Impact of the COVID-19 Pandemic and Scottish Public Sector Response on Refugees and Asylum Seekers: Stage 2 Report (Evidence Review)

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27 February 2024
Version 6

UNCOVER
Applied Evidence Synthesis

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Declarations

Acknowledgments

Funding

Authorship Contributions

GC, EM and MD wrote the protocol. MD designed and carried out the searches, with input from GC and EM. EA, KC, AG, DI, AK, CSJ, GC and EM conducted title & abstract; full-text screening; data extraction; quality assessment; synthesis and write-up. TA, ET and RM reviewed the draft and provided input and advice on the final version.

Competing Interests

None to declare.

About UNCOVER

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Executive Summary

Overview of the Report

This report explores the experiences of refugees and asylum seekers during the pandemic in Scotland, with particular reference to vaccination strategy, lockdown, shielding and personal protective equipment (PPE). It is based on a desktop review of evidence from academic and "grey" sources, such as the websites of public sector and organisations that support refugees.

This is Stage Two of a two-part review for the Scottish COVID-19 Inquiry. We recommend reading this together with our Stage One report, which provides initial context and definitions, together with annotated timelines of the Scottish public sector response to the pandemic and its likely impact on refugees and asylum seekers.

This report includes three thematic chapters on Vaccinations and Access to Healthcare (Chapter 3), Lockdown, Shielding and Access to Housing (Chapter 4) and PPE and Access to Financial Resources and Support (Chapter 5). These are supported by a general overview of events and decisions affecting refugees and asylum seekers in Scotland during the pandemic, in Chapter 6.

Key Findings

Vaccinations and access to healthcare are closely linked. The barriers preventing refugees and asylum seekers accessing healthcare in general are also likely to apply to vaccinations in particular. Many barriers currently exist: most notably fear and mistrust, linked to misinformation about entitlements; transport and financial barriers; and substantial language barriers at each stage of the healthcare encounter. These barriers existed before the pandemic, but worsened during it, especially in lockdown.

Although existing barriers were known about before COVID-19, there was limited evidence that strategies were put in place to overcome them as part of the pandemic response. However, we have identified some examples of good practice in Scotland and England, which indicate valuable lessons learned for the future.

We considered **lockdown, shielding and access to housing** together, because one's housing situation directly affects the extent to which it is possible to observe lockdown restrictions and self-isolation requirements.

The research in this area mostly relates to the experience of asylum seekers in Home Office accommodation, who experienced considerable upheaval and disadvantage during the pandemic. These events happened in Scotland, but Scottish authorities had little involvement or control. While this reflects the non-devolved nature of immigration policy, it may be worth considering what actions could be, or could have been, taken to mitigate some of the hardships experienced by asylum seekers in these circumstances.

We found no information on experiences of shielding from refugees or asylum seekers, and little research on the interaction between lockdown restrictions and immigration policy requirements, which may have exposed asylum seekers in particular to heightened risk. The majority of evidence in this area, at present, focuses on the impact of lockdown on the mental health of refugees and asylum seekers, and shows that the pandemic had a clear detrimental impact across the board.

Finally, since the Inquiry is interested in community use of PPE, we looked at **PPE together with access to financial resources and support,** as the limited literature available in this area indicated that financial hardship was the key barrier to refugees and asylum seekers being able to access PPE.

As with healthcare, we found that the financial hardship faced by refugees and asylum seekers was known before the COVID-19 pandemic, but there was little consideration of its impact on their ability to observe pandemic restrictions, nor of how to mitigate its impact on their daily lives. Changes to accommodation and support during the pandemic served to worsen the financial situation for asylum seekers in particular.

Research in this area also indicated that the pandemic affected other opportunities and services available to refugees and asylum seekers, including access to education and employment. We have mentioned these briefly here, and note that they are likely to be explored in more depth in the Inquiry's other Portfolios.

Devolved and Reserved Policy Responsibilities

The four aspects of the pandemic response considered in this report (vaccinations, shielding, lockdown and PPE) were devolved responsibilities of the Scottish Government. Similar policies were enacted in the other nations within the United Kingdom. Although there were differences in the detail and timing of these policies between nations, the ways in which they affected the lives of refugees and asylum seekers were comparable. Therefore, whether we use evidence from Scotland or from elsewhere in the respect of these four policy areas, we aim to draw conclusions that are directly relevant to Scotland's pandemic response.

By contrast, immigration policy is largely reserved to the UK Government. Throughout this report, we highlight the interaction of immigration policy requirements with the pandemic response in Scotland. Although immigration policy itself is not modifiable by the Scottish Government, Scotland's future pandemic response might be modified, in order to mitigate issues that are created or worsened by the way the two policy areas interact.

Further Considerations

Although it does not directly address the Inquiry's questions about vaccinations, lockdown, shielding, and PPE, we found it necessary to provide an overview of the experiences of refugees and asylum seekers in general, including practical and legislative changes made during the pandemic; and global and local events which had a direct impact on their lives. This context of housing and financial insecurity, and tensions between the demands of immigration policy and those of pandemic management, helps to show why these particular

pandemic control measures may have affected refugees and asylum seekers differently or more severely than the rest of the population. It should be noted that many of the events and decisions that form this context are outside the control of the Scottish Government, as immigration policy is not a devolved responsibility.

Summary of Key Questions for the Inquiry

Based on our review of the academic and grey literature currently available, we have indicated several questions that the Inquiry may wish to explore further in its hearings, in respect of each thematic area:

In relation to Vaccinations and Access to Healthcare (Chapter 3):
1. Should refugees and asylum seekers have been explicitly included in a COVID-19 vaccine priority group at a national level?
2. How were GP surgeries informed of the policy that individuals do not need to present proof of address, ID, or immigration status in order to register with a GP or to receive a COVID-19 vaccine? Could this policy have been disseminated through other, more effective channels?
3. How were vaccinations offered to individuals who did not have access to a GP, or even perceived access to emergency care?
4. What consideration was given to people who face a complete language barrier to accessing healthcare over the phone, and who were not able to access face-to-face services during lockdown?

5. How could information to dispel fear and mistrust still circulating due to previous policies regarding charging for healthcare, or data sharing with the Home Office, be addressed to prevent this barrier to care and vaccination in future pandemics?

6. Given that most issues faced in this area during the pandemic were exacerbations of existing barriers, how can lessons learned be cemented in policy and funding decisions not just in the event of future pandemics, but also as standard practice for refugee and asylum seeker healthcare?

In relation to Lockdown, Shielding, and Access to Housing (Chapter 4):

1. How will the impact of delays and interruptions to the asylum process, on the health, security, and opportunities of refugees and asylum seekers, be evaluated?

2. What consideration was given to enhancing the mental wellbeing of refugees and asylum seekers in lockdown in Scotland?

3. How can we better understand the experiences of refugees and asylum seekers who were on the Shielding/Highest Risk List?

4. What is the risk that refugees and asylum seekers were not included on the Shielding/High Risk List because of barriers to accessing health care?

5. For those who were on the list, what measures were taken to ensure the letters sent to the High Risk List were accessible and therefore actionable to refugees and asylum seekers, including people in temporary accommodation?

6. What role did, or could, Scottish authorities have had in maintaining appropriate standards of accommodation for asylum seekers, and addressing complaints from residents?

7.   What impact did Scotland's specific lockdown policies have on the lives of refugees and asylum seekers?

In relation to PPE and Access to Financial Resources and Support (Chapter 5):

1.   What was the policy around the provision of PPE to asylum seekers residing in government-run accommodation, and was this followed during the pandemic?
2.   What consideration was given to the ability of refugees and asylum seekers to purchase basic goods and remain digitally connected during the pandemic?
3.   Given that asylum seekers typically receive financial support via a prepayment card, what measures were in place to ensure this did not prevent them from accessing essential goods and services in Scotland?
4.   What consideration was given to the particular needs of refugees and asylum seekers, including children, in terms of access to education and other statutory services throughout the pandemic? What lessons could be learned for future provision?

Chapter 1: Introduction

1.1 Purpose and Overview

The aim of this review is to examine how the public sector response to the COVID-19 pandemic impacted the lives of refugees and asylum seekers in Scotland, based on a desktop review of academic and grey literature.

This report is Stage Two of a two-part process. Our Stage One report was submitted to the Scottish COVID-19 Inquiry on 18 October 2023 (note 1). It sets out key definitions and explains Scotland's devolved responsibilities for refugees and asylum seekers and how these interact with UK policy; which provides the necessary context for this review.

This report begins with an introduction and timeline (Table 1.1) of events affecting refugees and asylum seekers in Scotland during the pandemic. Our methods are outlined in **Chapter 2**. Three thematic chapters follow: **Chapter 3** on vaccinations and access to healthcare; **Chapter 4** on lockdown, shielding, and access to housing; and **Chapter 5**, on PPE and access to resources.

In each case, we have put the themes of interest to the Inquiry (vaccination strategy, lockdown and shielding, and PPE) in a slightly broader context (access to healthcare, housing, and resources respectively). While there is a very limited evidence base in respect of the former, we use the latter to provide additional context to identify issues the Inquiry may wish to explore further. Each thematic chapter ends with a set of possible questions for the Inquiry to consider.

Finally, **Chapter 6** sets out a timeline of background information that illustrates how refugees and asylum seekers were living during the pandemic, and what effect that had on their ability to benefit from, or be harmed by, the public sector response to COVID-19. The timeline in Table 1.1 includes references to each section of the Background chapter, where these are discussed in more detail.

Our detailed methods and supporting materials for each chapter are included in the appendices. Each thematic chapter draws on evidence from across the UK, and we have identified Scotland-specific events or issues wherever possible.

1.2 Background

The COVID-19 pandemic had a major impact on everyone across the globe and the United Kingdom is no different. Policies were put in place to help prevent the spread of the virus, but all communities were not equally protected. Control measures disproportionately impacted access to financial support (note **2**) for socially vulnerable groups, so refugees and asylum seekers did not have equal access to the resources needed to protect themselves or their families.

The Independent Commission of Inquiry into Asylum Provision in Scotland report found that the asylum system was not fit for purpose, with particular concerns about limited access to healthcare and money, and lack of responsiveness in the system itself (note **3**).

Migrant Voice (note **4**) has reported that more than half of migrants in the UK felt they could not easily access healthcare, and one in five could not access it at all. Half of its survey

respondents said that they could not even afford soap, cleaning products, hand sanitiser, and face masks, to help protect themselves from the pandemic. Such restricted or limited access to protective resources can only increase health inequalities.

During the pandemic, asylum seekers were moved from homes to hotels (note **5**), which made it more difficult to self-isolate or shield, and which amplified feelings of fear and isolation. In these circumstances, asylum seekers feared that their communities or friendships could be disrupted or broken without notice; feared for their health and safety from the volatile environment in some of the hotels; and feared, ultimately, that "we will be left here to die" (note **6**). Chronic illness and poor health outcomes have been directly linked to living in poor conditions (note **7**).

One of the most effective ways to protect oneself from COVID-19 is to be vaccinated; but many GP surgeries across the UK were not prepared to register someone without proof of address, proof of ID, or legal immigration status (note **8**). The lack of stable accommodation made it challenging to be registered with a GP and an insecure immigration status created fear and barriers to vaccination.

The increase in the use of technology during the pandemic was seen as a way to ease access to medical care, but refugees and asylum seekers without access to mobile devices or wi-fi became excluded from services that moved online. As well as affecting their access to healthcare and other services, living without the Internet also harmed people's mental health, especially due to not being able to communicate with their families (note **9**). Asylum seekers with limited social support were more isolated and have been found to have difficulties overcoming the adverse impacts of the pandemic (note **10**).

1.2.1 Timeline of Key Events

Table 1.1 below sets out a timeline of key events and decisions affecting refugees and asylum seekers in Scotland during the pandemic. These are discussed in detail in Chapter 6, and references to the relevant sections are included below:

Table 1.1. Timetable of Key Events Affecting Refugees and Asylum Seekers in Scotland

- **Year:** 2020
  Month: February
  Event: Law change allows refugees to vote in Scottish elections
  Part: 6.2

- **Year:** 2020
  Month: March
  Event: Various services closed or paused including: refugee resettlement; visa application centres; substantive asylum interviews; some asylum decisions; and voluntary returns. Reduced use of immigration detention
  Part: 6.2

- **Year:** 2020
  Month: March
  Event: Evictions from Home Office accommodation for asylum seekers paused until June 2020
  Part: 6.2

- **Year:** 2020
  Month: April
  Event: Immigration reporting centres closed
  Part: 6.2

- **Year:** 2020
  Month: April
  Event: Temporary asylum intake units opened around the UK; in-person attendance for screening classed as essential travel
  Part: 6.2

- **Year:** 2020
  Month: April
  Event: More than 300 asylum seekers moved to hotel accommodation in Glasgow
  Part: 6.4

- **Year:** 2020
  Month: June
  Event: Asylum seeker shot dead at Park Inn hotel, Glasgow, after knife attack
  Part: 6.4

- **Year:** 2020
  Month: June
  Event: Weekly support increases from £37.75 to £39.60 for asylum seekers
  Part: 6.2

- **Year:** 2020
  Month: June
  Event: Refugees for Justice set up; commissions independent inquiry into treatment of asylum seekers in Glasgow
  Part: 6.4

- **Year:** 2020
  Month: July
  Event: Immigration reporting centres start to reopen; face-to-face asylum interviews resume
  Part: 6.2

- **Year:** 2020
  Month: July
  Event: Glasgow City Council announces pause on acting as dispersal area
  Part: 6.4

- **Year:** 2020
  Month: October
  Event: All asylum seekers in McLays Guesthouse told to self-isolate after a resident tests positive for COVID-19
  Part: 6.4

- **Year:** 2020
  Month: October
  Event: £8 weekly payment introduced for asylum seekers in hotels; £0.03 increase in payment for other asylum seekers.
  Part: 6.2

- **Year:** 2020
  Month: November
  Event: Asylum interviews classed as critical public services in lockdown
  Part: 6.2

- **Year:** 2020
  Month: December
  Event: Change to UK Immigration Rules allowing removal to third countries
  Part: 6.2

- **Year:** 2021
  Month: January
  Event: 20 women asylum seekers and their children moved into a mother and baby unit in Glasgow
  Part: 6.4

- **Year:** 2021
  Month: January
  Event: Scottish Social Renewal Advisory Board publishes its report
  Part: 6.2

- **Year:** 2021
  Month: January
  Event: UK membership of Dublin III scheme expires
  Part: 6.2

- **Year:** 2021
  Month: January
  Event: UK PM announces use of military to respond to Channel crossings
  Part: 6.2

- **Year:** 2021
  Month: February
  Event: UK Refugee Resettlement scheme starts, replacing previous schemes
  Part: 6.2

- **Year:** 2021
  Month: March
  Event: UK Government publishes New Plan for Immigration policy statement
  Part: 6.2

- **Year:** 2021
  Month: March
  Event: Scottish Government publishes Ending Destitution Together strategy
  Part: 6.2

- **Year:** 2021
  Month: April
  Event: ARAP scheme to resettle former UK employees in Afghanistan
  Part: 6.3

- **Year:** 2021
  Month: July
  Event: Nationality and Borders Bill first reading in UK Parliament
  Part: 6.2

- **Year:** 2021
  Month: August
  Event: Taliban seizes power in Afghanistan
  Part: 6.3

- **Year:** 2022
  Month: January
  Event: Afghan Citizens Resettlement Scheme (ACRS) becomes active
  Part: 6.3

- **Year:** 2022
  Month: January
  Event: Asylum seeker weekly payments increase to £8.24 (hotels) or £40.85
  Part: 6.2

- **Year:** 2022
  Month: February
  Event: Russian invasion of Ukraine
  Part: 6.3

- **Year:** 2022
  Month: March
  Event: Scotland launches "Super Sponsor" scheme for people fleeing Ukraine
  Part: 6.3

- **Year:** 2022
  Month: April
  Event: Nationality and Borders Act becomes UK law
  Part: 6.2

- **Year:** 2022
  Month: April
  Event: UK Government announces full asylum dispersal model and Rwanda plans
  Part: 6.2

- **Year:** 2022
  Month: July
  Event: Ukrainian refugees housed on cruise ship outside Edinburgh; "super sponsor" scheme paused
  Part: 6.3

- **Year:** 2022
  Month: November
  Event: Final report of the Independent inquiry into the treatment of asylum seekers in Scotland published
  Part: 6.4

- **Year:** 2022
  Month: November
  Event: Review of "super sponsor" scheme published
  Part: 6.3

- **Year:** 2022
  Month: December
  Event: UK PM announces the Illegal Migration Bill
  Part: 6.2

Chapter 2: Methods

This report is based on a desktop review of evidence on the experiences of refugees and asylum seekers in Scotland during the pandemic.

We carried out a modified rapid review, to try and provide a thorough overview of current research and informal publications within a three-month timeframe. This approach is adapted from a full academic systematic review, which is an intensive piece of work that usually takes six months to a year to complete. We have briefly explained our approach below, and included detailed methods in Appendix 1.

2.1 Sources of Information

We included two types of information in this review: peer-reviewed, published academic research, and publications from non-academic organisations that work with refugees and asylum seekers in the UK.

Reviews like this would usually only include **peer-reviewed, published academic literature**, which can be held to higher standards in terms of quality and rigour. However, we took the view that it was important at this stage to try and build as complete a picture as possible of the experiences of refugees and asylum seekers during the pandemic. This meant including non-academic publications (which academics refer to as **grey literature**) from organisations that work with refugees or asylum seekers, which were able to report the situation "on the ground" as they saw it. These sources typically have a much higher risk of bias, and are not designed to follow standards of scientific rigour; but they allow for a much more immediate and localised understanding of events that affected refugees and asylum seekers.

2.2 Searches

We searched seven academic databases for literature on refugees' and asylum seekers' experiences during the pandemic. We developed a standard set of search terms, informed by a previous scoping review on a similar topic, (note **11**) and adapted to each database. We also searched the websites of 12 organisations that work with refugees and asylum seekers, using Google Advanced Search to find relevant pages. Full details of our searches are included in Appendix 1.

Our searches aimed to capture all literature on refugees and asylum seekers during the COVID-19 pandemic in the UK. We expected that there would be fairly little information specific to the Inquiry's themes of interest, and our best chance of finding it would be to cast the net wide, rather than trying to narrow the search to those four themes only.

2.3 Screening the Literature

The initial searches returned 728 academic papers and 1,314 items of grey literature, after removing duplicates. The next step was to sort through these to find papers that answered the review question. We uploaded all the papers to an online systematic review platform called Covidence (note **12**) where the team could work together to screen the papers.

We used a two-step screening process. In the first step, two reviewers read each title and abstract, and excluded papers that obviously did not fit our criteria. In the second stage, reviewers read the full text of the remaining articles and, again, excluded those that did not address our question. Full details of the screening process are in Appendix 1.

We used a number of criteria to decide whether a paper should be included or not:

Population: We included publications that explored the experiences of refugees, asylum seekers (including people whose asylum claim had been refused), and unaccompanied children. We excluded papers that looked at "migrants" as a whole, where it was not possible to separate the experiences of refugees or asylum seekers.

Location: We included publications from anywhere in the UK. Although our focus is on Scotland, most immigration policy is made at UK level, and we took the view that relevant and comparable information would be lost if we excluded the rest of the UK.

Date and Language: We excluded papers that looked at a period outside the Inquiry's timeline (before 2020 or after 2022). We excluded papers in languages other than English, as we did not have the resources within the team to translate them.

Paper type: We included all forms of academic literature except "commentary" pieces with no original data. We had originally planned to exclude conference abstracts, as these provide very little detail of their methods; however, as the overall evidence base was small, we decided to include them. We included grey literature that reported new information (e.g. surveys, new analyses of published data, reports of specific events experienced by refugees or asylum seekers), and excluded commentary and campaigning pieces as far as possible.

2.4 Sorting Our Findings

At each stage in the screening process, we used "tags" on Covidence to sort the literature into one (or more) of five categories: Vaccinations, PPE, Shielding, Lockdown, or General Background. During this process, we also realised that a lot of information about the specific themes is tied into a wider context (for example, papers on access to healthcare illuminate our understanding of access to vaccinations). We therefore decided to include papers that related to access to healthcare, housing, or other forms of support, and link them to the main themes of interest. This would allow us to provide a more complete picture of what refugees and asylum seekers experienced during the pandemic, and why.

The thematic papers are our main focus for this review, so we took these forward to another stage of analysis and evaluation, discussed below. We set the Background papers aside at this stage for a lighter touch review.

2.5 Extracting Data

After screening, we had 17 peer-reviewed academic publications and 29 items of grey literature which addressed one of the four main themes. We used a template on Excel to extract the same information from each paper: information about who and what was the focus of the paper; how any research was done; and what the paper found. Full details are in Appendix 1.

2.6 Assessing the Quality of the Included Papers

Quality appraisal is a process of evaluating a study to understand how well it was conducted, and therefore how much confidence we can have in its findings.

We did not include the grey literature in this process, as it is not designed to the same standards of rigour and objectivity as academic research in the first place. We have instead included some general caveats here (Box 2.1).

For the academic literature, we used standard checklists for different types of study, to assess their quality. We gave an automatic "Low" quality score to conference abstracts because they did not have sufficient information about their methods to make any other judgment possible. One paper was not appraised, (note **13**) as we did not have a suitable tool: this paper was a personal reflection with some case study information. Full details are in Appendix 1, and Box 2.1 below explains our findings.

Box 2.1. Understanding the Quality of the Evidence in this Review

Understanding the Quality of the Evidence in this Review

Almost all the academic literature which forms part of this review is either qualitative or has a cross-sectional design. We found that most studies were "moderate" or "good" on their own terms – that is, they were well-conducted qualitative or cross-sectional studies. However, as a whole, these studies have important limitations: the findings of qualitative studies are specific to the people involved and may have limited wider application. Cross-sectional studies provide a snapshot in time, and cannot assess cause-and-effect.

Alongside this, we have used grey literature, which does not typically follow a scientific method, and which is much more likely to reflect the viewpoint of the person writing it. This introduces a much higher risk of bias and a lower likelihood that its findings are wholly accurate and reliable.

As such, all the literature included in this review should be handled with reasonable caution. Each information source has limitations, which means that this cannot be a complete, precise, and unbiased record of the experiences of refugees and asylum seekers during the pandemic. We would suggest that these findings be treated as indicative of potential issues and used to inform further lines of inquiry and information-gathering, but open to challenge and further examination at all times.

2.7 Other Sources of Information

In the course of the review, we followed up links or references in our included papers and searched for additional information to clarify issues which were mentioned but not explained in these papers. We have drawn on this material to supplement our analysis in each chapter.

2.8 Analysis

For each thematic chapter, two reviewers read all the relevant evidence and worked together to identify common themes that appeared across different papers. We have presented each chapter using these themes.

For the Background chapter, one reviewer read through all the literature tagged as "Background". No data extraction or quality appraisal of this literature was carried out. This literature was used to create a timeline of key events and decisions, which provides the wider context set out in Chapter 6.

Chapter 3: Vaccinations and Access to Healthcare

This chapter explores the impact of the pandemic response on COVID-19 vaccinations (Part 3.1) and access to healthcare (Part 3.2) for refugees and asylum seekers in the UK, with a direct focus on the Scottish context where possible.

Early in the pandemic, clear evidence emerged that certain Black, Asian, and minority ethnic (BAME) groups were experiencing higher rates of COVID-19 infection, morbidity, and mortality (note **14**). Certain health conditions, which are overrepresented in BAME groups, and societal factors, such as deprivation and access to healthcare, were identified as factors affecting COVID-19 susceptibility, disease severity, and outcomes (note **15**).

In designing Phase 1 of the COVID-19 vaccination programme, the Joint Committee on Vaccinations and Immunisations (JCVI) (note **16**) recommended these inequalities be addressed by doing everything possible to ensure high vaccine uptake in BAME groups and in groups who may experience inequalities in access to, or engagement with, healthcare services. It advised UK health authorities and the devolved administrations to collaborate on identifying and addressing these inequalities when implementing the vaccination programme, such as by developing culturally competent and tailored communications and flexible delivery models.

UK Government policy during the pandemic was that refugees and asylum seekers were entitled to free primary healthcare, and did not require an NHS number or GP registration to receive a free COVID-19 vaccination (note **17**).

Box 3.1 below outlines key events specific to vaccinations and access to healthcare for refugees and asylum seekers during the pandemic. This should be read in conjunction with the annotated timeline for Vaccinations provided at Stage One: (note **18**)

Box 3.1. Key Events in Scotland related to Vaccinations and Access to Healthcare for Refugees and Asylum Seekers During the COVID-19 Pandemic

- **8 December 2020:** COVID-19 Vaccination Programme launches in the UK.
- **17 February 2021:** UK Gov publishes COVID-19 migrant health guide.
- **19 April 2021:** UK Gov publishes additional translated resources on COVID-19 vaccines.
- **17 May 2021:** UK Gov publishes translated resources about COVID-19 restrictions and vaccination guidance.
- **13 August 2021:** NHS England and NHS Improvement publish a letter to help people without an NHS number access COVID-19 vaccinations and register with a GP. The letter is made available in 25 languages to be shared with service users and providers.
- **March 2022:** With support from the Scottish Government, BEMIS Scotland creates £80,000 Vaccine Information Fund, which provides grants to charities and community groups of up to £1,500 to make COVID-19 vaccination information available/more accessible to minority ethnic groups.

Part 3.1: Vaccinations

3.1 (A) Overview of the Evidence Base

This section draws on six peer-reviewed, published academic papers and two grey literature items, as detailed in Table 3.1 below:

Table 3.1 Academic and Grey Literature relevant to Vaccinations

- **Author:** Berrou et al.
  Year: 2022
  Title: Leaving No One Behind: Interventions and Outcomes of the COVID-19 Vaccine Maximising Uptake Programme
  Type: Academic
  Quality: Moderate

- **Author:** Borley
  Year: 2023
  Title: A reflection on the NHS, health security and refugees
  Type: Academic
  Quality: Not quality appraised

- **Author:** Burns et al.
  Year: 2022
  Title: COVID-19 vaccination uptake for half a million non-EU migrants and refugees in England: a linked retrospective population-based cohort study
  Type: Academic
  Quality: Moderate

- **Author:** Deal et al.
  Year: 2021
  Title: Strategies and action points to ensure equitable uptake of COVID-19 vaccinations: A national qualitative interview study to explore the views of undocumented migrants, asylum seekers and refugees
  Type: Academic
  Quality: Good

- **Author:** Gordon et al.
  Year: 2023
  Title: Attitudes and experiences of asylum seekers and refugees to the COVID-19 vaccination: a qualitative study
  Type: Academic
  Quality: Good

- **Author:** Stevens et al.
  Year: 2021
  Title: The experiences of socially vulnerable groups in England during the COVID-19 pandemic: A rapid health needs assessment
  Type: Academic
  Quality: Moderate

- **Author:** Glasgow City Council
  Year: 2021
  Title: Hundreds of Homeless People Receive Covid-19 Vaccinations
  Type: Grey
  Quality: N/A – grey

- **Author:** Hamada et al.
  Year: 2021
  Title: Most GP Surgeries Refuse to Register Undocumented Migrants Despite NHS Policy
  Type: Grey
  Quality: N/A – grey

We also found four public policy documents through searches of references (Table 3.2):

Table 3.2 Additional documents relevant to Vaccinations

- Public Health Scotland (PHS)
  2020
  Extended flu and COVID-19 vaccination health inequalities impact assessment: Engagement and consultation report
- Joint Committee on Vaccinations and Immunisation (JCVI)
  2020
  Joint Committee on Vaccinations and Immunisation: Advice on priority groups for COVID-19 vaccination
- Office for Health Improvement and Disparities
  2021
  COVID-19: Migrant health guide
- Scottish Government
  2021
  COVID-19 Vaccine Deployment Plan

3.1 (B) Findings

3.1.1 Practical barriers to COVID-19 vaccination

(a) Exclusion from Priority Groups

Despite the JCVI (note **19**) recommendation that COVID-19 vaccine uptake be maximised for minority ethnic groups and those who have difficulty accessing healthcare, and a wealth of prior evidence showing low intent of vaccine uptake in minority ethnic groups, (note **20**) neither refugees and asylum seekers, nor any other BAME population, were explicitly included in any priority group in the Scottish Government's COVID-19 vaccine deployment plan (note **21**).

In November 2020, Public Health Scotland (PHS) identified refugees and asylum seekers as a population group that were potentially under-vaccinated, reluctant to get involved with health services, not registered with a GP, have little understanding of entitlement to health care, and have language barriers (note **22**).

In its report, PHS recommended connecting with faith organisations and outreach services to explain and promote the vaccination service; exploring how holding centres address the vaccination status of asylum seekers; ensuring staff know that refugees and asylum seekers are entitled to free health care; and promoting the Right to Health GP registration cards (note **23**).

(b) GP Registration

The simplest route to COVID-19 vaccination is to be registered with a GP. Invitations for a vaccination booking can then be sent to the mobile number or address registered with the GP surgery. During the pandemic, many refugees, asylum seekers, and other migrants did not know how, or experienced difficulty registering with GPs (note **24**). A 2021 survey, conducted by the Bureau of Investigative Journalism, of approximately one-third of GP surgeries in 10 cities across England, Scotland, and Wales found that 62% of practices would not register a patient without proof of address, ID, or legal immigration status, despite this not being a legal requirement, and 14% said they were unsure whether they could (note **25**). Additionally, the investigators reported that multiple practices actively provided them with incorrect information over the phone, including that an NHS number would be needed to book a vaccination. They reported that mass vaccination drives such as pop-up clinics and mobile clinics were crucial in reaching individuals with 'precarious' immigration status, but it was a question of luck as to whether these were available in any given area.

(c) Language barriers and digital exclusion

Non-English-speaking refugees and asylum seekers depended heavily on support systems when it came to accessing and understanding health-related information. Lockdown restrictions resulted in the closure of many charities and support groups, severely impacting the access of refugees and asylum seekers to interpreters and support for accessing online translated materials (note **26**). In addition, a lack of resources caused digital exclusion of refugees and asylum seekers who struggled to access national COVID-19 guidance and information online due to a lack of internet/devices or skills to use devices (note **27**). More detail on the impact of language and digital exclusion on accessing healthcare is described in Part 3.2.2, below.

3.1.2 Vaccine hesitancy and delayed vaccination

Burns et al. examined COVID-19 vaccination coverage for half a million non-EU migrants and resettled refugees in England, using data from the Million Migrant cohort (note **28**). The dataset included 20,838 refugees, of whom 12,151 had an NHS number. Of those, 8,310 were identified as having had at least one COVID-19 vaccination by 20 April 2022.

The authors found that refugees had the highest proportion of delayed second and third doses, with 12.6% of second doses delayed, and 44.4% of third doses delayed compared to individuals with other visa types. Similarly, refugees had the highest proportion of individuals overdue for a second or third dose compared to a representative England cohort. Suggested reasons for the delays include access barriers, lack of accessible information in an appropriate language, fear of vaccine side effects, or lack of familiarity/trust in the health system. The authors also state that the estimates in the study are likely to underestimate the true inequalities experienced by forced migrants, as the resettled refugees in this study received government support prior to arrival in the host country for early integration with health and social care services (note **29**).

Deal et al. explored the views of migrants who have arrived in the UK over the past 10 years on the pandemic and the COVID-19 vaccine, as well as vaccine delivery strategies and solutions to ensure equitable vaccine uptake (note **30**). Of the 32 participants, 19 were asylum seekers and three were refugees. Reported barriers to COVID-19 vaccination included: pre-existing lack of access to primary care, compounded by loss of access to the NGOs that migrants depended on for access to services; concerns around charging, entitlement to vaccination, and data sharing with the Home Office; and mistrust of government following perceived abandonment and prejudice against migrants during the pandemic.

When asked directly whether they would take a COVID-19 vaccination, 23 participants (72%) reported hesitancy, and two said they would not accept a vaccination. The participants cited concerns over vaccine content, side effects, lack of information, and low perceived need as reasons for their hesitancy/refusal. The authors concluded that vaccine hesitancy in this group could be addressed with clear, accessible, and tailored information campaigns. Participants suggested several strategies to improve vaccine uptake, including using trusted groups and NGOs for communication to increase trust in GPs and registration; using walk-in centres or neutral safe spaces for vaccination clinics; educating primary care staff about entitlement to care; and providing accessible and targeted information about the vaccine through trusted channels (note **31**).

Gordon et al. reported similar findings in their qualitative study on attitudes and experiences of refugees and asylum seekers in Bristol to COVID-19 vaccinations (note **32**). This study found minimal vaccine refusal, but widespread vaccine hesitancy. Based on their analysis, the authors attributed vaccine hesitancy within this group to systemic asylum issues (e.g., housing instability, asylum case delays), misinformation, poor mental health, fear due to trauma experienced both in the UK and overseas, perceived poor access to care, social isolation, and lack of trust around access to care at the community-wide (rather than individual) level. The authors found that a sense of social responsibility and community, good and accessible information, desperation to escape lockdown, trusting relationships with GPs, assistance from NGOs in accessing healthcare, and fear of contracting COVID-19 were all factors that would contribute to an increased uptake in COVID-19 vaccines amongst this group (note **33**).

3.1.3 Examples of strategies and interventions used to improve vaccine uptake

In Glasgow, the Health and Social Care Partnership coordinated a large-scale mobile COVID-19 vaccination campaign targeting the homeless population, which was extended to include asylum seekers and included translated information and support services (note **34**). Around 550 people were vaccinated in 50 locations, and the Head of Glasgow's Homeless Services commented that taking the vaccine to service users proved more efficient and resulted in good vaccination uptake (note **35**).

In the Southwest of England, low levels of COVID-19 vaccine uptake among minority ethnic groups and under-served communities were noted by vaccination networks and community teams early in the COVID-19 vaccination programme (note **36**). This led to the creation of a Maximising Uptake Group, and the rollout of vaccinations for refugees and asylum seekers in clinics coordinated by primary care and supported by the voluntary sector, at which people were also helped to register with a GP.

A similar intervention took place in the West Midlands for recent Afghan refugees in temporary accommodation at a Wolverhampton hotel. Borley describes refugee outreach clinics which offered COVID-19 vaccinations on specified days, supported by multiple interpreters, due to the diversity of dialects spoken in Afghanistan (note **37**). Clinics were adjacent to a GP practice and antenatal care, and attendees were registered with a GP during the 15-minute post-vaccination period. These clinics required considerable planning and collaboration, involving health services, local authorities and government, the voluntary sector, an interpreting service and

refugee centre staff. Borley emphasised the leadership and effort of refugee charities in ensuring that this clinic occurred (note **38**).

Part 3.2: Access to Healthcare

3.2 (A) Overview of the Evidence Base

This section draws on seven peer-reviewed published academic papers; three academic conference abstracts; and three grey literature items, as detailed in Table 3.3 below:

Table 3.3 Academic and Grey Literature relevant to Access to Healthcare

- **Author:** Bansal et al.
  Year: 2023
  Title: 464 Breaking the barriers to accessing care: co-creating solutions with refugee service users
  Type: Academic
  Quality: Poor (conf. abstract)

- **Author:** Borley
  Year: 2023
  Title: A reflection on the NHS, health security and refugees
  Type: Academic
  Quality: Not quality appraised

- **Author:** Cole and Christie
  Year: 2022
  Title: 844 A family-based approach to healthcare inequality amongst asylum seekers
  Type: Academic
  Quality: Poor (conf. abstract)

- **Author:** Deal et al.
  Year: 2021
  Title: Strategies and action points to ensure equitable uptake of COVID-19 vaccinations: A national qualitative interview study to explore the views of undocumented migrants, asylum seekers, and refugees
  Type: Academic
  Quality: Good

- **Author:** Durrant
  Year: 2022
  Title: 971 Barriers to healthcare for unaccompanied asylum seekers
  Type: Academic
  Quality: Poor – conference abstract

- **Author:** Fu et al.
  Year: 2022
  Title: Vulnerable migrants' access to healthcare in the early stages of the COVID-19 pandemic in the UK
  Type: Academic
  Quality: Poor

- **Author:** Gordon et al.
  Year: 2023
  Title: Attitudes and experiences of asylum seekers and refugees to the COVID-19 vaccination: a qualitative study
  Type: Academic
  Quality: Good

- **Author:** Moffat
  Year: 2023
  Title: A Qualitative Evaluation of a Health Access Card for Refugees and Asylum Seekers in a City in Northern England
  Type: Academic
  Quality: Moderate

- **Author:** Stevens et al.
  Year: 2021
  Title: The experiences of socially vulnerable groups in England during the COVID-19 pandemic: A rapid health needs assessment
  Type: Academic
  Quality: Moderate

- **Author:** Robinson
  Year: 2022
  Title: 'He or she maybe doesn't know there is such a thing as a review': A qualitative investigation exploring barriers and facilitators to accessing medication reviews from the perspective of people from ethnic minority communities
  Type: Academic
  Quality: Moderate

- **Author:** Gholami
  Year: 2020
  Title: Coronavirus: Social distancing is cutting asylum seekers off from education and support
  Type: Grey
  Quality: N/A – grey

- **Author:** Hamada et al.
  Year: 2021
  Title: Most GP Surgeries Refuse to Register Undocumented Migrants Despite NHS Policy
  Type: Grey
  Quality: N/A – grey

- **Author:** Temple-Smith
  Year: 2020
  Title: Inside lockdown: insights into the lives of young refugees during Covid-19
  Type: Grey
  Quality: N/A – grey

3.2 (B) Findings

3.2.1 Pandemic-specific reduction in services

There was extensive agreement that the net reduction in face-to-face contact with primary and secondary care practitioners during the pandemic disproportionately affected refugee and asylum-seeking populations. (notes **39**, **40**, **41**, **42**, **43**, **44**, **45**, **46**)

Newly-arrived individuals, often arriving with complex health needs which are more difficult to communicate across language, digital and cultural barriers without face-to-face contact, were most affected. (notes **47**, **48**)

Patients, healthcare providers, and voluntary organisations all felt the impact of significant reported increases in mental health issues in this population, which were amplified by the reduction in face-to-face contact with professionals. (notes **49**, **50**, **51**)

As many charities that would ordinarily support this population in accessing key services either closed or moved online during the pandemic, this worsened existing barriers to access to care, as described below (notes **52**, **53**, **54**)

3.2.2 Pre-existing barriers to care exacerbated by the pandemic

(a) Fear and Distrust

Studies found that the impact of hostile environment policies, which had permitted the sharing of NHS data with the Home Office, together with a lack of knowledge around entitlement to

healthcare, contributed to a deeply entrenched fear and mistrust of healthcare professionals among refugees and asylum seekers, many of whom already carry trauma from previous experiences accessing healthcare in their home countries (notes **55**, **56**, **57**, **58**)

This mistrust was often reinforced by confusion, or even by being prevented from accessing care they are entitled to, as a result of healthcare professionals' and administrators' own lack of knowledge, (notes **59**, **60**, **61**, **62**, **63**, **64**) as discussed in Part 3.1.1(b) above.

(b) Language

Vital interactions with healthcare services include registering with GPs, calling emergency services, understanding care decisions during inpatient care, booking appointments, and understanding written information regarding healthcare (including consent forms) and booking information. Language barriers in each of these areas existed prior to the pandemic (notes **65**, **66**, **67**, **68**, **69**)

These language barriers became acute during the pandemic due to the lack of face-to-face contact with the charity sector, GP receptionists, and interpreters in healthcare settings (notes **70**, **71**, **72**, **73**, **74**) As shown by Gholami, taken together, these barriers served to cut people off from access to care almost entirely (note **75**).

(c) Lack of understanding or information

Information provided during the pandemic, particularly regarding lockdown or challenging misinformation about access to care, was often not specific to the needs and circumstances

of refugees and asylum-seekers, who struggled to apply it to their own situations (note **76**). However, studies showed that these barriers either could be or were removed throughout the pandemic, in specific examples of good practice, through the provision of accessible, accurate, timely, specific information, which helped to give refugee and asylum-seeker populations autonomy in accessing healthcare (notes **77**, **78**, **79**) Specific examples are discussed in Part 3.1.3 above.

(d) Access to technology

The increased use of technology to communicate with patients throughout the pandemic excluded some refugees and asylum seekers due to digital poverty, reflected in access to devices and to an internet connection (note **80**). However, for others, this improved access to care because virtual access removed previous transport or financial barriers. Language barriers were also mitigated, as patients could translate text messages directly using their phones (notes **81**, **82**)

3.2.3 Opportunities to improve healthcare provision and uptake

Overall, the pandemic clearly worsened access to care and the overall health and wellbeing of refugees and asylum seekers. However, some responses to the healthcare needs of refugees and asylum seekers during the pandemic identified new ways of working and lessons learned which could improve their access to healthcare in the future. These include:

1. Greater use of voluntary organisations to help individuals understand and access the healthcare they are entitled to; for example, by facilitating outreach clinics or operating as trusted partners to dispel misinformation or to co-create and share accessible information; (notes **83**, **84**, **85**, **86**)

2. Learning from the additional support provided to resettled refugees to help them navigate the UK health system, and developing a similar approach to those who enter the UK through informal routes; (notes **87**, **88**, **89**)
3. Opportunities to link GP registration to other outreach projects, such as vaccination clinics or antenatal care, in order to overcome barriers around knowledge and access, and to enable more streamlined use of interpreters; (note **90**) and
4. Significant knowledge gaps around entitlement to care for asylum seekers and refugees, among healthcare providers and administrators, which need to be addressed so that people do not face undue barriers to accessing care (notes **91**, **92**, **93**)

Part 3.3: Discussion and Conclusions

As noted in the Methods chapter (Part 2.6), the strength of evidence available at this time is limited. The peer-reviewed academic publications we found are generally well-conducted studies, but with designs that are not intended to provide widely generalisable results, nor demonstrate a cause-and-effect relationship between events and outcomes. The grey literature we have used is not necessarily designed to be scientifically rigorous, and has a higher risk of bias.

In addition to these general limitations, most of the studies in this section (including all peer-reviewed studies on access to healthcare) were specific to England, although we would expect this to be a fair reflection of the experiences of refugees and asylum seekers during the pandemic in Scotland too.

However, we can draw some tentative conclusions and suggested questions for the Inquiry to explore further. Overall, we note that refugees and asylum seekers faced many barriers to accessing healthcare and vaccinations, most of which existed prior to the pandemic. These pre-existing inequities were considered by JCVI (note **94**) in the development of the COVID-19 vaccination programme, but there was no UK-wide or Scottish national strategy for implementing its recommendations in respect of refugees and asylum seekers. The responsibility was left to local governments and health authorities to design and implement strategies and interventions for maximising the uptake of COVID-19 vaccinations by refugees, asylum seekers, and other minority ethnic groups.

As the literature examined in this chapter shows, existing barriers were acutely exacerbated or highlighted throughout the pandemic, and effective outreach to refugee and asylum-seeker populations required collaboration between multiple agencies in government, healthcare, and the voluntary sector. Lack of information, lack of support, language barriers, and fear all acted to prevent many refugees and asylum seekers from accessing primary care and receiving vaccinations.

Some places in Scotland and England reached these under-served groups with targeted campaigns which required resource-intensive multi-agency collaboration; however, these appear to be exceptional cases. Studies of those interventions found that providing targeted, culturally-appropriate and accessible information through trusted communication channels can help to combat the barriers described above and enable refugees and asylum seekers to engage with healthcare services; providing health security and improvements in both individual and local population health.

Part 3.4: Questions for the Inquiry to Consider

1. Should refugees and asylum seekers have been explicitly included in a COVID-19 vaccine priority group at a national level?
2. How were GP surgeries informed of the policy that individuals do not need to present proof of address, ID, or immigration status in order to register with a GP or to receive a COVID-19 vaccine? Could this policy have been disseminated through other, more effective channels?
3. How were vaccinations offered to individuals who did not have access to a GP, or even perceived access to emergency care?
4. What consideration was given to people who face a complete language barrier to accessing healthcare over the phone, and who were not able to access face-to-face services during lockdown?
5. How could information to dispel fear and mistrust still circulating due to previous policies regarding charging for healthcare, or data sharing with the Home Office, be addressed to prevent this barrier to care and vaccination in future pandemics?
6. Given that most issues faced in this area during the pandemic were exacerbations of existing barriers, how can lessons learned be cemented in policy and funding decisions not just in the event of future pandemics, but also as standard practice for refugee and asylum seeker healthcare?

Chapter 4: Lockdown, Shielding and Access to Housing

This chapter explores the impact of the pandemic response on lockdown (Part 4.1), shielding (Part 4.2) and access to housing (Part 4.3) for refugees and asylum seekers in the UK, with a direct focus on the Scottish context wherever possible.

In Scotland, refugees and asylum seekers were at additional risk of COVID-19 infection and over-represented among COVID-19 cases and deaths. Refugees faced risk factors such as working in low-paid, precarious, and public-facing jobs, living in overcrowded accommodation and barriers to healthcare access (note **95**). This population experienced well-documented marginalisation prior to the implementation of non-pharmaceutical interventions (NPIs) (note **96**).

This chapter aims to investigate any additional inequalities encountered by refugees and asylum seekers during government-mandated lockdowns and shielding stipulations. Subsequently, we will discuss the approach to housing refugees and asylum seekers and their experiences in contingency accommodation under NPIs.

Box 4.1 below outlines key events specific to lockdown, shielding and access to housing for refugees and asylum seekers during the pandemic. This should be read in conjunction with the annotated timelines for Lockdown and Shielding provided at Stage One: (note **97**)

Box 4.1. Key Events in Scotland related to Lockdown, Shielding and Access to Housing for Refugees and Asylum Seekers During the COVID-19 Pandemic

- **19 March 2020:** Substantive asylum interviews temporarily paused.
- **28 March 2020:** Home Office temporarily halts evictions from asylum accommodation.
- **March 2020:** 350 people released from immigration detention due to the pandemic.
- **22 April 2020:** Asylum Intake Units introduced around the country, including in Glasgow. Asylum claimants required to attend in-person.
- **26 June 2020:** Park Inn Hotel tragedy in Glasgow.
- **1 July 2020:** Asylum interviews restart.
- **5 November 2020:** Updated Home Office guidance: temporary surge intake units will continue, asylum interviews to be attended in person.
- **20 November 2020:** Guide on asylum hearings changed from in-person to remote.
- **1 December 2020:** Home Office announces Operation Oak, intended to move people from hotels into dispersal accommodation by summer 2021.

Part 4.1: Lockdown

4.1 (A) Overview of the Evidence Base

This section draws on four peer-reviewed, published academic papers and 17 grey literature items, as detailed in Table 4.1 below:

Table 4.1. Academic and Grey Literature relevant to Lockdown

- **Author:** Burns et al.
  Year: 2022
  Title: Refugees, political bounding and the pandemic: material effects and experiences of categorisations among refugees in Scotland
  Type: Academic
  Quality: Moderate

- **Author:** Cohen et al.
  Year: 2021
  Title: Remote medico-legal assessment by telephone during COVID-19: Monitoring safety and quality when documenting evidence of torture for UK asylum applicants
  Type: Academic
  Quality: Moderate

- **Author:** Stevens et al.
  Year: 2021
  Title: The experiences of socially vulnerable groups in England during the COVID-19 pandemic: A rapid health needs assessment
  Type: Academic
  Quality: Moderate

- **Author:** Vidal et al.
  Year: 2023
  Title: Rupture and liminality: Experiences of Scotland's refugee population during a time of COVID-19 lockdown
  Type: Academic
  Quality: Good

- **Author:** Armstrong et al.
  Year: 2020
  Title: Report: Left out and locked down - Impacts of Covid-19 lockdown for marginalised groups in Scotland
  Type: Grey
  Quality: N/A – grey

- **Author:** British Red Cross
  Year: 2020
  Title: British Red Cross welcomes announcement that Home Office will pause all evictions from asylum accommodation
  Type: Grey
  Quality: N/A – grey

- **Author:** Detention Action
  Year: 2020
  Title: Press Release: Over 350 released from immigration detention and all cases to be urgently reviewed
  Type: Grey
  Quality: N/A – grey

- **Author:** Detention Action
  Year: 2020
  Title: Update: immigration detention, COVID-19 and where we stand now
  Type: Grey
  Quality: N/A – grey

- **Author:** Electronic immigration network
  Year: 2020
  Title: Coronavirus: Social distancing is cutting asylum seekers off from education and support
  Type: Grey
  Quality: N/A – grey

- **Author:** Electronic immigration network
  Year: 2020
  Title: President of the Immigration and Asylum Chamber of the Upper Tribunal issues amended Presidential Guidance Note on arrangements during the Covid-19 pandemic
  Type: Grey
  Quality: N/A – grey

- **Author:** Finlay et al.
  Year: 2021
  Title: "It's like rubbing salt on the wound": the impacts of Covid-19 and lockdown on asylum seekers and refugees
  Type: Grey
  Quality: N/A – grey

- **Author:** Home Office
  Year: 2020
  Title: Asylum Operations Regional Asylum Intake Units
  Type: Grey
  Quality: N/A – grey

- **Author:** Home Office
  Year: 2020
  Title: Home Office letter to inform stakeholders of the impact of new covid restrictions on asylum interviews
  Type: Grey
  Quality: N/A – grey

- **Author:** Positive Action in Housing
  Year: 2020
  Title: Mears Group and the Home Office's Actions During Lockdown/Global Pandemic
  Type: Grey
  Quality: N/A – grey

- **Author:** Positive Action in Housing
  Year: 2020
  Title: Update on Mclays Lockdown – 3 new Covid cases and still no tests.
  Type: Grey
  Quality: N/A – grey

- **Author:** Refugee Council
  Year: 2020
  Title: Inside lockdown: insights into the lives of young refugees during Covid-19
  Type: Grey
  Quality: N/A – grey

- **Author:** Refugee Council
  Year: 2020
  Title: Asylum applications fell by 40% during lockdown
  Type: Grey
  Quality: N/A – grey

- **Author:** Refugee Council
  Year: 2021
  Title: RC briefing for the Westminster Hall debate on support for pupils during school closures. (13.01.2021)
  Type: Grey
  Quality: N/A – grey

- **Author:** Refugee Council
  Year: 2022
  Title: Detention in the Asylum System
  Type: Grey
  Quality: N/A – grey

- **Author:** Refugee Council
  Year: 2022
  Title: Lives On Hold: Experiences of people living in hotel asylum accommodation. A follow-up report.
  Type: Grey
  Quality: N/A – grey

- **Author:** Scottish Refugee Council
  Year: 2021
  Title: Staying connected during Covid-19
  Type: Grey
  Quality: N/A – grey

- **Author:** Scottish Refugee Council
  Year: 2022
  Title: The people behind the portraits: Refugee Festival artists share their stories
  Type: Grey
  Quality: N/A – grey

4.1 (B) Findings

4.1.1 Asylum process

(a) Claims

According to an analysis from the Refugee Council: (note **98**) during the first UK lockdown (March-June 2020), 4,732 people claimed asylum in the UK, a 40% decrease compared to 2019. No refugees were resettled, and only 131 family reunion visas were granted. By the end of June 2020, 54,073 people were waiting for an initial decision on their asylum claim. The number of people waiting more than six months for a decision had increased by 57% compared to the previous year.

Changes to the asylum process, including the introduction of Asylum Intake Units, are outlined in Chapter 6: Part 6.1. In the context of lockdown, it is important to note that asylum seekers were still required to attend screening interviews in person, with guidance to make alternative arrangements if they had COVID-19 symptoms (note **99**).

Substantive asylum interviews were paused on 19 March 2020, restarting at the end of July 2020 (note **100**). On 5 November 2020, when new national restrictions were introduced in England and Scotland moved to a five-tier system of restrictions, the Home Office announced that the temporary intake units and asylum interview operations would continue in all regions including Scotland, with interviews to be attended in person (note **101**). Guidance on immigration and asylum hearings changed on 20 November 2020, with appeals to be determined remotely on the papers or via telephone (note **102**).

Limited literature was found on the impact of these changing processes on asylum-seekers during lockdown. One report examined the impacts of lockdown on asylum seekers and refugees by conducting a UK-wide survey of service providers, as well as interviews with refugees, asylum seekers, and service providers, in Glasgow and Newcastle-Gateshead (note **103**). They found that people going through the asylum process during lockdown experienced feelings of desperation and anxiety as a result of delays, whilst people with refugee status also faced waiting and uncertainty around accessing benefits and employment opportunities which exacerbated stress and anxiety.

Research by Cohen **et al**. explored the switch to remote assessments at Freedom from Torture, a human rights charity in the UK that provides medical evidence for asylum

applications (note **104**). They found that although remote assessments were possible, doctors reported difficulties obtaining the full client history, especially of past torture. Hindering factors included challenges reading body language, developing rapport, discussing client ill-health, and safeguarding concerns. The majority of clients also preferred face-to-face assessments (42%), although 26% preferred remote and 32% had no preference.

(b) Detention

During the pandemic, asylum seekers continued to be detained in Immigration Removal Centres and Short-Term Holding Facilities across the UK (see Appendix 2). Detention of asylum-seeking children also continued throughout the pandemic, with 23 children detained during 2020 and 515 in 2021 (note **105**).

In March 2020, a legal challenge by Detention Action on the lawfulness of continued immigration detention during the pandemic resulted in the release of 350 people, and a commitment from the Home Office to urgently review all detention cases (note **106**). By May 2020, the number of people released had increased to 700 (note **107**).

After the end of the first lockdown, numbers in detention began to increase again (see Appendix 2). Protective measures were also introduced during lockdown to mitigate some of the COVID-19 risks in detention (note **108**).

No literature was found on the impact of detention itself on refugees and asylum seekers during the lockdown period. However, asylum seekers interviewed for the University of Glasgow's Left Out and Locked Down report, which interviewed 27 people in Scotland at different stages of the asylum process or with refugee status, described being moved into temporary accommodation as 'akin to detention' (note **109**).

4.1.2 Mental health

Refugees and asylum seekers experienced an exacerbation of mental health problems due to lockdown. Stevens et al. found anxiety, low mood, and suicidal feelings were compounded by lockdown (note **110**). Causes included the inability to socialise in person or online; a stop to visitors at detention centres; suspension of services; and delays in asylum processing. Vidal et al. found that lockdown exacerbated vulnerability in relation to loneliness and feelings of hopelessness, lack of agency and resilience (note **111**). The interruption to integration during lockdown, especially the sudden loss of social connections and routines, had a particularly damaging effect on mental health and feelings of loneliness and despair. (note **112**) Poor mental health outcomes were also reflected in grey literature accounts of the experiences of refugees and asylum seekers (note **113**).

Finlay et al. also reported increased isolation and loneliness resulting from lockdown, with the closure of services and community spaces resulting in a loss of access to face-to-face activities and support groups (note **114**). Groups especially affected included: people who had already been in the asylum system for an extended period; those who arrived in the UK during the pandemic; asylum seekers who were alone (especially single men); and women and mothers with extra caring and home-schooling responsibilities (single mothers in particular). A critical theme discussed in numerous studies was how mental health problems were compounded by having to spend lockdown in poor-quality housing and hotels, which is discussed in Part 4.3: Access to Housing, below.

4.2 (A) Overview of the Evidence Base

As shown in Table 4.2 below, one academic study, a health needs assessment, was identified in relation to shielding (note **115**). The study was conducted in England with several socially vulnerable groups, and was considered to be of moderate quality within the constraints of its study design.

Table 4.2. Academic and Grey Literature relevant to Shielding

- **Author:** Stevens et al.
  Year: 2021
  Title: The experiences of socially vulnerable groups in England during the COVID-19 pandemic: A rapid health needs assessment
  Type: Academic
  Quality: Moderate

We also found two public policy documents through searches of references (Table 4.3):

Table 4.3. Additional documents relevant to Shielding

- Public Health Scotland (PHS)
  2021
  COVID-19 Shielding Programme (Scotland) rapid evaluation: Summary report
- Public Health Scotland (PHS)
  2021
  Search criteria for highest risk patients for inclusion to the shielding list: version 6.0

4.2 (B) Findings

Shielding was a practice instated across the UK to protect those at highest risk from severe COVID-19 outcomes. In Scotland, 180,000 people were individually identified for the 'Shielding list' as they displayed risk factors including severe respiratory diseases and immunosuppression (note **116**). Formal shielding requirements were in force from March until August 2020 and the shielding list was renamed the Highest Risk List in July 2021 (note **117**).

In their rapid health needs assessment of socially excluded groups, Stevens et al. report that people with irregular immigration status had difficulties accessing government support for shielding and self-isolation in England (note **118**). Study participants identified that the need to earn money to meet basic needs prohibited staying at home, shielding, or isolating. This was particularly the case for those who were ineligible for government financial support, some of whom continued to earn money through sex work or begging, despite the risks this posed. Others needed to break 'stay home' and shielding advice orders because storing food or shopping online was not possible due to space constraints in temporary accommodation, financial challenges, or digital exclusion (note **119**).

Our searches returned no literature that discussed experiences of refugees or asylum seekers shielding in Scotland specifically. PHS's evaluations of shielding policy (see Table 4.3) did not directly examine the impact on refugees and asylum seekers; although one report noted that a charity working with people from minority ethnic groups had provided translations of shielding letters, as official translations were not immediately available (note **120**).

Part 4.3: Access to Housing

4.3 (A) Overview of the Evidence Base

This section draws on two peer-reviewed, published academic papers and nine grey literature items, as detailed in Table 4.4 below:

Table 4.4. Academic and Grey Literature relevant to Access to Housing

- **Author:** Burns
  Year: 2022
  Title: Refugees, political bounding and the pandemic: material effects and experiences of categorisations among refugees in Scotland
  Type: Academic
  Quality: Moderate

- **Author:** Tschalaer
  Year: 2022
  Title: The Queer Necropolitics: Experiences of LGBTQI+ Asylum Claimants During Covid-19 in the UK
  Type: Academic
  Quality: Good

- **Author:** British Red Cross
  Year: 2020
  Title: British Red Cross welcomes announcement that Home Office will pause all evictions from asylum accommodation
  Type: Grey
  Quality: N/A – grey

- **Author:** Finlay et al.
  Year: 2021
  Title: "It's like rubbing salt on the wound": the impacts of Covid-19 and lockdown on asylum seekers and refugees
  Type: Grey
  Quality: N/A – grey

- **Author:** Independent Chief Inspector of Borders and Immigration
  Year: 2022
  Title: An inspection of contingency asylum accommodation
  Type: Grey
  Quality: N/A – grey

- **Author:** Positive Action in Housing
  Year: 2020
  Title: Unreasonable Mears Transfers
  Type: Grey
  Quality: N/A – grey

- **Author:** Refugee Council
  Year: 2020
  Title: What changed? Home Office response to our Covid-19 asks
  Type: Grey
  Quality: N/A – grey

- **Author:** Refugee Council
  Year: 2022
  Title: Lives On Hold: Experiences of people living in hotel asylum accommodation. A follow-up report.
  Type: Grey
  Quality: N/A – grey

- **Author:** Scottish Refugee Council
  Year: 2020
  Title: #StopLockChangeEvictions coalition, we sent a letter to Mears, Serco, and the Home Office requesting an end to evictions from asylum accommodation during Covid-19.
  Type: Grey
  Quality: N/A – grey

- **Author:** Scottish Refugee Council
  Year: 2020
  Title: Covid-19: No evictions for three months
  Type: Grey
  Quality: N/A – grey

- **Author:** Shelter Scotland
  Year: 2020
  Title: Coronavirus: Supporting people with no recourse to public funds or housing
  Type: Grey
  Quality: N/A – grey

4.3 (B) Findings

4.3.1 Approach to housing refugees and asylum seekers during lockdown

After the introduction of lockdown on 23 March 2020, Shelter Scotland called on the Scottish Government and local authorities to remove barriers related to immigration status, so that everyone could access safe and suitable accommodation (note **121**).

Simultaneously, in response to the pandemic in March 2020, the Home Office, through its contracted accommodation provider Mears Group, decided to house recently arrived asylum seekers and people on section 4 asylum support in hotel accommodation (note **122**).

Shelter Scotland (note **123**) and the Scottish Refugee Council (note **124**) also called on the Home Office to stop all evictions and raids at asylum accommodation; and on 28 March 2020, the Home Office announced an immediate halt to all evictions from asylum accommodation. This aimed to ensure that nearly 50,000 people were not at threat of losing their accommodation in the coming months, a decision welcomed by the British Red Cross (note **125**).

A timeline of events related to asylum-seeker accommodation in Scotland is included in Chapter 6: Part 4. In light of these events, in September 2020 the Home Office announced Operation Oak, a plan to move people from hotels into dispersal accommodation by summer 2021 (note **126**). Limited progress was made by the deadline, and the number of people being accommodated in hotels continued to increase in 2022 (note **127**).

4.3.2 Experiences of housing for refugees and asylum seekers

(a) Challenges of temporary accommodation and additional vulnerabilities

During lockdown, everyone in the UK was told to 'Stay at home, protect the NHS, save lives.' As a result, housing and 'home' became a key focus of the lockdown experience (note **128**). For refugees and asylum seekers, weathering national lockdowns in temporary accommodation presented additional challenges (note **129**).

Armstrong et al. found most refugees and asylum seekers in temporary accommodation in Scotland were not working (asylum seekers are prevented from doing so by law) and depended on aid (note **130**). Key issues experienced within accommodation were access to food, technology and information, and other basic needs during lockdown.

Additionally, it was reported that temporary housing, like hotels, contributed to people's sense of displacement, loss of agency, and added trauma and a sense of isolation in Scotland (note **131**). Burns et al. found that participants felt contingency housing measures, such as enforced mealtimes and lack of food preparation capacity, removed the possibility to live any kind of dignified life (note **132**).

In discussions of the Park Inn hotel tragedy (see Chapter 6: Part 4), many refugees, asylum seekers and supporting organisations referred to the culmination of these challenges and considered them responsible for the events that unfolded (notes **133**. **134**)

Refugees and asylum seekers experienced worsened inequities in housing in the COVID-19 pandemic. As a marginalised subgroup, LGBTQ+ refugees and asylum seekers experienced additional inequalities. Tschalaer found that Home Office policies around housing during the pandemic were closely linked to 'hostile environment' policies – amplifying housing and food precarity, isolation, exposure to violence, economic insecurity, and physical and mental health problems for LGBTQI+ asylum claimants (note **135**). In addition, a lack of intersectionality in the governmental approach to refugees and COVID-19 appeared to create a particular gap in support for LGBTQI+ asylum seekers.

(b) Conditions in Asylum Accommodation

In addition to the challenges of living in a hotel, the poor quality of accommodation for refugees and asylum seekers in Scotland during lockdown was a key theme in the grey literature (notes **136**, **137**) Asylum seekers described their frustration and humiliation at forced relocations, and at being confined in often cramped, substandard conditions with broken amenities (note **138**). They also described feeling locked in for lack of other spaces, with choices severely constrained, contributing to feelings of institutionalisation. Similarly, the Scottish Refugee Council reported individuals describing hotels as feeling like a prison due to bad food and lack of socialisation and other activities (note **139**).

In October 2020, Scottish refugee charity Positive Action in Housing reported discontent amongst 90 asylum seekers in a hostel in Glasgow, over 'dirty' shared accommodation, and a lack of provision of tests to all residents, despite confirmed cases of COVID-19 in the hostel (note **140**).

Part 4.4: Discussion and Conclusions

As noted in the Methods chapter(Part 2.6), the strength of the evidence available at this time is limited. The peer-reviewed academic publications which we have found are generally well-conducted studies, but with designs that are not intended to provide widely generalisable results, nor demonstrate a cause-and-effect relationship between events and outcomes. In particular, one study focuses specifically on LGBTQI+ people, and we cannot assume that its findings can be generalised to other refugees or asylum seekers (note **141**).

The grey literature we have used is not necessarily designed to be scientifically rigorous, and has a higher risk of bias; although, notably, two reports in this section were produced in conjunction with academic teams, (notes **142**, **143**) and are therefore likely to be more robust. Our discussion of theme 4.3.2 (b) above, on the quality of asylum accommodation, is drawn entirely from grey literature, and so should be treated with particular caution.

This chapter includes a fairly even mix of papers focused specifically on Scotland and papers from elsewhere in the UK.

Despite these limitations, we can draw some tentative conclusions and suggested questions for the Inquiry to explore further. Overall, we note that there was little evidence on the impact that changes to asylum processes had on asylum seekers during lockdown. More evidence was found on how pre-existing mental health problems were exacerbated by lockdown, for those waiting on asylum decisions as well as those transitioning from 'asylum seeker' to 'refugee' status. Commonly reported feelings and symptoms included anxiety, low mood, loneliness, helplessness, and isolation, with the evidence suggesting the inability to socialise, loss of routines, suspension of services, and delays in asylum processing were important causes.

We found no evidence on the experiences of shielding among refugees and asylum seekers in Scotland. Therefore, it was not possible to comment on the effectiveness of communication materials and pathways in ensuring that refugees and asylum seekers could comply with Government and medical advice, nor on the particular challenges faced by refugees or asylum seekers who may have been shielding.

Accounts of asylum seeker experiences in Scotland overwhelmingly reflected the poor housing standards of contingency accommodation and amenities. A culmination of lockdown measures and insecure, inadequately maintained contingency accommodation contributed to complex and enduring challenges for refugees and asylum seekers.

Part 4.5: Questions for the Inquiry to Consider

1. How will the impact of delays and interruptions to the asylum process, on the health, security, and opportunities of refugees and asylum seekers, be evaluated?
2. What consideration was given to enhancing the mental wellbeing of refugees and asylum seekers in lockdown in Scotland?
3. How can we better understand the experiences of refugees and asylum seekers who were on the Shielding/Highest Risk List?
4. What is the risk that refugees and asylum seekers were not included on the Shielding/High Risk List, because of barriers to accessing healthcare?
5. For those who were on the list, what measures were taken to ensure the letters sent to the High-Risk List were accessible and therefore actionable to refugees and asylum seekers, including people in temporary accommodation?
6. What role did or could Scottish authorities have had in maintaining appropriate standards of accommodation for asylum seekers, and addressing complaints from residents?
7. What impact did Scotland's specific lockdown policies have on the lives of refugees and asylum seekers?

Chapter 5: Access to Financial Support and Other Resources, including PPE

This chapter explores the impact of the pandemic response on personal protective equipment (PPE) (Part 5.1) and access to financial support (Part 5.2) and other resources (Part 5.3) for refugees and asylum seekers in the UK, with a direct focus on the Scottish context wherever possible.

Lack of access to funds resulted in hardships for this population, including difficulty with digital connection, food and other basic needs, and PPE, needed to protect themselves and comply with pandemic restrictions. Similarly, the loss of resources normally provided by schools also had impacts on refugees and asylum seekers, particularly children but also their families, as did the loss of employment and community support.

Box 5.1 below outlines key events specific to PPE and access to finance and resources for refugees and asylum seekers during the pandemic. This should be read in conjunction with the annotated timeline for PPE provided at Stage One: (note **144**)

Box 5.1. Key Events in Scotland related to PPE and Access to Financial Support and Other Resources for Refugees and Asylum Seekers During the COVID-19 Pandemic

- **25 March 2020:** Lockdown restrictions first introduced.
- **June 2020:** Home Office increases weekly asylum seeker allowance by £1.85.
- **22 June 2020:** Face masks compulsory on public transport (with limited exceptions).
- **10 July 2020:** Face masks compulsory in shops.
- **October 2020:** Home Office increases weekly asylum seeker allowance by £0.03; introduces £8.00 weekly allowance for people in hotels.

Part 5.1: Personal Protective Equipment (PPE)

5.1 (A) Overview of the Evidence Base

We found no academic literature on PPE for refugees and asylum seekers during the COVID-19 pandemic and only one instance in grey literature, in a report on the impacts of lockdown on marginalised groups in Scotland, (note **145**) as shown in Table 5.1.

Table 5.1 Academic and Grey Literature relevant to PPE

- **Author:** Armstrong et al.
  Year: 2020
  Title: Report: Left out and locked down- Impacts of Covid-19 lockdown for marginalised groups in Scotland
  Type: Grey
  Quality: N/A – grey

Overall, it appears that, because other issues such as access to health care or isolation during lockdown were far greater barriers for refugees and asylum seekers, the issue of PPE has not been widely studied or considered with respect to this population.

5.1 (B) Findings

There is limited evidence that discusses the impact of COVID-19 on the ability of refugees and asylum seekers to access PPE in the Scottish context. However, in one report, refugees and asylum seekers attested that their lack of money forced very difficult choices including, in various instances, between buying PPE and buying food, or buying PPE and calling a loved one (note **146**).

Part 5.2: Access to Financial Support

5.2 (A) Overview of the Evidence Base

This section draws on one peer-reviewed, published academic paper and four grey literature items, as detailed in Table 5.2 below:

Table 5.2. Academic and Grey Literature relevant to Access to Finance

- **Author:** Stevens et al.
  Year: 2021
  Title: The experiences of socially vulnerable groups in England during the COVID-19 pandemic: A rapid health needs assessment
  Type: Academic
  Quality: Moderate

- **Author:** Armstrong et al.
  Year: 2020
  Title: Report: Left out and locked down- Impacts of Covid-19 lockdown for marginalised groups in Scotland
  Type: Grey
  Quality: N/A – grey

- **Author:** British Red Cross
  Year: 2020
  Title: British Red Cross and Aviva create new Hardship Fund to provide financial support to people across the UK during coronavirus.
  Type: Grey
  Quality: N/A – grey

- **Author:** British Red Cross
  Year: 2021
  Title: Financial Hardship Policy Briefing: Learning from the British Red Cross Covid-19 Hardship Fund
  Type: Grey
  Quality: N/A – grey

- **Author:** Refugee Council
  Year: 2020
  Title: What changed? Home Office response to our Covid-19 asks
  Type: Grey
  Quality: N/A – grey

5.2 (B) Findings

A common theme in the literature was that refugees and asylum seekers often lacked enough money to buy food or pay for transport (notes **147**, **148**) When asylum seekers were moved from community to hotel accommodation, and the payment of their weekly allowance was initially stopped, this left them without money for transport, basic goods and digital services (note **149**). Refugee households, although not necessarily on the same very limited weekly income as asylum seekers, also reported significant financial hardship and difficulty accessing food during the pandemic. (note **150**)

Part 5.3: Access to Employment, Education and Community Support Resources

5.3 (A) Overview of the Evidence Base

This section draws on one peer-reviewed, published academic paper and three grey literature items, as detailed in Table 5.2 below:

Table 5.3. Academic and Grey Literature relevant to Access to Education, Employment and Community Support

- **Author:** Stevens et al.
  Year: 2021
  Title: The experiences of socially vulnerable groups in England during the COVID-19 pandemic: A rapid health needs assessment
  Type: Academic
  Quality: Moderate

- **Author:** Armstrong et al.
  Year: 2020
  Title: Report: Left out and locked down- Impacts of Covid-19 lockdown for marginalised groups in Scotland
  Type: Grey
  Quality: N/A – grey

- **Author:** Gholami
  Year: 2020
  Title: Coronavirus: Social distancing is cutting asylum seekers off from education and support
  Type: Grey
  Quality: N/A – grey

- **Author:** Refugee Council
  Year: 2021
  Title: RC briefing for the Westminster Hall debate on support for pupils during school closures. (13.01.2021)
  Type: Grey
  Quality: N/A – grey

5.3 (B) Findings

Lockdown resulted in challenges for asylum-seeking families in terms of their livelihood, accessing education and income. Gholami describes how social distancing shut down informal support networks for Iranian asylum-seeking families with children in London, which they rely on for tuition in English and other subjects, as well as support with mental and physical wellbeing, legal matters and social and cultural activities (note **151**).

A Refugee Council briefing reported on challenges that families on asylum support faced with access to education, including unsuitable home learning environments, digital exclusion, limited financial support, a reluctance of schools to enrol children living in temporary accommodation, and difficulties accessing information online for non-English speakers (note **152**). Stevens et al. discuss the negative impacts of statutory service closures, including schools, on asylum-seeking families who received support from these institutions (note **153**).

Armstrong et al. found many participants lost access to college, language classes, and volunteering opportunities, with poverty also affecting their access to food, information, technology, and other basic needs (note **154**). Service providers noted a negative impact on those with no recourse to public funds due to the cessation of community support and informal employment (note **155**).

Part 5.4: Discussion and Conclusions

As discussed extensively above (Chapters 2.6, 3.3, 4.4), the strength of the evidence available at this time is limited. A particular challenge for this Chapter is that there is very little evidence at all in relation to PPE. We found one item of grey literature, identifying lack of funds as a key barrier to accessing PPE. We have provided additional contextual information about access to finance and other forms of support; but here too the evidence base specific to the pandemic is very limited.

The papers in this Chapter have a mix of UK-wide and Scotland-specific focuses, and we would expect the UK-wide papers to also be a fair reflection of the experiences of refugees and asylum seekers in Scotland.

The lack of focus on PPE and access to finance may be because other issues, such as access to healthcare, discussed elsewhere in this report, have received priority attention from researchers; perhaps because the pandemic is so closely connected to public health, and wider socioeconomic impacts simply have not yet been given the same degree of consideration. Nevertheless, we can draw some tentative conclusions and suggested questions for the Inquiry to explore further. Overall, we note that the available evidence indicates that the COVID-19 pandemic had a significant financial impact on individuals living in the UK, including refugees and asylum seekers.

In a COVID-19 Vulnerability Index developed by the British Red Cross, people with no recourse to public funds, including many asylum seekers, were among those most affected by financial insecurity during the pandemic (note **156**). Refugees and asylum seekers were known to face financial hardship even

before the start of the pandemic, (note **157**) and changes to accommodation and support during lockdown, as well as restrictions on movement which limited where people could shop, made it even harder for people to meet their basic needs (note **158**).

The withdrawal of financial support for asylum seekers who were moved into hotel accommodation was a particular challenge. Voluntary sector organisations set up initiatives, such as British Red Cross Hardship Fund, to provide financial support for people with no source of income, to help people meet their essential living costs (note **159**).

The available evidence indicates that COVID-19 measures also affected employment and education resources for refugees and asylum seekers, mainly due to potential loss of employment for those with a right to work; and financial hardship, which was reported as leading to food insecurity, unaffordability of transportation, and digital exclusion.

The closure of schools also had a significant impact on refugee and asylum-seeking children and their families, delaying students' learning but also contributing to social isolation and reduced access to other services provided in this setting.

Part 5.5: Questions for the Inquiry to Consider

1. What was the policy around provision of PPE to asylum seekers residing in government-run accommodation, and was this followed during the pandemic?
2. What consideration was given to the ability of refugees and asylum seekers to purchase basic goods and remain digitally connected during the pandemic?
3. Given that asylum seekers receive financial support via a prepayment card, what measures were in place to ensure this did not prevent them accessing essential goods and services in Scotland?
4. What consideration was given to the particular needs of refugees and asylum seekers, including children, in terms of access to education and other statutory services throughout the pandemic? What lessons could be learned for future provision?

Chapter 6: Context – Experiences of Refugees and Asylum Seekers in Scotland During the COVID-19 Pandemic

This chapter sets out an overview of events and trends affecting refugees and asylum seekers during the pandemic. Much of this is due to UK Government decisions and global events and is not the responsibility of the Scottish Government. However, it is clear that the immigration system which shapes the lives of refugees and asylum seekers had as much impact on their experience of the pandemic as the direct public sector response to COVID-19. This chapter therefore aims to provide the necessary context to supplement Chapters 3-5.

Part 6.1 describes key trends in asylum and refugee statistics. Part 6.2 covers changes to asylum processes and policy. Part 6.3 outlines the global events shaping the demand for asylum in the UK. Part 6.4 discusses events affecting refugees and asylum seekers in Scotland specifically. Finally, Part 6.5 highlights inequalities which might have adversely impacted some refugees and asylum seekers throughout the pandemic.

Part 6.1: UK Asylum and Refugee Statistics

6.1.1 Asylum and Resettlement

People become refugees in the UK through two principal routes: either entering the country as an asylum seeker and making a claim for asylum; or being recognised as a refugee outside the UK and transferring to the country through an official resettlement route.

Figure 6.1 below shows the number of asylum claims approved yearly from 2015 to 2022 (possible outcomes are: refugee permission, humanitarian protection, unaccompanied asylum-seeking children (UASC) leave, temporary refugee permission, discretionary leave, or other grants), together with the number of refugees resettled (resettlement grants) and the number of people refused. The chart shows a clear reduction in all decisions during 2020:

Figure 6.1. Asylum and Resettlement Outcomes, 2015-2022, based on UK Government statistics (note **160**)

Asylum and Resettlement Outcomes, 2015-2022

Legend: Refugee Permission, Temporary Refugee Permission, Humanitarian Protection, Discretionary Leave, UASC Leave, Other Grants, Resettlement grants, Total people refused
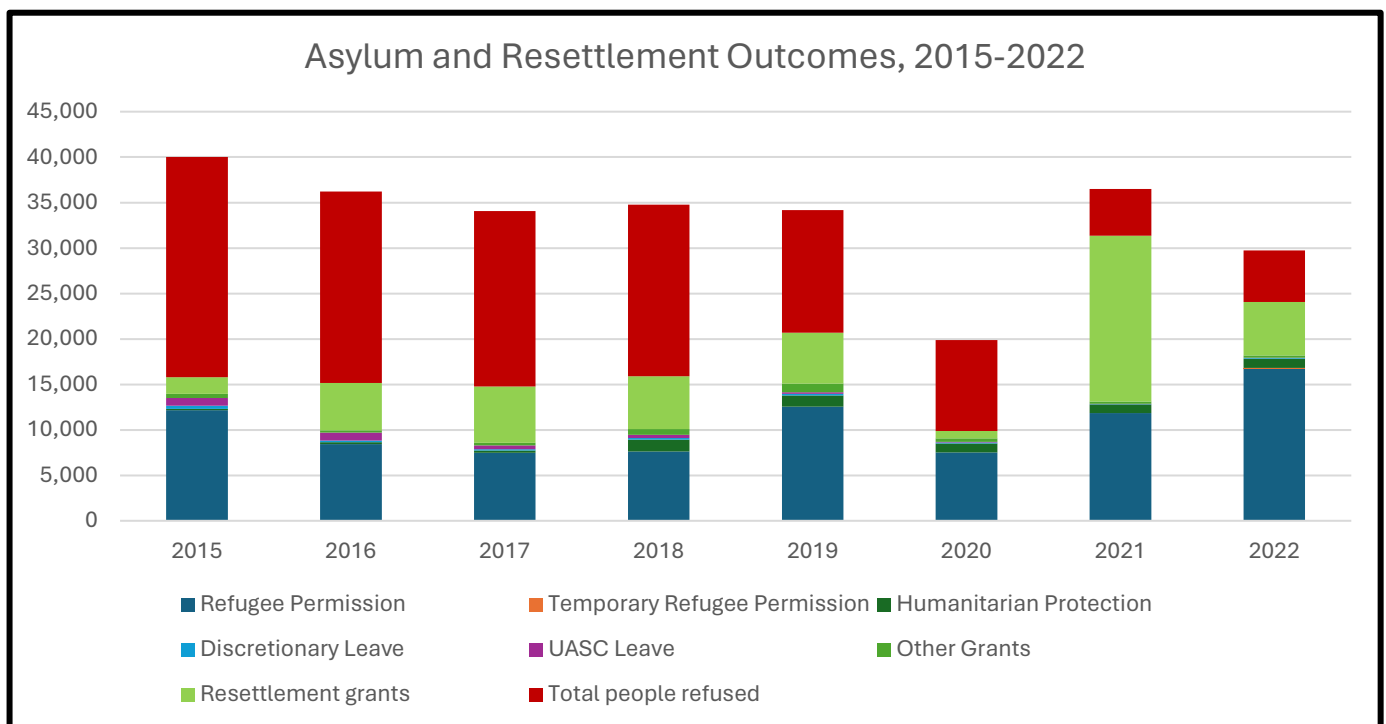
[Figure 6.1 shows a graph. The title of the graph is 'Asylum and Resettlement Outcomes, 2015-2022'. The x-axis shows the years 2015 – 2022 and the y-axis shows numbers from 0 to 45,000, in increments of 5,000. The graph shows the number for each of the following outcomes: Refugee Permission, Discretionary Leave, Resettlement grants, Temporary Refugee Permission, USAC Leave, Total people refused, Humanitarian Protection and Other Grants.

The figures for each outcome, for each year are as follows:

2015
- Refugee Permission: 12,172
- Discretionary Leave: 362
- Resettlement grants: 1,865
- Temporary Refugee Permission: 0
- USAC Leave: 853
- Total people refused: 24,202
- Humanitarian Protection: 124
- Other Grants: 434

2016
- Refugee Permission: 8,419
- Discretionary Leave: 191
- Resettlement grants: 5,212
- Temporary Refugee Permission: 0
- USAC Leave: 892
- Total people refused: 21,067
- Humanitarian Protection: 209
- Other Grants: 233

2017
- Refugee Permission: 7,476
- Discretionary Leave: 138
- Resettlement grants: 6,212
- Temporary Refugee Permission: 0
- USAC Leave: 418
- Total people refused: 19,286
- Humanitarian Protection: 250
- Other Grants: 282

2018

- Refugee Permission: 7,641
- Discretionary Leave: 164
- Resettlement grants: 5,806
- Temporary Refugee Permission: 0
- USAC Leave: 347
- Total people refused: 18,872
- Humanitarian Protection: 1,296
- Other Grants: 649

2019

- Refugee Permission: 12,561
- Discretionary Leave: 156
- Resettlement grants: 5,612
- Temporary Refugee Permission: 0
- USAC Leave: 181
- Total people refused: 13,495
- Humanitarian Protection: 1,235
- Other Grants: 947

2020

- Refugee Permission: 7,511
- Discretionary Leave: 89
- Resettlement grants: 823
- Temporary Refugee Permission: 0
- USAC Leave: 64
- Total people refused: 9,977
- Humanitarian Protection: 1,005
- Other Grants: 403

2021

- Refugee Permission: 11,853
- Discretionary Leave: 38
- Resettlement grants: 17,790
- Temporary Refugee Permission: 0
- USAC Leave: 24
- Total people refused: 5,117
- Humanitarian Protection: 939
- Other Grants: 249

2022

- Refugee Permission: 16,755
- Discretionary Leave: 62
- Resettlement grants: 6,238
- Temporary Refugee Permission: 56
- USAC Leave: 30
- Total people refused: 5,878
- Humanitarian Protection: 1,025
- Other Grants: 257

End of figure 6.1]

Appendix 2A illustrates other key statistics, including resettlement routes; family reunion; detention, and removal from the UK – each discussed briefly below. All show reduced numbers in 2020, followed by a return to previous trends in 2021 and 2022.

The return to previous rates of asylum processing (for example) during 2021 is as relevant to our understanding of what happened during the pandemic, as the reduction of those rates during 2020. Restrictions of various kinds continued into 2021, and asylum seekers would have had to negotiate these in order to comply with immigration requirements; possibly indicating a tension between the demands of migration management and pandemic response, (note **161**) as discussed in Chapter 4.

6.1.2 Family Reunion

Family reunion is separate from asylum-seeking or refugee resettlement, but is a process by which refugees in the UK can apply for close family members (spouse/partner and children under 18) to join them (note **162**). Visa Application Centres closed due to COVID-19 in March 2020 and appear to have started reopening from June 2020 (note **163**). 2,662 family reunion visas were processed in 2020, compared to an average of 3,115 in each of the five previous years (note **164**).

6.1.3 Immigration Detention

As of 23 March 2020, Immigration Detention Centres were closed to visitors. International travel restrictions meant a pause in removals of asylum seekers to 49 countries; and the Home Office paused new detentions of people who would otherwise be removed to these countries (note **165**). An estimated 700 people were released from immigration detention early in the pandemic (notes **166**, **167**, **168**)

Consequently, immigration detention figures were lower in 2020: only 910 people were in detention at the end of the year (note **169**). Most periods of detention are a few weeks or months long. (note **170**) This means that the year-end figures do not represent the thousands of people who moved in and out of detention during the year, although they provide a snapshot of the overall trend.

Detention should not be taken as an indication that a person's asylum claim is invalid. Detention takes place both before and after the determination of asylum claims, and only 13% of those detained in 2021 were returned from detention to another country. (note **171**)

6.1.4 Voluntary Returns and Deportation

People whose asylum claims are refused are expected to leave the UK. People may do so voluntarily – either at their own expense or with assistance from the Voluntary Returns Service – or they may be removed by immigration enforcement (note **172**). In the early months of the pandemic, the Voluntary Returns Service was suspended, (note **173**) and a reduction in all forms of return was observed.

6.1.5 Asylum Dispersal and Detention in Scotland

During the pandemic the UK Government introduced a change to its asylum dispersal policy (the process of moving asylum seekers to accommodation around the UK). Previously, only local authorities which had agreed to be dispersal areas were used to accommodate refugees. Now, the UK maintains a policy of full dispersal to all local authorities.

Glasgow, as the only asylum dispersal region in Scotland, was home to a large number of asylum seekers at the start of the pandemic, with **4,821 people** in receipt of support in September 2020, compared to only 21 in Edinburgh and 29 other people in various parts of Scotland.

By December 2022, the number of asylum seekers in Scotland had increased a little, and the number of dispersal locations around the country had increased, as shown in Table 6.1 below:

Table 6.1. Number of Asylum Seekers in Support by Scottish Local Authority, 31 December 2023, according to UK Government statistics (note **174**)

- Aberdeen City: 107
- City of Edinburgh:60
- Falkirk:44
- Glasgow City: 4,698
- Inverclyde: 61
- Perth and Kinross: 106
- Renfrewshire: 47
- South Lanarkshire: 63
- 11 other regions (<10 people asylum seekers each): 24

In addition, there were 24 asylum seekers detained in **Dungavel Immigration Removal Centre** in South Lanarkshire at the end of 2020; 13 at the end of 2021; and 38 at the end of 2022. There were 42 people in Dungavel at the end of 2019, suggesting the lower numbers in 2020 and 2021 may have been in part a response to the pandemic; although it should be noted that the number of people detained in Dungavel had already been gradually declining from a peak of 196 in 2014 (note **175**). Immigration removal centres, like asylum accommodation, are the responsibility of the UK Home Office, including in Scotland.

# Part 6.2: Legislation and Policy Affecting Refugees and Asylum Seekers

Asylum seekers, in particular, were affected by changes to asylum processes in response to COVID-19, which are outlined briefly here (section 6.2.1). Other significant changes to immigration policy, during but not due to the pandemic, directly affected the lives of both refugees and asylum seekers. These are summarised in section 6.2.2.

6.2.1 Changes to the Asylum Process

The process of seeking asylum in the UK involves several stages. A simplified version is outlined in Figure 6.2 below, drawing on the UK Government's "Claim asylum in the UK" webpages (note **176**).

Figure 6.2. Outline of UK Asylum Process
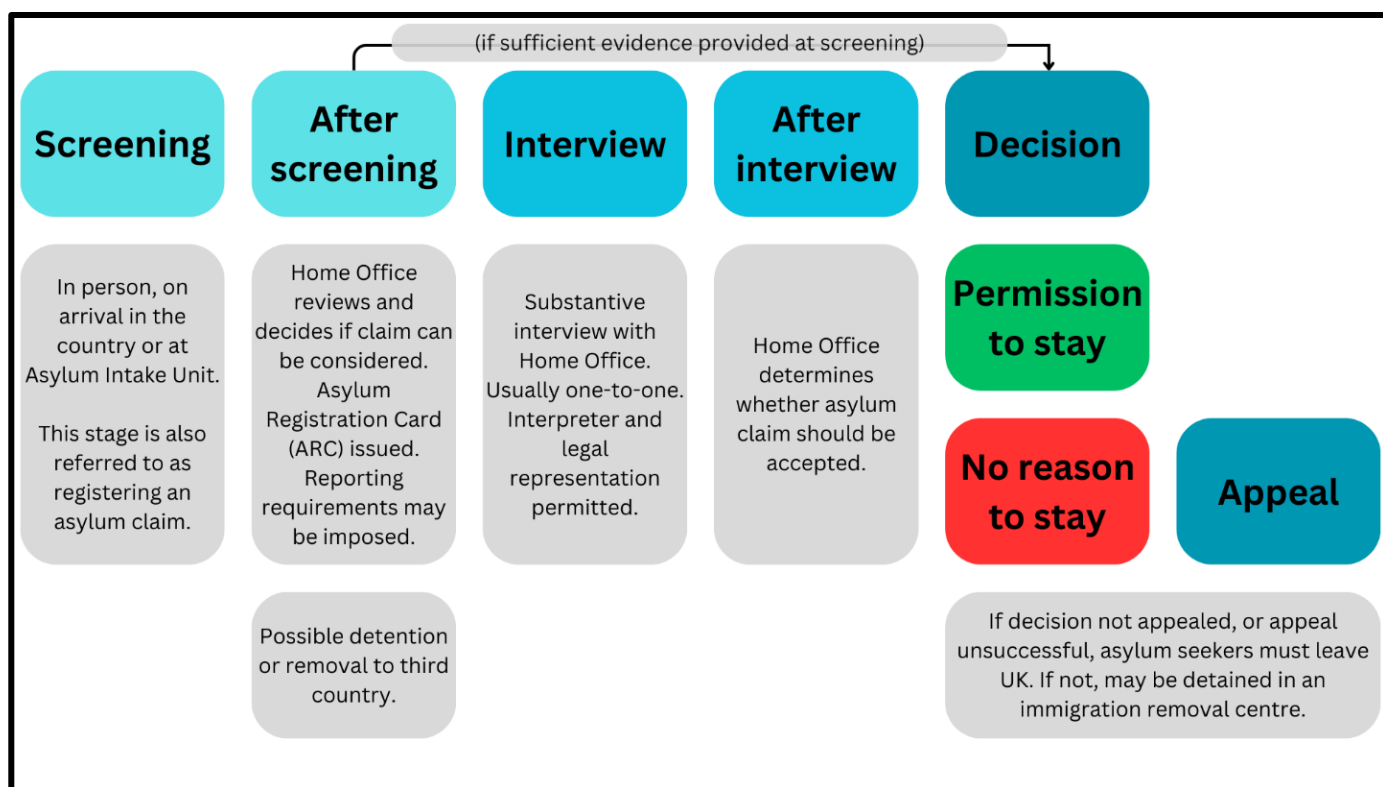
[Figure 6.2 shows an image representing an outline of the UK Asylum Process.

It shows 5 stages as follows:

- **Screening**
  In person, on arrival in the country or at Asylum Intake Unit.

  This stage is also referred to as registering an asylum claim.

- **After Screening**
  Home Office reviews and decides if claim can be considered. Asylum Registration Card (ARC) issued. Reporting requirements may be imposed.

  Possible detention or removal to third country.

- **Interview**
  Substantive interview with Home Office. Usually one-to-one. Interpreter and legal representation permitted.

- **After Interview**
  Home Office determines whether asylum claim should be accepted.

- **Decision**
  Permission to stay
  or
  No reason to stay

- **Appeal**
  If decision not appealed, or appeal unsuccessful, asylum seekers must leave UK. If not, may be detained in an immigration removal centre.

A line links from the stage 'After screening' to 'Decision' with the following caption: "(if sufficient evidence provided at screening)"

End of figure 6.2]

Each stage of this process was affected by COVID-19. In terms of **screening**, prior to the pandemic, the UK only had one Asylum Intake Unit, in Croydon. All asylum seekers who did not register at the UK border were required to attend the Unit. This continued until 22 April 2020, when six new intake units were opened, on a short-term and part-time basis, including one in Glasgow (note **177**). During the second lockdown, travel to attend a screening was classed as "essential travel" and in-person attendance continued to be required (notes **178**, **179**)

Immigration reporting centres (used at the "after screening" stage) were closed in early April 2020 (note **180**) and began to reopen on 20 July 2020 (note **181**).

Face-to-face substantive asylum interviews were paused from 18 March 2020 and resumed at the end of July 2020, (note **182**) with some interviews happening by videoconference in between (note **183**). When lockdown took place across the UK in November 2020, the Home Office confirmed that asylum interviews would continue as "critical public services" (note **184**).

The Home Office continued to work through **existing asylum cases**, putting in place a process to serve decisions by email from 30 March 2020. However, decisions involving particularly vulnerable people, or people who could be made destitute as a consequence, were put on hold (note **185**).

While waiting for an asylum decision, asylum seekers are typically housed in **accommodation** provided by the Home Office. In Scotland, Mears Group is responsible for providing all asylum accommodation, through its contract with the Home Office (note **186**). Accommodation and financial support typically cease 28 days after an asylum claim is decided. This

affects both people who are recognised as refugees, and people whose asylum claims are refused. In March 2020, the Home Office decided to stop evictions from Home Office accommodation until the end of June 2020 (note **187**).

Asylum seekers receive limited **financial support** while waiting for a decision; and, before the pandemic, people living in "full board" accommodation (e.g. hotels) did not receive any at all. During the pandemic, as many more asylum seekers were accommodated in hotels for much longer periods, a payment of £8 per week was introduced, intended to cover costs such as clothing, transport, and non-prescription medicine (notes **188**, **189**, **190**) Asylum seekers in the community receive a slightly larger payment which is also intended to cover the cost of food and other necessities. These payments are made to a pre-payment [ASPEN] card (note **191**).

These rates increased on three occasions during the pandemic period, as shown in Table 6.2 below. Refugee organisations have contrasted the June 2020 increase (£1.85 per week) to an increase in Universal Credit of £20 per week which took place around the same time (note **192**).

Table 6.2. Changes to Asylum Support Rates during the Pandemic

- Rate as of 1 March 2020
  'Full board' (weekly): None
  Other accommodation (weekly): £37.75
- June 2020
  'Full board' (weekly): None
  Other accommodation (weekly): £39.60

- October 2020
  'Full board' (weekly): £8.00
  Other accommodation (weekly): £39.63
- January 2022
  'Full board' (weekly): £8.24
  Other accommodation (weekly): £40.85

Legal processes were also affected by the public sector response to the pandemic, with the First-tier Tribunal (considering asylum appeals) and the Asylum Support Tribunal moving mostly online (note **193**). Detention bail hearings also moved online (note **194**).

6.2.2 Changes to Overarching Legislation and Policy

This section outlines changes to policy and legislation affecting refugees and asylum seekers in Scotland during the pandemic period. For context, the UK is a signatory to the **1951 Refugee Convention** and its 1967 Protocol, which provide the overall framework for its responsibilities to refugees and asylum seekers in international law.

6.2.2.A Scotland

In Scotland, domestic policy towards refugees and asylum seekers was shaped by the **New Scots: refugee integration strategy 2018 to 2022** throughout the pandemic period, which sets out a human rights-based and inclusive approach to refugee integration (note **195**). The strategy covers Scotland's devolved responsibilities, including housing, education, employment and health.

In February 2020, the Scottish Parliament passed a law entitling everyone with leave to remain in Scotland, including refugees, to **vote in Scottish elections** (note **196**).

Scotland's **Social Renewal Advisory Board** published its report in January 2021, which included a call to action for rights to be available on an equal footing to refugees and asylum seekers, as well as other migrants, in Scotland. It recognised that this would require direct funding and devolved responsibility for asylum seekers, which is not presently the case. It felt that this change would enable Scotland to address some of the perceived harms of UK immigration policy, in particular, those caused by No Recourse to Public Funds (note **197**).

In March 2021, the Scottish Government published its **Ending Destitution Together strategy**, (note **198**) which aimed to improve Scottish support for people with No Recourse to Public Funds, including many asylum seekers.

6.2.2.B United Kingdom

In December 2020, the UK Government made changes to its **Immigration Rules**. This expanded the circumstances in which the UK could refuse to process asylum claims, and provided a power to remove asylum seekers to any safe third country with which the UK had an agreement (note **199**). In the absence of such agreements, refugee organisations argued that this change added months of delay to asylum claims that would ultimately be considered in the UK (note **200**).

The UK announced a **new refugee resettlement scheme (UKRS)** in June 2019, to replace several existing programmes which it was winding down (notes **201**, **202**) However, planned

new arrivals into the UK under resettlement programmes were cancelled at the start of the March 2020 lockdown, and the start of UKRS was delayed (note **203**). Resettlement transfers resumed at the start of 2021, and UKRS was launched in February 2021 (note **204**). The UK also introduced various arrangements for different countries, including Afghanistan and Ukraine, which are discussed in Part 3 below.

In January 2021, as a consequence of Brexit, the UK's membership of a system of asylum transfers between EU and EEA countries, known as the **Dublin III Regulation**, expired (note **205**). This system provided for people who made asylum claims in subsequent EU countries to be returned to the first country to have their application considered. It also supported the transfer of unaccompanied children between countries, to be reunited with other family members.

Also in January 2021, then-Prime Minister Boris Johnson announced the involvement of the **military in responding to Channel crossings** by asylum seekers. The policy, named Operation Isotrope, was the subject of a critical report by the House of Commons Defence Committee (note **206**).

The UK Government published its policy statement for a "**New Plan for Immigration**" on 24 March 2021 (note **207**) and launched a public consultation (note **208**). The policy statement included plans to deter entry to the UK via informal routes, by increasing sentences and changing rules around asylum claims; to increase the government asylum estate, rather than housing asylum seekers in hotels; to introduce a "one stop" assessment process, to minimise new claims and appeals; and to have a more "robust approach" to age assessment for children (note **209**).

Together with other refugee organisations which published critiques of the policy, the Refugee and Migrant Children's Consortium scrutinised changes to the **age assessment** process, questioning their compatibility with domestic and international child protection legislation (note **210**). This may be of particular concern to Scotland given its distinct approach to children's rights (note **211**).

The government's response to the consultation was published in July 2021 (note **212**). The **Nationality and Borders Bill** was introduced in Parliament on 6 July 2021 and became law in April 2022 (note **213**). Detailed critiques of the Bill were published by refugee organisations, particularly the Refugee Council (note **214**) at each stage of the parliamentary process.

In April 2022, the UK Government made a series of policy announcements, including plans for "**full asylum dispersal**", meaning that asylum seekers could be relocated anywhere in the country without local authority assent; (note **215**) as well as plans to **deport asylum seekers to Rwanda** (note **216**).

On 13 December 2022, the UK Prime Minister announced more legislation for asylum seekers entering the country through informal routes (note **217**). This ultimately became the **Illegal Migration Act**, but its process through parliament into legislation is outside the timeframe of our report.

Part 6.3: Global Developments Shaping Demand for Asylum in the UK

There were three major displacements of people in the pandemic period which specifically affected migration into the UK: (note **218**) the Chinese national security law introduced in Hong Kong in June 2020; (note **219**) the withdrawal of NATO support from Afghanistan and the subsequent Taliban takeover in summer 2021; and the Russian invasion of Ukraine in February 2022.

In response to events in **Hong Kong**, the UK Government in January 2021 launched the British National (Overseas) visa route to facilitate migration to the UK (note **220**). People entering the UK via this route are not refugees or asylum seekers, so we note this development only for context.

6.3.1 Afghanistan

On 15 August 2021, the Taliban seized power in Afghanistan, after a period of escalating violence that followed the withdrawal of NATO military support (note **221**). There was a significant surge in the number of people fleeing the country from July 2021 onwards, predominantly to neighbouring Pakistan and Iran (note **222**).

The UK Government introduced the Afghan Relocations and Assistance Policy (ARAP) scheme in April 2021, for people who had worked for the UK in Afghanistan. However, the Refugee Council drew attention to the scheme's limited definition of family (partners and minor children), and that it did not cover people who had been dismissed from service, but whose lives were at risk because of their past work (note **223**). They called

on the Government to apply a more flexible and responsive approach.

A further resettlement scheme for Afghan citizens (ACRS) was announced in August 2021 and launched in January 2022 (notes **224**, **225**) 21,394 people were resettled in the UK under the ARAP and ACRS schemes during 2021 and 2022 (note **226**).

6.3.2 Ukraine

Following Russia's invasion of Ukraine, the Ukraine Family Scheme and the Homes for Ukraine Scheme were established to provide routes into the UK for Ukrainians fleeing war. The Refugee Council reports that 210,800 visas had been issued under these schemes by the start of 2023 (note **227**).

It is important to note that the two Ukraine schemes are considered as "managed migration schemes" rather than refugee resettlement routes. These therefore have potentially different implications in terms of access to support and legal status, which have been critiqued by the Refugee Council (note **228**) and other refugee organisations.

As part of the UK's response, Scotland launched a **"super sponsor" scheme** in March 2020, which allowed people to name the Scottish Government as their visa sponsor (note **229**). More than 30,000 visas were granted under this scheme, which was paused in July 2022 (and remains paused to date), while the government grappled with much higher numbers and a much longer-term need than it had originally anticipated. A review of the scheme was published in November 2022 (note **230**).

In July and September 2022, **cruise ships** accommodating Ukrainian refugees docked in Edinburgh and Glasgow respectively (note **231**). These were intended as short-term provisions before moving refugees to longer-term accommodation in Scotland under the super sponsor scheme (note **232**).

6.3.3 Global

At the end of 2021, 89.3 million people were forcibly displaced worldwide as a result of conflict, violence, and repression (note **233**). 108.4 million people were similarly displaced by the end of 2022 (note **234**).

87% of all refugees in 2022 came from just 10 countries. Syria, Ukraine, and Afghanistan alone accounted for 52% of all refugees; followed by Venezuela, South Sudan, Myanmar, the Democratic Republic of the Congo, Sudan, Somalia, and the Central African Republic. (note **235**)

In 2022, the most common countries of origin for people claiming asylum in the UK were Albania (19%), Afghanistan (13%), Iran (10%), Iraq, Syria and Bangladesh (each 5%) (note **236**). Among those, Albania is an outlier in terms of geography and economic development; and there are significant disparities in claim acceptance rates between Albanian women and children (90% of claims accepted) and Albanian men (14% accepted) (note **237**).

There is not a linear relationship between asylum rates and global disruption and conflict, as asylum-seeking behaviour may be mediated through ties of history and geography, and through health and financial ability to migrate (notes **238**, **239**) However, violence and repression visibly play a role in shaping the demand for asylum in the UK.

Part 6.4: Local Events Affecting Refugees and Asylum Seekers in Scotland

In this Part, we provide a brief timeline of key events within Scotland and conclude with some general concerns about the situation of refugees and asylum seekers in Scotland during the pandemic.

6.4.1 Timeline of Events in Scotland

On 23 April 2020, the Scottish Refugee Council reported that hundreds of people seeking asylum, who had previously been living in the community in Glasgow, had been **moved into hotels** with no prior notice (note **240**). Subsequent reports put the figure at between 321 to 370 people moved; and new asylum seekers arriving during the pandemic were also accommodated in hotels (notes **241**, **242**) At the time, no financial support at all was available to people living in hotels, so existing asylum support payments were also stopped.

A report from the Home Affairs Select Committee criticised "the quality of planning and decision-making within the [Home Office's accommodation contractor] Mears Group", with particular reference to this event, "where more than 300 asylum seekers were moved from self-contained accommodation to hotels without sufficient notice and without a vulnerability assessment demonstrating that the move could be made safely." (note **243**)

On 26 June 2020, a terrible incident unfolded at the **Park Inn hotel** in Glasgow. A 28-year-old asylum seeker, Badreddin Abdalla Adam, attacked six people with a knife; stabbing three other asylum seekers, a police officer, and two members of staff

(note **244**). He was shot dead at the scene by armed police (note **245**). Later coverage reported that his mental health had deteriorated while in lockdown at the hotel (note **246**) and that he had contacted the Home Office and its contractors 72 times with concerns about his health and accommodation (note **247**).

A new campaigning organisation, Refugees For Justice (**https://www.refugeesforjustice.com/**) was set up after the tragedy and commissioned an **independent inquiry** into the treatment of asylum seekers in Scotland during the pandemic (note **248**). It published its Phase One report in June 2022 (note **249**) and Phase Two in November 2022 (note **250**).

In July 2020, Glasgow City Council said that it would **not act as an asylum dispersal area for new arrivals**, on a temporary basis. This was intended to ease pressure on accommodation while Mears Group sourced suitable housing for the people currently in hotels (note **251**). The Council maintained its position until at least June 2021 (note **252**).

When Glasgow withdrew from the asylum dispersal scheme, this appears to have been accepted by the Home Office for at least a year. During that time, the number of asylum seekers receiving support in Glasgow fell to a low of 4,324 in June 2021 but has steadily increased again since (note **253**).

However, the Home Office had already informed local authorities that, from March 2020 onwards, asylum seekers might be accommodated in their area, even if the local authority had not agreed to become an asylum dispersal area (note **254**). From April 2022, "full asylum dispersal" became UK Government policy (see Part 6.2.2.B). The number of asylum seekers in other parts of Scotland increased gradually throughout the pandemic, and markedly from 2022 onwards (see Part 6.1.5).

Although the Park Inn Hotel was evacuated soon after the June 2020 tragedy, and some residents were moved to accommodation in the community, (note **255**) the general policy of housing asylum seekers in hotels continued, in Glasgow and elsewhere. In November 2021, the BBC reported that **asylum seekers would be housed in hotels across Scotland**; with more than 50 people already moved to Falkirk, and hotels also identified in Aberdeen and Perth (note **256**). The Home Office does not publicly comment on which hotels are used for asylum accommodation (note **257**).

One charity reported two **possible outbreaks of COVID-19 in hotels** accommodating asylum seekers in Scotland. In October 2020, it said all residents at McLays Guesthouse were told to self-isolate after one person tested positive for COVID-19 (note **258**,. **259**) In December 2021, it reported that 54 asylum seekers in a hotel in Falkirk were required to self-isolate, regardless of their vaccination status, after one tested positive for COVID-19 (note **260**).

In August 2020, seven Scottish MPs announced that they had **no confidence** in the Home Office, over its investigation of asylum seeker accommodation (note **261**).

In January 2021, Mears Group opened a new **mother and baby unit** in refurbished bedsits previously used for homeless young people in Glasgow. Scottish news outlet The Ferret reported immediate concerns about cramped accommodation, lengths of stay, and impact on the mental health of mothers (note **262**). An investigation by the Children and Young People's Commissioner Scotland concluded that the use of the Unit risked breaching a number of children's human rights, including rights to an adequate standard of living and to respect for private and family life (note **263**).

6.4.2 General Concerns

Notably absent from this timeline are individual **deaths of refugees and asylum seekers**. The lives and deaths of people in Home Office asylum accommodation have been carefully documented by the Asylum Seeker Memorial Project since 2016 (note **264**). Scottish charity Positive Action in Housing has also documented case studies of suffering and deaths among asylum seekers during the pandemic, in evidence which appears to have been submitted to the Independent Chief Inspector of Borders and Immigration, and on its public blog (notes **265**, **266**, **267**)

The COVID-19 pandemic was a time of many tragic losses. We have not commented on individual deaths because the circumstances of each one are complex, and inevitably only a little information is available in the public domain. However, we note the Scottish Refugee Council's finding that there were 25 deaths in the asylum system across the UK from April to November 2020, compared to only seven in the previous two years (note **268**). Its question of what role was played by "how [the] asylum system affects the people in it", in the context of the wider risk posed by the pandemic, bears further exploration.

We also note concerns, raised by refugee organisations, that Home Office contractors such as Mears are able to operate in Scotland apparently **without oversight from Scottish regulatory authorities**, whether the housing regulator or environmental health authorities, (note **269**) or the care inspectorate (note **270**). This potentially allows conditions to persist in Scotland which are at odds with the aims of the Scottish Government and Scottish law.

Finally, a review of **media coverage** of issues related to asylum seekers and refugees was outside the scope of our review. We therefore simply note that the nature of any media coverage, whether positive or negative, will have contributed to the day-to-day experiences of refugees and asylum seekers living in a "hostile environment", or otherwise, in the UK.

Part 6.5: Inequalities

Structural disadvantages, faced by groups of people who experience discrimination, are likely to have been amplified where the challenges of the pandemic and immigration policy came together. We encountered several examples of where the pandemic response and immigration policy appear to have interacted to reinforce disadvantage.

In evidence to the Women and Equalities Committee, the Refugee Council identified risks of harm to **women seeking asylum**, including a high risk of exploitation arising from their financial and housing circumstances (note **271**). These vulnerabilities are demonstrated in a report by the Sisters Not Strangers coalition which surveyed 115 asylum-seeking women on their experiences during the pandemic (note **272**). 21% said they had slept in a room with a non-family-member and 21% were homeless. 14% reported being forced into illegal work in exchange for shelter and other basics.

It appears that no consideration was given to **religious belief** as part of the mass transfer of asylum seekers into hotels in Glasgow in April 2020. Ramadan started on 23 April 2020, but it was reported that the catered evening meal stopped being served at 8pm, meaning that there was no provision for Muslim asylum seekers who would be fasting (note **273**).

There was also no sensitivity to the different needs of asylum seekers based on **race or ethnicity**. This can be seen, for example, in the claim that asylum seekers in hotels had no access to suitable toiletries, such as hair care for Afro hair (note **274**). These products were also consciously excluded from the Government's calculation of essential costs for the payment of weekly asylum seeker support (note **275**). Hair plays an important role in our sense of self and our dignity; and continues to be an area of discrimination for Black people especially (notes **276**, **277**)

For asylum seekers with **serious health conditions or disabilities**, the combination of the pandemic and being held in detention created a heightened risk (note **278**). This appears to have been recognised early on in the pandemic, with changes to detention policy in 2020; but not so much from 2021 onwards, nor in the decision to move asylum seekers from community to hotel accommodation.

LGBTQI+ people face barriers around "disclosure, credibility and a culture of disbelief" when seeking asylum in the UK, (note **279**) and previous research has established that they are especially vulnerable in shared asylum accommodation (note **280**). Again, it appears that this was unlikely to have been taken into account in the decision to move asylum seekers into hotel accommodation in 2020.

As this report was not specifically designed to investigate inequalities, it should be emphasised that these are relatively limited examples of how the pandemic response and immigration policy may have interacted to worsen existing inequalities that were found incidentally in the course of our research. This may be an area which the Inquiry wishes to explore further in its own collection of evidence and in hearing the voices of people with lived experience in this area.

Chapter 7: Discussion and Conclusions

Part 7.1 Limitations of the Evidence Base

This report highlights key policy decisions that impacted the lives of refugees and asylum seekers during the COVID-19 pandemic. The major themes presented in this report are vaccination uptake, lockdown and shielding, and access to PPE; supported by an analysis of access to healthcare, housing, and financial support respectively.

The overall strength of the evidence base so far is weak, and there are many aspects of the experiences of refugees and asylum seekers in Scotland during the pandemic that remain seriously under-researched: whether to do with the health outcomes arising from the interaction of lockdown measures and immigration policy requirements; the availability of PPE; or the extent to which refugees and asylum seekers were able to meet their basic needs during the pandemic. Although the scope of our review included unaccompanied children seeking asylum, we found no evidence which directly addressed their experiences in Scotland as a result of the pandemic response.

The majority of the peer-reviewed academic papers published so far are qualitative studies, which is to be expected, as these are often considered more effective tools for meaningful research with people who are marginalised and mistrustful (often with good cause) of authority figures. However, the evidence base would also be strengthened with a good balance of qualitative and quantitative research in all areas.

We have also drawn heavily on grey literature sources, which are not necessarily designed to have the same standards of

scientific rigour as academic work, and which have a higher risk of bias. While we have used these to supplement peer-reviewed, published academic research, and to help in providing an up-to-date and localised picture of the experiences of refugees and asylum seekers in Scotland, there is a higher risk of bias and inaccuracy in using such sources, which should be borne in mind when interpreting the findings of this review.

Part 7.2: Scotland and the UK

As noted in our Stage One report, (note **281**) policies concerning asylum seekers (including their accommodation, financial support, and restrictions on employment, as well as asylum claim determination) are the responsibility of the UK Government and are not devolved to Scotland.

Much of the evidence included in this report relates to the experience of asylum seekers specifically (rather than refugees), during the pandemic. While the Scottish Government is responsible for its pandemic response, it had limited opportunity to modify some of the fundamental conditions in which asylum seekers were living, and which impacted on their experience throughout the pandemic.

Nevertheless, Scottish policy documents from this period express a desire for greater involvement in a more inclusive, human rights-based approach towards asylum seekers, as well as refugees; echoed in a very recent debate in the Scottish Parliament (note **282**). Insofar as the Scottish Government hopes for a more active role in shaping the policies that affect asylum seekers, as well as refugees, in Scotland in the future, it is perhaps reasonable to seek to learn lessons from the COVID-19 pandemic that may be able to help mitigate harm to refugees

and asylum seekers alike in future emergencies, wherever the policy responsibility ultimately sits.

Part 7.3: Conclusions

One common thread found throughout the review is an absence of evidence that decision-makers directly considered how policies would impact vulnerable populations. For example, the vaccination programme launched in December 2020, but the UK government did not publish translated resources about COVID-19 restrictions and guidance until May 2021. This delay in releasing translated versions of guidance left many people without adequate information to protect themselves and their families. While evidence showed that co-produced information shared through trusted sources was more effective than materials produced without community consultations, (note **283**) there is little evidence that co-production was considered important in the pandemic response.

Refugees and asylum seekers were faced with barriers when trying to access the healthcare system. Non-English-speaking refugees and asylum seekers were overwhelmingly supported by charity organisations to access online translated materials. Although IDs and home addresses were not a requirement for a GP appointment, some NHS staff continued to request documents when refugees and asylum seekers tried to access care services (note **284**). The introduction of pop-up clinics was meant to increase access to the vaccination in "hard to reach" communities but their availability was still uncertain and inconsistent.

Lockdown measures proved to be particularly damaging to the mental health of refugees and asylum seekers with reports

indicating an increase in anxiety, low mood, and suicidal feelings (note **285**). Digital exclusion was common among this population as they lacked the financial means to access the internet and mobile phones to remain connected to their families. Unaccompanied refugee and asylum seeker children reported feeling lonely and concerned that they would get ill or die alone. While lockdown served as a protective measure for some, others suffered living in poor and cramped housing. Studies noted that temporary housing measures such as mealtimes and lack of ability to prepare food contributed to their feelings of displacement (note **286**).

Previous studies have found that housing inequalities have a direct link to poor health outcomes due to restricted access to healthy food, exposure to stress, and economic insecurity (note **287**). Marginalised groups occupied two major spaces of risk, as they either worked on the frontlines and were overexposed to COVID-19 and unprotected, or they lost their jobs and/or had their hours reduced.

We have identified a number of key questions the Inquiry may wish to explore further, on the basis of the evidence available to us, including evident gaps. These are set out in each thematic chapter and the Executive Summary. However, it is important to note the limitations of the evidence base, and to suggest that the Inquiry may find many more fruitful lines of investigation by listening to the first-hand testimony of refugees and asylum seekers contributing to the Inquiry; as well as that of organisations that support refugees, public sector providers and local and national decision-makers, whose own accounts of their experiences, considerations, and decision-making will provide a much fuller picture than we are able to do.

Appendices

Appendix 1: Detailed Methods

We conducted a desktop review of academic and grey literature using modified rapid review methods, in order to provide a report to the Scottish COVID-19 Inquiry within a three-month timeframe.

Objective

The objective of the review was to examine how the public sector response to the COVID-19 pandemic impacts the lives of Refugees and Asylum Seekers in Scotland, including unaccompanied children; with particular reference to how certain decisions and policies created during the pandemic impacted their access to PPE, ability to shield, vaccination uptake as well as the conditions during lockdown.

PEO

- **Population:**
  Refugees (adults and children)
  Asylum Seekers (adults and children)
  Unaccompanied refugee/asylum-seeker children

- **Exposure:**
  The public sector response to the pandemic, especially:
  - Lockdown and related restrictions
  - Vaccination strategy
  - Personal protective equipment (PPE)
  - Shielding and related assistance

- **Outcomes**:
  Harms done to refugees, asylum seekers and unaccompanied children as a result of the pandemic response;
  Unequal impacts (for better or worse) experienced by refugees, asylum seekers and unaccompanied children as a result of the pandemic response.

Structure of the Review

We anticipated that there would be two parts to the review. Part 1 (now Chapter 6) would be an introductory timeframe of the experiences of refugees and asylum seekers in Scotland from March 2020 to December 2022, to identify significant events which shaped their experience and which may have interacted with the public sector pandemic response.

Part 2 (now Chapters 3-5) would be a thematic review of the experiences of refugees and asylum seekers of COVID-19 vaccinations, lockdown, shielding and PPE.

We constructed two searches: one for academic literature and one for grey literature. We anticipated that the searches would return results relevant to both parts of the review.

Academic Literature

We searched seven databases of published academic literature: Web of Science, Scopus, WHO Covid research database, Medline, Embase, PsycINFO, and ASSIA. Details of each search are available at the end of this appendix. Search terms were developed by drawing on a relevant scoping review (note **288**) and refined using a small number of indicator papers (notes **289**, **290**, **291**)

728 papers were included after de-duplication. Papers were screened based on their titles and abstract, and subsequently on their full-text content. At each stage, reviewers used the "Tags" function within Covidence to categorise studies as to whether they were relevant to:

- Lockdown
- PPE
- Shielding
- Vaccinations
- Background

Studies could be tagged with more than one label, and later sorted in Excel. 613 studies were screened out at title and abstract stage, and 115 were taken forward for full-text screening. A further 82 were excluded after reading the full text, and 33 were taken forward for data extraction. Three studies were later excluded because they were pre-print editions of studies which were also included in their published form. As studies were scrutinised more closely during the data extraction process, a further 13 studies were excluded, leaving 17 papers for inclusion in the review.

Grey Literature

The review team identified 12 key organisations who produced reports that allow assessment of the impact of public sector response to COVID-19 on refugees and asylum seekers in Scotland from various perspectives: as public policy-making governmental bodies; as non-governmental organisations working with refugees and asylum seekers; or as non-governmental organisations working with people who need housing support.

The web domains of these organisations were searched using Google Advanced search (terms anywhere in page) with terms Covid OR Coronavirus OR Pandemic (all websites) AND refugee OR asylum OR NRPF (used only on websites of those organisations without a core focus on refugees and asylum seekers). The included organisations were:

Refugee-focused organisations (Search Terms: (Covid or Coronavirus or Pandemic))

- Scottish Refugee Council: **https://scottishrefugeecouncil.org.uk/**
- Student Action for Refugees: **https://star-network.org.uk/**
- Refugee Council: **https://www.refugeecouncil.org.uk/**
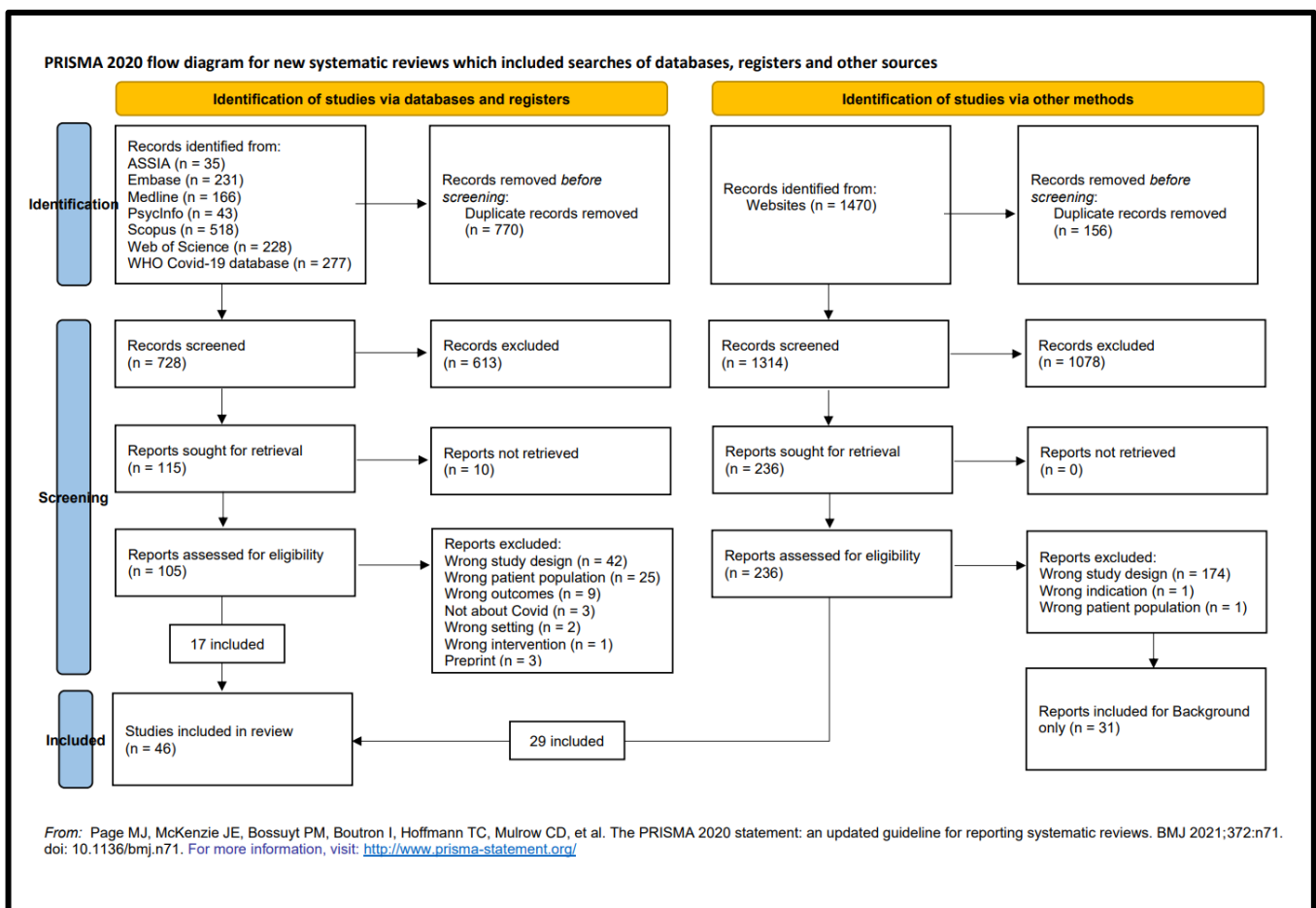- Electronic Immigration Network: **https://www.ein.org.uk/**

Government- and housing-focused organisations (Search Terms: (Covid or Coronavirus or Pandemic) AND (refugee or asylum or NRPF)):

- British Red Cross: **https://www.redcross.org.uk/**
- Shelter Scotland: **https://scotland.shelter.org.uk/**
- Positive Action in Housing: **https://www.paih.org/**
- Mental Health Foundation: **https://www.mentalhealth.org.uk/our-work/programmes/refugees**
- Barnardos: **https://www.barnardos.org.uk/**
- The Bureau Investigation: **https://www.thebureauinvestigates.com**
- Scottish Government: **https://www.gov.scot/**
- Glasgow City Council: **https://www.glasgow.gov.uk**

After de-duplication, **1,314** studies were included for screening. The same process of tagging at title and abstract and full-text studies took place. 1,078 studies were excluded at title and abstract stage, with 236 taken through to full-text stage.

After full-text screening, **29** studies were taken through for data extraction for the thematic chapters, and **31** studies were included for the background chapter. The outcomes of the screening process are shown in Figure A1.1 below:

Figure A1.1. PRISMA diagram showing the outcome of the screening processes

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases, registers and other sources

Identification of studies via databases and registers

Identification

Records identified from:
ASSIA (n = 35)
Embase (n = 231)
Medline (n = 166)
PsycInfo (n = 43)
Scopus (n = 518)
Web of Science (n = 228)
WHO Covid-19 database (n = 277)

Records removed *before screening*:
Duplicate records removed (n = 770)

Screening

Records screened (n = 728)

Records excluded (n = 613)

Reports sought for retrieval (n = 115)

Reports not retrieved (n = 10)

Reports assessed for eligibility (n = 105)

Reports excluded:
Wrong study design (n = 42)
Wrong patient population (n = 25)
Wrong outcomes (n = 9)
Not about Covid (n = 3)
Wrong setting (n = 2)
Wrong intervention (n = 1)
Preprint (n = 3)

17 included

Included

Studies included in review (n = 46)

29 included

Identification of studies via other methods

Records identified from:
Websites (n = 1470)

Records removed *before screening*:
Duplicate records removed (n = 156)

Records screened (n = 1314)

Records excluded (n = 1078)

Reports sought for retrieval (n = 236)

Reports not retrieved (n = 0)

Reports assessed for eligibility (n = 236)

Reports excluded:
Wrong study design (n = 174)
Wrong indication (n = 1)
Wrong patient population (n = 1)

Reports included for Background only (n = 31)

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: http://www.prisma-statement.org/

[Figure A1.1 shows a flow chart titled 'PRISMA 2020 flow diagram for new systematic reviews which included searches of databases, registers and other sources'.

The flow chart is made up of two sections: "Identification of studies via databases and registers" and "Identification of studies via other methods. The two section show the following information:

Identification of studies via databases and registers

The flow chart consists of three stages – "Identification", "Screening" and "Included".

Identification:
There are two boxes under this heading.

- Box 1: Records identified from:
  ASSIA (n=35)
  Embase (n=231)
  Medline (n=166)
  PsycInfo (n=43)
  Scopus (n=518)
  Web of Science (n=228)
  WHO Covid-19 database (n=277)

An arrow pointing right from Box 1 leads to

- Box 2: Records removed **before screening:**
  Duplicate records removed (n=770)

Screening
There are seven boxes under this heading.

An arrow pointing down from Box 1 leads to

- Box 3: Records screened
  (n = 728)

An arrow pointing right from Box 3 leads to

- Box 4: Records excluded
  (n = 613)

An arrow pointing down from Box 3 leads to

- Box 5: Reports sought for retrieval
  (n = 115)

An arrow pointing right from Box 5 leads to

- Box 6: Reports not retrieved
  (n=10)

An arrow pointing down from Box 5 leads to

- Box 7: Reports assessed for eligibility
  (n = 105)

An arrow pointing right from Box 7 leads to

- Box 8: Reports excluded:
  Wrong study design (n = 42)
  Wrong patient population (n = 25)
  Wrong outcomes (n = 9)
  Not about Covid (n =3)
  Wrong setting (n = 2)
  Wrong intervention (n = 1)
  Preprint (n=3)

An arrow pointing down from Box 7 leads to

- Box 9: 17 included

Included
There is one box under this heading.

An arrow pointing down from Box 7 leads to

- Box 10: Studies included in review
  (n = 46)

Identification of studies via other methods

The flow chart consists of three stages – "Identification", "Screening" and "Included".

Identification:
There are two boxes under this heading.

- Box 1: Records identified from:
  Websites (n = 1470)

An arrow pointing right from Box 1 leads to

- Box 2: Records removed **before screening**
  Duplicate records removed
  (n = 156)

Screening
There are six boxes under this heading.

An arrow pointing down from Box 1 leads to

- Box 3: Records screened
  (n = 1314)

- An arrow pointing right from Box 3 leads to

- Box 4: Records excluded
  (n = 1078)

An arrow pointing down from Box 3 leads to

- Box 5: Reports sought for retrieval
  (n = 236)

An arrow pointing right from Box 5 leads to

- Box 6: Reports not retrieved
  (n = 0)

An arrow pointing down from Box 5 leads to

- Box 7: Reports assessed for eligibility
  (n = 236)

An arrow pointing right from Box 7 leads to

- Box 8: Reports excluded:
  Wrong study design (n = 174)
  Wrong indication (n = 1)
  Wrong patient population (n = 1)

Included
There is one box under this heading.

An arrow pointing down from Box 8 leads to

- Box 9: Reports included for Background only
  (n = 31)

An arrow labelled "29 included" leads from Box 7 in the "Identification of studies via other methods" chart, to Box 10 in the "Identification of studies via databases and registers chart.

End of Figure A1.1]

Data Extraction and Quality Appraisal

Academic and grey literature which addressed any of the themes (Vaccination strategy, including Access to Healthcare; Lockdown or Shielding, including Access to Housing; and PPE, including Access to Finance) was extracted by one team member, using a consistent data extraction form which covered:

- **Paper details:** author and year published; title; URL/DOI; publisher; paper type (e.g. academic paper, conference abstract, grey literature);
- **Study details:** study design; period under study; location; population; sample description; demographics;
- **Thematic findings:** relevant theme(s); findings by theme; authors' interpretations; limitations; additional notes.

There are substantial quality limitations to grey literature, including a high risk of bias and a lack of academic rigour, which means it is likely that all grey literature would be rated as "poor" quality on any typical assessment of quality. Considering this, and the limited timeframe of the review, we took the decision not to quality appraise the included grey literature, but instead to include general caveats about its quality and interpretation. We included a small number of conference abstracts which provided very little information about the methods of the studies reported on. Given this lack of detail about methodology, we decided to give conference abstracts an

automatic "poor" quality assessment, as we were unable to form any judgment to the contrary.

The remaining academic literature was predominantly qualitative. We used the CASP qualitative checklist to assess the quality of these studies, as it provides a clear, accessible assessment framework, readily understandable to the reviewer and the reader. We classed studies as being of "poor" (multiple concerns), "moderate" (a small number of substantive concerns) or "good" (few or no substantive concerns) quality based on our CASP assessments.

We used the JBI cross-sectional study checklist for the assessment of two cross-sectional studies, and the MMAT checklist for one mixed-methods study, and applied the same approach to classing studies as "poor", "moderate" or "good" quality. One paper was not appraised, as we did not have a suitable tool: this paper was a personal reflection with some case study information (note **292**).

It is important to note that these quality assessments describe the study's quality by reference to its own study design. However, qualitative studies, by design, are limited in their generalisability to others outside the study population; while cross-sectional studies are among the weaker forms of quantitative study design. As such, while the studies individually are of moderate to good quality, the overall weight of evidence is not strong.

The lead author of one included paper is also a member of this review team (AG) (note **293**). To minimise bias, AG was not involved in the data extraction or quality appraisal of this paper.

Synthesis

For each chapter, two reviewers read the tagged literature and worked together to identify themes for narrative synthesis of the findings. Given the scope and timeframe of the review, an in-depth qualitative thematic synthesis was not possible.

Further details: Search strategies

ASSIA (ProQuest)

Date run 20231114

Number of results 35

ABSTRACT(("pandemic" OR "2019nCoV" OR "Betacoronavirus*" OR "Corona Virus*" OR "Coronavirus*" OR "Coronovirus*" OR "CoV" OR "CoV2" OR "COVID" OR "COVID19" OR "COVID-19" OR "HCoV-19" OR "nCoV" OR "SARS CoV 2" OR "SARS2" OR "SARSCoV" OR "SARS-CoV" OR "SARS-CoV-2") AN D ("detention" OR "migrant*" OR "refugee*" OR "asylum" OR "immigra*" OR "displaced person*" OR "displaced people*" OR "migrat*" OR "stateless" OR "state-less" OR "detainee*" OR "residence status" OR "foreign-born" OR "noncitizen*" OR "outsider" OR "newcomer" OR "new* arriv*" OR "recent entrant" OR "non-national" OR "resettle*" OR "NRPF" OR "no recourse to public funds") AND ("United Kingdom" OR "UK" OR "Britain" OR "British" OR "Scotland" OR "Scottish" OR "England" OR "Wales" OR "Welsh" OR "Ireland" OR "Irish")) OR TITLE(("pandemic" OR "2019nCoV" OR "Betacoronavirus*" OR "Corona Virus*" OR "Coronavirus*" OR "Coronovirus*" OR "CoV" OR "CoV2" OR "COVID" OR "COVID19" OR "COVID-19" OR "HCoV-19" OR "nCoV" OR "SARS CoV 2" OR "SARS2" OR "SARSCoV" OR "SARS-CoV"

OR "SARS-CoV-2") AND ("detention" OR "migrant*" OR "refugee*" OR "asylum" OR "immigra*" OR "displaced person*" OR "displaced people*" OR "migrat*" OR "stateless" OR "state-less" OR "detainee*" OR "residence status" OR "foreign-born" OR "noncitizen*" OR "outsider" OR "newcomer" OR "new* arriv*" OR "recent entrant" OR "non-national" OR "resettle*" OR "NRPF" OR "no recourse to public funds") AND ("United Kingdom" OR "UK" OR "Britain" OR "British" OR "Scotland" OR "Scottish" OR "England" OR "Wales" OR "Welsh" OR "Ireland" OR "Irish"))

Embase (Ovid) <1980 to 2023 Week 45>

Date run 20231114

https://www.ezproxy.is.ed.ac.uk/login?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=N&PAGE=main&SHAREDSEARCHID=5RzSESsQ8pVL4EoMlgOyhfoczSpOtelzFC4Sb8TSVwe7u70BnRrRc8N0AyxYnBCNA

- **#:**1
  Search string: exp Coronavirinae/ or Coronavirus infection/ or exp coronavirus disease 2019/
  hits: 397710

- **#:**2
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  hits: 525425

#:3
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  hits: 528373z

- **#:**4
  Search string: (detention or migrant* or refugee* or asylum or immigra* or unaccompanied child* or displaced person* or displaced people* or migrat* or stateless or state-less or detainee* or residence status or foreign-born or noncitizen* or outsider or newcomer or new* arriv* or recent entrant or non-national or resettle* or NRPF or no recourse to public funds).ti,ab.
  hits: 561097

- **#:**5
  Search string: exp migrant/
  hits: 49075

- **#:**6
  Search string: 4 or 5
  hits: 569205

- **#:**7
  Search string: exp United Kingdom/
  hits: 448940

- **#:**8
  Search string: (United Kingdom or UK or Britain or British or Scotland or Scottish or England or Wales or Welsh or Ireland or Irish).ti,ab.
  hits: 713672

- **#:**9
  Search string: 7 or 8
  hits: 930804

- **#:**10
  Search string: 3 and 6 and 9
  hits: 254

- **#:**11
  Search string: (201912* or 202*).dc.
  hits: 7799758

- **#:**12
  Search string: ("201949" or 20195* or 202*).ew.
  hits: 9429114

- **#:**13
  Search string: 11 or 12
  hits: 9572979

- **#:**14
  Search string: 10 and 13
  hits: 231

Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations, Daily and Versions <1946 to November 10, 2023>

Date run 20231114

https://www.ezproxy.is.ed.ac.uk/login?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=N&PAGE=main&SHAREDSEARCHID=4mh0TwTX0CyHC6kNhwxkJJjnaievboCtuTHen2IS6tFbzrK6k6w5BwgOFQzPuRtvq

- **#:** 1
  Search string: exp Coronavirus/ or exp Coronavirus Infections/ or COVID-19/
  hits: 268824

- **#:**2
  Search string: (pandemic or 2019nCoV or Betacoronavirus* or Corona Virus* or Coronavirus* or Coronovirus* or CoV or CoV2 or COVID or COVID19 or COVID-19 or HCoV-19 or nCoV or SARS CoV 2 or SARS2 or SARSCoV or SARS-CoV or SARS-CoV-2 or 2019-nCoV or novel corona* or novel covid).mp.
  hits: 444867

- **#:**3
  Search string: 1 or 2
  hits: 449393

- **#:**4
  Search string: (detention or migrant* or refugee* or asylum or immigra* or unaccompanied child* or displaced person* or displaced people* or migrat* or stateless or state-less or detainee* or residence status or foreign-born or noncitizen* or outsider or newcomer or new* arriv* or recent entrant or non-national or NRPF or no recourse to public funds).ti,ab.
  hits: 471121

- **#:**5
  Search string: Refugees/
  hits: 13445

- **#:**
  Search string:
  hits:

- **#:**6
  Search string: exp "Emigrants and Immigrants"/
  hits: 15829

- **#:**7
  Search string: "Transients and Migrants"/
  hits: 14446

- **#:**8
  Search string: 4 or 5 or 6 or 7
  hits: 479011

- **#:**9
  Search string: exp United Kingdom/
  hits: 391853

- **#:**10
  Search string: (United Kingdom or UK or Britain or British or
  Scotland or Scottish or England or Wales or Welsh or Ireland
  or Irish).ti,ab.
  hits: 346087

- **#:**11
  Search string: 9 or 10
  hits: 594693

- **#:**12
  Search string: 3 and 8 and 11
  hits: 197

- **#:**13
  Search string: (201912* or 202*).ed,dt.
  hits: 6825477

- **#:** 14
  Search string: 12 and 13
  hits: 166

APA PsycInfo (Ovid) <1806 to November Week 1 2023>

Date run 20231114

- **#:** 1
  Search string: covid-19/ or coronavirus/ or post-covid-19 conditions/
  hits: 30836

- **#:** 2
  Search string: (pandemic or 2019nCoV or Betacoronavirus* or Corona Virus* or Coronavirus* or Coronovirus* or CoV or CoV2 or COVID or COVID19 or COVID-19 or HCoV-19 or nCoV or SARS CoV 2 or SARS2 or SARSCoV or SARS-CoV or SARS-CoV-2).mp.
  hits: 43974

- **#:** 3
  Search string: 1 or 2
  hits: 43974

- **#:** 4
  Search string: (detention or migrant* or refugee* or asylum or immigra* or unaccompanied child* or displaced person* or displaced people* or migrat* or stateless or state-less or detainee* or residence status or foreign-born or noncitizen* or outsider or newcomer or new* arriv* or recent entrant or non-national or resettle* or NRPF or no recourse to public funds).ti,ab.
  hits: 95954

- **#:** 5
  Search string: immigration/ or undocumented immigration/ or refugees/ or asylum seeking/ or political asylum/
  hits: 34949

- **#:** 6
  Search string: 4 or 5
  hits: 97722

- **#:** 7
  Search string: (United Kingdom or UK or Britain or British or Scotland or Scottish or England or Wales or Welsh or Ireland or Irish).ti,ab.
  hits: 117929

- **#:** 8
  Search string: (201912* or 202*).up.
  hits: 741855

- **#:** 9
  Search string: 3 and 6 and 7 and 8
  hits: 43

Scopus

Date run 20231114

Number of results 518

Publication date limit applied: PUBYEAR > 2019

(TITLE-ABS-KEY (pandemic OR 2019ncov OR betacoronavirus* OR {Corona Virus*} OR coronavirus* OR coronovirus* OR cov OR cov2 OR covid OR covid19 OR covid-19 OR hcov-19 OR ncov OR {SARS CoV 2} OR sars2 OR sarscov OR sars-cov OR sars-cov-2) AND TITLE-ABS-KEY (detention OR migrant* OR refugee* OR asylum OR immigra* OR {displaced person*} OR {displaced people*} OR migrat* OR stateless OR state-less OR detainee* OR {residence status} OR foreign-born OR noncitizen* OR outsider OR newcomer OR {new* arriv*} OR {recent entrant} OR non-national OR resettle* OR nrpf OR {no recourse to public funds}) AND TITLE-ABS-KEY ({United Kingdom} OR uk OR britain OR british OR scotland OR scottish OR england OR wales OR welsh OR ireland OR irish)) AND PUBYEAR > 2019

Web of Science Core Collection (A&HCI , BKCI-SSH , BKCI-S , CCR-EXPANDED , ESCI , IC , CPCI-SSH , CPCI-S , SCI-EXPANDED , SSCI)

https://www.webofscience.com/wos/woscc/summary/7a00617a-cc93-4ff9-8dfd-0d3457e7e8d5-b4224ddb/relevance/1

Date run 20231114

Timespan limit applied: 2019-12-01 to 2023-11-14 (Index Date)

Number of results 288

TI=(("pandemic" or "2019nCoV" or "Betacoronavirus*" or "Corona Virus*" or "Coronavirus*" or "Coronovirus*" or "CoV" or "CoV2" or "COVID" or "COVID19" or "COVID-19" or "HCoV-19" or "nCoV" or "SARS CoV 2" or "SARS2" or "SARSCoV" or "SARS-CoV" or "SARS-CoV-2") and ("detention" or "migrant*" or "refugee*" or "asylum" or "immigra*" or "unaccompanied child*" or "displaced person*" or "displaced people*" or "migrat*" or "stateless" or "state-less" or "detainee*" or "residence status" or "foreign-born" or "noncitizen*" or "outsider" or "newcomer" or "new* arriv*" or "recent entrant" or "non-national" or "resettle*" or "NRPF" or "no recourse to public funds") and ("United Kingdom" or "UK" or "Britain" or "British" or "Scotland" or "Scottish" or "England" or "Wales" or "Welsh" or "Ireland" or "Irish")) or AB=(("pandemic" or "2019nCoV" or "Betacoronavirus*" or "Corona Virus*" or "Coronavirus*" or "Coronovirus*" or "CoV" or "CoV2" or "COVID" or "COVID19" or "COVID-19" or "HCoV-19" or "nCoV" or "SARS CoV 2" or "SARS2" or "SARSCoV" or "SARS-CoV" or "SARS-CoV-2") and ("detention" or "migrant*" or "refugee*" or "asylum" or "immigra*" or "unaccompanied child*" or "displaced person*" or "displaced people*" or "migrat*" or "stateless" or "state-less" or "detainee*" or "residence status" or "foreign-born" or "noncitizen*" or "outsider" or "newcomer" or "new* arriv*" or "recent entrant" or "non-national" or "resettle*" or "NRPF" or "no recourse to public funds") and ("United Kingdom" or "UK" or "Britain" or "British" or "Scotland" or "Scottish" or "England" or "Wales" or "Welsh" or "Ireland" or "Irish")) or AK=(("pandemic" or "2019nCoV" or "Betacoronavirus*" or "Corona Virus*" or "Coronavirus*" or "Coronovirus*" or "CoV" or "CoV2" or "COVID" or "COVID19" or "COVID-19" or "HCoV-19" or "nCoV" or "SARS CoV 2" or "SARS2" or "SARSCoV" or "SARS-CoV" or "SARS-CoV-2") and ("detention" or "migrant*" or "refugee*" or

"asylum" or "immigra*" or "unaccompanied child*" or "displaced person*" or "displaced people*" or "migrat*" or "stateless" or "state-less" or "detainee*" or "residence status" or "foreign-born" or "noncitizen*" or "outsider" or "newcomer" or "new* arriv*" or "recent entrant" or "non-national" or "resettle*" or "NRPF" or "no recourse to public funds") and ("United Kingdom" or "UK" or "Britain" or "British" or "Scotland" or "Scottish" or "England" or "Wales" or "Welsh" or "Ireland" or "Irish"))

WHO Covid-19 Research Database
https://search.bvsalud.org/global-literature-on-novel-coronavirus-2019-ncov

Date run 20231114

Number of results 277

Title, abstract subject ((migrant* or refugee* or asylum) AND ("United Kingdom" or UK or Britain or British or Scotland or Scottish or England or Wales or Welsh or Ireland or Irish))

Appendix 2A: Refugee and Asylum Seeker Statistical Information and Interpretation

This Appendix provides additional information in support of Chapter 6 Part 1 (Context: UK Asylum and Refugee Statistics).

The data for the charts in this Appendix is taken from UK Government immigration statistics. Specific data used for these charts are available in Appendix 2B, and full datasets can be downloaded from:
https://www.gov.uk/government/statistical-data-sets/immigration-system-statistics-data-tables.

A2.1 Asylum and Resettlement

People become refugees in the UK through two principal routes: either entering the country as an asylum seeker and making a claim for asylum; or being recognised as a refugee outside the UK and transferring to the country through an official resettlement route.

Figure A2.1 shows the outcome of asylum claims and refugee resettlement during the pandemic (2020-2022) compared to the five years prior (2015-2019). The number of asylum claims approved, and their various outcomes, are shown in blue; and the number of refugees resettled in green. Refused asylum claims are shown in red.

Figure A2.1. Asylum and Resettlement Outcomes, 2015-2022, based on UK Government statistics (note **294**)
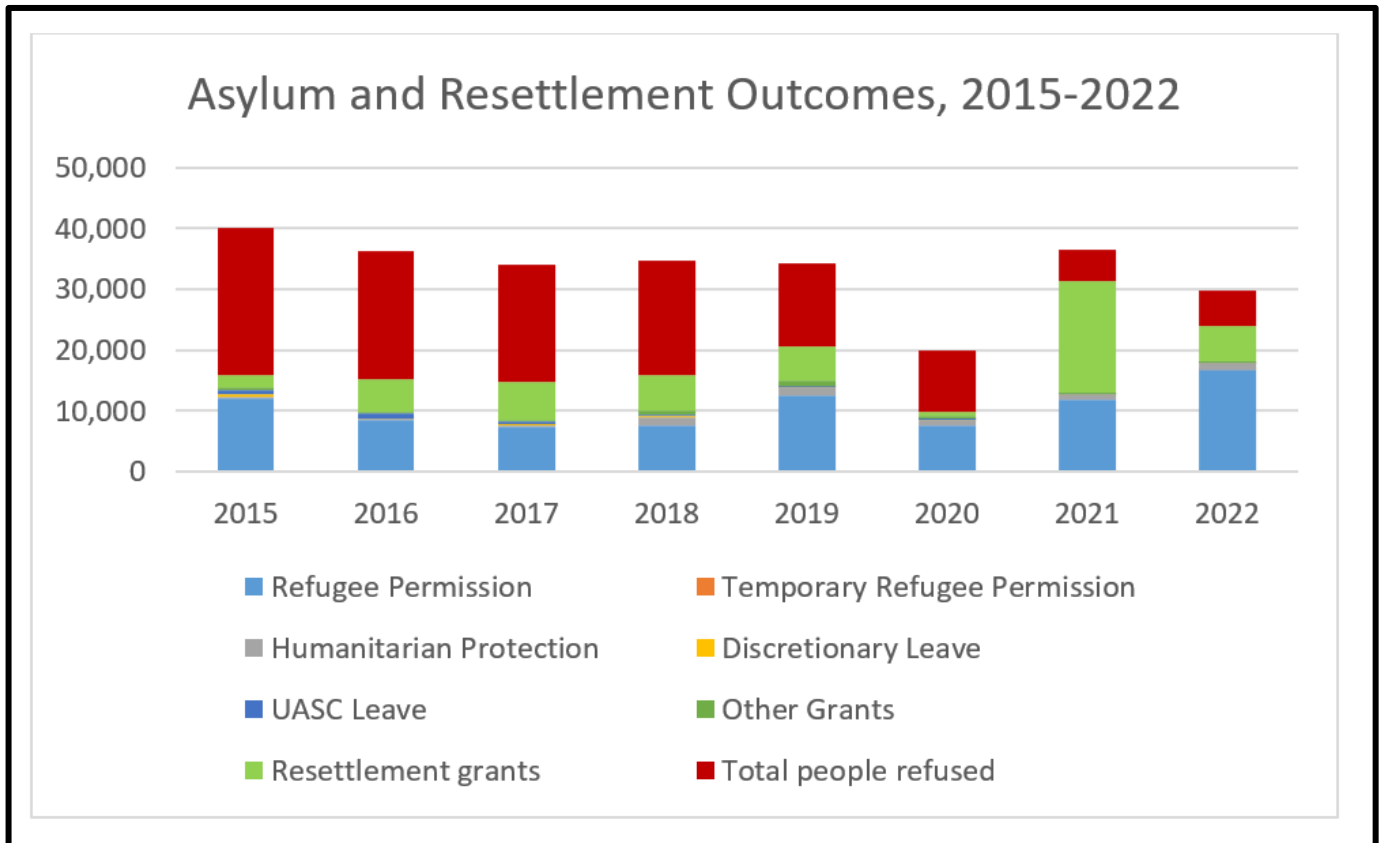
[Figure A2.1 shows a graph. The title of the graph is 'Asylum and Resettlement Outcomes, 2015-2022'. The x-axis shows the years 2015 – 2022 and the y-axis shows numbers from 0 to 50,000, in increments of 10,000. The graph shows the number for each of the following outcomes: Refugee Permission, Discretionary Leave, Resettlement grants, Temporary Refugee Permission, USAC Leave, Total people refused, Humanitarian Protection and Other Grants.
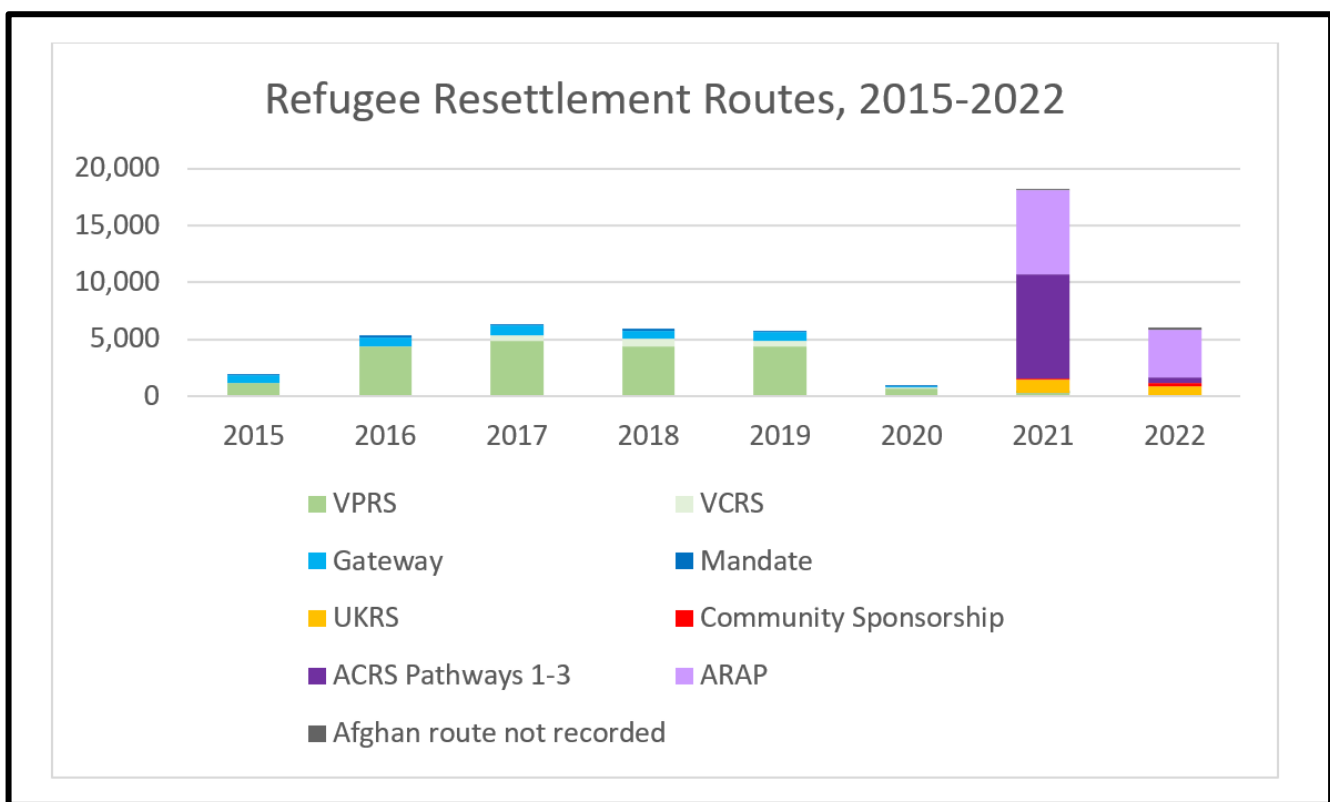
The figures for each outcome, for each year are as follows:

2015
- Refugee Permission: 12,172
- Discretionary Leave: 362
- Resettlement grants: 1,865
- Temporary Refugee Permission: 0
- USAC Leave: 853
- Total people refused: 17,201
- Humanitarian Protection: 124
- Other Grants: 434

2016
- Refugee Permission: 8,419
- Discretionary Leave: 191
- Resettlement grants: 5,212
- Temporary Refugee Permission: 0
- USAC Leave: 892
- Total people refused: 16,430
- Humanitarian Protection: 209
- Other Grants: 233

2017

- Refugee Permission: 7,476
- Discretionary Leave: 138
- Resettlement grants: 6,212
- Temporary Refugee Permission: 0
- USAC Leave: 418
- Total people refused: 14,490
- Humanitarian Protection: 250
- Other Grants: 282

2018

- Refugee Permission: 7,641
- Discretionary Leave: 164
- Resettlement grants: 5,806
- Temporary Refugee Permission: 0
- USAC Leave: 347
- Total people refused: 18,872
- Humanitarian Protection: 1,296
- Other Grants: 649

2019

- Refugee Permission: 12,561
- Discretionary Leave: 156
- Resettlement grants: 5,612
- Temporary Refugee Permission: 0
- USAC Leave: 181
- Total people refused: 13,495
- Humanitarian Protection: 1,235
- Other Grants: 947

2020

- Refugee Permission: 7,511
- Discretionary Leave: 89
- Resettlement grants: 823
- Temporary Refugee Permission: 0
- USAC Leave: 64
- Total people refused: 9,977
- Humanitarian Protection: 1,005
- Other Grants: 403

2021

- Refugee Permission: 11,853
- Discretionary Leave: 38
- Resettlement grants: 17,790
- Temporary Refugee Permission: 0
- USAC Leave: 24
- Total people refused: 5,117
- Humanitarian Protection: 939
- Other Grants: 249

2022

- Refugee Permission: 16,755
- Discretionary Leave: 62
- Resettlement grants: 6,238
- Temporary Refugee Permission: 56
- USAC Leave: 30
- Total people refused: 5,878
- Humanitarian Protection: 1,025
- Other Grants: 257

End of figure A2.1]

The chart shows a marked drop in 2020, including an almost-complete end to refugee resettlement. The substantial increase in refugee resettlement in 2021 is overwhelmingly due to the resettlement schemes put in place for Afghan citizens (known as ACRS and ARAP), as shown in Figure A2.2. below. The changes to UK resettlement routes which took place during the pandemic are outlined in Chapter 6: Part 3.

Figure A2.2. Refugee Resettlement Routes, 2015-2022, based on UK Government statistics (note **295**)

Refugee Resettlement Routes, 2015-2022

Legend: VPRS, VCRS, Gateway, Mandate, UKRS, Community Sponsorship, ACRS Pathways 1-3, ARAP, Afghan route not recorded

[Figure A2.2 shows a graph. The title of the graph is 'Refugee Resettlement Routes, 2015-2022'. The x-axis shows the years 2015 – 2022 and the y-axis shows numbers from 0 to 20,000, in increments of 5,000. The graph shows the number for each of the following outcomes: VPRS, Gateway, UKRS, ACRS Pathways, Afghan route not recorded, VCRS, Mandate, Community Sponsorship, ARAP.

The figures for each outcome, for each year are as follows:

2015
- VPRS: 1,194
- Gateway: 652
- UKRS: 0
- ACRS Pathways 1-3: 0
- Afghan route not recorded: 0
- VCRS: 0
- Mandate: 19
- Community Sponsorship: 0
- ARAP: 0

2016
- VPRS: 4,369
- Gateway: 804
- UKRS: 0
- ACRS Pathways 1-3:
- Afghan route not recorded: 0
- VCRS: 31
- Mandate: 8
- Community Sponsorship: 0
- ARAP: 0

2017
- VPRS: 4,832
- Gateway: 813
- UKRS: 0
- ACRS Pathways 1-3: 0
- Afghan route not recorded: 0
- VCRS: 539
- Mandate: 28
- Community Sponsorship: 0
- ARAP: 0

2018

- VPRS: 4,407
- Gateway: 693
- UKRS: 0
- ACRS Pathways 1-3: 0
- Afghan route not recorded: 0
- VCRS: 688
- Mandate: 18
- Community Sponsorship: 0
- ARAP: 0

2019

- VPRS: 4,408
- Gateway: 704
- UKRS: 0
- ACRS Pathways 1-3: 0
- Afghan route not recorded: 0
- VCRS: 489
- Mandate: 11
- Community Sponsorship: 0
- ARAP: 0

2020

- VPRS: 662
- Gateway: 77
- UKRS: 0
- ACRS Pathways 1-3: 0
- Afghan route not recorded: 0
- VCRS: 79
- Mandate: 5
- Community Sponsorship: 0
- ARAP: 0

2021

- VPRS: 304
- Gateway: 0.00
- UKRS: 1,136
- ACRS Pathways 1-3: 9,171
- Afghan route not recorded: 149
- VCRS: 12
- Mandate: 2
- Community Sponsorship: 133
- ARAP: 7,395

2022

- VPRS: 0.00
- Gateway: 0.00
- UKRS: 887
- ACRS Pathways 1-3: 524
- Afghan route not recorded: 1
- VCRS: 0.00
- Mandate: 4
- Community Sponsorship: 272
- ARAP: 4,190

End of figure A2.]

A2.2 Family Reunion

Family reunion is a process by which refugees in the UK can apply for close family members (spouse/partner and children under 18) to join them (note **296**). Visa Application Centres closed due to COVID-19 in March 2020 and appear to have started reopening from June 2020; (note **297**) but in the interval, no family reunion visas were processed. Figure A2.3 shows family reunion visa grants during the pandemic compared to the five years prior.

Figure A2.3. Family Reunion Visas, 2015-2022, based on UK Government statistics (note **298**)
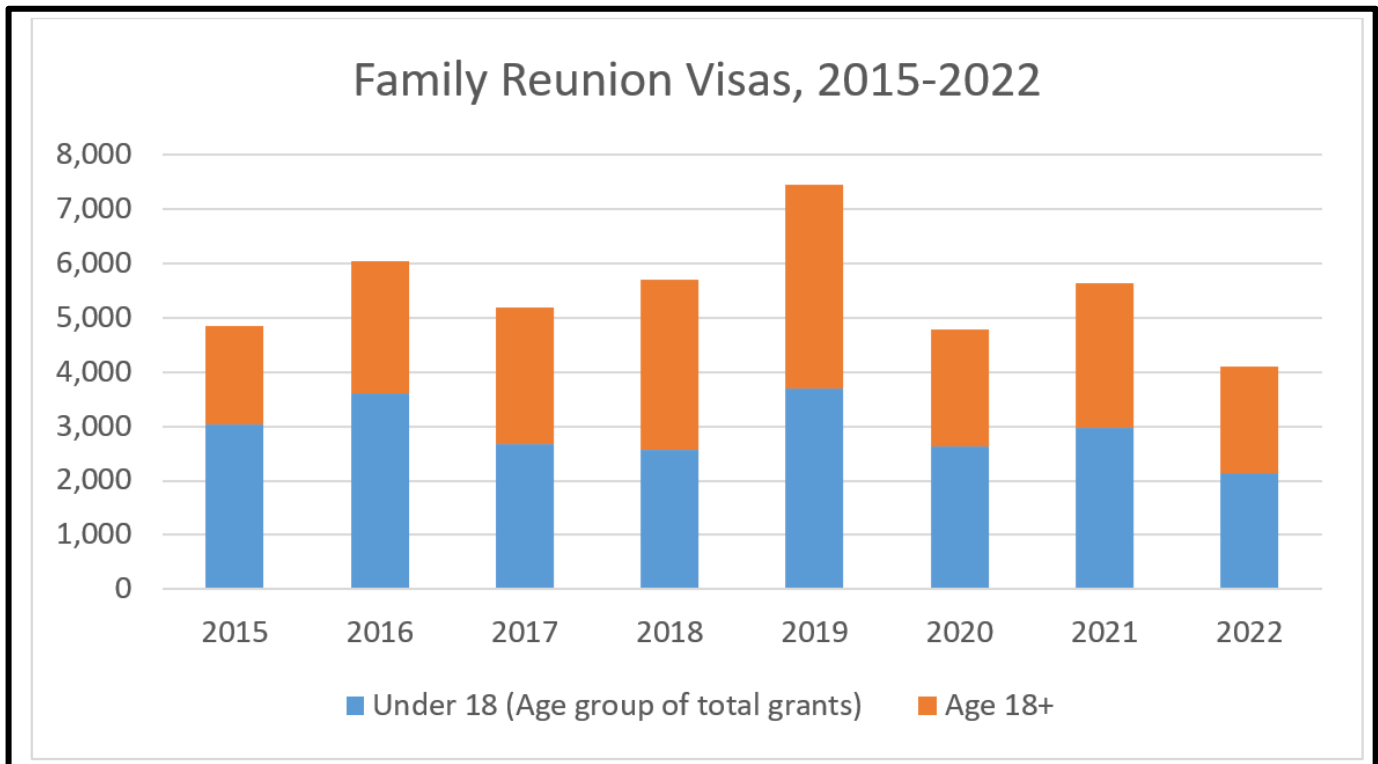
[Figure A2.3 shows a graph. The title of the graph is 'Family Reunion Visas, 2015-2022, based on UK Government statistics'. The x-axis shows the years 2015 – 2022 and the y-axis shows numbers from 0 to 8,000, in increments of 1,000. The graph shows the number for each of the following outcomes: Under 18 (Age group of total grants), and Age 18+.

The figures for each outcome, for each year are as follows:

2015
- Under 18 (Age group of total grants):3,036
- Age 18+: 1,813

- **2016**
- Under 18 (Age group of total grants):,3,613
- Age 18+: 2,426

2017
- Under 18 (Age group of total grants): 2,665
- Age 18+: 2,534

- **2018**
- Under 18 (Age group of total grants): 2,568
- Age 18+: 3,144

- **2019**
- Under 18 (Age group of total grants): 3,694
- Age 18+: 3,762

- **2020**
- Under 18 (Age group of total grants): 2,622
- Age 18+: 2,175

- **2021**
- Under 18 (Age group of total grants): 2,978
- Age 18+: 2,667

- **2022**
- Under 18 (Age group of total grants): 2,146
- Age 18+: 1,967

End of figure A2.3]

A2.3 Immigration Detention

As of 23 March 2020, Immigration Detention Centres were closed to visitors. International travel restrictions meant a pause in removals of asylum seekers to 49 countries; and the Home Office paused new detentions of people who would otherwise be removed to these countries (note **299**). Hundreds of people were released from immigration detention early in the pandemic (notes **300**, **301**) The impact of COVID-19 on immigration detention can be seen in Figure A2.4 below.

Figure A2.4. Number of people in immigration detention at end of year, 2015 to 2022, based on UK Government statistics (note **302**)

Number of people in immigration detention at end of year, 2015-2022
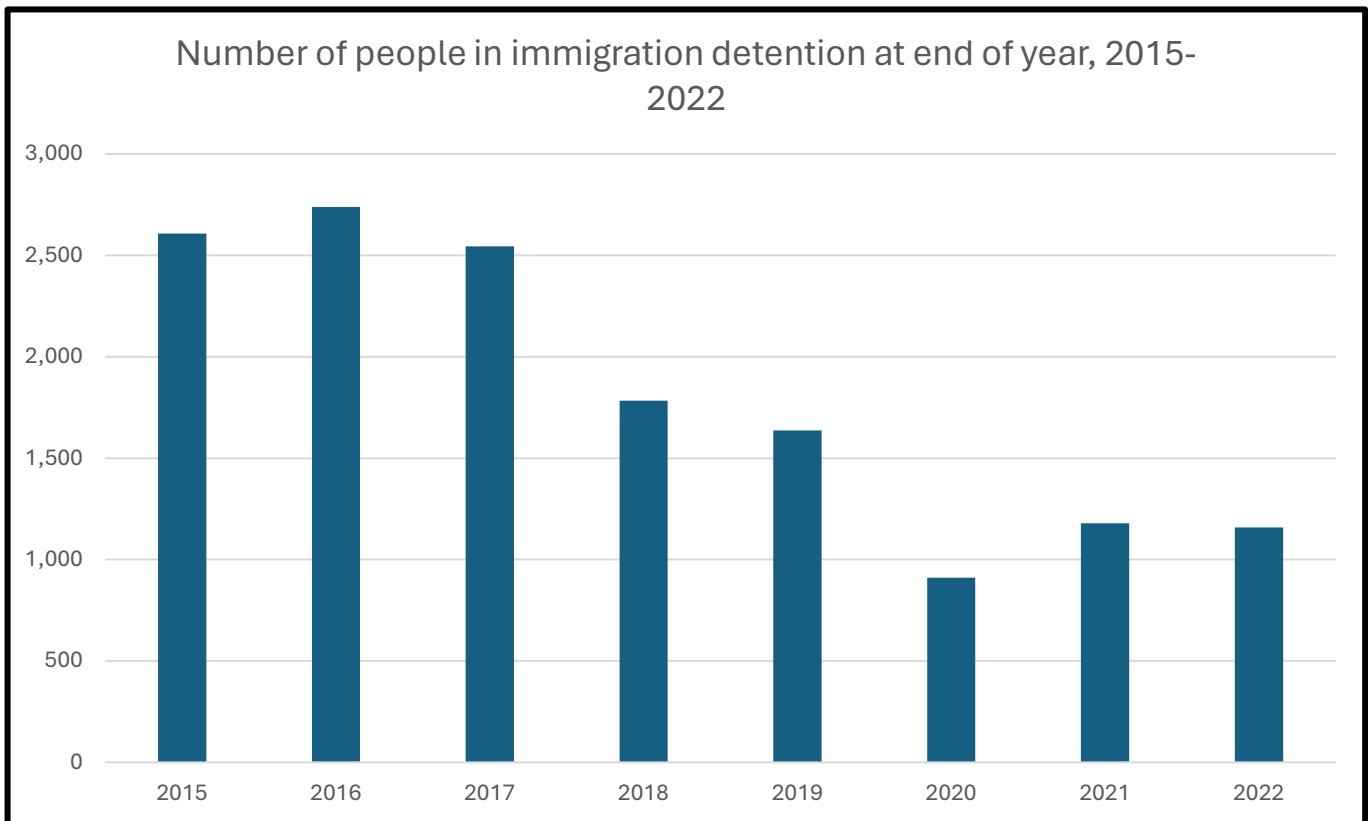
[Figure A2.4 shows a graph. The title of the graph is 'Number of People in Immigration Detention, 2015-2022'. The x-axis shows the years 2015 – 2022 and the y-axis shows numbers from 0 to 3,000, in increments of 500. The figures for each outcome, for each year are as follows:

- 2015: 2,607
- 2016: 2,738
- 2017: 2,545
- 2018: 1,784
- 2019: 1,637
- 2020: 910
- 2021: 1,179
- 2022: 1,159

End of figure A2.4]

Periods of detention vary in length: in 2021, 18% of people were detained for 14 days or less, and 57% for less than two months (note **303**). This means that the year-end figures do not represent the thousands of people who moved in and out of detention during the year, although they provide a snapshot of the overall trend.

According to analysis from the Refugee Council, "a significant proportion of those who claim asylum will be detained at some point during, or at the end of, the asylum process." (note **304**)

Detention should not be taken as an indication that a person's asylum claim is invalid. Detention takes place both before and after the determination of asylum claims. In 2021, 86% of people left immigration detention on bail, while only 13% were returned to another country from the UK (note **305**).

A2.4 Voluntary Returns and Deportation

People whose asylum claims are refused are expected to leave the UK. People may do so voluntarily – either at their own expense (known as a controlled or verified return, depending on the circumstances) or with assistance from the Voluntary Returns Service – or they may be removed by immigration enforcement (note **306**). In the early months of the pandemic, the Voluntary Returns Service was suspended (note **307**). Figure A2.5 below shows the rates of voluntary and enforced returns during the pandemic and in the five years prior.

Figure A2.5. People returned to other countries from the UK, 2015-2022, based on UK Government statistics (note 308)
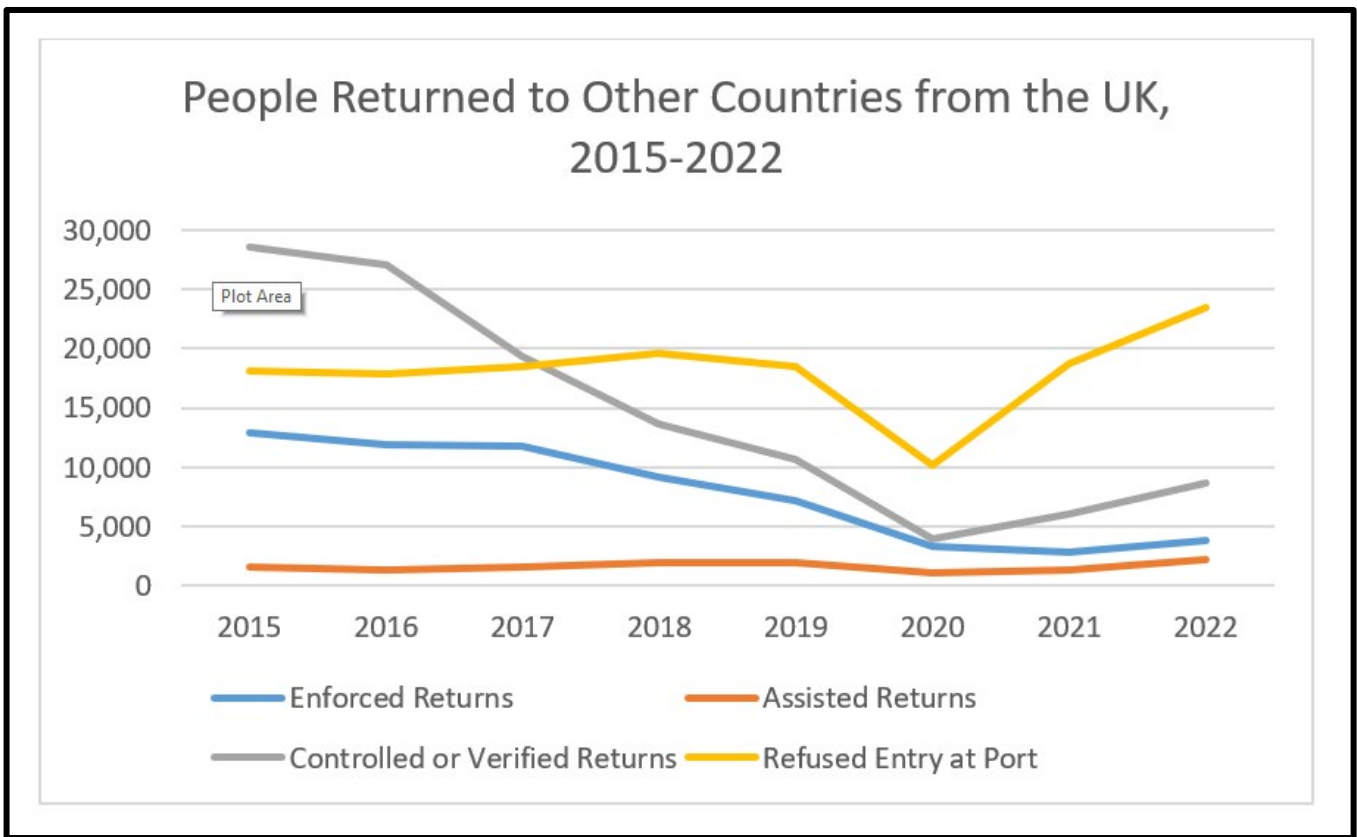
[Figure A2.5 shows a graph. The title of the graph is 'People returned to other countries from the UK, 2015-2022, based on UK Government statistics'. The x-axis shows the years 2015 – 2022 and the y-axis shows numbers from 0 to 30,000, in increments of 5,000. The graph shows the number for each of the following outcomes: Enforced Returns, Assisted Returns, Controlled or Verified Returns, and Refused Entry at Port. The figures for each outcome, for each year are as follows:

2015
- Enforced Returns: 12,921
- Assisted Returns: 1,647
- Controlled or Verified Returns: 28,563
- Refused Entry at Port: 18,082

2016

- Enforced Returns: 11,903
- Assisted Returns: 1,357
- Controlled or Verified Returns: 27,117
- Refused Entry at Port: 17,916

2017

- Enforced Returns: 11,741
- Assisted Returns: 1,560
- Controlled or Verified Returns: 19,419
- Refused Entry at Port: 18,520

2018

- Enforced Returns: 9,236
- Assisted Returns: 2,018
- Controlled or Verified Returns: 13,684
- Refused Entry at Port: 19,655

2019

- Enforced Returns: 7,198
- Assisted Returns: 1,920
- Controlled or Verified Returns: 10, 654
- Refused Entry at Port: 18,464

2020

- Enforced Returns: 3,383
- Assisted Returns: 1,049
- Controlled or Verified Returns: 3,960
- Refused Entry at Port: 18,769

2021

- Enforced Returns: 2,788
- Assisted Returns: 1,318
- Controlled or Verified Returns: 6,034
- Refused Entry at Port: 18,769

2022

- Enforced Returns: 3,875
- Assisted Returns: 2,181
- Controlled or Verified Returns: 8,715
- Refused Entry at Port: 23,476

End of figure A2.5]

Asylum seekers whose claim has been refused have a right of appeal. Even once appeal rights have been exhausted, an asylum seeker may not be able to leave the UK straight away – whether due to health reasons, lack of travel documents, or ongoing legal processes such as judicial review (note **309**). During this period they may continue to live in the UK with limited access to support. We included asylum seekers whose claims have been refused in our discussion of the pandemic's impact in Scotland.

A2.5 Asylum Dispersal in Scotland

During the pandemic the UK Government introduced a change to its asylum dispersal policy (the process of moving asylum seekers to accommodation around the UK). Previously, only local authorities which had agreed to be dispersal areas were used to accommodate refugees. Now, the UK maintains a policy of full dispersal to all local authorities.

Glasgow, as the only asylum dispersal region in Scotland, was home to a large number of asylum seekers at the start of the pandemic, with **4,821 people** in receipt of support in September 2020, compared to only 21 in Edinburgh; and 29 other people in various parts of Scotland.

By December 2022, the number of asylum seekers in Scotland had increased a little, but their locations around the country had changed considerably, as shown in Table A2.1 below:

Table A2.1. Number of Asylum Seekers in Support by Scottish Local Authority, 31 December 2023, according to UK Government statistics (note 310)

- Aberdeen City: 107
- City of Edinburgh: 60
- Falkirk: 44
- Glasgow City: 4,698
- Inverclyde: 61
- Perth and Kinross: 106
- Renfrewshire: 47
- South Lanarkshire: 63
- 11 other regions (<10 people in receipt of support each): 24

Appendix 2B: Supporting Data from UK Immigration Statistics

Data for Figure A2.1: Asylum and Resettlement Outcomes, 2015-2022

Based on Tables Prot_01 (granted asylum / resettlement) and Asy_03a (asylum refusals)

2015

- **Total grants: 15,810**
- **Asylum-related grants (Total): 13,945**
  Refugee Permission: 12,172
  Temporary Refugee Permission:
  Humanitarian Protection: 0
  Discretionary Leave: 124
  UASC Leave: 362
  Other Grants: 853
- **Resettlement grants: 1,865**
- **Total people refused: 24,202**

2016

- **Total grants: 15,156**
- **Asylum-related grants (Total): 9,944**
  Refugee Permission: 8,419
  Temporary Refugee Permission: 0
  Humanitarian Protection: 209
  Discretionary Leave: 191
  UASC Leave: 892
  Other Grants: 233
- **Resettlement grants: 5,212**
- **Total people refused: 21,067**

2017

- **Total grants: 14,776**
- **Asylum-related grants (Total): 8,564**
  Refugee Permission: 7,476
  Temporary Refugee Permission: 0
  Humanitarian Protection: 250
  Discretionary Leave: 138
  UASC Leave: 418
  Other Grants: 282
- **Resettlement grants: 6,212**
- **Total people refused: 19,286**

2018

- **Total grants: 15,903**
- **Asylum-related grants (Total): 10,097**
  Refugee Permission: 7,641
  Temporary Refugee Permission: 0
  Humanitarian Protection: 1,296
  Discretionary Leave: 164
  UASC Leave: 347
  Other Grants: 649
- **Resettlement grants: 5,806**
- **Total people refused: 18,872**

2019

- **Total grants: 20,692**
- **Asylum-related grants (Total): 15,080**
  Refugee Permission: 12,561
  Temporary Refugee Permission: 0
  Humanitarian Protection: 1,235
  Discretionary Leave: 156
  UASC Leave: 181
  Other Grants: 947
- **Resettlement grants: 5,612**
- **Total people refused: 13,495**

2020

- **Total grants: 9,895**
- **Asylum-related grants (Total): 9,072**
  Refugee Permission: 7,511
  Temporary Refugee Permission: 0
  Humanitarian Protection: 1,005
  Discretionary Leave: 89
  UASC Leave: 64
  Other Grants: 403
- **Resettlement grants: 823**
- **Total people refused: 9,977**

2021

- **Total grants: 31,339**
- **Asylum-related grants (Total): 13,103**
  Refugee Permission: 11,853
  Temporary Refugee Permission: 0
  Humanitarian Protection: 939
  Discretionary Leave: 38
  UASC Leave: 24
  Other Grants: 249
- **Resettlement grants: 18,266**
- **Total people refused: 5,117**

2022

- **Total grants: 24,050**
- **Asylum-related grants (Total): 18,185**
  Refugee Permission: 16,755
  Temporary Refugee Permission: 56
  Humanitarian Protection: 1,025
  Discretionary Leave: 62
  UASC Leave: 30
  Other Grants: 257
- **Resettlement grants: 5,878**
- **Total people refused:**

Data for Figure A2.2: Refugee Resettlement Routes, 2015-2022

Based on Res_01: Number of peopled resettled in the UK,

Date of arrival 2015
- **VPRS: 1,194**
- **VCRS: 0**
- **Gateway: 652**
- **Mandate: 19**
- **UKRS: 0**
- **Community Sponsorship: 0**
- **ACRS Pathways: 0**
- **ARAP: 0**
- **Afghan route not recorded: 0**
- **Total Resettled: 1,865**

Date of arrival 2016
- **VPRS: 4,369**
- **VCRS: 31**
- **Gateway: 804**
- **Mandate: 8**
- **UKRS: 0**
- **Community Sponsorship: 0**
- **ACRS Pathways: 0**
- **ARAP: 0**
- **Afghan route not recorded: 0**
- **Total Resettled: 5,212**

Date of arrival 2017

- **VPRS: 4,832**
- **VCRS: 539**
- **Gateway: 813**
- **Mandate: 28**
- **UKRS: 0**
- **Community Sponsorship: 0**
- **ACRS Pathways: 0**
- **ARAP: 0**
- **Afghan route not recorded: 0**
- **Total Resettled: 6,212**

Date of arrival 2018

- **VPRS: 4,407**
- **VCRS: 688**
- **Gateway: 693**
- **Mandate: 18**
- **UKRS: 0**
- **Community Sponsorship: 0**
- **ACRS Pathways: 0**
- **ARAP: 0**
- **Afghan route not recorded: 0**
- **Total Resettled: 5,806**

Date of arrival 2019

- **VPRS: 4,408**
- **VCRS: 489**
- **Gateway: 704**
- **Mandate: 11**
- **UKRS: 0**
- **Community Sponsorship: 0**
- **ACRS Pathways: 0**
- **ARAP: 0**
- **Afghan route not recorded: 0**
- **Total Resettled: 5,612**

Date of arrival 2020

- **VPRS: 662**
- **VCRS: 79**
- **Gateway: 77**
- **Mandate: 5**
- **UKRS: 0**
- **Community Sponsorship: 0**
- **ACRS Pathways: 0**
- **ARAP: 0**
- **Afghan route not recorded: 0**
- **Total Resettled: 823**

Date of arrival 2021

- **VPRS: 304**
- **VCRS: 12**
- **Gateway: 0.00**
- **Mandate: 2**
- **UKRS: 1,136**
- **Community Sponsorship: 133**
- **ACRS Pathways: 9,171**
- **ARAP: 7,359**
- **Afghan route not recorded: 149**
- **Total Resettled: 18,266**

Date of arrival 2022

- **VPRS: 0.00**
- **VCRS: 0.00**
- **Gateway: 0.00**
- **Mandate: 4**
- **UKRS: 887**
- **Community Sponsorship: 272**
- **ACRS Pathways: 524**
- **ARAP: 4,190**
- **Afghan route not recorded: 1**
- **Total Resettled: 5,878**

Data for Figure A2.3. Family Reunion Visas, 2015-2022

Based on Fam_01: Family Reunion entry clearance visa grants, by age

Date of visa grant 2015
- Under 18 (Age group of total grants): 3,036
- Age 18+: 1,813
- **Total grants: 4,849**

Date of visa grant 2016
- Under 18 (Age group of total grants): 3,613
- Age 18+: 2,426
- **Total grants: 6,039**

Date of visa grant 2017
- Under 18 (Age group of total grants): 2,665
- Age 18+: 2,534
- **Total grants: 5,199**

Date of visa grant 2018
- Under 18 (Age group of total grants): 2,568
- Age 18+: 3,144
- **Total grants: 5,712**

Date of visa grant 2019
- Under 18 (Age group of total grants): 3,694
- Age 18+: 3,762
- **Total grants: 7,456**

Date of visa grant 2020
- Under 18 (Age group of total grants): 2,622
- Age 18+: 2,175
- **Total grants: 4,797**

Date of visa grant 2021
- Under 18 (Age group of total grants): 2,978
- Age 18+: 2,667
- **Total grants: 5,645**

Date of visa grant 2022
- Under 18 (Age group of total grants): 2,146
- Age 18+: 1,967
- **Total grants: 4,113**

Data for Figure A2.4. Number of People in Immigration Detention, 2015-2022

Based on Det_01: People entering, leaving and in detention, by asylum and non-asylum

- **Date:** 2015
  In detention at end of period: 2,607

- **Date:** 2016
  In detention at end of period: 2,738

- **Date:** 2017
  In detention at end of period: 2,545

- **Date:** 2018
  In detention at end of period: 1,784

- **Date:** 2019
  In detention at end of period: 1,637

- **Date:** 2020
  In detention at end of period: 910

- **Date:** 2021
  In detention at end of period: 1,179

- **Date:** 2022
  In detention at end of period: 1,159

Data for Figure A2.5. People Returned to Other Countries from the UK, 2015-2022

Based on Ret_01: Returns from the UK, by type of return

Date of return 2015
- **Enforced Returns: 12,291**
- **Assisted Returns: 1,647**
- **Controlled or Verified Returns: 28,563**
- **Refused Entry at Port: 18,082**

Date of return 2016
- **Enforced Returns: 11,903**
- **Assisted Returns: 1,357**
- **Controlled or Verified Returns: 27,117**
- **Refused Entry at Port: 17,916**

Date of return 2017
- **Enforced Returns: 11,741**
- **Assisted Returns: 1,560**
- **Controlled or Verified Returns: 19,419**
- **Refused Entry at Port: 18,520**

Date of return 2018
- **Enforced Returns: 9,236**
- **Assisted Returns: 2,018**
- **Controlled or Verified Returns: 13,684**
- **Refused Entry at Port: 19,655**

Date of return 2019
- **Enforced Returns: 7,198**
- **Assisted Returns: 1,920**
- **Controlled or Verified Returns: 10,654**
- **Refused Entry at Port: 18,464**

Date of return 2020
- **Enforced Returns: 3,383**
- **Assisted Returns: 1,049**
- **Controlled or Verified Returns: 3,960**
- **Refused Entry at Port: 10,136**

Date of return 2021
- **Enforced Returns: 2,788**
- **Assisted Returns: 1,318**
- **Controlled or Verified Returns: 6,034**
- **Refused Entry at Port: 18,769**

Date of return 2022
- **Enforced Returns: 3,875**
- **Assisted Returns: 2,181**
- **Controlled or Verified Returns: 8,715**
- **Refused Entry at Port:**

Data for Table A2.1. Asylum Seekers in Receipt of Support by Scottish Local Authority, 31 December 2022

Based on Asy_D11: Asylum seekers in receipt of support by Local Authority

Scotland
- 30 Sep 2020: 4,871
- 31 Dec 2020: 4,815
- 31 Mar 2021: 4,736
- 30 Jun 2021: 4,367
- 30 Sep 2021: 4,418
- 31 Dec 2021: 4,584
- 31 Mar 2022: 4,667
- 30 Jun 2022: 4,786
- 30 Sep 2022: 4,719
- 31 Dec 2022: 5,210
- 31 Mar 2023: 5,086
- 30 Jun 2023: 5,323
- 30 Sep 2023: 6,090

Aberdeen City
- 30 Sep 2020: 0
- 31 Dec 2020: 0
- 31 Mar 2021: 0
- 30 Jun 2021: 0
- 30 Sep 2021: 0
- 31 Dec 2021: 32
- 31 Mar 2022: 21
- 30 Jun 2022: 7
- 30 Sep 2022: 9

- 31 Dec 2022: 107
- 31 Mar 2023: 113
- 30 Jun 2023: 119
- 30 Sep 2023: 340

Aberdeenshire
- 30 Sep 2020: 0
- 31 Dec 2020: 0
- 31 Mar 2021: 0
- 30 Jun 2021: 0
- 30 Sep 2021: 0
- 31 Dec 2021: 0
- 31 Mar 2022: 0
- 30 Jun 2022: 0
- 30 Sep 2022: 0
- 31 Dec 2022: 0
- 31 Mar 2023: 0
- 30 Jun 2023: 39
- 30 Sep 2023: 171

Angus
- 30 Sep 2020: 1
- 31 Dec 2020: 1
- 31 Mar 2021: 1
- 30 Jun 2021: 1
- 30 Sep 2021: 2
- 31 Dec 2021: 2
- 31 Mar 2022: 2
- 30 Jun 2022: 1
- 30 Sep 2022: 1
- 31 Dec 2022: 1
- 31 Mar 2023: 1
- 30 Jun 2023:1
- 30 Sep 2023:0

City of Edinburgh
- 30 Sep 2020: 21
- 31 Dec 2020: 20
- 31 Mar 2021: 21
- 30 Jun 2021: 18
- 30 Sep 2021: 19
- 31 Dec 2021: 19
- 31 Mar 2022: 18
- 30 Jun 2022: 17
- 30 Sep 2022: 17
- 31 Dec 2022: 60
- 31 Mar 2023: 57
- 30 Jun 2023: 45
- 30 Sep 2023: 122

Clackmannanshire
- 30 Sep 2020: 0
- 31 Dec 2020: 0
- 31 Mar 2021: 0
- 30 Jun 2021: 0
- 30 Sep 2021: 1
- 31 Dec 2021: 1
- 31 Mar 2022: 1
- 30 Jun 2022: 1
- 30 Sep 2022: 1
- 31 Dec 2022: 1
- 31 Mar 2023: 1
- 30 Jun 2023: 1
- 30 Sep 2023:0

Dumfries and Galloway

- 30 Sep 2020: 0
- 31 Dec 2020: 0
- 31 Mar 2021: 0
- 30 Jun 2021: 0
- 30 Sep 2021: 0
- 31 Dec 2021: 0
- 31 Mar 2022: 1
- 30 Jun 2022: 2
- 30 Sep 2022: 2
- 31 Dec 2022: 2
- 31 Mar 2023: 2
- 30 Jun 2023: 1
- 30 Sep 2023: 53

Dundee City

- 30 Sep 2020: 2
- 31 Dec 2020: 2
- 31 Mar 2021: 1
- 30 Jun 2021: 1
- 30 Sep 2021: 1
- 31 Dec 2021: 1
- 31 Mar 2022: 5
- 30 Jun 2022: 7
- 30 Sep 2022: 11
- 31 Dec 2022: 9
- 31 Mar 2023: 9
- 30 Jun 2023: 9
- 30 Sep 2023: 79

East Ayrshire
- 30 Sep 2020: 2
- 31 Dec 2020: 2
- 31 Mar 2021: 0
- 30 Jun 2021: 0
- 30 Sep 2021: 0
- 31 Dec 2021: 0
- 31 Mar 2022: 0
- 30 Jun 2022: 0
- 30 Sep 2022: 0
- 31 Dec 2022: 0
- 31 Mar 2023: 0
- 30 Jun 2023: 0
- 30 Sep 2023: 0

East Lothian
- 30 Sep 2020: 0
- 31 Dec 2020: 1
- 31 Mar 2021: 1
- 30 Jun 2021: 1
- 30 Sep 2021: 1
- 31 Dec 2021: 1
- 31 Mar 2022: 1
- 30 Jun 2022: 1
- 30 Sep 2022: 1
- 31 Dec 2022: 1
- 31 Mar 2023: 1
- 30 Jun 2023: 1
- 30 Sep 2023: 3

East Renfrewshire

- 30 Sep 2020: 1
- 31 Dec 2020: 1
- 31 Mar 2021: 1
- 30 Jun 2021: 1
- 30 Sep 2021: 1
- 31 Dec 2021: 0
- 31 Mar 2022: 0
- 30 Jun 2022: 0
- 30 Sep 2022: 0
- 31 Dec 2022: 0
- 31 Mar 2023: 0
- 30 Jun 2023: 0
- 30 Sep 2023: 0

Falkirk

- 30 Sep 2020: 0
- 31 Dec 2020: 3
- 31 Mar 2021: 3
- 30 Jun 2021: 3
- 30 Sep 2021: 2
- 31 Dec 2021: 0
- 31 Mar 2022: 2
- 30 Jun 2022: 1
- 30 Sep 2022: 8
- 31 Dec 2022: 44
- 31 Mar 2023: 43
- 30 Jun 2023: 33
- 30 Sep 2023: 47

Fife
- 30 Sep 2020: 2
- 31 Dec 2020: 2
- 31 Mar 2021: 1
- 30 Jun 2021: 0
- 30 Sep 2021: 1
- 31 Dec 2021: 1
- 31 Mar 2022: 2
- 30 Jun 2022: 2
- 30 Sep 2022: 2
- 31 Dec 2022: 2
- 31 Mar 2023: 2
- 30 Jun 2023: 0
- 30 Sep 2023: 7

Glasgow City
- 30 Sep 2020: 4,821
- 31 Dec 2020: 4,760
- 31 Mar 2021: 4,684
- 30 Jun 2021: 4,324
- 30 Sep 2021: 4,374
- 31 Dec 2021: 4,482
- 31 Mar 2022: 4,568
- 30 Jun 2022: 4,683
- 30 Sep 2022: 4,635
- 31 Dec 2022: 4,698
- 31 Mar 2023: 4,520
- 30 Jun 2023: 4,694
- 30 Sep 2023: 4,678

Inverclyde

- 30 Sep 2020: 0
- 31 Dec 2020: 0
- 31 Mar 2021: 0
- 30 Jun 2021: 0
- 30 Sep 2021: 0
- 31 Dec 2021: 0
- 31 Mar 2022: 0
- 30 Jun 2022: 0
- 30 Sep 2022: 2
- 31 Dec 2022: 61
- 31 Mar 2023: 68
- 30 Jun 2023: 68
- 30 Sep 2023: 87

Midlothian

- 30 Sep 2020: 1
- 31 Dec 2020: 1
- 31 Mar 2021: 1
- 30 Jun 2021: 2
- 30 Sep 2021: 2
- 31 Dec 2021: 5
- 31 Mar 2022: 2
- 30 Jun 2022: 2
- 30 Sep 2022: 1
- 31 Dec 2022: 1
- 31 Mar 2023: 1
- 30 Jun 2023: 1
- 30 Sep 2023: 0

Moray

- 30 Sep 2020: 0
- 31 Dec 2020: 0
- 31 Mar 2021: 0
- 30 Jun 2021: 0
- 30 Sep 2021: 0
- 31 Dec 2021: 0
- 31 Mar 2022: 2
- 30 Jun 2022: 2
- 30 Sep 2022: 2
- 31 Dec 2022: 2
- 31 Mar 2023: 2
- 30 Jun 2023: 38
- 30 Sep 2023: 48

North Ayrshire

- 30 Sep 2020: 0
- 31 Dec 2020: 0
- 31 Mar 2021: 0
- 30 Jun 2021: 0
- 30 Sep 2021: 0
- 31 Dec 2021: 0
- 31 Mar 2022: 1
- 30 Jun 2022: 1
- 30 Sep 2022: 1
- 31 Dec 2022: 1
- 31 Mar 2023: 1
- 30 Jun 2023: 1
- 30 Sep 2023: 12

North Lanarkshire

- 30 Sep 2020: 7
- 31 Dec 2020: 7
- 31 Mar 2021: 8
- 30 Jun 2021: 8
- 30 Sep 2021: 4
- 31 Dec 2021: 1
- 31 Mar 2022: 1
- 30 Jun 2022: 1
- 30 Sep 2022: 1
- 31 Dec 2022: 3
- 31 Mar 2023: 3
- 30 Jun 2023: 7
- 30 Sep 2023: 21

Perth and Kinross

- 30 Sep 2020: 3
- 31 Dec 2020: 3
- 31 Mar 2021: 3
- 30 Jun 2021: 0
- 30 Sep 2021: 0
- 31 Dec 2021: 30
- 31 Mar 2022: 23
- 30 Jun 2022: 50
- 30 Sep 2022: 8
- 31 Dec 2022: 106
- 31 Mar 2023: 108
- 30 Jun 2023: 102
- 30 Sep 2023: 114

Renfrewshire

- 30 Sep 2020: 5
- 31 Dec 2020: 6
- 31 Mar 2021: 6
- 30 Jun 2021: 2
- 30 Sep 2021: 5
- 31 Dec 2021: 6
- 31 Mar 2022: 4
- 30 Jun 2022: 4
- 30 Sep 2022: 6
- 31 Dec 2022: 47
- 31 Mar 2023: 89
- 30 Jun 2023: 91
- 30 Sep 2023: 220

Scottish Borders

- 30 Sep 2020: 0
- 31 Dec 2020: 0
- 31 Mar 2021: 0
- 30 Jun 2021: 0
- 30 Sep 2021: 0
- 31 Dec 2021: 0
- 31 Mar 2022: 0
- 30 Jun 2022: 0
- 30 Sep 2022: 0
- 31 Dec 2022: 0
- 31 Mar 2023: 0
- 30 Jun 2023: 0
- 30 Sep 2023: 2

S12000026

- 30 Sep 2020: 0
- 31 Dec 2020: 0
- 31 Mar 2021: 0
- 30 Jun 2021: 0
- 30 Sep 2021: 0
- 31 Dec 2021: 0
- 31 Mar 2022: 0
- 30 Jun 2022: 0
- 30 Sep 2022: 0
- 31 Dec 2022: 0
- 31 Mar 2023: 0
- 30 Jun 2023: 0
- 30 Sep 2023:2

South Ayrshire

- 30 Sep 2020: 1
- 31 Dec 2020: 1
- 31 Mar 2021: 0
- 30 Jun 2021: 0
- 30 Sep 2021: 0
- 31 Dec 2021: 0
- 31 Mar 2022: 1
- 30 Jun 2022: 1
- 30 Sep 2022: 1
- 31 Dec 2022: 1
- 31 Mar 2023:1
- 30 Jun 2023:0
- 30 Sep 2023: 4

South Lanarkshire

- 30 Sep 2020: 4
- 31 Dec 2020: 5
- 31 Mar 2021: 5
- 30 Jun 2021: 5
- 30 Sep 2021: 4
- 31 Dec 2021: 3
- 31 Mar 2022: 12
- 30 Jun 2022: 3
- 30 Sep 2022: 10
- 31 Dec 2022: 63
- 31 Mar 2023: 61
- 30 Jun 2023: 68
- 30 Sep 2023: 78

West Dunbartonshire

- 30 Sep 2020: 0
- 31 Dec 2020: 0
- 31 Mar 2021: 0
- 30 Jun 2021: 0
- 30 Sep 2021: 0
- 31 Dec 2021: 0
- 31 Mar 2022: 0
- 30 Jun 2022: 0
- 30 Sep 2022: 0
- 31 Dec 2022: 0
- 31 Mar 2023: 3
- 30 Jun 2023: 4
- 30 Sep 2023: 4

West Lothian

- 30 Sep 2020: 0
- 31 Dec 2020: 0
- 31 Mar 2021: 0
- 30 Jun 2021: 1
- 30 Sep 2021: 1
- 31 Dec 2021: 0
- 31 Mar 2022: 0
- 30 Jun 2022: 0
- 30 Sep 2022: 0
- 31 Dec 2022: 0
- 31 Mar 2023: 0
- 30 Jun 2023: 0
- 30 Sep 2023: 0

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