in learning. Language barriers, a lack of access to or understanding of technology, and a lack of understanding of the Scottish education system for more recently arrived families made it very difficult for parents to support their children’s learning: ‘it’s difficult for everybody but I think it’s especially alien for people who are newly in the country’ (Danny, Glasgow North East).

The focus on survival and the unequal impact of COVID-19 in terms of financial distress and poor mental health presented barriers to supporting children’s education, with interviewees suggesting that this was leading to a widening gap between children from different backgrounds:
When you’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 [...] You’re going to fall behind (Andrea, Glasgow South).

There was a strong sense from interviewees that the pandemic would exacerbate existing educational inequalities faced by children from vulnerable migrant families.

**Previous disruption to learning**

Previous gaps in or interruption to education meant that some children were perceived to be more affected by the COVID-19 related disruption. There were concerns that very new arrivals in the country may not have completed the school registration process and received access to learning resources and support. An interviewee explained that some families had been moved around different areas of the city before being allocated a place to live, which often led to their children being less settled at school.

*It’s starting school again, it’s making those relationships [...] you’re having to deal with so much change, which the average Scottish child maybe wouldn’t have to deal with* (Grace, Glasgow East).

As well as asylum seekers and refugees, some Roma families experienced previous disruption to and a lack of familiarity with the education system (Sime et al., 2014). An interviewee noted that some parents struggle to support their children’s learning because of their own literacy barriers, poor experiences of education or no education at all:

*We have to take into consideration the fact that a lot of families are not used to having kids in school, like we have mothers that don’t know how to read and write in Romanian, so they’re illiterate because they didn’t have an opportunity to go to school* (Catherine, Glasgow South).

Although engagement with education for Roma families in Glasgow has substantially improved, parental involvement is constrained by a background of educational disadvantage and discrimination (Sime et al., 2014). Work has been carried out by local third sector organisations and schools in the area with Roma families around school engagement, the school system and processes, however an interviewee expressed concern that this will have been disrupted by the changes and challenges of lockdown: *‘I think that they will find themselves now even further behind their peers in terms of education and English levels and confidence’* (Catherine, Glasgow South).
The findings from this section suggests that the disruption to education that all children and young people experienced during the pandemic was particularly challenging for those families who had already experienced serious disruption or barriers to their education, and who had less access to resources to mitigate pandemic-related disruption.

**Family wellbeing and social isolation**

**Social isolation**

Interviewees explained that many wellbeing-related activities had to stop the first few weeks of lockdown, as responding to the need for emergency food provision was the priority for most third sector organisations. Local organisations supporting vulnerable migrant families endeavoured to provide remote provision where possible, however several interviewees felt that digital exclusion prevented those young people most in need of support from being able to access it.

> And so, then they run through their credit on their phones and they can’t afford to top up, so they can’t text and they can’t communicate through WhatsApp or whatever, so that’s been quite difficult for them, and something I suppose we didn’t anticipate either because we take it so very much for granted that everyone has access to Wi-Fi. So then I suppose off the back of that more, sort of, isolation and more access to services are depleted because they can’t pop online and check where the food bank is or which shops are open or what the latest information is (Andrea, Glasgow South).

The timing of the lockdown was also significant for some communities as it coincided with the period of Ramadan. As well as being important in religious terms, Ramadan would normally be a time of social interaction around food and an informal way of providing support within Muslim communities:

> I think if you’re destitute or struggling Ramadan is often a point in the year when there’s lots of charitable donations, either through money or food or hot meals and stuff. So I think [the pandemic] maybe took away […] a restorative part of the year for a lot of people (Roselyn, Glasgow City).

For recently arrived migrants and refugees, the isolation caused by lockdown was considered to be very disruptive for the social integration process. Interviewees noted that the closure of schools restricted children’s opportunities for both practicing their English and building social relationships: ‘it means you’re not in an environment where is English is spoken consistently. It means you’re not meeting new friends from any country, especially Scotland’ (Danny, Glasgow North East).
Interviewees supporting asylum seekers considered them to be particularly vulnerable to the loss of their normal social connections. An interviewee noted that the asylum seekers often have strong social connections through church communities, which were no longer able to meet.

**Mental health and wellbeing**

Several interviewees expressed concern about the impact that school closures had on family wellbeing and mental health. Interviewees noted that the pressure on parents of having their children at home full time during lockdown was particularly hard for those families where childcare is often considered a ‘collective responsibility’ with extended families and the community playing an important role. An interviewee also highlighted that new mothers with fewer connections in the community struggled with the enforced isolation: ‘certainly there is an increased risk of parental postnatal depression and really missing out on a pretty valuable time of going out and attending baby and toddler groups and establishing networks in the community and stuff’ (Roselyn, Glasgow City).

An interviewee who works with Roma communities pointed out that mental health is not widely understood or accepted within these communities. She suggested that this cultural barrier resulted in people struggling to deal with the emotional impact of the pandemic:

> So, what I can say is that people were affected on a physical material level but also emotional...but they don’t know how to interpret it and what to do with the information (Catherine, Glasgow South).

Being unable to recognise or articulate problems was a significant barrier to seeking support and accessing services. Several interviewees emphasised the need to account for the high levels of trauma and PTSD\(^5\) that vulnerable migrant families may have experienced prior to arriving in Scotland and that children from these backgrounds may have increased worries: ‘additional layers that Scottish kids maybe aren’t having to deal with’ (Grace, Glasgow East). An interviewee suggested that having normal routines, activities and social support networks disrupted by the pandemic resulted in the loss ‘coping mechanisms’ for some individuals:

> I think one of the big challenges that we’re seeing now, and it will continue, is a lot of people have used distraction as a coping mechanism to deal with their past trauma or lived experiences, either in country of origin or on their journey, or even here in the UK. Especially young people, people who’ve been trafficked. So, this huge amount of time where no one’s had anything to do has really meant a lot of people thinking about their past experiences and we are seeing a decline in people’s mental health (Roselyn, Glasgow City).

\(^5\) Post Traumatic Stress Disorder.
Finally, a number of interviewees raised concerns that there may be increased levels of disclosures of domestic abuse following the lockdown period where underreporting is a concern in some migrant and refugee communities. Another interviewee emphasised the barriers to accessing support faced by those who have no recourse to public funds, explored later in this report. Frontline workers interviewed for this research stressed that future provision must include sufficient psychological services for asylum seekers and other migrants and refugees whose mental health has been adversely affected during the pandemic.

‘Misinformation’ and negative stereotyping

Interviewees considered language barriers and ‘misinformation’ to be a key factor in exacerbating the pressures on vulnerable migrant families during lockdown. Due to the changeable climate of the pandemic and the continuous updates and changes to government guidance, families were felt to be overloaded with often inaccurate information via the media, social media, and hearsay. Concerns were raised by interviewees that public guidance regarding the pandemic and social distancing was not being translated quickly enough, leading to ‘fear’ and ‘confusion’ for some families, and exacerbating an existing fear of authority:

Probably an imbedded fear of authorities here in the UK, the [fear of what] the repercussions would be what would happen if they were to leave and get caught in the park or whatever, whereas I suppose other families with privilege might know they’d just get told to move on and nothing would actually happen (Andrea, Glasgow South).

Interviewees spoke of misinformation regarding COVID-19 circulating within the Roma communities at the beginning of lockdown, instilling fear in the community. The death of a local Romanian church minister due to COVID-19 then sparked panic. Interviewees estimated that approximately 50% of the Roma families they supported made the decision to return to Romania at the beginning of lockdown and it was not clear how many were intending to come back to Glasgow.

Many interviewees expressed concern around the portrayal of certain migrant groups in the media, particularly Roma communities, which was often deemed to be inaccurate and which fuelled existing prejudices, racism, and segregation. Images of large groups of people, from other cities or from pre-pandemic times were circulated by some media outlets, claiming to be evidence of Roma people flouting social distancing rules (Pagan, 2020; Bowie, 2020). An interviewee explained that although these rumours turned out to be false (Ferguson, 2020), the stories had a damaging impact and left many families feeling unsafe and unwelcome.

An interviewee also highlighted fears amongst Black, Asian and minority ethnic (BAME) communities due to media coverage stating that COVID-19 was affecting BAME people disproportionately. Although this media reporting was based on emerging scientific evidence,
the way in which it was presented increased levels of fear and anxiety around the risk of catching the virus.

*Again, from African populations, because they’re hearing on the news that more people from [...] ethnic minorities seem to be getting COVID and it seems to be [...] a worse outcome for those people, then that’s an additional worry. So, they really just don’t even want to go out, even if they do have children, because they’re just so scared* (Grace, Glasgow East).

The findings in this section offer insights into the impact of the pandemic on vulnerable migrant families for whom the removal of formal and informal sources of support and the loss of routine compounded pre-existing inequalities. It also suggests that vulnerable migrant experienced higher levels of anxiety and fear during the lockdown period with language barriers and inaccurate information coalescing to create an environment of confusion and heightened fear.

**Access to services**

This final section of the research describes how third sector organisations responded to the needs of vulnerable migrant families during the pandemic. Organisations supported families in a variety of ways including through emergency food provision, by providing other practical support and online activities, and supporting mental health and wellbeing. This echoes findings from studies carried out by CNS and others during the pandemic (Bynner et al., 2020; Barker & Russell, 2020), which emphasised the crucial role played by third sector organisations at this time. However, this research shows that vulnerable migrant families experienced additional barriers that required extra support from practitioners due to a range of factors including language barriers and insecure immigration status.

Interviewees described some of the ways in which local organisations worked together to reorganise their activities to meet the needs of vulnerable migrant families. This included strengthening networks, bringing together organisations who were able to support mental health needs in the community; and concentrating on different areas of support, such as providing arts and crafts activities and wellbeing packs. Local organisations had set up a support line in different languages so that people could be referred to services for food and other needs, however, it was acknowledged that in the initial weeks of lockdown the focus was very much on emergency food provision. One interviewee reflected that there is a need for organisations to better understand the diverse needs of local populations so that they can better respond to those needs in the future: ‘*I think it has made me realise that we don’t differentiate between our families that much*’ (Alison, Glasgow South West).

There was a crucial need for information to be translated into different languages to help families understand public health guidance and the types of support available to them.
Important information issued by the Government and other statutory services was not always translated quickly or consistently enough, meaning that the burden was left to third sector organisations to help families understand what was happening: ‘In a way it’s quite concerning because it’s shifting a public duty onto the third sector to try and explain what’s happening’ (Roselyn, Glasgow City).

An interviewee also suggested that in some cases health services did not move quickly to put in place over-the-phone translation services when appointments could no longer take place face to face with interpreter support. The interviewee explained that letters sent to non-English speaking patients were translated using Google Translate and the poor quality of translation meant that in one case the patient could not understand what was written. The third sector organisation had to intervene to set up a telephone consultation using an interpreter. It was also noted that over-the-phone interpretation is less reliable and more complex, meaning access to healthcare for migrants who are not proficient in English was compromised.

As well as playing an important role in translating information to help vulnerable migrant families navigate statutory services during the pandemic, third sector organisations continued to support asylum seekers who were navigating the complex and lengthy asylum process. Casework was still able to continue over the phone, though interviewees noted that it was more challenging to communicate without meeting in person due to language barriers. Interviewees explained that during lockdown the asylum process largely came to a standstill as tribunals, interviews and appeals were put on hold:

*The actual asylum process has really slowed down and stopped in some parts, so it means that some lawyers appointments have stopped, and some firms have furloughed people* (Roselyn, Glasgow City).

Interviewees noted that this not only postpones an already long and gruelling process, but further exacerbates any existing trauma and brings added stress and anxiety to an already challenging situation.

Organisations also supported individuals and families to access services where entitlement to support was uncertain due to insecure immigration status. An interviewee suggested there was a lack of understanding within social work around the support and entitlements for victims of domestic abuse, for example, the use of housing benefit to cover the costs of accessing domestic abuse shelters ‘because nobody is entirely clear on what the different services can offer, it makes it harder to work on a safety plan’ (Roselyn, Glasgow City). Third sector organisations were acting as intermediaries between victims and the statutory
services\(^6\). This highlights that in the context of a pandemic, with cuts in service provision, some groups were made particularly vulnerable because of their insecure legal status. This further emphasises the crucial role of third sector organisations in supporting and advocating for families in such situations.

Finally, organisations also faced several challenges in supporting families with high levels of COVID-19 infection and death rates in the community. Due to the visiting restrictions and language barriers, some were unable to say a final goodbye over the phone to their family members in hospital. Interviewees acted as intermediaries between hospitals and Romanian Roma families, to keep families informed of their family member’s progress, provide emotional support and bereavement services, and to support families to repatriate the bodies of those who had died: ‘the repatriation of bodies to Romania, that was really challenging in this new context’ (Catherine, Glasgow South). Organisations also had to learn about the legal processes, how to register a death, infection control, and how to organise transport for the deceased back to Romania.

This section has demonstrated the crucial role that third sector organisations play in mitigating the effects of crises on marginalised groups, including by providing an informal link between communities and statutory services such as the health service and social work, and supporting vulnerable migrant families to navigate services and the asylum process.

\(^6\) Shortly after this interview took place, MPs voted against a clause in the Domestic Abuse Bill which sought to ensure that domestic abuse survivors with no recourse to public funds would be able to access refuge or housing support (House of Commons, 6 July 2020).
3. Discussion, conclusion, and recommendations

This report has examined the impact of the COVID-19 pandemic on vulnerable migrant families in Glasgow from the perspective of frontline practitioners. Interviews provided insights into the actual experiences of families during the pandemic in relation to poverty and the labour market, poor housing with high levels of overcrowding, educational inequalities, families’ mental health and wellbeing, and access to services. However, it is also important to acknowledge the small sample of interviewees in this research and the fact that the study could not engage directly with families.

This section reflects on the evidence presented in the report and identifies areas that should be prioritised in future research and policy work.

Key insights

Poverty and the labour market

During the pandemic those employed on zero hours or precarious contracts were particularly hard hit by the loss of income which resulted from lockdown (Bynner et al., 2020; Joseph Rowntree Foundation, 2020). This study provided additional evidence, specifically that some migrants are located at the margins of the labour market and have no entitlement to social security. Concerns were raised a decade ago about the vulnerability of Roma in Scotland to employment that pays less than the legal minimum wage and other conditions which breach employment legislation (Poole, 2010). The pandemic has exposed these existing labour market inequalities and made clear the need to strengthen employment regulations to protect workers, as well as to invest in jobs and training opportunities for marginalised groups (see also Joseph Rowntree Foundation, 2020).

Interviewees also stressed the financial vulnerability of refugees and asylum seekers and argued that the pandemic had exacerbated this due to the removal of some of the state provision they previously relied upon. Those on extremely low incomes, such as asylum-seeking families, were considered at risk of destitution. Until the significant barriers to accessing the labour market and accessing secure employment are dismantled (see Mulvey, 2015), asylum seekers will remain the vulnerable to the economic impact of crises and will experience increased health risks due to being unable to afford basic PPE such as masks and hand sanitiser, for example. Although legislation prevents the state from allowing families with children to be destitute, interviewees in this study spoke of a ‘hierarchy of opportunity’ whereby asylum seekers were unable to purchase basic items to keep their children occupied during months of lockdown. The removal of the £37.75 per week asylum payment from those who were relocated into hotels, ostensibly because food and other essentials (such as Wi-Fi
and toiletries) were provided in hotels, signalled the removal of any element of dignity and choice.

Interviewees in this study offered insight into the reality of poverty for vulnerable migrant families in high-poverty neighbourhoods who struggled to afford necessities such as food and fuel during the pandemic. Though significant efforts were made by both statutory and voluntary sector services to respond to this need through emergency provision, language barriers and a lack of understanding of the social security system meant that some refugee and migrant families were (at least initially) aware of what support they were eligible for. It is of course crucial to recognise that the ability of statutory services and third sector organisations to respond to the crisis has been shaped by a decade of austerity measures and cuts to services. The success of the ‘build back better’ effort will depend in part on renewed investment in public and voluntary services. Moreover, there is an urgent need to reform the UK’s welfare system to protect families from extreme poverty. Many vulnerable migrant families have limited access to financial support due to visa restrictions. Findings from the Poverty Alliance (2020b) suggest that migrants with no recourse to public funds may have felt compelled to continue working during lockdown regardless of health or safety concerns because they did not have access to other means of financial support.

Housing inequality

This research also supported findings that people’s experience of the pandemic and lockdown were heavily shaped by their housing situation (Bynner et al., 2020; Barker, 2020). Interviewees who took part in this study emphasised that vulnerable migrant families faced additional challenges during lockdown as they were more likely to live in sub-standard and overcrowded homes in high-poverty neighbourhoods. Migrant families in high density areas are less likely to have access to outdoor space, find it harder to social distance, and are more vulnerable to the associations between poor quality housing and health inequalities – for example, the link between dampness and respiratory conditions. The reliance on the private rental sector further disadvantages vulnerable migrant families, as they have fewer legal protections compared to homeowners or people in social housing (Morris, 2020).

The issue of asylum seekers’ inadequate accommodation, and the impact of the controversial decision to temporarily relocate some asylum seekers into hotels during lockdown, has received significant media attention in recent months (Goodwin, 2020). A number of reported human tragedies have emerged from this decision during the lockdown period (Goodwin, 2020), with one charity describing the situation for asylum seekers in Glasgow since lockdown as a ‘humanitarian crisis’ (Positive Action in Housing, 2020). This study has provided an insight into the experiences of asylum seekers living in shared flats and hotels during the pandemic, as the practitioners who work with them spoke of the impact of these housing conditions on their sense of safety and their mental health and wellbeing. Pre-pandemic research has
highlighted the inadequacy of housing for those seeking refuge in Scotland (Mulvey, 2013; Scottish Refugee Council, 2017). The issue of housing quality is arguably even more relevant and in need of urgent attention from policy makers in the new context of COVID-19.

Educational inequality

This study provides further evidence that the pandemic has widened existing educational inequalities for marginalised groups. Research conducted early in the pandemic indicated a social class divide in terms of the quality and accessibility of remote / online provision, and disparities between the level of support families and carers were able to provide in relation to home schooling, which was largely shaped by families’ socio-economic positions (Burgess & Sievertsen, 2020; The Sutton Trust, 2020). Families who speak English as an additional language faced additional challenges in attempting to support their children’s learning at home (Poverty Alliance, 2020b). Insights from practitioners in this research suggest that for vulnerable migrant families, language barriers were compounded by additional, intersecting disadvantages, such as a lack of understanding of the Scottish school system, previous disruption to education, and digital exclusion. A survey by the Scottish Refugee Council in July 2020 reported that the impact of digital exclusion on refugees during lockdown was significant, particularly in relation to parents’ ability to support their children’s education at home (Scottish Refugee Council, 2020).

Challenges facing children and families from vulnerable migrant groups following school closures included social isolation. The question of social isolation for children and young people is particularly pertinent given that previous research has suggested education is the service which is working best for refugee children and their families in Scotland (McBride et al., 2018). While research suggests that many schools and support services have adapted to the new conditions (Bynner et al., 2020), for many vulnerable migrant children and families that may not be enough to mitigate the impact of the crisis.

Family wellbeing and social isolation

As well as experiencing additional barriers relating to poverty, exclusion from the labour market, inadequate housing, and educational inequalities, this study indicates that the mental health and wellbeing of vulnerable migrant families was significantly affected by lockdown. Interviewees explained that vulnerable migrant families experienced increased levels of social isolation due to the closure of schools and other key sites of integration and language learning. Mulvey (2013) has outlined the importance of social capital and social networks in supporting people seeking asylum and refugees, including integration networks, community organisations, and places of worships. The sense of marginalisation experienced by these groups has been heightened by the crisis, as those without a strong grasp of English struggled to understand the (frequently changing) guidance on social distancing and in some
cases completely isolated themselves. This chimes with findings from other research which raised concerns about the impact of social distancing measures on the mental health of already isolated and vulnerable groups (Saltmarsh, 2020).

Evidence also demonstrated the impact of the loss of routine and the inability to keep busy, particularly for those who had previously experienced trauma. Higher levels of digital exclusion prevented many vulnerable families from being able to access online activities, further contributing to the sense of isolation. As well as the loss of formal and informal support networks, the impact of insecure immigration status was considered to be a major stressor in terms of mental health, supporting findings from other research conducted during the pandemic (Scottish Refugee Council, 2020). At particular risk were victims of domestic violence whose entitlement to support was complicated by their insecure immigration status. McEwan et al. (2020) highlight the risks for some migrant and refugee women who have previously experienced gender-based and sexual violence, noting that the impact of the COVID-19 crisis may put them at additional danger.

Access to services

Finally, this study has also demonstrated that the third sector played a crucial role in supporting vulnerable migrant families during the pandemic, often acting as an intermediary between families and statutory services. Interviewees in this study liaised with hospitals, GP practices, social work, and other statutory services, on behalf of vulnerable migrant families. They provided interpreter support and translated key information to help families understand the public health guidance, despite concerns about the lack of resource to fulfil that role, and the sense that a public duty was unfairly shifted onto the third sector. Third sector organisations also continued to support asylum seekers and other migrants with insecure immigration status and their involvement ranged from signposting families to financial and practical support to organising the repatriation of bodies overseas. This highlights the resilience and adaptability of the third sector, as well as the extent of the support they offer to the communities they work with.

This study adds to a growing body of evidence on the sustainability of grassroots organisations (McEwan et al., 2020). Interviewees raised concerns about the impact of the COVID-19 crisis on funding for the voluntary sector. Given how marginalised vulnerable migrant families are in terms of access to statutory services, and within society more generally, the sustainability of third sector organisations is crucial to mitigate the worst effects of structural inequality.

Implications of these findings for policy, practice, and research

Frontline workers interviewed for this study provided valuable insights into the experiences
of vulnerable migrant families in Glasgow during the pandemic, and the nature of support they have received from third sector organisations. The study highlights the distinct vulnerabilities of these groups in terms of poverty, housing, educational inequalities, social isolation, and mental health, and points to the need for targeted attention and resources. Taken alongside other relevant studies (Bynner et al., 2020) this research indicates that the situations and circumstances of migrant families and individuals became more precarious during the pandemic and this is likely to continue over the long-term. The findings from this study suggest the following recommendations and actions are considered:

• Government initiative is required to respond to the increased financial insecurity of vulnerable migrant families, through social security reforms and improving access to safe, affordable housing.
• Ensure that approaches to food provision are underpinned by dignity, choice, and reducing stigma, and that nutritious and culturally appropriate foods are available.
• Tackling digital exclusion is particularly crucial for vulnerable migrant families given higher levels of educational inequalities and social isolation.
• Continue to support parents’ engagement in their children’s learning and their understanding of the Scottish education system.
• Community-based mental health and wellbeing services should be resourced to cope with increased demand and designed to meet the specific needs of vulnerable migrant families, such as previous trauma, social isolation, and language barriers.
• Hospitals, GP practices, social work, and other statutory services, should review their translation and interpreting processes. Work with the third sector to ensure that urgent information on public health and access to services and appointments is reaching vulnerable migrant families at the appropriate time and can be understood.
• While recognising that the asylum process is a power reserved to the UK Government and the Home Office, consider further measures to alleviate the severe poverty and hardship faced by asylum seekers in Scotland, including provision for third sector organisations who act as intermediaries between families and statutory services.
• Further research is needed to better understand the health and social impacts of the intersecting inequalities experienced by vulnerable migrant families - socio-economic, legal status, stereotyping and racism (see also Bambra et al., 2020; Gkiouleka et al., 2020).
• Ensure service provision and interventions are more responsive to the needs of ethnically and socially diverse populations. Provide opportunities for vulnerable migrant groups with lived experience of poverty to be involved in shaping changes and developing new initiatives for COVID-19 recovery.
Appendix 1 – Definitions

Definitions - refugee, asylum seeker, and migrant

A refugee is an individual who has fled their country due to persecution and who is recognised by the UK Government as requiring protection under international law, as outlined in the 1951 UN Convention relating to the Status of Refugees (or Refugee Convention). An individual who is granted refugee status is usually given 5 years’ leave to remain in the UK, after which they must apply for further leave (Refugee Council, n.d.; Sturge, 2020).

An asylum seeker is a person who has formally applied for asylum in the UK but whose application has not yet been approved. A person seeking asylum has much more limited access to government support than someone with refugee status and is unable to work while their claim is being processed (Mulvey, 2013; Refugee Council, n.d.).

The term migrant is often used to describe someone who has left their home country for another reason (for work, for example) and has not entered the asylum process or claimed refugee status (Refugee Council, n.d.). However, the term ‘migrant’ is also sometimes used to encompass different types of mobility, including those seeking asylum and refugee status (Vertovec, 2007). Not all migrants are vulnerable, but migrants often experience prejudice and problems upon arriving in their new host country (Sime, 2018). This is particularly the case for Roma migrants, who experience a range of inequalities and prejudices across Europe, including in Scotland (Mullen, 2018). The umbrella term ‘Roma’ is used to describe the various national and ethnic sub-groups which make up the largest ethnic minority group in Europe (Sime et al., 2014).

Refugees and asylum seekers and other migrants compose a highly diverse group of individuals due to differences in ethnicity, nationality, religious beliefs and economic and political positions. They are also subject to many forms of inequality which stratify their experience of migrant and settlement (Vertovec, 2007). In this report the generic term ‘vulnerable migrant families’ is used to refer to this diverse group.
Appendix 2 - Demographics

Although the UK Home Office does not publicly release statistics of the number of asylum seekers dispersed to Scotland, the Scottish Refugee Council (2017) estimates that around 10% of all people claiming asylum in the UK are living in Scotland. Glasgow has one of the largest shares of asylum seekers in the UK (Walsh, 2019). In 2019, 35,566 asylum applications were made in the UK, including 8,928 dependants, meaning an estimated 3,500 people seeking asylum came to Scotland last year, approximately 900 of whom were children (Sturge, 2020). These statistics are for one year only and will only represent a small proportion of refugee and asylum-seeking children and families who currently live in Scotland. A 2013 study conducted by the Scottish Government estimated that around 3,500 Roma individuals live in Glasgow, with living predominately in high density areas in Govanhill (Social Marketing Gateway, 2013, cited in Mullen, 2018).

It is difficult to establish the total number of refugee and asylum seeker children in Glasgow. Glasgow City Council’s (n.d.) Education Services Annual National Improvement Framework Plan 2018/19 reported that there were 2,258 asylum seeker and refugee children living in Glasgow, comprising three quarters of all asylum seeker and refugee children living in Scotland, and 3.3% of all pupils in Glasgow’s schools. Similarly, 14,117 children from ethnic minority groups were attending schools in Glasgow, comprising 29.5% of all children in Scotland from a minority ethnic group, and 20.8% of all pupils in Glasgow’s schools. Glasgow City Council is the local authority with the highest number of EAL learners (Scottish Government, 2019), with 12,743 children in Glasgow’s schools reported as having English as an additional language (EAL). Of EAL pupils in Glasgow, 82.4% were classed as not yet competent at English, equating to 15.4% of all pupils (Glasgow City Council, n.d.).
References


This report is published by Children’s Neighbourhoods Scotland.

About us

A children’s neighbourhood is an initiative that brings together people, resources and organisations in a neighbourhood area, so that all of those things can work together towards better lives for the children living there.

Children’s Neighbourhoods Scotland is a collaborative centre, developed by Glasgow Centre for Population Health, Policy Scotland and Robert Owen Centre at the University of Glasgow.

Children’s Neighbourhoods Scotland is funded by Scottish Government.

Get in touch

Children’s Neighbourhoods Scotland, Third Floor, Olympia Building, Bridgeton Cross, Glasgow, G40 2QH.

Web: childrensneighbourhoods.scot
Twitter: @cnscotland
Email: childrens-neighbourhoods@glasgow.ac.uk