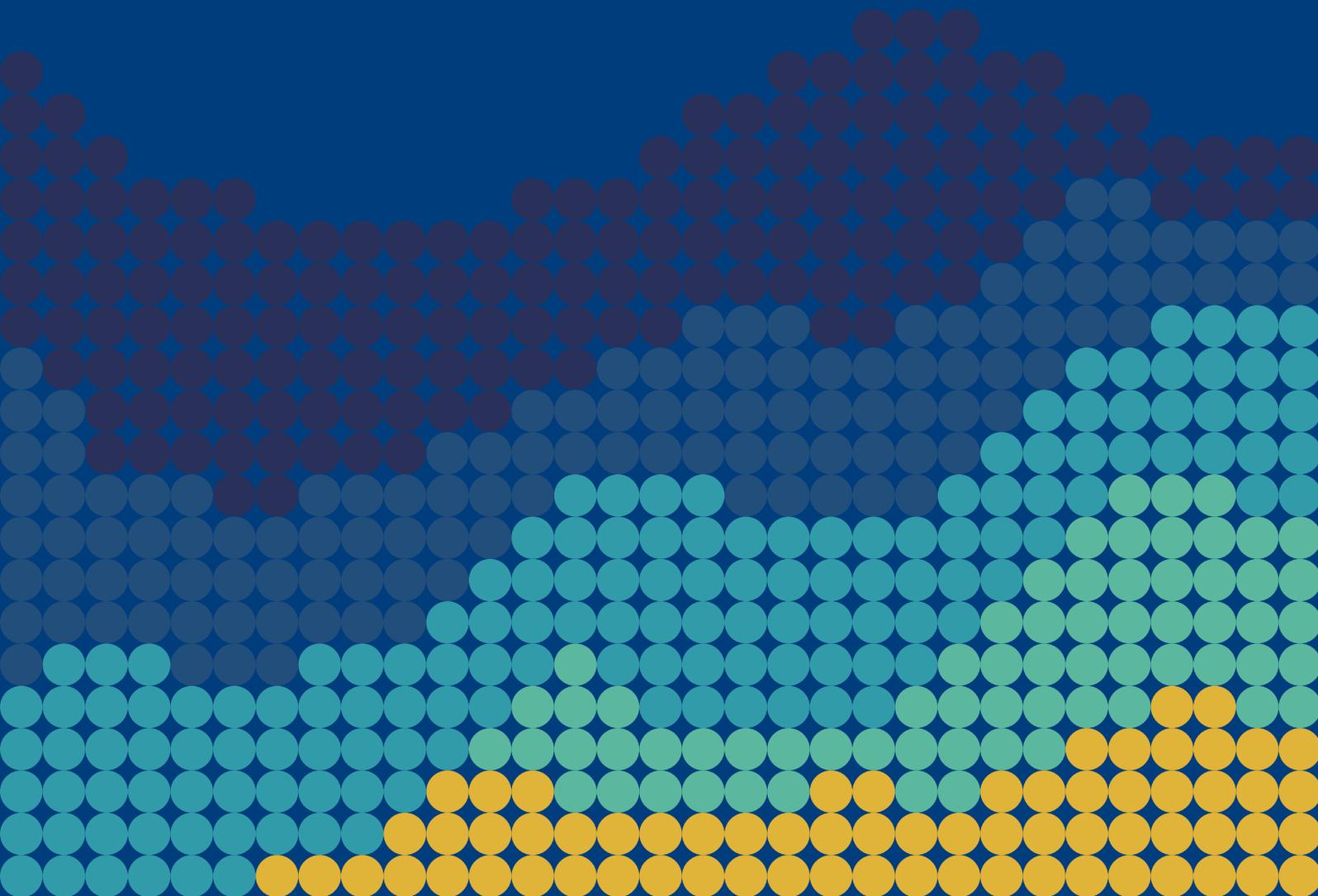


Addressing the needs of Scotland's migrant and minority ethnic populations under Covid-19: lessons for the future

By: Dr Paulina Trevena, Dr Anna Gawlewicz and
Professor Sharon Wright (University of Glasgow)



Acknowledgements

This study is an expert review carried out for the Scottish Government Coronavirus (COVID-19) Learning and Evaluation Oversight Group. It was funded by the Scottish Government.

The authors would like to thank the following people/ organisations for their contributions to this study:

Danny Boyle, Senior Parliamentary and Policy Officer, Black and Ethnic Minority Infrastructure in Scotland (BEMIS); Gary Christie, Head of Policy, Communications & Communities, Scottish Refugee Council (SRC); Magda Czarnecka, CEO, Feniks; Agnieszka Morrison, Policy Officer, Feniks; Dorota Peszkowska, Polish Community Link Worker, Feniks; Manal Eshelli, Project Co-ordinator, West of Scotland Regional Equality Council (WSREC); Nicola Sutherland, Team Leader, Welfare Rights & Welfare Fund, Perth & Kinross Council; Clare Daly, Director, Highland Migrant and Refugee Action (HiMRA); David Zabiega, Sustainable Communities Co-ordinator, Govanhill Community Development Trust (GCDT); Marzanna Antoniak, Community Connector, Thriving Places Project, Govanhill Community Development Trust (GCDT); Elanor Gunn, Senior Musician, Big Noise/Sistema; Bushra Riaz, Policy Lead (Scotland), Kidney Research UK; Jenni Keenan, Empowering Communities Team Manager, PKAVS Minority Communities Hub; Maria Jose Pavez, Policy Officer & Project Co-ordinator, Grampian Regional Equality Council (GREC); Gabrielle Macbeth, Volunteer Coordinator, Glasgow Women's Library; Dorothy Sichi, Adult Literacy and Numeracy Tutor, Glasgow Women's Library; Kira McDiarmid, Senior Policy and Public Affairs Officer, Support in Mind; Gabriela Ingle, Outreach and Communication Officer, Citizens' Rights Project.

Conflict of interest

The lead author, Dr Paulina Trevena, is also board member of **Feniks**, a third sector organisation that supports migrants. Dr Trevena declares this role had no bearing on the analysis, findings and suggestions for policy and practice presented in this report.

EXECUTIVE SUMMARY

This report draws upon an expert review of service provision for migrant and minority ethnic populations in Scotland during the COVID-19 pandemic. It discusses:

- inequalities in accessing support spanning issues of access to food and essential products, healthcare and public health information, employment, income and social security benefits, immigration information, housing, education and digital technology and resources;
- the effectiveness of service provision during the pandemic by looking at statutory services, the third sector and the role of the Scottish Government; and
- examples of innovation and best practice for COVID-19 recovery and in future crises.

Those most affected and most in need among migrant and minority populations in Scotland are:

- asylum seekers and refugees,
- Roma communities,
- new arrivals to Scotland,
- EU nationals in the context of Brexit, and
- migrant essential workers.

KEY FINDINGS:*

- The study found that public service provision in Scotland was not seen to adequately cater for migrant and minority ethnic populations and there was an overreliance on the third sector.
- Third sector organisations provided a fast and effective response to the pandemic crisis but this is not a sustainable option in the longer-term.
- The pandemic response sparked innovation and useful learning for future service provision.
- A strategic approach to increasing inclusivity of public service provision for migrant and minority communities is needed. Ethnic minorities' voices need to be heard and involved in decision-making related to them.
- Continued funding for public and third sector service provision for migrant and minority ethnic populations is necessary.

** This evaluation is based on a literature review and evidence provided mainly by representatives of the third sector and migrant workers. For full details of methods, see page 7.*

Implications for policy and practice

To improve service provision for migrant and minority ethnic communities in Scotland, we suggest taking the following action points:

Public services are not fully prepared or equipped to adequately cater for the needs of Scotland's diverse populations during and after times of crisis

1. Scottish Government – Review racial classifications for data collection. Disaggregation of data by ethnicity and nationality allows for a better understanding of the needs of specific communities and addressing these.

2. Scottish Government, Local Government – *As an intermediate measure* – establish (adequately funded) partnerships and collaborations with third sector organisations to improve local outreach, facilitate translation/interpretation and effective information sharing. Improve communications with migrant and minority ethnic communities through providing timely translations of key messaging into other languages (in simple language and accessible formats) and distributing information through channels used by these communities, both online and offline. Prepare local communication plans based on the area's demographic composition.

3. Scottish Government, Local Government, NHS Scotland – Improve accessibility of statutory services and address longer-standing public health issues among migrant and minority ethnic populations (such as barriers in accessing healthcare and mental health support, lower levels of vaccination uptake) through:

- Introducing training for frontline staff to raise cultural awareness and knowledge of available interpretation tools (e.g. LanguageLine, Google translate);
- Routinely providing interpretation services;
- Establishing a network of community connectors to facilitate linking migrant and minority ethnic communities to mainstream services. Community connectors would be key contact persons who understand community needs and have cultural knowledge and/or speak community languages;
- Providing multi-lingual mental health support;
- Ensuring translated online documents for migrant and minority ethnic communities are named in respective languages to enable their searchability.

4. Third sector organisations – *As an intermediate measure* – continue supporting migrant and minority ethnic service users in accessing mainstream services. Where staff capacity for language support is limited, consider working with (vetted) volunteers through a traineeship model (with prospects of moving into a paid role).

5. Scottish Government, Local Government, Third Sector Organisations – Adopt a co-ordinated, evidence-based approach to service delivery by scoping local migrant and minority ethnic needs regularly, ensuring a constant feedback loop and responding to needs as they arise.

6. Scottish Government, Local Government, Third Sector Organisations – Improve access to information on immigration law for various groups of migrant and minority ethnic communities (e.g. asylum seekers, refugees, EU migrants) and clear sign-posting to immigration support.

How funding is allocated and distributed has crucial impact on organisations' capacity to successfully address needs

7. Scottish Government, Charitable Organisations Funders – Review funding principles for third sector provision:

- Ensure sustained funding for third sector organisations supporting migrant and minority ethnic populations across Scotland to enable long-term support. Selected key organisations could become local advice, information and support hubs for migrant and minority ethnic communities. Hubs would be inter-connected and share information across geographical locations;
- Make the key organisations (hubs) responsible for further distribution of funds locally and for promoting a co-ordinated approach to addressing migrant and minority ethnic issues;
- Re-structure funding principles to enable partnership working between third sector organisations. Joint funding applications would allow organisations to pull resources together and strengthen outreach and capacity to address given needs in a concerted and holistic manner;
- Introduce simpler and more flexible funding applications with longer lead times to allow for community consultations and engagement prior to submitting an application;
- Rethink guidelines for evidencing success, consider alternatives to quantifying results (e.g. via case studies or testimonials from service users), especially in light of different local contexts (e.g. supporting smaller populations in rural areas).

8. Scottish Government – ensure continued flexibility for charities and local government in distributing crisis funds for migrant and minority ethnic populations with no recourse to public funds (NRPF).

Cross-cutting solution-focused collaborations improve successful addressing of needs

9. Local government, third sector organisations – Establish (adequately funded) operational, needs-based partnerships within and between local government, other public and third sector organisations to holistically address given needs and issues arising among migrant and minority ethnic populations, either locally or across geographical locations:

- Partnerships should have a clear common goal and be operational until a satisfactory solution is found and actioned;
- Holding meetings online to allow for establishing partnerships across the limitations of time and travel (especially in rural areas) and linking up across bigger geographical areas.

Using digital media improves capacity for efficient service provision

10. Scottish Government – Continue promoting digital inclusion, e.g. through the Connecting Scotland programme and funding. This should be accompanied by IT training and easy to follow, inclusive guidance for new device users.

11. Third Sector Organisations, Local Government (where appropriate/possible)

- Maintain a hybrid model of service provision with online provision along face-to-face support, depending on clients' needs and preferences;
- Deliver information workshops and training online (as well as face-to-face where appropriate) to ensure greater accessibility for digitally connected service users and organisations;
- Promote wide resource and information-sharing with other organisations focused on addressing similar needs via shared digital platforms and social media;
- Use social media as communication channels, the choice of medium depending on the preferences/usage of given client groups, e.g. FB for sharing information (which is automatically translated into first languages), WhatsApp for messaging individuals and online meetings etc.;
- Use online spaces to address social isolation and support migrant and minority ethnic populations' well-being through social activities and creative arts;
- Make sure digital devices distributed to new users are adequate to their needs, e.g. allow for use of preferred platforms.

Introduction

There isn't a miracle approach to inclusion, it's like finding out what people need and then making it happen.

GABRIELLE MACBETH, GLASGOW WOMEN'S LIBRARY

In March 2020, the World Health Organisation (WHO) declared COVID-19 a global pandemic. The UK responded with stay-at-home orders and social distancing measures to slow the spread of the disease. From 23rd March, a national lockdown was introduced. In response, public and third sector services had to close doors to the public. Some temporarily stopped operating, others rapidly adapted to remote service provision. This change in service delivery affected the whole society but some groups, such as migrant and minority ethnic communities, were hit harder than others.

Organisations supporting migrant and minority ethnic communities in Scotland quickly realised that their clients would be disproportionately affected by the pandemic. These groups, already in a more precarious situation than the general population, faced distinct vulnerabilities in relation to the health and economic impacts of COVID-19 (Scottish Parliament 2021: 57). They are in the lowest paid occupations, especially the White Polish group (with 35% employed in elementary occupations), the White Gypsy/Traveller group (with 20%), Black African (18%) and Other Asian/White Other groups (17%). Certain ethnic minority groups were particularly concentrated in shut down industries. For example, 50% of Pakistani, 31% of White Polish and 30% of Indian people in Scotland work in hotels and restaurants (Qureshi et al. 2020: 5). Minority ethnic people are also disproportionately employed in the NHS and other key worker industries. In some cases, they have a higher likelihood of living in multi-generational families. Both these factors may increase the risk of COVID-19 transmission and infection (Scottish Parliament 2021: 9).

Ethnic minority communities in Scotland includes populations of other White groups (Polish, Irish, Gypsy-Traveller and Other White) and non-White minorities (Pakistani, Chinese, Indian, African, Bangladeshi, Caribbean and Black Other groups) (Scottish Parliament 2021: 57). As duty bearers, statutory services in Scotland thus have responsibilities towards migrant and ethnic minority populations. However, previous research has shown that public services in Scotland are not prepared to cater for Scotland's diverse populations (Trevena 2018), and it was expected the pandemic might exacerbate longer-standing issues (Qureshi at al. 2020, BEMIS 2020).

This study aims to understand and evaluate the impact of the COVID-19 pandemic on public and third sector service provision for migrant and minority ethnic populations in Scotland.

It has three key aims:

- 1. To identify inequalities in access to public and third sector service provision experienced by migrant and minority ethnic communities in Scotland during COVID-19;**
- 2. To evaluate the effectiveness of COVID-19 adaptations and innovations in the public and third sectors serving Scotland's migrant and minority ethnic communities;**
- 3. To draw lessons for the future based on examples of best practice and innovation during COVID-19.**

This report presents the results of the study and its implications.

Methods

The study was carried out between May and October 2022. It is based on a review of literature and analysis of in-depth interviews with service providers and migrants in Scotland. The project methodology includes:

- a review of publicly available academic literature (21 journal articles) and grey literature (36 sources including research reports, policy briefings, blogs, newspaper articles, information brochures and factsheets);
- secondary analysis of data from the associated [Migrant Essential Workers](#) project based on a case study of Poles in the UK (collected during COVID-19, March-September 2021): 40 migrant interviews (14 from Scotland) and 10 expert interviews with third sector organisations (5 from Scotland). These datasets have been re-analysed to draw out data on access to services and adaptations in service provision;
- interviews with 12 stakeholders (11 representatives of third sector organisations and 1 public service provider) to reflect on relevant learnings from service provision during COVID-19.

Data limitations:

- available literature focuses on the third sector rather than the public sector, most having been produced by third sector organisations and academic projects focusing on the voluntary sector. We found few examples of good practice and innovation in the public sector through the literature review;
- the Migrant Essential Workers data consist exclusively of interviews with third sector providers and Polish essential workers. Information on public sector provision has been drawn from these sources;
- we had difficulties identifying and recruiting suitable public sector providers for the study. While we endeavoured to identify and approach public sector providers individually and through third sector partners, our requests for interviews were largely unanswered.

As a result, this study predominantly reflects the views of third sector providers and migrant and minority ethnic service users. We acknowledge there might be an information gap here. There are no doubt more examples of good practice and innovation in the public sector which have not been evidenced, and we are hence unaware of. However, we also note that the perceptions of public service provision during COVID-19 expressed by third sector representatives and migrant and minority ethnic service users are consistent across both the literature and our interview data.

Inequalities, needs and accessing support

The needs mentioned were food, mental health support, welfare support, language support, money and debt advice, household essentials, creative and cultural activities, housing, fuel poverty support, access to IT equipment.

MARZANNA ANTONIAK, GOVANHILL COMMUNITY DEVELOPMENT TRUST

Pre-existing inequalities affecting migrant and minority ethnic populations have been exacerbated by the pandemic. Some inequalities were of a more systemic nature, others arose specifically from insecure immigration status which created barriers to accessing public funds, services and support.

KEY INEQUALITIES

Access to food and essential products

Migrant and minority ethnic communities were particularly affected by loss of free school meals and the significantly larger cost of having families at home all day. Vulnerable migrant families also struggled to afford basic items like clothing for growing children, phone/internet costs, and items to ensure personal safety during the pandemic, including mandatory measures such as hand sanitiser or masks. The very low income that some refugee families, especially asylum seekers, received meant they were more vulnerable and exposed to potential health risks. (McBride et al. 2020, Christie & Baillot 2020).

Emergency food provision during COVID-19 (provided by public services, charities and mutual aid groups) was not always culturally sensitive and hence adequate to the needs of given communities/families (Armstrong et al. 2020, Christie & Baillot 2020).

Digital exclusion

Digital exclusion among service users was one of the key challenges third sector organisations faced in providing services to migrant and minority clients (McMullin 2021). Lack of access to devices and the internet, poor digital skills and/or lack of digital literacy all constituted barriers to service provision for the more vulnerable migrant groups, especially asylum seekers, refugees, Roma families and other migrant and minority ethnic groups living in poverty (McBride et al. 2020, Scottish Parliament 2021). Digital exclusion also impacted on access to critical public sector services, such as healthcare and crucial public health messaging.

Charities, supported by the Scottish Government 'Connecting Scotland' programme and crisis funds for digital inclusion, made a huge effort to distribute devices and teach clients how to use them. This concerted effort brought about a rapid increase in digital inclusion among client groups and was seen as one of the greatest advantages of the crisis response:

I think getting people equipment is a no brainer, it just opens up a whole world for people being able to get online (...). We were really surprised at how much people pick things up (...). When someone's got their own device then they can practise it over and over again, if someone's going to an IT class (...) say in the Library, they're going once a week for two hours (...) and then that's it for another week. So in a way, it was fast tracking people into getting those skills because they were using them.

GABRIELLE MACBETH, GLASGOW WOMEN'S LIBRARY

Access to healthcare and public health information

Barriers in accessing healthcare by migrant and minority ethnic populations have been long-standing and well documented (Sime 2014, Porteous 2017, Gorman et al. 2018, Meer 2020). In Scotland, poor language provision and lack of inclusion have been identified as particularly strong barriers to accessing healthcare (Meer, Peace & Hill 2019, GREC 2021, JustCitizens 2021). During COVID-19, the online and phone system introduced in healthcare settings was often inaccessible for those with low levels of English (McBride et al. 2020, GREC 2021) who might have used personal assistance outside pandemic conditions (e.g. bringing a more proficient friend to support communication).

Research shows migrant and minority ethnic people were disproportionately experiencing poorer mental health because of the pandemic (Scottish Government 2020, Scottish Parliament 2021: 22). Social isolation, limited support networks locally or not being able to access usual support networks had a negative impact on mental health, exacerbated by various barriers to accessing mental health support, including language and cultural barriers (BEMIS 2020, Christie & Baillot 2020, Finlay, Hopkins & Benwell 2021). Increased levels of domestic abuse impacted on both physical and mental health (McBride et al. 2020).

Respondents to the Scottish Parliament's (2021) call for views strongly communicated they felt the needs of ethnic minority groups were not considered in the information and guidance provided by the Scottish Government and public services. Access to COVID-19-related information was limited especially for those with lower levels of English. Information was not always translated or distributed through information channels accessible to and used by migrant and minority ethnic communities (Armstrong et al. 2020: 74). The lack of sufficient information about the COVID-19 vaccine, not trusting the available material and its sources, misinformation and fake news were all identified as factors leading to confusion, breaking government guidelines, and vaccine hesitancy among various migrant and minority ethnic populations (GREC 2021, Trevena & Grzymkowska 2021). This, in turn, led to fuelling existing prejudices, racism, and segregation (McBride et al. 2020, PKAVS 2021).

Housing conditions and homelessness

People from migrant and minority ethnic backgrounds are more likely to live in overcrowded and multi-generational housing (Scottish Parliament 2021, Qureshi et al. 2020). Large families sharing restricted space are at a higher risk of the virus spreading within households.

Within some communities, especially the Romanian Roma community, fear of the virus itself or not being able to cover the rent led to decisions to travel back home during the pandemic. As a result, many people who had left their private rented homes for extended periods of time lost their tenancies and could not be protected (McBride et al. 2020: 11).

Moreover, the decision of the Home Office-contracted provider to move asylum seekers into hotels had many negative impacts, both on residents' physical and mental health. Social distancing was impossible to maintain in hotels, with meals being provided in communal areas and at set times only (which was especially challenging to those observing Ramadan) (McBride et al. 2020). Being housed in hotels seriously affected people's mental health, strengthening feelings of fear and disempowerment. In the extreme case of the Park Inn Hotel incident in July 2020, this resulted in direct threat to residents' personal safety (Christie & Baillot 2020).

Employment, income and access to social security benefits

Charities have reported disproportionately high rates of redundancy and loss of income among local migrant and minority ethnic communities during COVID-19 (PKAVS 2021). The pandemic exacerbated existing poverty, particularly among migrant families engaged in low-paid and/or precarious employment (Bynner et al. 2020; Poverty Alliance 2020). Migrants in such employment missed the criteria for UK Government Covid-related financial support or, due to language barriers and a lack of understanding of the social security system, were not aware of what support they were eligible for (at least initially) (c.f. McBride et al. 2020).

Some migrants in precarious and/or low-paid employment or with no recourse to public funds (NRPF) may have felt compelled to continue working during lockdown regardless of health or safety concerns because they did not have access to other means of financial support (McBride et al. 2020: 22).

Education

The pandemic exacerbated existing educational inequalities faced by children from vulnerable migrant families who had less resources to mitigate pandemic-related disruption (BEMIS 2021).

The key barriers to migrant and minority ethnic children's access to education during lockdown were digital exclusion, language barriers, lack of space at home, and a lack of understanding of the Scottish education system. Migrant parents often struggled to support their children's learning, sometimes because of their own literacy (Bynner et al. 2020, McBride et al. 2020).

English as a Second Language (ESOL) learners had reduced access to quality English language classes and fewer opportunities to develop informal language skills, especially in case of digitally excluded learners (Armstrong et al. 2020, McBride et al. 2020, North et al. 2022).

Access to immigration information and support

The limited awareness of rights and responsibilities depending on immigration status became a particular issue during the pandemic, especially for asylum seekers and EU nationals. (Please see next section for details).

PARTICULARLY AFFECTED MIGRANT AND MINORITY ETHNIC GROUPS

The impacts of the COVID-19 crisis overlap with a range of challenges and inequalities that pre-dated the pandemic and some migrant and minority ethnic groups were more affected than others.

Asylum seekers and refugees

By far, the most vulnerable groups were asylum seekers and refugees (Bynner et al. 2020). These groups already suffered profound hardship pre-pandemic but faced even greater barriers to meeting their basic living needs during the pandemic (Scottish Parliament 2021). Crucial financial support for asylum seekers was stopped, e.g. due to being moved into hotel accommodation or some colleges stopping to provide free bus passes after closing campuses. Charitable organisations reported asylum seekers and refugees did not have enough (and/or culturally appropriate) food, money for travel and access to public transport, money to buy masks and hand sanitiser, internet and data (Armstrong et al. 2020, Christie & Baillot 2020). Destitution and lack of information exacerbated difficulties in accessing basic healthcare and following public health guidelines (Finlay, Hopkins & Benwell 2021). The strict Home Office rules limiting support for asylum seekers left charities uncertain if they could provide crisis support, such as money or food, or whether this would be considered as additional income by the Home Office and result in their clients' penalisation (McBride et al. 2020).

Lockdown also further reduced opportunities for participation in local life of these already socially excluded groups, with serious implications for mental health (especially for people with insecure immigration status) and access to essential Covid-related information. Refugees and asylum seekers did not have adequate information to access services, especially the digitally excluded (Christie & Baillot 2020, Finlay, Hopkins & Benwell 2021).

As noted earlier, housing for asylum seekers raised particular issues during the pandemic. Firstly, it is not usually provided with Wi-Fi and asylum seekers were unable to sign up for broadband contracts (Finlay, Hopkins & Benwell 2021). Secondly, many asylum seekers were moved to hotel and hostel accommodation during the pandemic, which was highly detrimental to both their physical and mental health (Christie & Baillot 2020).

Due to the exacerbated hardships for asylum seekers and refugees, difficulties in accessing (the overall limited) public service provision, and limitations to self-reliance during the pandemic, there was an increase in dependency on charities among the asylum seeker and refugee groups (Armstrong et al. 2020: 70).

Roma communities

Another migrant group especially affected by the pandemic were Roma families. Higher levels of poverty within this group along with often precarious employment made Roma families particularly vulnerable to the economic impacts of the pandemic. Moreover, overcrowding and lack of access to reliable Covid information increased the threat of contracting Covid within this community (Bynner et al. 2020, McBride et al. 2020).

New arrivals to Scotland

Migrants arriving to Scotland shortly before or during the pandemic were also particularly vulnerable to its negative impacts due to lack of knowledge and understanding of the system and/or insecure legal status. Newly arrived migrants with children faced barriers to completing the school registration process and receiving access to learning resources and support (McBride et al. 2020).

For newly arrived asylum seekers, receiving support was somewhat ad hoc and dependent on voluntary groups knowing how to contact these individuals (Armstrong et al. 2020). Particular concerns were raised around newly arrived separated children. Unaccompanied children without knowledge of English or a mobile phone who were housed in hotels were especially vulnerable – lack of connectivity and adequate support from agencies resulted in missing asylum claim deadlines (Fotopoulou et al. 2021). Moreover, access to education was especially complicated in their case: engaging with online work for children with varying levels of English and varying degrees of familiarity with UK culture and systems proved a challenge (North et al. 2022). Overall, the move to online learning resulted in a significant reduction in the number of hours of direct tuition they received, from the typical 17 hours of classes they would usually take to between one and four hours per day (Fotopoulou et al. 2021).

EU migrants

For EU nationals, the pandemic coincided with a change in immigration rules following Brexit, and the end of the EU Settlement Scheme registration on 30th June 2021. Support organisations underlined there is little information on EU citizens' rights and responsibilities following UK's departure from the EU, with many questions about entitlements and other implications of Brexit unanswered.

Following Brexit and the change in legal entitlements, EU nationals, both newly arrived and more settled, faced issues in accessing employment and welfare entitlements during the pandemic. The Citizens' Rights Project reported many EU nationals (not only those newly arrived) were unable to get a National Insurance Number (NIN) as relevant offices were not operating. This had a knock-on effect on benefit entitlements, such as Universal Credit or Child Benefit for new mothers. It also impacted negatively on employment opportunities, with some employers unrightfully refusing to employ people. Similarly, the Perth-based PKAVS Minority Communities Hub reported supporting more people subject to 'no recourse to public funds' (NRPF) status in 2020/21 than ever before, due to the impact of both Brexit, and COVID-19 regulations on the process of applying for residency status and a National Insurance Number (PKAVS 2021: 9).

Essential workers

Minority ethnic people are disproportionately employed in the NHS and other key worker industries (Scottish Parliament 2021: 9) and faced particular challenges during the pandemic. As frontline workers, they were more exposed to the virus. Difficult working conditions had negative impacts on their mental health, e.g. in a survey of Polish essential workers in the UK, 55% reported a decline in mental health (Piekut 2022). Many essential workers, particularly those in precarious and/or low-paid jobs, suffered financially; some could not afford to self-isolate. Childcare proved a particular issue for workers in essential jobs which were not defined as such for purposes of educational provision. This resulted e.g. in cleaners being unable to send their children to preschool or school during the pandemic.

Evaluation of service provision during covid-19

The overall picture arising from both the literature review and interview data is that the pandemic was enormously challenging for leaders, managers and front-line workers in all types of central and local government, health and social services in Scotland. Many essential workers went to exceptional lengths to keep services operating despite adverse personal circumstances, for example, balancing work with childcare during lockdowns, caring for their own families and neighbours, contracting the virus and losing loved ones. Heroic efforts were made by staff in all types of organisation, often with high emotional costs. Emergency Covid-19 response measures were prioritised by statutory providers and the withdrawal of usual services (for example patients discharged from hospital) had knock-on effects for support organisations and service users.

The third sector bore the brunt of supporting migrant and minority ethnic populations during the pandemic, rapidly adjusting their service delivery and reaching out to the communities they serve. Meanwhile, frontline local council services were seen as largely withdrawn and inaccessible (Armstrong et al. 2020: 77), even though some of these services may have played an important role in the pandemic response behind the scenes. Scottish Government funding and guideline changes were crucial in enabling other organisations to deliver effective emergency responses, e.g. homelessness support and financial support for people with no recourse to public funds.

Statutory services

Public services played an indispensable role in preventing the spread of COVID-19 and treating those worst affected by the virus. However, healthcare and key public health messaging proved inaccessible to many of Scotland's migrant and minority ethnic populations. This resulted in confusion around the frequently changing COVID-19 guidelines and in lower levels of vaccination among Scotland's minority ethnic populations (Finlay et al. 2021: 4, GREC 2021, McBride et al. 2020: 15). Low vaccination uptake for some groups, like Polish people, was initially obscured by Public Health Scotland (PHS) data being aggregated (Trevena & Grzymkowska 2021).

NHS Scotland services became even harder to access for people with low levels of English, who typically depend on face-to-face interactions, a helper's assistance or interpretation services.

We have a client, he is diabetic and he had an accident, he broke his leg, but because of his diabetes the bones are not healing (...), potentially his leg will be amputated. He's struggling a lot with mental health (...). I cannot contact the GP because I don't have his consent. (...) If the pandemic wasn't there I could actually take him to the GP, explain in English what's happening, ask for an interpreter [and] supervise that process of referring him further.

GABRIELA INGLE, CITIZENS' RIGHTS PROJECT

NHS Scotland initially took a whole-population approach to vaccination, without targeted messaging or interventions for migrant and minority ethnic groups. Over time, the data improved and local partnerships with migrant and equalities organisations (like GREC in the Grampian and Feniks in Lothian) helped reach communities.

Both individual service users and the charities supporting migrant and minority ethnic people perceived local council and other public sector offices and support services as largely withdrawn and inaccessible during the pandemic, especially during lockdown periods.

For charities, not being able to refer their most vulnerable clients to statutory services was a serious issue, negatively impacting on their clients' health, finances and well-being:

This bureau is closed, the council closed, everywhere closed, and closed without providing any alternative service, except maybe a number or chatting through the website (...). They closed the services without considering that there's lots of migrants who just arrived in the UK before the Covid hit and they don't speak the language at all, and they need lots of support... That was a real struggle.

MANAL EHELLI, WSREC

Charities underlined that the 'archaic' IT systems (c.f. Gangneux & Joss 2022), restrictive internal policies, and strict COVID-19 guidelines all formed barriers to using or collaborating with statutory services during the pandemic:

Glasgow City Council went invisible for about three months (...). Council didn't work, councillors were good themselves, but the officers were just, you know, 'oh we can't do that, it's COVID'. And even now, if you look at Glasgow's City Council's online systems, everything's directed to a webchat or an inquiry form, and that's kind of been this really negative legacy of COVID with the local authority, like, they've just used it as such an excuse to back off from dealing with the public directly.

DAVID ZABIEGA, GOVANHILL COMMUNITY DEVELOPMENT TRUST

Examples of successful public service provision for migrant and minority ethnic communities typically resulted from establishing collaborations with third sector providers in a concerted effort to address particular issues in a given location. Prior to the pandemic, Perth and Kinross Council Welfare Rights Team already had a working relationship with PKAVS Minority Communities Hub. This enabled a quick and effective response to a local public health emergency when a COVID-19 outbreak closed a factory with a largely migrant workforce. This situation highlighted the lack of welfare support for migrant workers (especially agency workers and/or those with no recourse to public funds) and barriers to accessing COVID-19 guidelines. Thanks to the collaboration between the Perth & Kinross Council Welfare Rights Team and the PKAVS Minority Communities Hub, these issues were largely addressed (PKAVS 2020).

Generally, we found little evidence of new council service provision during COVID-19 in the academic and grey literature or interview data. However, this may reflect an information gap, rather than an innovation deficit.

The third sector

It did feel like this is not normal time so we'll just do these things and help each other out maybe in ways we wouldn't consider doing normally (...), just like making sure everyone was okay. But that probably lasted maybe a month or six weeks and then we kind of got back to a bit more our specific roles.

GABRIELLE MACBETH, GLASGOW WOMEN'S LIBRARY

The third sector played a crucial role in supporting migrant and minority ethnic communities during the pandemic, with many organisations working flexibly, setting up mutual collaborations, and changing or expanding their remit (Casey 2020). Voluntary organisations went to great lengths to address newly arising needs and continue supporting their clients, with paid staff and volunteers frequently using their own resources and regularly working overtime (Armstrong et al. 2020, Finlay, Hopkins & Benwell 2021). Charities switched to remote online and phone support during lockdown yet many continued seeing their most vulnerable and digitally or financially excluded clients in person. The third sector took on many crisis response tasks which would usually be public service responsibilities, e.g. public health outreach. Charities frequently provided interpreters and translated information to help migrant and minority ethnic communities understand the public health guidance, despite concerns about the lack of resource to fulfil that role, reinterpreting information from formal sources, and the sense that a public duty was unfairly shifted onto the third sector (McBride et al. 2020: 24).

Many charities took an evidence-based approach to developing interventions during the pandemic, starting from rapid scoping of client needs. Larger and more established charities (such as BEMIS, WSREC, PKAVS Minority Communities Hub or Govanhill Community Development Trust) surveyed service users and/or support organisations. Smaller charities typically started from outreach – calling and/or e-mailing their clients to find out how they were feeling, what needs they have and reassuring them the charity was still operating and able to provide support. Such an approach allowed for an informed response, focused on addressing the most urgent needs. Charities continued reviewing client needs and responding to these throughout the pandemic. For instance, one of the most urgent needs at the beginning of the pandemic was food poverty. Once food provision had been established, charities moved to addressing other crucial needs such as digital inclusion.

Third sector organisations were able to respond to the crisis rapidly for the following reasons:

ORGANISATIONAL

- Less red tape,
- More flexibility in adjusting service provision (including use of personal IT equipment or sourcing new equipment),
- Less strict GDPR protocols (or more flexible attitude towards these),
- More independent decision-making,
- Crisis funding to address urgent needs;

OPERATIONAL

- Knowledge of the migrant and minority ethnic communities,
- Established relationships of trust within communities,
- Open channels of communication with the communities,
- Broad outreach,
- Accessible communication – provided in community languages and different formats.

The key needs among migrant and minority ethnic populations were:

- Food poverty,
- Financial support (via e.g. benefits or crisis grants),
- Access to public health information,
- Access to healthcare and vaccination,
- Digital exclusion,
- Loneliness and social isolation,
- Mental health support,
- Language support (support for accessing other services, language learning, home-schooling),
- Legal support (e.g. immigration law, employment law, no recourse to public funds, domestic abuse).

Apart from addressing newly arising needs, charities aimed at providing service continuity, which was sometimes as important to their service users as the COVID-19 response. However, some smaller charities with limited resources had to discontinue or suspend services and social activities, e.g. ESOL classes and training (Casey 2020: 5). While charities rose to the challenge of continuing service provision and addressing urgent needs during the pandemic, this came at a cost to staff and volunteers. Negative impacts due to increased workload and urgency included stress and anxiety, no separation between private and home environments, childcare issues and isolation (Armstrong et al. 2020: 110).

Scottish Government

The Scottish Government played a critical role in facilitating service provision for migrant and minority ethnic communities during the pandemic by:

- Providing funding,
- Adjusting legal frameworks to address public health emergencies,
- Providing and distributing information on COVID-19.

Funding

Crisis funding was crucial for public and third sector organisations. For instance, Perth and Kinross Council staff mentioned using Scottish Government funding to enable people on low incomes to self-isolate and to support people with no recourse to public funds (NRPF):

Because that funding is not a public fund, we can give it to anybody that lives within Perth and Kinross, anybody that has no recourse to public funds on their passport (...). It doesn't matter who you are, where you're from. As long as you're within Perth and Kinross and you're over 16, we can help you.

NICOLA SUTHERLAND, PERTH & KINROSS COUNCIL

Charities mentioned Scottish Government funding as key to addressing digital exclusion (funding for devices and connectivity packages, e.g. via the Connecting Scotland programme), low vaccination uptake (through the Inclusive Vaccinations Fund), providing mental health support in community languages (Mental Health and Wellbeing Fund), immigration support, and support for people with NRPF (via sustenance grants).

The emergency funding worked well because of its flexibility, which allowed both charities and third sector organisations to go beyond the usual constraints of funding streams and take a more holistic approach.

Suddenly, [problems became] really easy to solve when it was a public health issue because if someone needed a house we were going to give them somewhere to stay. Certainly, that was really easy, [as was] access to benefits and welfare. Everything became more streamlined and easier, and these grants became available, and you could get them if you had no recourse to public funds.

JENNI KEENAN, PKAVS MINORITY COMMUNITIES HUB

Another key success was using anchor organisations to distribute grants. Anchor organisations, which had thorough knowledge of the communities and/or organisations they served, were well placed to distribute funds to smaller community organisations. This innovative model of distributing funding via anchor organisations rather than centrally worked well under crisis conditions.

Adjusting legal frameworks to address urgent needs

To address the crisis and maximise the effectiveness of the funding provided, the Scottish Government adjusted legal frameworks, often following consultation with local councils and third sector organisations. Including service providers in reviewing the guidelines for distribution of crisis funds enabled informed changes and fully inclusive support. For instance, lifting the requirement to be in receipt of a qualifying benefit to receive emergency support allowed for including those most in need.

The Scottish Government framework for improving support for people with NRPF (no recourse to public funds) is of special note (Scottish Government 2021). People who are 'subject to immigration control' under UK immigration law have restricted access to public funds defined in UK immigration legislation, including homelessness assistance, local authority housing allocation and most mainstream benefits. People with a NRPF condition were most vulnerable during the crisis. Applying special public health risk measures (and distributing sustenance grants through third sector organisations and local authorities) allowed for supporting people with NRPF in Scotland despite the limitations of their immigration status.

Basically, the Scottish Government used us as a third sector partner to bypass the restrictions of immigration legislation, so the Scottish Government couldn't make benefit payments to these people as it would place 'em in non-compliance with reserved matters, so they gave it to us and we did it instead, and it was not a formal benefit, it was an informal sustenance grant support.

DANNY BOYLE, BEMIS

COVID-19 Information

While information on the changing COVID-19 guidelines was not accessible to all migrant communities, support organisations appreciated receiving up-to-date communications from the Scottish Government directly via e-mail:

Once the Scottish Government had the mailing list set up they would send out any changes to the guidance through a COVID mailbox (...). So I would forward them onto the others and the managers here and say this is the recent changes. So we would get them really quickly.

JENNI KEENAN, PKAVS MINORITY COMMUNITIES HUB

KEY FACTORS TO SUCCESSFUL SERVICE DELIVERY FOR MIGRANT AND MINORITY ETHNIC COMMUNITIES DURING THE PANDEMIC:

- 1. Funding** – especially discretionary funding from the Scottish Government. Simplified application and reporting requirements, and flexibility in distribution and funding schemes allowing for collaborative applications among charities were deemed particularly beneficial.
- 2. Evidence** – having a strong evidence-base and constant feedback loop allowed to respond to needs as they arose within given communities.
- 3. Trust** – having established relationships of trust in the communities was crucial in addressing misinformation around vaccination and providing support to the most marginalised communities.
- 4. Flexibility** – independent decision-making at lower levels of management ensured a fast response to arising needs, e.g. team leaders within local council deciding how to distribute funds.
- 5. Collective approach** – having a co-ordinated crisis response led by an umbrella organisation or ‘hub’ worked very well. Umbrella organisations and hubs drew local public and third sector organisations together, shared intelligence, advised on service delivery, encouraged pulling resources together and establishing collaborations to address given needs locally or across different geographies.
- 6. Partnerships** between and within public and third sector organisations allowed them to draw on one another’s expertise and resources.
- 7. Outreach and accessible communication** – broad outreach, tailored messaging and using different communication channels allowed to reach communities with public health information. Recognising that communities are diverse and respond to different modes of communication, e.g. e-mail, text, video messaging and different platforms, e.g. WhatsApp, Facebook groups, Twitter.
- 8. Multi-lingual provision** – providing services and information in community languages was crucial in addressing their needs. Numerous organisations produced and shared COVID-19-related information in community languages. Important new initiatives such as multi-lingual helplines and providing mental health support in community languages were established.
- 9. A holistic approach** – addressing needs broadly was far more effective than a remit-based approach focusing on single needs. Vulnerable service users typically have multiple needs and solving one issue does not necessarily help with addressing the others.
- 10. Engagement** – involving service-users in decision-making about service provision ensures services are provided in ways most adequate to needs. For instance, online meetings appeared easier and more suitable than face-to-face meetings for many clients.

Innovation and best practice

The pandemic initiated rapid technological advances for many services. New ways of working, communicating with service users, and providing services remotely were quickly developed. Many new practices proved highly effective and have been maintained, others served a purpose at the time but have now been discontinued. Here we focus on those innovations which proved most effective and can be built on to improve service delivery post-COVID.

KEY AREAS OF INNOVATION

STRATEGIC LEVEL – NEW WAYS OF WORKING AT ORGANISATIONAL LEVEL:

- Co-ordinated approach – bringing organisations together to address needs in a given locality and/or of specific communities/groups across geographies,
- Funding for collaborative work - new practices in distributing funds to encourage collaboration and pulling of resources,
- Partnerships - focused on solving a given issue in a holistic way, beyond usual remits,
- Online work meetings – moving team/partnership meetings online instead of meeting face-to-face, especially in rural areas,
- Information sharing – across different organisations; using shared platforms and social media,
- Hybrid model of service delivery – remote (phone/online) and face-to-face.

OPERATIONAL LEVEL – NEW WAYS OF DELIVERING SERVICES:

- Outreach – new, creative ways of engaging with service users; using channels and modes of communication which reflect given community needs and preferences. Sharing key information in public spaces to make sure it is accessible to the digitally excluded, e.g. community noticeboards, shop windows,
- Communication – simplified language, videos and visuals along text to reach communities with low literacy levels; using social media (e.g. Facebook), online communicators (esp. WhatsApp), text, e-mail etc. as appropriate ,
- Expanded online service provision, e.g. IT training, creative arts and activities online, support for social isolation, online food vouchers,
- Multilingual provision – helplines, mental health support.

CASE STUDY: CO-ORDINATED APPROACH

BEMIS, an umbrella body supporting the development of the Ethnic Minorities Voluntary Sector and communities in Scotland, took on a co-ordinating role in responding to COVID-19 social and health issues in the communities their member organisations represented and supported. BEMIS set up the Ethnic Minority National Resilience Network (EMNRN) as a platform for exchanging information and advice between support organisations, the Scottish Government and other public bodies. BEMIS also supported member organisations in moving services online, and co-ordinated distribution of Scottish Government funds for digital inclusion and inclusive vaccination campaigns.

My only real source of support was BEMIS, they were doing fantastic work and they had Scottish Government ministers and all sorts of people come in to speak with us and there was lots of resources, workshops for stuff. There was a lot of suspicion about the vaccine roll-out and the families [we were supporting] had lots of questions (...). Thankfully, I was already connected with BEMIS so I felt supported because of that, but if I didn't have BEMIS I would have been just thinking okay, I'm not sure what to do now.

CLARE DALY, HIMRA

CASE STUDY: FUNDING FOR COLLABORATIVE WORK

The Govanhill Community Development Trust received a large grant from the Scottish Government to help address urgent needs in the area and re-distributed the funds to other local organisations. They adopted a novel approach to grant distribution and encouraged partnership working by offering a bigger pool of money to collaborative rather than individual applications. This allowed new partnerships to forge and organisations to pull resources together to address needs holistically.

CASE STUDY: PARTNERSHIPS

To ensure targeted service delivery, e.g. culturally appropriate food

I had to establish lots of partnerships with organisations, or even joining with work groups like [the Interfaith Food Justice Network] which has 66 organisations. People during Covid were struggling to find food, especially the asylum seeker, because foodbanks, they don't take into consideration the cultural sensitivity of the food, and I was able to provide lots of food for them... halal food for Muslim people through the interfaith food group.

MANAL ESHELLI, WSREC

To ensure reliability of shared public health information

One of the first things we aimed to do was having someone from the NHS, a clinician, someone with experience (...), because I'm no specialist, teaching us. What are the main concerns that (...) the communities and wider population have (...), what are the components of the vaccine to [be able to] better explain this [to] communities.

MARIA JOSE PAVEZ, GREC

CASE STUDY: ONLINE WORK MEETINGS

Increased accessibility of meetings by moving them online

In an area like Perth and Kinross, it's [meeting online] made the world of difference because we're so rural. (...) We had never been able to bring the third sector together for conversations the way that we did during COVID (...) because we have organisations based all over Perth and Kinross whose budgets are stretched, whose capacity is stretched, but actually they can just log onto a Zoom call.

JENNI KEENAN, PKAVS MINORITY COMMUNITIES HUB

CASE STUDY: INFORMATION SHARING

Creating a service directory for local organisations

The Govanhill Community Development Trust created the Govanhill Support Directory, a directory of local and national services providing support for given needs. It was created as a shared document with contributions by staff from across different local organisations. Each directory entry included basic information about the service with relevant links and a note on who made the entry. This meant other service providers could get in touch with them directly in case they needed more information or to confirm anything. The document is easily searchable by category. As an add-on, there are resources for staff and volunteers.

Using shared documents across organisations to facilitate information sharing

[Before the pandemic] shared documents, things like that would be seen as a total no-no, you know, and then suddenly you just open up: "Okay, let's accept that, it'll be good to work on shared documents." And so once you have this acceptance you can say, "Okay, how can we actually make it GDPR compliant?"

MARZANNA ANTONIAK, GOVANHILL COMMUNITY DEVELOPMENT TRUST

CASE STUDY: HYBRID MODEL OF SERVICE DELIVERY

Remote support encompassed various communication and engagement formats. It included phone calls (e.g. welfare checks, befriending, multilingual helplines), online information, webchats, group texts, video calls, Zoom or WhatsApp groups, online contact forms, social media engagement, video conferencing, webinars, online training and activities (e.g. yoga, crafts).

Offering online casework appointments:

People were more than happy to do casework over the phone. (...) Now people can come in for an appointment [but] they generally don't unless it's something that they have to come in and do paperwork for. It's been a change to the way we deliver the service. Because if you could do it over the phone, why would you trek into Perth?

JENNI KEENAN, PKAVS MINORITY COMMUNITIES HUB

Adapting delivery to the needs of particular groups:

During lockdown, Community Renewal ran meetings for their Govanhill Roma Local Conversation Project online. However, having realised this was not a format some of the community members could engage with, they moved meetings outdoors to a nearby park.

Offering 'hybrid activities' transgressing online and offline spaces:

We set up a family learning Facebook page [with] exercises for families to do and learning activities for kids when they weren't in school. That morphed into outdoor play and outdoor learning stuff (...). We were giving people packs where they could do literacy work as a family, or they could go on a walk and complete a puzzle and things like that.

DAVID ZABIEGA, GOVANHILL COMMUNITY DEVELOPMENT TRUST

CASE STUDY: OUTREACH

Targeted distribution of information leaflets:

Using food parcels for outreach. In Perth and Kinross, council staff distributing food parcels inserted hard copy leaflets in community languages about available welfare support. This helped residents of migrant and minority ethnic background access relevant support, including local factory workers who were self-isolating.

Scoping information and responding to needs:

During the pandemic, GREC scoped information on health-related needs among the communities it serves. One of the key needs raised was for a community vaccination clinic. In effect, GREC helped NHS Grampian set up three community vaccination clinics locally.

Using various channels for distributing information, depending on the needs and preferences of given communities

If we did a webinar we would (...) draft a programme, we would draft a poster (...), then distribute that through WhatsApp groups, distribute that online, distribute that on Facebook groups, distribute that through (...) Facebook, Twitter, social media, and that's where we impacted the most (...). We spoke a lot on radio as well, local radio stations, so Radio Awaz, Radio Ramadan, (...) we were in magazines.

BUSHRA RIAZ, KIDNEY RESEARCH UK

Community noticeboards, this idea really became very important because we had to have something outside as well for people outside of the virtual world.

MARZANNA ANTONIAK, GOVANHILL COMMUNITY DEVELOPMENT TRUST

Engaging local community representatives in public health messaging to increase trust

I'm still creating periodically draft key health messages, and these are emails. Basically, we aim to make really short messages, share links where relevant, videos if possible (...). Some of the key messages were just not reaching the communities and we needed to create something more locally based and with local faces, people from the community.

MARIA JOSE PAVEZ, GREC

CASE STUDY: COMMUNICATION

Sharing information in multiple languages:

Doctors of the World, an international organisation that provides medical support to vulnerable populations across the globe, provided COVID-19 public health guidelines translated into multiple languages.

Using videos & visuals:

To ensure public health messaging reaches all communities, including those with low literacy levels as well as individuals with additional learning needs, organisations started providing information in the form of (often subtitled) videos in community languages. They also used popular visual symbols to make sure that the messages attract attention of the specific groups (e.g. older people, families).

Using audio messaging (e.g. via WhatsApp) instead of text messaging:

People said the WhatsApp was a very good innovative way of contacting them and it was easy for them to reach us. They send the messages... because we make them aware: "Once you send the message, we will respond to you within 24 hours," and the first message [which] arrives, it will be first in position to be served.

MANAL EHELLI, WSREC

CASE STUDY: EXPANDED REMOTE SERVICE PROVISION

Providing food support via online vouchers:

Organisations working with refugees and asylum seekers came across issues with sourcing culturally appropriate food at the onset of the pandemic. Service users had to travel to food banks for it, which was both costly and against public health guidelines. The solution was providing electronic vouchers for food instead. This gave clients choice and enabled them to source food locally.

Online drop-ins and a phone befriending service to counter social isolation:

When we started doing our welfare calls, we identified a small number of people, particularly older Polish community members who didn't have much English and didn't have much family around who were feeling really isolated. So we (...) recruited volunteers to undertake the befriending service.

JENNI KEENAN, PKAVS MINORITY COMMUNITIES HUB

Creative activities hosted online:

Glasgow Women's Library ran art-based online activities throughout the pandemic for which materials would be sent to participants in advance. Big Noise/Sistema (an orchestra programme for children in deprived neighbourhoods) sent out musical instruments to the children's homes and shifted to one-to-one lessons online, often using minimal technology such as smartphones. They also organised video concerts showcasing the children playing.

CASE STUDY: MULTILINGUAL SUPPORT

Multilingual helplines:

Govanhill Community Development Trust set up multilingual helplines during the pandemic. These were operated on a rota basis by staff from local organisations who spoke community languages.

Multilingual mental health support:

We got money from the Scottish Government Wellbeing Fund and through that we were able to offer counselling to Slovakian and Romanian residents. We had a Slovak speaking counsellor and a Romanian speaking counsellor, and they were able to offer sessions for quite a long time and quite a number of people benefited from that.

DAVID ZABIEGA, GOVANHILL COMMUNITY DEVELOPMENT TRUST

Conclusions

We cannot just ask communities what their thoughts on this or that are when we have an emergency. You cannot expect to build that trust from one day to the next.

MARIA JOSE PAVEZ, GREC

The COVID-19 service response highlights issues in service provision for migrant and minority populations in Scotland. It also offers inspiration for creatively and effectively addressing these through policy and practice – to retain new ways of working, spread good practice, keep open possibilities for future changes and prepare better for other current and future crises (e.g. the energy, cost of living and climate crises). The crisis has clearly shown that the Scottish Government, public services, and the third sector especially, put enormous efforts into the wellbeing of the people in Scotland. This was challenging for staff in all sectors, who made personal sacrifices in difficult circumstances for the public good. However, the study found that public service provision in Scotland was not seen to adequately cater for migrant and minority ethnic populations. Overreliance on the third sector became more visible during the pandemic. Many key public responsibilities, such as adequate public health messaging and vaccination inclusivity were effectively taken on by the third sector, supported by emergency funding from the Scottish Government and charitable funders. Trusted third sector organisations were able to provide a fast and effective response to the crisis using existing links with communities. Charities also had more flexibility in how they worked. While many issues were successfully addressed owing to the high levels of commitment among third sector staff, this is not sustainable in the longer-term. A strategic approach to increasing inclusivity of public service provision for migrant and minority communities in Scotland is needed, making sure ethnic minorities' voices are heard and engaged in decision-making related to them on a consistent basis.

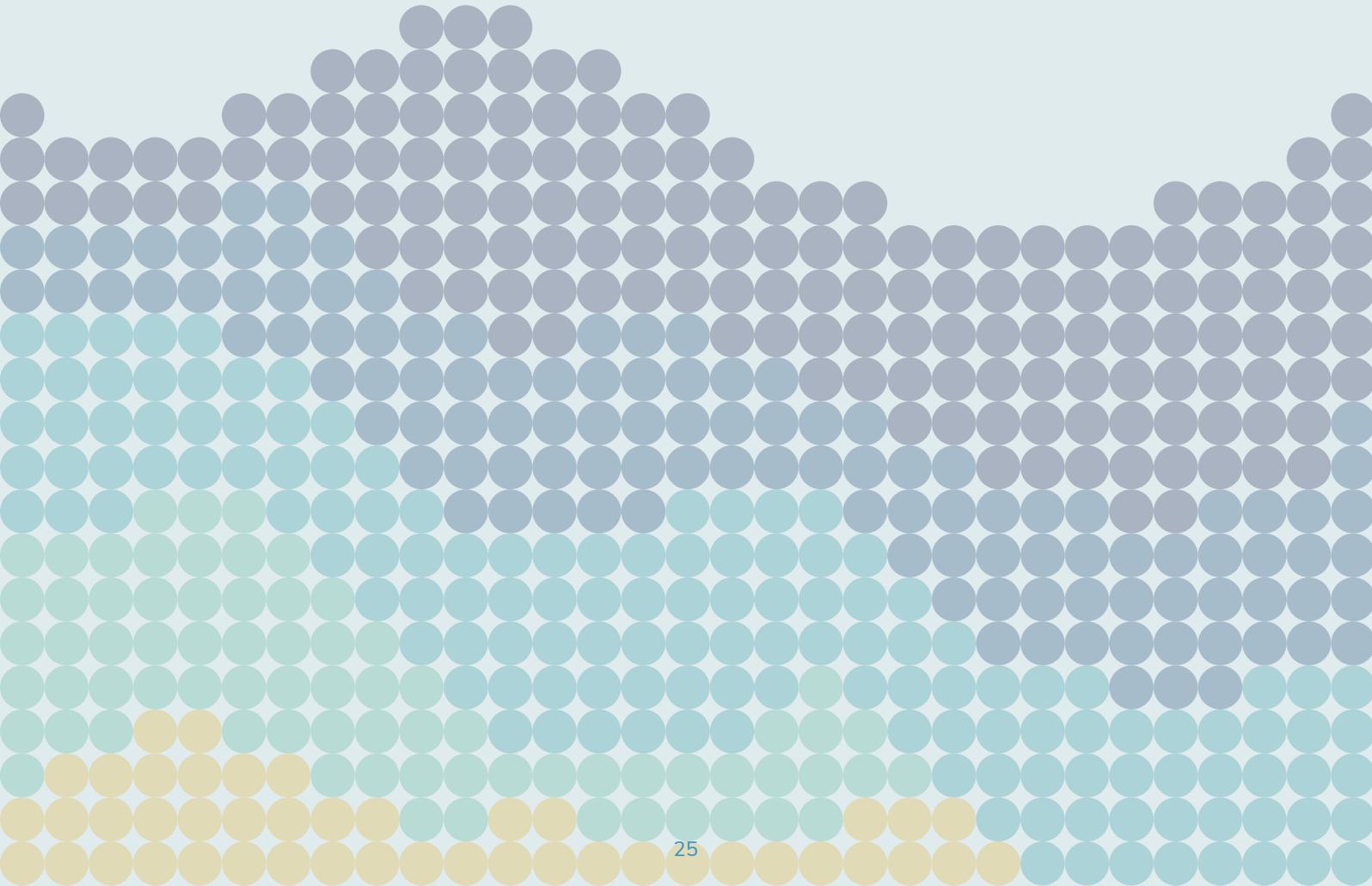
The pandemic response brought about many innovations and useful learning for future service provision. As a result, some services have permanently changed the way they operate. A hybrid model of working, combining remote and face-to-face support is of special note here. The pandemic shows that remote service delivery can be very successful and in some cases is preferred by both the service providers and service users. Moving work meetings online has proved a convenient solution which saves time and travel costs for staff, and facilitates partnerships across geographies.

A co-ordinated approach to solving given issues and partnership working proved crucial to providing an effective crisis response. While the urgency of addressing a public health crisis is no longer the case, it is worth building on collaborations forged during the pandemic and continuing working together. Partnership working allows to address given needs in a solution-focused and holistic way, strengthening outreach and capacity. New partnerships spanning the public and third sector proved highly beneficial during the pandemic yet third sector organisations have reported a frequent reluctance among public sector providers to engage in partnerships outside crisis conditions; charities are sometimes perceived as unwanted competition rather than partners. However, partnership working within the third sector is also problematic due to competition for funding. Innovative ways of distributing funding among charitable organisations during COVID-19 – promoting working in partnership rather than competing for funds – removed this barrier to collaborating within the third sector.

One of the biggest advantages of the pandemic was the large technological leap it resulted in, both for service providers and service users. Service providers developed many innovations at strategic and operational level, which can be continued and benefitted from beyond the pandemic. For service users, a concerted effort on the part of the Scottish Government and support organisations has resulted in rapidly increased levels of digital inclusion and IT skills development, which will have positive impact on other areas of their lives.

Moving beyond the pandemic, one of the major issues to consider is continued funding for public and third sector service provision for migrant and minority ethnic populations in Scotland. Many organisations received emergency funding when the pandemic hit and this largely buffered the immediate impact of the crisis. However, necessary ongoing funding remains a serious concern both for public and third sector organisations.

Finally, this review demonstrates a gap in the evidence-base on public sector provision during Covid-19. For a more comprehensive evaluation of the subject, further research is required. Our study highlights a general need for better evidencing and (publicly) sharing information on good practice in the public sector.



REFERENCES

- Armstrong, S. et al. (2020).** Left out and locked down: impacts of COVID-19 for marginalised groups in Scotland. Project Report. University of Glasgow, Glasgow, Scotland. Available at: <https://scotlandinlockdown.co.uk/project-report/> [accessed: 11/07/2022].
- BEMIS (2020).** Ethnic Minority National Resilience Network Recommendations to the Expert Advisory Group (Scotland) on COVID and Ethnicity, August 2020.
- Bynner, C., McBride, M., Weakley, S., Ward, S. McLean, J. (2020).** The impact of COVID-19 on families, children and young people in Glasgow. Glasgow: Children's Neighbourhoods Scotland.
- Casey, R. (2020).** Capacities and demands in times of crisis: Impacts of the pandemic on third sector service provision. Research Briefing, November 2020. https://scotlandinlockdown.files.wordpress.com/2020/11/service_provision_briefing_nov20.pdf [accessed: 12/08/2022].
- Christie, G. and H. Baillot (2020).** The impact of COVID-19 on refugees and refugee-assisting organisations in Scotland. Scottish Refugee Council. Available at: <https://www.scottishrefugeecouncil.org.uk/wp-content/uploads/2020/09/Covid-impact-survey.pdf> [accessed: 11/07/2022].
- Finlay, R. Hopkins, P. and M.C. Benwell (2021).** "It's like rubbing salt on the wound": the impacts of COVID-19 on asylum seekers and refugees. Newcastle upon Tyne, UK: Newcastle University. Available at: https://eprints.ncl.ac.uk/file_store/production/278292/9CA31F73-22E2-4362-B45B-1EC82308EA7E.pdf [accessed: 11/07/2022].
- Fotopoulou, M., Copland, F., Goodwin, K., Grant, M. and P. Rigby (2021).** Separated migrant children and connectivity during Covid 19. Working Paper 1. University of Stirling. Available at: <https://separatedinscotland.co.uk/wp-content/uploads/2021/09/Working-Paper-1-Separated-children-and-Connectivity-during-Covid-19.pdf> [accessed: 12/07/2022].
- Gangneux, J., & Joss, S. (2022).** Crisis as driver of digital transformation? Scottish local governments' response to COVID-19. Data & Policy, 4, E26. doi:10.1017/dap.2022.18.
- Gorman, D., King, R., Czarnecka, M., Wojcik, W., Mackie, P. (2018).** A review of suicides in Polish people living in Scotland (2012-2016). ScotPHN Report. Available at: https://www.scotphn.net/wp-content/uploads/2018/10/2018_10_31-ScotPHN-Polish-Suicide-Final-1.pdf [accessed: 19/07/2022].
- GREC (2021).** Report: Grampian Health & Diversity Network, Main findings, 1st phase of implementation. August 2021.
- JustCitizens (2021).** Migrants' Access to Health Services. Policy Briefing. Available at: https://justcitizens.scot/wp-content/uploads/Just-Citizens_Factsheets_Health_2.pdf [accessed: 19/07/2022].
- McBride, M., Feeney, E., Bynner, C., McLean, J. (2020).** Refugee, asylum seeking and Roma families during the COVID-19 pandemic: insights from frontline workers in Glasgow. Glasgow: Children's Neighbourhoods Scotland.
- McMullin, C. (2021).** Migrant integration services and coping with the digital divide: challenges and opportunities of the COVID-19 pandemic. Voluntary Sector Review. Available at: <https://bristoluniversitypressdigital.com/view/journals/vsr/12/1/article-p129.xml> [accessed: 15/07/2022].
- Meer, N., Peace, T. and E. Hill (2019).** English Language Education for Asylum Seekers and Refugees in Scotland: Provision and Governance. GLIMER project. https://www.glimer.eu/wp-content/uploads/2019/09/Scotland_Language1.pdf [accessed 11/07/2022].
- Meer, N. (2020).** Appendix I: Self-Reported Discrimination in Scotland, 2015–2019, in: Meer, N., Akhtar, S. and N. Davidson, Taking Stock. Race Equality in Scotland. Runnymede Perspectives: Runnymede. Available at: <https://www.runnymedetrust.org/publications/taking-stock-race-equality-in-scotland> [accessed: 12/07/2022].

North, G., Rigby, P., Grant, M., Copland, F., Fotopoulou, M. and K. Goodwin (2022). Separated Children in the UK – Reflections from Professionals. Working Paper 3. University of Stirling. Available at: <https://separatedinScotland.co.uk/wp-content/uploads/2022/03/Separated-Children-in-the-UK-%E2%80%93-Reflections-from-Professionals-2.pdf> [accessed: 15/07/2022].

Piekut, A. (2022). Covid-19 impacts on mental health. Blog, Migrant Essential Workers project. Available at: <https://migrantessentialworkers.com/en/2022/01/07/covid-19-impacts-on-mental-health/> [accessed: 5/07/2022].

PKAVS (2020). 2 Sisters Case Study. PKAVS Minority Communities Hub. Available at: <https://bemis.org.uk/wp/wp-content/uploads/2020/09/2-Sisters-Case-Study.pdf> [accessed 15/07/2022].

PKAVS (2021). Picture of a Pandemic. Experiences of the Coronavirus pandemic amongst Perth & Kinross' minority ethnic communities. PKAVS Minority Communities Hub.

Porteous, H. (2017). Migrants and Healthcare in Aberdeen/Shire. SSAMIS Report. Available at: https://www.gla.ac.uk/media/Media_597470_smxx.pdf [accessed 14/08/2022].

Poverty Alliance, 2020. Community organisations, activists & the Coronavirus: Poverty Alliance briefing, 6th April 2020. Poverty Alliance. Available at: <https://www.povertyalliance.org/wp-content/uploads/2020/04/Community-organisations-and-COVID19-PA-briefing-6-April-2020.pdf> [accessed 1/08/2022].

Sime, D. (2014). 'I think that Polish doctors are better': experiences with and views of health services in Scotland among newly arrived migrant children and their parents. *Health and Place*.
DIO: 10.1016/j.healthplace.2014.08.006

Scottish Government (2020). Scotland's Wellbeing: The Impact of COVID-19. Report, December 2020. Available at: <https://nationalperformance.gov.scot/scotlands-wellbeing-impact-covid-19> [accessed: 17/07/2022].

Scottish Government (2021). Ending Destitution Together. A Strategy to Improve Support for People with No Recourse to Public Funds Living in Scotland 2021-2024. Available at: <https://www.gov.scot/publications/ending-destitution-together/> [accessed: 28/07/2022].

Scottish Parliament (2021). Report on the impact of the COVID-19 pandemic on equalities and human rights. Equalities and Human Rights Committee, 1st Report. 2021 (Session 5), SP Paper 966, 2 March 2021. Available at: <https://digitalpublications.parliament.scot/Committees/Report/EHRiC/2021/3/2/1283533c-8aed-4a8c-8034-1ab216baca73-1> [accessed: 15/07/2022].

Trevena, P. (2018). Attracting and retaining migrants in Scotland: is a social integration strategy the answer? SPICe Briefing 18-44. Project Report. Scottish Parliament. Available at: <https://digitalpublications.parliament.scot/ResearchBriefings/Report/2018/6/28/Attracting-and-retaining-migrants-in-post-Brexit-Scotland--is-a-social-integration-strategy-the-answer--1> [accessed: 12/08/2022].

Trevena, P. & Grzymkowska, M. (2021). Addressing vaccine hesitancy among the Polish community in Scotland. SPICe blog. Available at: <https://spice-spotlight.scot/2021/09/14/guest-blog-addressing-vaccine-hesitancy-among-the-polish-community-in-scotland/> [accessed: 26/07/2022].

Qureshi, K., Meer, N., Kasstan, B., Hill, S. and E. Hill (2020). Submission of evidence on the disproportionate impact of COVID-19 on ethnic minorities in Scotland. Available at: https://ghpu.sps.ed.ac.uk/wp-content/uploads/2020/04/Qureshi-Kasstan-Meer-Hill_working-paper_COVID19-ethnic-minorities_240420.pdf [accessed: 12/08/2022].

Qureshi, K., Meer, N., and S. Hill (2020). Different but Similar? BAME Groups and the Impacts of Covid-19 in Scotland, in: Meer, N., Akhtar, S. and N. Davidson, Taking Stock. Race Equality in Scotland. Runnymede Perspectives: Runnymede. Available at: <https://www.runnymedetrust.org/publications/taking-stock-race-equality-in-scotland> [accessed: 12/07/2022].



University
of Glasgow



Scottish Government
Riaghaltas na h-Alba
gov.scot

Project Partners

BEMIS
Empowering Scotland's Ethnic and
Cultural Minority Communities

scottish
refugee
council

feniks
COUNSELLING, PERSONAL DEVELOPMENT
AND SUPPORT SERVICES LTD

