

# LEFT OUT AND LOCKED DOWN

IMPACTS OF COVID-19 LOCKDOWN FOR  
MARGINALISED GROUPS IN SCOTLAND

Report of the Scotland in Lockdown Study  
December 2020



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# ACKNOWLEDGEMENT

This research was able to gather a large number of perspectives thanks to the incredible support and participation of people directly affected by the issues we were studying. We express the deepest gratitude to all the people who took the time to share their experiences with us. We also thank our research partners who steered and supported the research in significant, tangible ways. We hope we have reflected all your experiences accurately and with integrity.

The study would not have been undertaken without the funding and support of the Chief Scientist Office, through its Rapid Research in Covid-19 Programme, and we are grateful for this. Deepest thanks also are owed to Dr James Carnie, head of research in the Scottish Prison Service for facilitating and ensuring the success of our prisoner survey.

Conducting any university research depends on many more people than those named in publications. We extend our gratefulness for the tireless efforts of: Jen Barrett, our Project Co-ordinator in the College of Social Sciences Research Support Office; Kim Moran-Jones, in the MVLS Research Support Office; Piotr Tłok, Jenna Crole, Kris Paisley and Kirsty Morris in HR; Professors Sally Wyke and Jane Townson of the Institute of Health and Wellbeing; and Professor Iain McInnes, who leads Glasgow's Covid-19 research portfolio.

Additional recognition goes to colleagues who made it possible for us to access campus spaces in order to conduct sensitive interviews. Big thank you's to MVLS Estates colleagues: Craig Ewing, Christine Donnelley, Ivan Malerba and Kevin Muir, as well as Margaret Slevin in IT services. We also are deeply appreciative of colleagues managing the mailroom Colin Dickson and colleagues who fielded survey returns. Even more people in Finance (thanks, Gary Jackson) and Procurement, and in our School and University administration in some way supported this work. And big thanks to Clydebuilt Graphic Design for beautiful work.

Within our team, the PIs wish to extend their gratefulness to co-investigators who were managing teaching and many other demands of home and work; to current and recent PhD students who put their own projects and plans aside to take up roles as Research Assistants and Associates, and we extend special thanks to our wonderful administrators Jennifer McLaren and, latterly, Arlene Mochan, who kept us organised, supplied and supported at all times.

In our own lives as well as in this research, the pandemic has made us acutely aware of our interconnectedness, and dependence on each other professionally and personally. We hope our work doing this research honours and nurtures this.

- Sarah Armstrong and Lucy Pickering (December 2020)

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# ABBREVIATIONS

CJS	Criminal justice system-involved: one of the four main groups included in the study, referring to those involved or affected by criminal justice during the pandemic: in prison, recently released from prison, on licence, under supervision of Criminal Justice Social Work, or the loved one of someone in these situations.
DASV	Domestic abuse and sexual violence: one of the four main groups included in the study, referring to those involved, surviving or working with people affected by domestic abuse or sexual violence.
DHC	Disability or long-term health condition: one of the four main groups included in the study, referring to those having or living with disability or chronic health issues or both.
RAD	Refugees and people seeking asylum who are facing destitution: one of the four main groups included in the study, referring to those who are involved in any way (including rejected applications) in a refugee or asylum process, who are also facing destitution, e.g. due to being denied recourse to public benefits.
BAME	Black, Asian or minority ethnicity
CJSW	Criminal Justice Social Work
HO	Home Office
IT	Information Technology
LTC	Long-term (health) condition
NGO	Non-Governmental Organisation
NRPF	No recourse to public funds
PPE	Personal protective equipment
S4	Section 4 support per Section 4(2) of the Immigration and Asylum Act 1999
SPS	Scottish Prison Service



# EXECUTIVE SUMMARY



# EXECUTIVE SUMMARY

## 1 Background

- This study was funded by the Chief Scientist Office, Scottish Government, as part of its Rapid Research in Covid-19 Programme and was conducted between July and December 2020. The study was completed by a team of researchers at the University of Glasgow and supported by 20 partners from the third sector.
- The research focused on the impact of Covid-19 restrictions ('lockdown') for four groups already experiencing exclusion, isolation and marginalisation: people having a disability or long-term health condition (DHC); People involved in criminal justice (CJS); Refugees and people seeking asylum who were at risk of destitution (RAD); People surviving domestic abuse or sexual violence (DASV).
- As a rapid research project, the study aims to understand and report on the impacts of Covid-19 restrictions as they are happening, in order to contribute to better responses to it; the analysis presented may be further developed and modified.
- It has been recognised that social research is needed alongside medical and health research to understand the effects of this pandemic on individual and collective wellbeing. Already evidence has established that social inequalities are shaping Covid-19 risk and impact, but the evidence base is not yet well-established for Scotland.

## 2 Methods

- The focal point of this qualitative research evolved as the pandemic developed, and came to be focused on exploring: Experiences and impacts of lockdown; Service access and provision; Information sources, trust and accessibility.
- Multiple methods of investigation included: interviews (136), surveys of organisations (63) and prisoners (86), letters (10) and social media analysis. Researching during a pandemic has limitations and required flexibility in data collection. The study has produced a rich, diverse data set (letters, emails, audio and video).
- Interviews included people directly affected by one of the study issues or staff who worked in related services.
- An organisational survey captured perspectives of service providers working during the pandemic.
- Social media analysis explored how organisations used Twitter to respond to the pandemic and support populations.

- Partners in the research supplied additional, valuable data, not all of which was able to be included in the present report.
- The study was ethically reviewed and approved through the University of Glasgow's MVLS Research Ethics Committee. We adopted a feminist ethics of care in this research which extends to: research participants, to whom there is a commitment of allowing them to articulate their experiences in a safe and empathetic setting; research users, committing to openness, transparency and accessibility; and to the research team itself, encouraging a supportive, collegial ethos.

### 3 Cross-cutting Issues

- **Information** serves as a gatekeeper to people's ability to navigate the risks of Covid-19 as well as a mediator for how people think or feel about these risks.
  - There was differential access to, comprehension of, and control over information for the four groups and as a result varying levels of trust in information sources.
  - Common sources of information included television, news reports, the Scottish Government's daily briefing, social media, the internet, and social networks, friends, support networks and third sector organisations.
  - People were both saturated with information and the changing nature of information as well as wanted more information, about Covid-19 risks *as well as* how to support themselves and their communities.
  - Access to information varied in terms of who controlled it, whether it was in accessible formats, and whether one had means to pay for the technology to consume it.
- **Experiences** varied but a shared theme was of lives characterised by both *continuity* of pre-existing hardship, and *change* in terms of intensifying challenge through growing constraint of already circumscribed lives.
  - Lives were put on hold through delays in key processes for and requirements in participants' lives. Those already entrenched in state mediated systems or reliant on third sector support were heavily impacted by delays, worsening access to healthcare, asylum decisions, prison release, court cases and more.
  - Others felt nothing changed in their lives, but described deepening forms of isolation, neglect, and worsening life circumstances. Feelings of powerlessness increased.
  - The disruption, delays and unpredictability of life under Covid-19 profoundly increased worry and anxiety (about Covid-19 and other health issues) for oneself and loved ones, with consequences for overall worsening mental health.
  - Unequal access to digital technologies had significant effects on isolation and access to friends, family, and groups, compounding already existing

economic disparities with unequal access to social life, connection and support.

- Families were significantly impacted, with people having to make difficult choices about where family members would live, lack of respite and support for single parents, and confinement due to shielding, lack of access to accessible outdoor space and other resources.
- **Services** were stopped, slowed, or contracted, despite need expanding and intensifying.
  - Needs of money, digital equipment, food and mental health support increased significantly, with the third sector and community groups playing an important role in supplying these.
  - Third sector organisations generally mobilised quickly and with agility to plug gaps left by the slowing down and contraction of statutory services.
  - Many participants noted and praised support from charities, neighbours and communities, keeping people from the brink of serious hardship, but help also seemed to be a matter of chance for some.
  - Technological adaptation to the pandemic enabled vital services to continue and facilitated inclusion of some of those formerly unable to engage with services, but barriers persisted. These related not only to equipment or Wi-Fi access, but also involved social, medical and cultural constraints.
  - Services cancelled or seen as 'non-essential', like public libraries and health services directed towards wellbeing, actually supported people in fundamental ways with their loss have large negative impacts.

## 4 Disability and Long-term Conditions

- Data comes from 45 interviews (40 from the disabled community and 5 staff in support services). Participants were mostly female (70%), and 84% identified as White/Scottish, with just under a third (32%) living alone.
- The disabled community and those with long-term conditions (LTC) experienced significant marginalisation, exclusion and barriers to realising their rights to live with dignity and autonomy *prior* to the pandemic. The pandemic exacerbated pre-existing inequalities for the majority of participants.
- Everyday lives were profoundly affected by lockdown. Disruption to services, lost contact, increased isolation, and fewer provisions existed to maintain wellbeing and impacted levels of mental distress and loneliness (and contributed to feeling forgotten and invisible).
- People with disabilities and LTC also innovated solutions as active agents of change, navigating lockdown and the continual shifting barriers in front of them.
- Despite cuts and financial constraints, voluntary/third sector organisations were vitally important, pivoting to focus on providing material support – food, digital

access, social contact – as well as bringing attention to the impact of pandemic responses on these groups and often being the only points of contact for the most isolated.

## 5 Criminal Justice-involved

- Data comes from surveys of those serving prison sentences during lockdown (86); interviews of recently released or on licence during lockdown or under community justice supervision (15), and those with a family member in prison (6) as well as staff in organisations supporting these groups (11).
- People subject to criminal justice control and their families had traumatising and punitive experiences during lockdown, making sentences more severe.
- Those in prison felt an increased risk of exposure to Covid-19 infection, without having means to mitigate it, especially in relation to hygiene. Many felt pandemic-related measures were experienced as increased control, rather than effective care.
- Prisoners reported being locked in cells for up to 23½ hours per day, with little opportunity for engagement or activity. Prisoners also lost family visits and had to navigate alternative forms of contact. Thus prisoners have experienced deeper forms of isolation (and further away from life outside), resulting in a heavier and crushing form of imprisonment, as well as increased anxiety about family members' risk of Covid-19 in the community.
- Those in prison and people under supervision have had an increased sense of their lives in suspension, stiling their progress towards a life beyond punishment.
- Statutory services have, for the most part, offered significantly less support to people in prison and under supervision, narrowing their focus to monitoring risks. Small groups and community organisations have responded to gaps in service, seeing increases in referrals as well as needs of those involved in criminal justice processes.

## 6 Refugees and People Seeking Asylum

- Data comes from 27 interviews (with an even gender division) with people at different stages of the asylum process or with refugee status, and 3 staff interviews from service support groups. Interviewees came from 14 different countries across the globe. Many were living in temporary accommodation, were not working, and dependent on aid.
- Poverty was a key issue for refugees and those seeking asylum and this issue impacted access to food, technology and information, and other basic needs. Temporary housing, like hotels, contributed to people's sense of displacement, loss of agency, and added trauma and a sense of isolation.
- Those going through the asylum process explained it was already a difficult and isolating experience, however the impacts of lockdown exacerbated the sense of 'life

on hold', compounding the uncertainty about the future, and increased people's increased anxiety.

- Many participants lost access to language classes, college, and volunteering opportunities, leading to a loss of structure and routine, as well as opportunities to improve their English and contribute to and practice care for others in society.
- People seeking asylum and refugees already feel an acute sense of loss for their country of origin, and for loss of opportunities to get on living new lives and building new futures caused by lockdown. Lockdown further compounded the felt hostilities of the immigration system and negated positive experiences and opportunities people had been experiencing in a new place.
- Third sector organisations tried to meet the needs of immigrant populations through innovation. Organisations are often providing vital support due to state absence and withdrawal in provision of social welfare.

## 7 Domestic Abuse and Sexual Violence

- Data comes from 30 interviews (12 survivors and 18 staff in support services). Survivors varied in living situation and circumstances for experiencing abuse, with nearly all living apart from their abuser (11), though some were still in contact with and experiencing abuse (6). One was still living with the abuser and all were living with their school-age children.
- Safety was a critical issue for this population. Abuse intensified for those living with abusers during lockdown, or occurred with Covid-19 restrictions through online platforms, or via manipulation of child contact arrangements.
- Increased safety was reported by some survivors not living with abusive partners since restrictions on movement and limitations on child contact provided a level of protection.
- Adverse impacts of Covid-19 restrictions included exacerbation of delays and uncertainties in criminal and civil justice processes; economic difficulties and responsibilities of lone parenting; and the 'triggering' effect of the pandemic which mirror experiences and impacts of abuse.
- Access to services and support has been varied. For women in employment, mothers and those living in rural locations with access to appropriate digital technologies and internet access, the move to online provision has improved access to support.
- Digital exclusion is a major issue for survivors experiencing poverty or other forms of marginalisation (e.g., women who are homeless, and refugee and asylum-seeking women).
- DASV services adapted rapidly via online service provision yet services are under additional pressure, with practical support taking precedence over therapeutic support. As restrictions ease, it is likely that there will be a surge in demand for therapeutic support, refuge space and criminal justice protections.

## 8 Organisational Experiences & Views

- A total of 63 responses were received from 56 organisations between August and October 2020.
- Many of the respondent organisations were fairly small in size with 0-2 staff or less than £500,000 annual budgets, underlining the vulnerability not just of people but of the services they rely on.
- Organisations expressed high levels of concern about funding over the next 12 months, some noting emergency funding had now been spent.
- Whilst many respondents expressed pride in the ability of the third sector to respond quickly in the face of pandemic, working under this pressure had significant personal costs: over 60% reported high levels of stress/anxiety, and 57% said home life and relationships were affected.
- All respondents reported significant changes to their services, suspending some, adapting others and initiating new services. This was in response both to new needs (for food, money, digital access) of people using their services, and reduced capacity or impossibility of running other services (training, social activities).
- Service providers had high levels of concern for people they worked with, observing intensification of the challenges people already struggling were facing. There was a concern as well about groups becoming invisible, and individuals going missing from service engagement.
- Nearly all respondents reported loss of statutory services and support, which has increased pressure on the third sector as well as increased the challenges faced by their constituencies.
- Most respondents identified positives of how pandemic restrictions had led to improvements in working or sped up planned technological changes. The degree to which communities and the third sector came together to respond collaboratively to the pandemic was also praised.

## 9 Organisational Use of Social Media

- This analysis is based on gathering all Twitter posts of five organisations working in the areas covered in the study. It provides a historical archive of the actions these partners took as the pandemic unfolded from their first mention of Covid-19 through to the end of August 2020.
- The organisations were: Diabetes Scotland, Health and Social Care Alliance Scotland, Maryhill Integration Network, the Scottish Prisoner Advocacy and Research Collective, and the Poverty Alliance.
- Through posts and re-tweets, organisations shared and tailored information about Covid-19 to their constituencies. They also alerted their communities to alternative services and adaptations to restrictions.

- Twitter activity reflected a great deal of collective and cooperative working among organisations in different areas, helping to circulate, interpret, refine and sometimes challenge government and scientific information.
- Twitter provides an example of one space in which organisations could announce and amplify their Covid-19-related activism and campaigning. Through these efforts, they sought to expose the injustices, hardships and anxieties experienced by their communities. They then sought to generate, disseminate and mobilise evidence of these experiences in campaigns directed at authorities who have the power to mitigate suffering.

## 10 Implications & Concluding Messages

- For the excluded groups we studied, our research found a defining feature is the twinned experience of precarity *and* resilience, activism *and* disempowerment.
- We identify implications of lockdown for different timeframes. In the short-term, people are mainly trying to avert the catastrophe that illness, lockdown, or destitution can bring. Many are finding adaptations and holding on thanks to their own efforts and informal and third sector forms of support. The medium-term is marked by uncertainty and limbo.
- Over the long-term, we speculate about the emergence of a social form of 'long covid', where accumulating consequences of lockdown play out over an extended period. The damage endured now, may be storing up a heavy toll, creating need for adequate support and resources well after the pandemic.
- Systems on which people depend often were experienced as constraining and disabling, sometimes actively facilitating a sense of self-blame or responsibility or obstructing independence and autonomy. There are implications for rights and dignity in how people are engaged in systemic processes.
- Isolation came up continuously and takes on particular forms of intensity for the groups in this study. Isolation and wider inequalities appeared to be interdependent and should be recognised and incorporated into policy responses.
- Money and housing were basic needs and disproportionately inadequate for people in the study, and therefore constitute primary areas of focus for developing a supportive response.
- Fundamental weaknesses and erosions of wider systems shaped experiences of the pandemic, and if these are addressed, could further support the coming together of communities, services and people that has happened so far, fostering a sense of hope and solidarity in facing crises beyond Covid-19.



# BACKGROUND & METHODS



# 1 BACKGROUND TO THE STUDY

## About the study

This is the project report of the Scotland in Lockdown study (formally, 'Health and Social Impacts of Covid-19 Suppression for Vulnerable Groups in Scotland'), which was funded by the Chief Scientist Office, Scottish Government, as part of its Rapid Research in Covid-19 Programme. The study ran from June to December 2020.

This research explores the lockdown experiences of four groups in Scotland already experiencing exclusion, marginalisation and isolation prior to the pandemic: **disabled people or those with a long-term health condition; People involved in criminal justice; Refugees and people seeking asylum** who may be facing destitution; and **survivors of domestic abuse or sexual violence**.

This is one of the largest completed qualitative studies to date on the impact of Covid-19 restrictions in Scotland. The research is primarily qualitative social research with some descriptive quantitative elements and consisted of: interviews with people who were in one or more of the four groups above, and of staff in services supporting them; an organisational survey for services; a survey of prisoners; letters from prisoners; a social media analysis; and additional material gathered and shared by our partner organisations.

Due to the rapid nature of this research, having an aim of producing data that might inform present efforts in Scotland to better understand and minimise lockdown impacts, this report should be treated as an initial analysis. We will conduct future, and deeper, analyses of the substantial data set collected in this study. These analyses can be more firmly situated in the growing body of research on social dimensions of Covid-19, and allow for more thorough analytical engagement. Therefore, we note that future analyses may develop or modify the analysis presented here.

## Context

The WHO categorised Covid-19 as a pandemic on 11 March. On 23 March the UK Government announced a nationwide lockdown, at which point there was very little social science research on the Covid-19 pandemic (Lupton, 2020). On 25 March the Chief Scientist Office of Scotland announced a rapid research call, of which this study is part. The Scottish Government has been conducting its own research as well as commissioning work on specific issues, and also been tracking health and societal indicators of the effects of the pandemic (Scottish Government, 2020e). However, there remains a gap in knowledge around qualitative impacts of the pandemic in Scotland particularly for groups who may face heightened risks.

It has been made clear that Covid-19 prevention and risk needs to be studied as much in social terms as in medical and health terms (Dorling, 2020). The factors motivating and enabling people to follow health advice, the challenges presented of complying with

preventative restrictions, the implications for social wellbeing and compliance in long-term lockdown conditions all are queries for social science investigation, as has been found in studies of other disasters (Klinenberg, 2002).

Health data showed by the early spring of 2020 that Covid-19 risk, both of being infected and of having more severe outcomes including mortality levels, were disproportionately affecting those in particular groups: those with diabetes; older people; being a member of a Black, Asian or Minority Ethnic (BAME) group; living in particular regions of the UK; and being from a relatively more deprived area (Public Health England, 2020; ONS, 2020).

The specific reasons of heightened risk are still not entirely clear, but the unequal distribution and impact of Covid-19 and its consequences to health are now unequivocally clear and widely recognised (Baroness Lawrence, 2020). There is strong scientific (Riley, et al., 2020) as well as political agreement across the spectrum from left (New Economics Foundation, 2020) to right (Legatum Institute, 2020) that inequalities are a primary determinant of Covid-19 infection and outcome. Much of this work does not focus on Scotland specifically, and this research provided an opportunity to better understand the experiences of those considered vulnerable in the particular policy and social landscape of this country.

The four groups that are the focus of this study are, in many ways, quite diverse but have in common deep experiences of inequality, exclusion, marginalisation and isolation. By drawing them together in a single study, we were able to explore how specific situations of vulnerability can help explain the inequality effects across a range of situations. Just as important, the research revealed the extent to which the pandemic has amplified rather than introduced significant hardship to lives already characterised by struggle. Conducting fieldwork with hard-to-reach communities during a pandemic when face-to-face research has been prohibited presented a challenge. The study achieved high levels of participation and will be part of the body of work showing how diverse methodologies can be employed to ensure inclusion of those who may experience the greatest risks in a pandemic or other crisis (as climate concerns also have shown intensification over 2020).

The timing of this study is important to note in contextualising the analysis. It was mainly carried out at a point when what we now know was only the first peak in Covid-19 cases was waning, and well before a second, larger increase in cases was occurring in the autumn. Indeed, one finding of the study, and about rapid research, is the extent to which the thing being studied can evolve during the course of research. This has changed the experience of the pandemic and what we should be trying to understand about it, and we shifted from focusing on the immediate aftermath of a crisis to tracking the enduring experience of a long-term phenomenon.

## **A note about ‘vulnerability’**

While the formal title of this study refers to ‘vulnerable’ groups, we urge caution and some scepticism in this term. Vulnerability can quickly default to understanding of particular groups as being less able, often for individual reasons, to cope with challenge (Katz, et al., 2020) or in greater need of protection. In contrast, the vulnerability of all of those interviewed in this research largely can be attributed to the situations they were forced into often as a result of the loss of services or support to which they are entitled to or would need to enable wellbeing. Moreover, ‘the vagueness associated with terms such as “vulnerable” conceals the structural nature of public health problems. We conclude that this vagueness can serve the political function of obscuring power relationships and limiting discussion of transformational change’ (Katz, et al., 2020: 601).

For these reasons, whilst we occasionally use the term vulnerability in this report, we often also refer to ‘vulnerabilisation’ or the ‘vulnerabilised’ in order to emphasise the extent to which vulnerability arises from forces outside a person’s choices or control, reflecting wider and deeper issues of exclusion.

## **Structure of the report**

This report has been written to document the methods (Chapter 2) and results (Chapters 3-7) of the study as well as to provide analyses for each group studied. The subject specific analyses show how people in each of the study populations experiences Covid-19 (DHC, CJS, RAD, DASV in Chapters 4-7) can be read as standalone documents for those wishing to go directly to substantive findings for these groups. We also have gathered insights from across the four groups, presenting these in a cross-cutting thematic analysis (in Chapter 3), which will be a useful chapter to start with for those seeking a synthetic account. Chapters 8 and 9 analyse organisational perspectives and social media practices, developing understanding of the impact on and activities of service providers. Longer chapters have section table of contents to aid navigation. The concluding discussion (Chapter 10) gathers findings from all the groups about the overarching implications and messages coming from those participating in this research.

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## 2 STUDY METHODS

The research was conducted using a range of qualitative and quantitative methods with four 'vulnerable' populations in Scotland and organisations who support them.

### Participant groups and research questions

As noted, the four populations researched were (with abbreviated terms for each which are used throughout the report):

- People with disabilities and long-term health conditions (DHC)
- Survivors of domestic abuse or sexual violence (DASV)
- Prisoners, families of prisoners and individuals under criminal justice supervision (CJS)
- Refugees and people seeking asylum facing destitution (RAD)

Each of these groups was treated as a sub-cohort of the study, with investigators and research assistants organised into one of four work streams with two Co-investigators assigned to lead each of these. The research thus was managed almost as if it were four studies that came together at different points to compare and share developments.

The original research questions of the study were: (i) What are the health and social impacts of behavioural measures on vulnerable and marginalised groups, and what challenges do these present? And (ii) Which approaches to overcoming challenges can maximise effectiveness of preventive efforts for different populations?

These questions were formulated in early April 2020 as the UK was in the 'strong' lockdown phase of 2020 and there was a great deal of concern about compliance and understanding around suppression measures and preventative guidance. However, as we piloted our data collection tools in May and June 2020, understanding of Covid-19 and its treatment and prevention evolved and improved, and restriction measures did as well. It became clear prior to fieldwork commencing that the pandemic would not be short-lived and there were additional issues to explore about longer term coping and experiences as well as sustainability of service changes. Hence, our research focus evolved to focus on the three lines of inquiry set out in the preceding chapter as these main lines of inquiry:

- **Experiences and impacts of lockdown:** How are those in target populations perceiving and being affected by long-term pandemic conditions and the restrictions associated with this?
- **Services:** What adaptations of service provision and sustainability issues can be observed in Covid-19 pandemic responses?
- **Information:** What are sources, levels of trust and effects of information circulated about keeping safe from Covid-19?

This chapter provides basic information about the methods and cohorts in this research. Further detail is included in appendices.

## **Researching during a pandemic**

Due to heightening restrictions, fieldwork was designed to be undertaken remotely. Because this research would involve many considered to be part of hard to reach communities, we developed capacity to use a range of means of making contact for conducting interviews, detailed below. There are many challenges both ethical and practical in remote forms of research, but also possibilities including potentially reaching people who would not readily have participated in a face-to-face sit down interview. One of the consequences of doing research in this new environment was the collection of data in diverse formats including audio, video, email and letters. We do not discuss the implications of this in the present report, but it is worth noting.

Recruitment for participation in the research, again reflecting the excluded nature of the people in the groups studied, was assisted by the partnership of 20 third sector organisations (see list of partners in the inside cover of the report). Many of these are frontline, grassroots groups providing direct services and they greatly facilitated our recruitment. Others placed notices of the research in newsletters to service users, and where these were posted, allowed us access to digitally excluded people.

## **Limitations to the study**

While the breadth of interviews, and scope across the populations was wide, for a short term, fast paced research program, we recognize there were important limitations. The study was able to interview those who were 'reachable' and was not able to learn about the experiences of those who may be worst impacted by lockdown. There are those within these study populations who are not coping, or are not in a place where they could be interviewed or contacted (i.e. those in care homes, in-patient treatment or not in contact with services), thus this study does not capture their experiences. No-one who volunteered to participate reported having had Covid-19, and so the first-hand experiences that these populations had with acute and long Covid-19 are missing.

This study only captures a brief snapshot of time, from late stages of the initial lockdown (Spring-mid Autumn 2020) to its end during which Covid-19 restrictions were lifting. As data collection wound down, the cases within Scotland's population had reached a low point. Therefore, we did not capture people's experiences as cases increased in the autumn or the impact of the second round of lockdowns and changes to the lockdown measures. Thus, we can only assume the impacts were severe for people who were already reaching the end of their coping capabilities, those who were already strained for resources or income, or needed attention for health conditions or living situations long ignored.

## Interviews

### Numbers and Recruitment

Interviews were the primary data collection method, using a semi-structured topic guide (see Appendices), which normally took between 40 to 60 minutes; interviewees were encouraged to go at their own pace and expand on reflections as they wished with gentle guidance using the interview instrument. Interviews took place mainly between early August 2020 and early October 2020.

Recruitment occurred through partners, as noted above; through the study website ([www.scotlandinlockdown.co.uk](http://www.scotlandinlockdown.co.uk)); and Twitter. Only people aged 18 and over were eligible to participate. For each stream, interviews were carried out with people directly affected by the issues explored in the study and with staff of services supporting those in the different groups. Staff interviews were recruited directly with partners some of whom were interviewed, as well as being recruited through the organisational survey, described next. The composition of staff and affected person interviews for the four cohorts is presented below in the table:

Table 2.1 Breakdowns of interview numbers by study area

	<b>CJS</b>	<b>DASV</b>	<b>DHC</b>	<b>RAD</b>	<b>Total</b>
Interviews of people affected	20	12	40	27	99
Interviews of staff	11	18	5	3	37
<b>Total number of interviews</b>	<b>31</b>	<b>30</b>	<b>45</b>	<b>30</b>	<b>136</b>

Interviews were conducted remotely, using the technologies that best suited participants. Most were interviewed using video software (e.g. Zoom but also Facebook video and other means), although some preferred to be interviewed by phone, and a small number by text, WhatsApp or email. There was one participant who preferred to have questions posted and these were replied to in handwriting and returned by mail.

A number of participants, mostly in the RAD group and some in the DASV group, required an interpreter to ensure participants could speak of their full range of experience without the barriers of language. Most interpreted interviews were in Arabic, but interviews also were interpreted for other languages as well (list on file with researchers; not specified to protect anonymity of participants).

### Coding and Analysis

All interviews were transcribed by a third-party transcription service adhering to secure file transfer and GDPR frameworks. Light editing by the transcriber eliminates unnecessary words and some corrections to grammar and sentence structure were made, but otherwise the transcripts reflected the full content of people's words. Interpreters for non-English interviews used a Glasgow social enterprise interpretation organisation.

Transcripts were coded thematically against the research questions, with initial inductive coding forming a deductive coding frame (Braun and Clarke, 2006). Transcripts were coded

using NVivo 12. Transcripts were coded both within and across streams, a sample were second coded, and weekly coding meetings were held to ensure coding consistency. Transcripts were then analysed within streams using iterative categorisation (Neale, 2016) to bring out the nuance of key issues as they pertained to individual groups as well as cutting across them.

## Organisational Survey

We designed a survey for organisations using JISC Online Survey to gather the perspectives of those providing services and working in the areas targeted by the study. The survey was open from 28 July – 5 October, with most completions between August (43) and September (16).

Questions covered five areas (see Appendix for full list of questions):

1. *Organisational information*: size (staff and turnover), sector, funding, etc.
2. *Services*: provided and changed during Covid-19
3. *Clientele*: the people served and their needs, concerns and working during the pandemic
4. *Wider service landscape*: how government, third sector and other services are working
5. *Further reflections*: messages for policy makers, positives of the pandemic, anything else

A total of 63 responses from 56 organisations were received. The sector that most respondents worked in was domestic abuse or sexual violence (22) followed by refugee and asylum organisations (14), criminal justice (9 organisations, 13 responses) and then disability and health (6) organisations. A few organisations could not be assigned to one of the four study area categories, as they worked across issues, such as with BAME women including those with both domestic abuse and migration issues (3) or more generally in community development (3 respondents). The sector of two respondents could not be ascertained.

Table 2.2 Organisational Survey Responses by Study area

	<b>Number of organisational responses</b>	<b>Number of individual Responses</b>
CJS	9	13
DHC	3	6
DASV	22	22
RAD	14	14
BAME women	3	3
Community Devel	3	3
Unknown	2	2
<b>Total</b>	<b>56</b>	<b>63</b>



## Demographics

- *Respondents by role:* 33 (55%) worked in a chief executive or senior management (police or strategy) role, and 27 (45%) worked in or managed direct services.
- *Gender of respondents:* Inferred from names where provided (as contact for follow-up interview) suggesting 34 women, 7 men and 22 unknown.
- *Sector:* Most respondents worked in registered charitable organisations or social enterprise. There were 7 responses from local authorities/statutory services.
- *Geographic range of services:* Respondents skewed toward urban/suburban (86%) locations, especially Glasgow (43%) and West of Scotland (61%); service areas primarily were local/regional (79%) rather than national (27%) availability of services.

## Analysis

Survey data were exported to Excel for analysis. The survey contained closed and open-ended questions, with a large number of the latter producing in effect a large qualitative dataset of staff perspectives (many responses were over 200 words, and the overall dataset of open-ended responses is nearly 5,000 words). Closed questions provided data for univariate analysis and some cross tabulations.

Open-ended questions provided data on discrete topics (organisational characteristics, service changes, client needs, statutory service landscape, and other issues) but within these, comments were approached inductively, read through several times allowing key themes to emerge and then coded employing thematic analysis techniques.

## Prisoner Survey and Letters

We gathered written reflections from people serving prison sentences during the pandemic through multiple methods: a prisoner survey, prisoner letters solicited by the study team via an advert placed in *Inside Time* newspaper, and prisoner letters collected by one of our organisational partners.

Table 2.3 Serving prisoner data sources

	<b>Number</b>	<b>Men</b>	<b>Women</b>
Surveys	86	73	11
Letters	10	10	0
Total surveys & letters	96	83	11

### Prison survey

The prisoner survey was designed using a short five-question format (4 closed questions and one open question; see Appendix) and printed out and packaged with a self-addressed, stamped envelope. The Scottish Prison Service Research Head provided substantial assistance coordinating identification of a random sample of 250 prisoners in the prison's computer system, proportionately distributing these among 14 of Scotland's 15 prisons (no surveys were sent to the open prison in Castle Huntly).

Surveys were sent to prisoners on 4 September, and nearly all responses were received by the study team between 7-17 September 2020. A small number of surveys were received outwith this period. A total of 86 surveys were returned from all prisons where surveys were distributed (see Appendix for breakdown), a response rate of 34%.

Closed responses and demographic information were recorded in Microsoft Forms and then downloaded and analysed in Excel. Open comments were typed up in Word.

### **Prisoner letters**

The study team received correspondence from serving prisoners through two routes. The study team placed an advert in the August 2020 edition of *Inside Times*, a widely circulated prison newspaper, inviting letters from those in prison to write us generally about their experiences during lockdown. Three letters were received (two in August and one in November); one was from an English prisoner and excluded from the analysis. All letters were from men in single sex prisons who had already been sentenced.

One of the study partners also invited those in prison to share via letters their experiences, offering a structured format for this that was similar to the guide used in interviews. A total of 8 letters were received (mainly during October 2020) via this route. All correspondence was anonymised by the partner prior to sharing (and with a written data sharing agreement in place) with the study team. These letters, too, were all from men.

### **Approach to analysis**

A coding frame for analysis of serving prisoner data was adapted from the main coding frame developed for analysing interviews. All text data was uploaded, coded and analysed using NVivo 12, as described for interviews.

### **Social media analysis**

A small group of investigators from different study streams conducted a targeted social media analysis. This aspect of the project sought to explore how key organisations working in the four study areas communicated and responded to the pandemic. Data came from Twitter, rather than other social media platforms, as the public nature of the majority of Twitter content posed fewer privacy and data protection concerns. We selected a sample of five partners and downloaded tweets and re-tweets from their Twitter feeds using the NCapture feature in NVivo 12. Our analysis began from the point at which the sampled accounts made first reference to Covid-19 and stopped at the end of August 2020.

Tweets were analysed thematically (Nowell et al, 2017). The nature of the tweet contents required a separate coding frame, which was developed after initial familiarisation and then refined to produce a framework that identified the key issues relating specifically to social media communication, presented in Chapter 9.

## Method notes for specific study groups

The study included four different groups and within each there was a great deal of diversity and particularities of situations. This required specific attention to methods of recruitment and approaches to sampling, discussed in this section. Detailed demographic breakdowns for the separate study group interview participants is provided in Appendices.

There were also overlaps across groups, with one-fifth of all interviewees (excluding staff) naming more than one stream applying to their situation.

Table 2.5 Number of people interviewed who fit multiple groups

Primary Area interviewed for	n	w/multiple issues	% w multiple
CJS	20	4	20%
DASV	12	5	42%
DHC	40	2	5%
RAD	27	11	41%
<b>Total</b>	<b>99</b>	<b>22</b>	<b>22%</b>

People in the non-DHC streams most commonly mentioned a disability or long-term health condition as an additional characteristic (18 of the 22); a handful mentioned something else as well. Three people in non-DASV groups identified themselves as survivors of DASV. There may be more overlaps than the research captured; this reflects only those who specifically identified themselves as belonging to multiple streams. Many people in interviews discussed different experiences and conditions which suggests this is an under count.

### Disability and health conditions stream

A sampling frame was drafted to guide and attempt a reasonable range of diversity both in terms of the types of conditions presented as well as in the backgrounds of people participating in the research. In terms of the latter, sampling sought to ensure diversity such as in terms of gender, ethnicity, class/deprivation and region of residence. Easy Read information about the study was provided to facilitate the inclusion of people with learning disabilities.

### Criminal justice stream

Data for the criminal justice-involved group included people currently (via surveys and letters) or recently serving prison sentences (via interviews) during lockdown. It also included people under community supervision or on licence (interviews), some of whom had recently been released from prison. Data also came from family members of someone in prison.

## Refugees and asylum stream

This group sought participants with a range of national and ethnic backgrounds as well as being at different stages of an asylum process. This meant some interviewees had recently arrived in Scotland while others have been settled here for years.

## Domestic abuse and sexual violence stream

The difficulties of recruiting people in this group are well known and as a result, more staff interviews were recruited for this stream to add in further perspectives where staff interviews emphasised questions about issues their service users encountered.

## Diabetes boost sample

A large number of people with type one diabetes responded to the call for participants circulated by our diabetes research partner. We took the decision to interview 22 people in this group as a boosted sample. However, only five participants' interviews were included in the analysis for this report. It is our intention to conduct further analysis of this group and refine this work.

## Partner data

Most partners had collected some form of data about their own communities that provided information about the experience of lockdown, such as surveys and consultations and more informal information gathering. They also pointed out sources of data in their areas collected by other organisations and researchers. Partners made data available to us and in some cases engaged in bespoke data collection to support this research:

- *Community consultations:* One partner conducted four focus groups with BAME women, which included women who are survivors of domestic abuse.
- *Interviews:* One partner conducted 6 interviews of people with experience of criminal justice, which each lasted approximately one hour based on questions resonating with but prepared independently of the research topic guide.
- *Letters:* One partner shared anonymised data from letters received of those in prison during lockdown.

Interviews and letters were able to be included in the present analysis.

## Ethics

Ethical approval for the study was granted by the University of Glasgow Medical, Veterinary and Life Sciences (MVLS) Research Ethic Committee (Reference: 200190164). The project was grounded in a feminist ethics of care, which understands people as fundamentally interconnected, and ways of caring for study participants as rooted in their articulation of their needs in that moment. Participants were thanked for their participation with a voucher, and efforts were made to ensure participants were not excluded on the grounds of language (through the use of interpreters) or learning disability (through working with

carers or support workers to facilitate inclusion). Several support workers contacted us after interviews to communicate that interviewees had felt listened to during interview.

Our ethical commitments further included transparency, open communication and timely sharing of findings in accessible formats. As a result, we had an active blog throughout the project (<https://scotlandinlockdown.co.uk/news-blog/>), with regular blog posts ranging from methodological reflections to early discussion of impacts on particular populations, followed by more structured findings documents on key themes that emerged from the research such as food insecurity, isolation, mental health and service provision later in the project. The website will remain an active resource for future findings, academic papers and more.

A decorative vertical element on the left side of the cover, consisting of several thin, dark blue, wavy lines that overlap and create a textured, organic appearance.

# CROSS-CUTTING THEMES

SARAH ARMSTRONG, ALICIA DAVIS  
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## 3 CROSS-CUTTING ISSUES

This chapter draws together key findings from data about the four study groups, identifying a number of issues that cut across diverse populations that are the focus of the chapters that follow. There were many of these, and often related to forms of exclusion and isolation that commonly featured in people's lives prior to the pandemic. If one might emphasise a single, overarching theme, it would be about the way that structural inequalities existing prior to the pandemic have worsened the situations and intensified the challenges of people coping with a pandemic.

This chapter is organised into the three lines of inquiry of the study: **information**, **experiences**, and **services** during the pandemic.

### Information

Information is a key theme in the data for all groups. It acts as a gatekeeper to people's ability to navigate the risks of Covid-19 as well as a mediator about how people come to think or feel about these risks. **Information (or lack thereof) also facilitated how people approached the vast changes to their everyday rhythms and routines** (e.g. getting health care, how to manage risks when/if leaving one's residence, how and when to wash one's hands, going to school) or navigated the important events they faced (e.g. going through asylum process, leaving prison, accessing support services, accessing doctors and carers). Information served as a 'how to', established guidelines, provided a sense of worry or stress (when there is a lack of it). **There was differential access to, comprehension of, and control over information for our four groups.** Similarities about how information was disseminated, acquired, proliferated, or understood exist across all populations of study participants as will be evidenced in the following chapters. Key differences arose as well depending on a group's unique needs or contexts.

There were similarities and differences regarding sources of information and likewise varying degrees of trust in those sources across and within all study populations. Starting with basic public health messaging about Covid-19, there were a wide range of sources of information that people obtained, though there were great variations across groups in the *ability* to access information or the types of messages people and communities received. **Common sources of information included television and news reports, the Scottish Government's daily briefing, social media, the internet (distinct from social media), and social networks, friends, support networks and third sector organisations** working with each population. Having many sources of information, however, does not mean that all information is treated similarly nor that people have the same ability to access information that is provided (by government, media, organisations). Table 3.1 highlights key similarities and differences across groups in relation to information associated themes.

Across all groups, people experienced **varying levels of trust in their information** sources and people established preferences for where to get their information, about Covid-19,



about their daily life, about support or service provision. Rumours, conspiracy theories, and the constant shift of information about Covid-19 (as it was being learned about) contributed to mistrust in information and information sources. Yet, seeing people follow key public health guidelines (like social distancing, wearing masks, washing hands) facilitated increased trust in these guidelines for some. People's social networks, the organisations they were already engaged with, and the constant flow of news (e.g., via TV, internet news, group chats, social media) facilitated **some people feeling well-informed about Covid-19 and its risks**, though this was not always the case. For example, the **constant flow of information was overwhelming for many**, causing uncertainty in how to interpret the information, weigh risks, make decisions, or even served to trigger emotional traumas about isolation or abuse. Likewise, the **mixed messaging from within the UK (e.g., Scotland vs. England's lockdown rules) or across the globe (e.g., reading news in Arabic from one's home country who may have been addressing Covid-19 differently than the UK) led to confusion** in some instances. However, people across all groups recognised that there has been a shift about the 'facts' of the disease itself by public health experts as it was developing, and while this led to mistrust or confusion in some cases, it led to adaptability in others.

Information, while constantly coming at people, was also wanted and needed by most. People actually wanted *more* information, and not just about the risks of Covid-19, or the logistics of lockdown or how to get services. They wanted information about how to support themselves, their families, and communities, and in some ways how they should interpret the information they were receiving (crucially provided by third sector services, see Chapter 9). People also needed information in multiple and accessible formats (e.g., translated into native/familiar languages or in Easy Read formats) and which addressed specific needs. This is particularly important for populations who already feel 'invisible', 'ignored', or excluded from society.

It was the **inability to access information that caused far more consternation than too much information**. Accessibility to information (in its myriad meanings) was mediated through several key variables such as: who was gatekeeping information (e.g., facilitating, blocking, or controlling access to information, particularly for people who were in prison); whether it was accessible for specific populations (including people with learning disabilities); or, whether or not one had the financial means for access (paying for a TV license or Wi-Fi, or owning any device for digital life). Across all the study populations, digital poverty was one of the most critical factors, hampering not only access to vital information and key services but also making navigation of 'lockdown life' even more of a challenge and enhancing pre-existing vulnerabilities.

There was a general sense that information provided to empower people, for example lockdown guidance given by the government, also served to individualise action and response, leaving people feeling abandoned, and left on their own to do the 'right' thing, or figure things out themselves. Research participants felt that the government assumed people had access to information and the technology needed to access it. People had to weigh risks about or consider how to follow rules, how to shield, how to access Wi-Fi, PPE, food, and health care. For populations that rely so heavily on family, community, and social support, themes around information further highlight how people can be excluded.

Table 3.1 Key similarities & differences between study populations related to critical themes about information.

<b>Theme</b>	<b>Similarities across groups</b>	<b>Differences</b>
Types of information & who delivers it	TV, social media, internet (news), pamphlets	Overwhelmed by information flow (CJS, DHC)
	Word of mouth from family/friends; support networks	Understanding by witnessing. Seeing people “do” social distancing, wearing masks was a “how to” & increased trust (RAD)
	Questionable sources of information exist	Limits of sources in inaccessible formats, e.g., for people with learning disabilities (DHC)
	Diverse sources, people use more than one or two sources (multiplicity of sources)	News reports about rising risk to victims of domestic violence triggered reactions (DASV)
	Government as key source, (Scottish Government daily briefing)	Third sector support key for making information accessible (DHC)
	Passive delivery of information (difficulty in actively accessing providers due to shuttered offices, busy phone lines, furloughed staff)	
Trust in information, ‘real’ or rumour?	Was it accurate and how to gauge	Rumours (RAD, CJS)
	Information changed all the time	Cultural barriers to following guidelines/information (RAD)
		Conspiracy theories (CJS)
		Manipulation through abusive partners (DASV)
Access to information	Constant flow, overwhelming	Digital poverty plays out differently in different groups
	Need support to access	Language/translation (RAD)
	Digital exclusion	Information needed in various accessible formats (DHC)
	Access became even more difficult for many	Lack of/restricted/control over internet access (CJS)
	Assumption online information reaching people	Digital literacy
	Digital poverty, lack of access leads to confusion, worry, increased risk	
Who serves as gatekeepers?	TV/media	Prison officers withholding, issuing information selectively, incompletely, incorrectly (CJS)
	Government	
	Social networks	Those who could translate into a community’s language (RAD)
	Peer support groups	Information needed in an accessible format (DHC)

Understanding information	Whom to trust	English language/translation (RAD, DASV)
	Changing: science, regulations, guidance-difficult to keep up	People with learning disabilities (DHC)
	Uneven digital literacy	
Navigating risk based on information received	Is there <i>autonomy</i> to make 'choices' about risk based on available information?	Choice between food or PPE? (RAD) Choice between shower or phone call with family
	How to weigh risks was difficult/impossible choices	Inability to 'choose' information when incarcerated (CJS)
	Constant flow of information was overwhelming and had negative impact on mental health	Risks varied for groups: <ul style="list-style-type: none"> <li>• not following rules→ deportation? (RAD)</li> <li>• not following rules→ recall to custody? Delayed release? (CJS)</li> <li>• lockdown→ further abuse? (DASV)</li> <li>• news as triggering (DASV)</li> <li>• Health risks for pre-existing, defining pre-existing conditions (DHC)</li> </ul>
Technology mediating information flow: digital poverty/exclusion	Access to technology uneven	Increasing harassment being more online (DASV)
	Digital poverty	Lack of devices or phone credit (RAD, DHC, CJS) Lack of Wi-Fi
	Shift to life 'online' affected all groups (but differently)	Made some aspects of life easier, more inclusive (DHC); online consultations enabled continued outreach and care (DASV; DHC)
Overarching 'messaging' from government → individuality/ individual responsibility	Changing messages without explaining <i>why</i> things are changing; or to anticipate change	
	Individual responsibility to 'act' (i.e., it's enough to just give information, and people will act in their own best interest)	
	Government response as if groups are passive when many were very agentic	
	Populations' sense of being ignored, abandoned by government (provide information, not support)	
	Left to third sector services to help vulnerable groups	
	Sense of being ignored, stigmatized	

## Experiences and Impacts

Covid-19 suppression measures have had a range of significant impacts on people's everyday lives, simultaneously characterised by change and continuity compared to life pre-pandemic. Study participants across all groups drew attention to lockdown putting their **lives on hold**; changes in the ways in which they accessed services and socialised, namely through **digital technologies**, and the inequalities created by digital exclusion; and, experiences of **isolation and family life** that exacerbated and were exacerbated by digital inequalities. Running across all of this was a pervasive sense of **institutional and state neglect** and a curious articulation of the idea that **nothing had really changed while simultaneously describing profound differences, including worsening of life** circumstances. Institutional neglect and stating that nothing had really changed while also describing profound change intersect to expose the ways in which lockdown for these groups was experienced as neither straightforwardly different nor straightforwardly the same, but rather as an amplification experiences of being within systems that already overlooked their needs.

### Lives on Hold

Participants across all groups described various delays to key processes in their lives. This produced for our participants an experience of a life put on hold that extended far beyond the sense of life in suspension noted already about life during Covid-19 (Jarvis 2020; Ogden 2020). Many participants were already **entrenched in state-mediated systems**, as discussed next. **Delays to these processes** occurred on top of the sense of a life on hold produced by closed shops, entertainment, social distancing, and other impacts on the wider public. The impacts of the retrenchment of statutory support is discussed below; this section explores how changes were experienced, as exacerbating both **feelings of powerlessness** stemming from being trapped within state-mediated processes preceding the pandemic and the feelings of timelessness produced for everyone by lockdown measures.

The loss of access to routine and non-routine healthcare **increased anxiety about non-Covid-19 related health issues and concerns**. Participants already familiar with the impact of austerity cuts to healthcare tended to be more confident to chase up healthcare providers (with all the associated time and financial costs of this) than those less familiar with NHS systems, those for whom English is a second or third language, or new to engaging with the NHS. It is important to note that this affected not only NHS healthcare in the community, but also specialist services such as psychiatric and mental health support for survivors of domestic violence and others, and also within institutional settings, with prisoners reporting additional barriers to accessing basic healthcare during the pandemic. As discussed in more detail in Chapter 4, long waits for healthcare was familiar to many participants already, and the further delays, suspensions and cancellations of essential healthcare due to a refocusing of NHS priorities to Covid-19 exacerbated a sense that disability and chronic health problems that were already viewed as relatively unimportant had become even more so.

This sense of suspension of services was not limited to healthcare, and those seeking asylum described delays to their asylum applications, noting that these were not necessarily communicated clearly to them, which was mirrored by prisoners undertaking activities that signalled readiness for release, who were left uncertain whether and how they could demonstrate readiness for release in the absence of the usual meetings, groups and programmes that characterised this process, and also by survivors of domestic and sexual violence, whose court proceedings were paused or delayed, leaving them unable to secure protective orders or otherwise move on with their lives. Participants across all groups were already familiar with indeterminate waiting, be that for medical appointments, substantive asylum interviews, or court proceedings, and the mental health and wellbeing costs of this are well documented (see, for example, Ferrie and Wiseman 2016, Rotter 2015). Despite this familiarity, participants across all groups reported a **heightened state of uncertainty produced by these institutional delays and suspensions, which increased already familiar feelings of anxiety**. This was further exacerbated by **poor communication** (as discussed in the section on information), and an awareness that certain sectors of society were being supported, but that those parts of society in which they resided (judicial processes, asylum processes, refuges, homeless shelters, non-Covid-related healthcare etc) were not among them. These further delays further enhanced anxiety and a sense of being a devalued group in contemporary Scottish society.

## **Social Connectedness**

As well as shaping experiences of time, Covid-19 containment measures have produced huge changes in how people in Scotland and the UK socialise, with social distancing rules requiring no physical contact outside households and a radical reduction of in-person sociality and corresponding rise in digital engagement. Shielding, home schooling, and the request to maintain social distancing has led to many people spending much more time in the home. This has had a number of significant effects for people in our study groups, which again have often been experienced less as a significant change produced by Covid-19 and more as an exacerbation of existing inequalities.

## **Isolation and Disconnection**

Many participants experienced forms of isolation and loneliness prior to the introduction of Covid-19 measures, stemming from going to prison, leaving abusive partners, being housebound for health reasons, and arriving in a new country or relocating to an unfamiliar area. For a small minority little changed, but for many more this already-existing **isolation was further compounded by lockdown measures**. Participants experienced the loss of continuity in their carers as the loss of on-going relationships, and the suspension of recovery and other supportive groups in prison was felt as a withdrawal of social contact and routine. Single parents were also often unable to get support and respite due to, for example recent relocation to a new setting or shielding parents, resulting in feeling left to 'face things alone'. This was particularly acute for people who had newly arrived into the UK asylum system or relocated to a new area to escape an abusive partner, who were not able to have in-person access to services and other spaces through which to make new friends in their local area, a situation amplified further for survivors of domestic abuse for whom isolation formed part of the abuse, and isolation as a trigger was a cause for concern for some staff working in this area.

Almost all participants noted negative effects of the **loss of in-person interaction** outside the household, and in particular the **absence of hugs** and tactile contact. There were some participants for whom the pandemic did not increase loss of social contact, because they were already deeply isolated before it, **raising concern about the level of exclusion people already experience but which is only now becoming visible because of a global health crisis**. Participants noted that when they did meet others, it was not as relaxed due to having to be continually aware of social distancing measures, and that they could not hug and interact as they had previously done. For those with access to digital spaces, alternative activities of interaction emerged; it is significant that while initial enthusiasm was often high for Zoom socialising and alternatives to previously in-person classes and groups, **enthusiasm for digital activities faded over time**, without an accompanying increase in in-person socialising, leaving even the most socially- and digitally-connected participants with a diminished sense of social connection over time. This was further exacerbated by **digital inequalities**, and a number of participants – particularly some of those involved in the SPS pilot for virtual prison visits – withdrew from digital alternatives due to frustration with hardware, connection speeds, privacy concerns, and other technical challenges.

### **Family Life in Lockdown**

Many participants lived with a partner, a parent, or with children – either with or without a co-parent; a small number of participants lived in shared or student accommodation. Living with others posed a particular set of challenges relating to a need for **personal space, time to decompress** and **support with parenting**. People living in households with people who were shielding were asked not to go outside except for essential activities, resulting in all or almost all of the household being in the home at all times. This produced a sense of compression for many, that it was impossible to have personal space, particularly during the five months (April-August) when children were being home schooled or on holiday. Existing inequalities around **access to garden or safe outdoor space** were amplified, with those in shielding households with gardens able to access outside space in a way those who did not, or who did not have access to safe outdoor space could not.

For **single parents**, the challenges of single parenthood were compounded by the loss of respite (through nursery or school attendance) and support (through being unable to build or take advantage of existing networks of friends, neighbours and family, alongside the closure of in-person services); this was particularly strong for single parents with shielding parents and parents with already limited social networks.

The move to **home schooling** took children for whom school was a safe space outside the home out of that space, leaving them without access to a potentially supportive environment with non-parental adults to whom they can report problems at home. Home schooling further heightened spatial, digital and cultural inequalities for parents who could not offer children a quiet workspace, did not have access to the internet-enabled devices and Wi-Fi necessary for children to undertake schoolwork. There were further challenges around learning to simultaneously navigate life in a new society, a new educational system, coupled with a pedagogic shift to online learning, while operating in a second (or even third or fourth) language in a setting where their own language learning opportunities through classes and volunteering and general social contact had been radically curtailed. The needs

of home schooling children had to be balanced against the needs other household members, for example parents who were working from home, and parents who were working from home had to navigate the twin pressures of home schooling and working from home. The increased burdens of domestic labour and home schooling often played out in gendered ways, reinforcing and deepening existing **gendered divisions of domestic labour**.

## **Technology as Facilitator and Barrier to Social Connection**

Digital technologies were a crucial facilitator but also barrier to social connection; technology and service access is discussed in the section on services below. As noted above, for those who had relatively straightforward digital access, digital technologies provided a **vital point of connection to other people**. Participants reported using video platforms to facilitate children's contact with extended family, socialise with friends, participate in groups and classes, and stay in contact with services. The shift towards digital technologies also **reduced exclusion from public life on the basis of impairment**, making, for example, religious services and political meetings that had previously been only in-person newly accessible and inclusive to disabled people.

Unfortunately, **access to digital technologies was not equal** across all groups. Using digital technologies to engage in home schooling, access services or socialise carries a **financial cost** and not everyone in all groups were able to afford the necessary equipment, or Wi-Fi or data, and some participants reported having to sit outside now-closed libraries or walk around until they could find free Wi-Fi access. This highlights how changes to services, such as library closures, exacerbated social distancing hardships, leaving those without internet-enabled devices and/or Wi-Fi and data unable to communicate with others and engage in the digital alternatives available to the digitally-connected. Some participants with no recourse to public funds or on extremely limited benefits described having to **choose between (digitally-mediated) social contact and food, utilities and PPE**, mirroring choices noted by prisoners who, at the peak of lockdown, were locked up for up to 23 hours per day and having to choose between using the brief time out of cells to shower or line-up to use shared phones to communicate with family.

In addition, technological forms of connection require the **skills** to use them, and for some active facilitation by others. Technological barriers to services are discussed below, but it is significant that participants noted the importance of services for providing individuals with tablets and smartphones, guidance on how to use them (particularly important where instructions are in an unfamiliar language) and on how to stay safe online (an issue for survivors of domestic abuse whose ex-partners may use social media to find them), and facilitation where independent use of new technologies was not possible (for example by people with learning or some physical disabilities).

It finally should be noted that digitally mediated forms of social engagement offered not only welcome, but also **unwelcome forms of connection**. As already noted, online home schooling reduced opportunities for children to communicate in-person with teachers, but also the capacity to disclose domestic harms at in-person services. The closure of Children's Centres meant that some parents were being encouraged to facilitate children's contact with abusive ex-partners through video technologies, allowing abusers to see into their

homes, and enforcing contact with abusers when children now contacting estranged fathers online need help with the technology. Survivors of domestic violence and staff also reported new forms of digitally mediated coercion such as via email in addition to these experiences of video contact as uninvited intrusion into the home.

### **Continuity of exclusionary experience**

Perhaps the most striking finding in relation to participants' accounts of their experiences of lockdown was less the specific changes to participants' lives than the ways in which lockdown and its privations were experienced as a **continuation and amplification of previous forms of exclusion**. One participant in the asylum system described entering lockdown as "coming out of one limbo and going into another", and others reflected on the ways in which the lack of clear communication, frequent changes to rules and lack of support associated with lockdown reflected their experiences of navigating State institutions and systems prior to lockdown. What had changed was that participants were now expected to **simultaneously navigate** shifting, and not always clearly communicated, Covid-19 rules alongside changes to often already opaque systems, and participants drew strong parallels between the underlying sense of not having processes clearly explained, processes being liable to change without warning, and a lack of any clear timescale between their experiences prior to and during Covid-19 measures. This sense of a continued or compounded uncertainty produced feelings of complete uncertainty and had significant negative effects on people's mental health and wellbeing.

When participants told us that there had been 'no change whatsoever' in their lives as a result of Covid-19, this was, then, both the case and not the case. Attention to material conditions revealed many changes across participants' lives, but attention to claims that 'life has not been adversely affected by lockdown' reveals a particular *experience* of those changes. That experience was one of **weary familiarity with being ignored, neglected, and marginalised**. Prisoners who were already highly isolated in prison remained so. Housebound individuals and disabled people with already limited social contact beyond their carers, or who already had primarily online social lives did not experience the 'rallying around' that characterised the experiences of others, and their lives largely continued as they were. Those seeking asylum experienced lockdown as just another form of 'limbo' on top of the limbo of seeking asylum.

What this amounted to was a sense that, in the words of one disabled person, **'people don't give a shit'** about people like them, reflecting a sentiment that arose across all four study groups where **people felt they were seen as the acceptable collateral damage of the pandemic** and preventive systems were put in place to protect the mainstream. This sense that things have not changed, this sense of membership of a group that no-one cares about was mirrored in **practices of neglect**: prisoners felt the lengthy periods they were left in their cells was as much a decision about making life easier for staff as about public health; when harassment orders were breached by perpetrators of domestic violence, courts let them off – in the view of some to minimise the risk of the virus entering prisons through short sentencing – but leaving survivors experiencing escalating abuse; people seeking asylum were moved into 'full board' hotels, resulting in a loss of all financial support, and capacity to control what and when they ate, resulting in a sense of increased state surveillance in the service of propping up hotels. Feelings of being acceptable collateral



damage of Covid-19 measures, emerged from participants' sense that not only were they not provided necessary additional protection and support, but were *actively* neglected in order to protect others.

Thus the experience of Covid-19 measures was underlined by a sense of neglect, and a neglect that felt all too familiar, leading some to describe – even alongside descriptions of quite profound changes to their everyday lives – a life in which nothing had changed. Because while everything had changed, on a profound level for many the crucial experience of feeling forgotten and ignorable had not. And where life was experienced as having changed, it had often done so in ways that amplified these forms of abandonment and other forms of inequality.

## Services

### **Extensive dependence on systems that have stopped, slowed or constrained**

Echoing the cross-cutting themes of people's experiences, a dominant finding in terms of services, across all four groups, has been the great extent to which those involved in this research live within and through state systems: social benefits, asylum processes, prisons, court cases, medical systems. Whether such systems are enabling (providing vital forms of health and social care, pursuing justice in a legal case) or restrictive (in the case of confinement and surveillance), **a shared situation for people in marginalised groups is dependence on statutory service systems.** People in this research often depend on systems to survive or move forward in their lives. At the same time, every group in this research mentioned issues of losing some if not all access to services and in some cases noting how statutory systems actively constrained their lives, worsening the effects of the pandemic on mental health, social contact, and basic physical security. Loss of mental health support, criminal justice restrictions on use of internet, lack of cash forms of benefit to those in refugee positions, closure of GP offices for in person visits had real and significant impacts on people's ability to survive and to cope during lockdown.

### **While services contracted and constrained, people's needs expanded and intensified.**

During the strong lockdown period in Scotland, movement of people and availability of public and private services became severely restricted that had amplified effects for those in the groups we studied. Specific examples from the chapters that follow document: cancellation of doctor appointments (for checks, prescriptions, tests); suspension of volunteering and social activities that provided social contact, a reason to leave the house and a sense of giving help; isolation of prisoners in cells nearly 24 hours a day; closure of schools leaving survivors of domestic abuse locked in with child care pressures and creating new opportunities for an abusive partner where they had rights of child contact. In these and other examples, mental health deteriorated, a sense of isolation deepened, and the need of practical and emotional support increased.

**Some people mentioned fantastic experiences of services** that had been maintained through lockdown (and Chapter 8 describes a range of ways services were affected both positively and negatively), but **there were many more stories of cancelled, truncated and suspended services.**

Table 3.2 Statutory service impacts of the pandemic

Area	Service Issue
Medical	Cancelled appointments Cancelled routine care Difficulty managing online/telephone appointments Access to medications, tests, treatment Accessible spaces (transport, disability)
Benefits	Delayed or stopped processes of assessment and application, including PIP, universal credit, and more
Prisons and parole	Most activities and in person visits cancelled Stoppage of 'offender behaviour courses' required for parole and release Cessation of all external support services in prison to assist with release processes (applying for benefits, registering with doctor, registering as homeless) Minimal contact from Criminal Justice Social Workers for those under supervision in the community
Social Work	Truncated checks – phone calls vs in person Loss of in person contact Loss of additional support referrals (mental health, drugs, other)
Mental health	Delays, loss of service Online forms of support inaccessible for some
Food provision	Reliance on charity sector Loss of vouchers (moving to hotel board) Culturally or health inappropriate forms of food
Asylum and Migration	Stalled processes, backlogs grow Cashless forms of support created hardship, prevented accessing some services
Courts	Backlogs grow, online legal processes created Delays causing stress and fear for both victims and accused
Education, schools	Stopped courses for adults (ESOL, language, skills, training) Children in school needing support with online learning and on return to in person learning Providing children a safe space to be during the day, alleviating childcare and housing crowding issues
Libraries	Closed Loss of access to free internet, social interaction, relaxation, community contact

### Community and third sector services coming together to plug crucial gaps

**A positive media narrative surrounding the pandemic has been the rise of mutual aid groups and communities coming together** in a range of ways to support those in need. There are many examples of this across the 100 interviews conducted, and other parts of this report make the point that **third sector and community self-support has not just filled the gap, but prevented catastrophe** for some.

Charities and more informal community groups covered a range of roles, often ad hoc and in response to crisis situations, such as loss of accommodation or lack of food. As interviews with staff and our analysis of an organisational survey of services shows (see Chapter 8), **the third sector moved with speed, care and responsiveness, showing an agility that larger bureaucratic systems could not often manage.** There were many examples of third sector support: providing mobile phone top-ups, a small cash grant, telephone and other befriending support, help interfacing with statutory services, signposting to resources. (See also the discussion in Chapter 9 of how social media has been used by the third sector to advocate, interpret and circulate crucial information.) Perhaps these examples illustrate another message from the study of **the big impact of small measures of aid,** and moreover, the **often very small and sometimes precarious, grassroots nature of the organisations** providing these.

Discussed partly above as a cross-cutting issue of experiencing the pandemic, is the extent to which communities of people in some of the most challenging situations replaced the loss of support of statutory services themselves and by turning to those in the same situations. People affected by issues of asylum, domestic abuse, family imprisonment, health conditions, themselves gave examples of forming their own peer support networks enabled by starting WhatsApp and Facebook groups, and engaged in various kinds of activism on social media and in other ways (see also Chapter 9 for discussion of social media activism by organisations). This activism highlights both the agency of people, even when this is put under pressure but also the level of need that could be addressed through greater and more supportive provision of services. While this can be seen as evidence of resilience, it also should be understood as a sign of neglect of the needs of people in particularly marginalised situations.

However, the less positive side of the charitable and community forms of support that sprung up in the pandemic is twofold: first, the third sector was needed as a crucial support because of **the loss of state support and services not only during but also in the years preceding the pandemic.** This is a theme mentioned in many of the chapters that follow, giving examples where statutory services have been eroded thus positioning them poorly for protecting people from the scale of the present pandemic.

Second, **receiving vital aid from families, neighbours, community groups and the third sector was not infrequently a matter of chance.** The contingency of support is a pattern observed across all four groups, and there were some people who remained extremely isolated for whom statutory service contacts were their only contact with people. A theme in a number of chapters is about **a growing group of 'the missing', the people who have fallen off both service and community radars** and who are in vulnerablised positions economically, personally and socially (see also below).

### **Technology has enabled access but facilitated exclusion for some**

**Technological adaptation both enabled and excluded people accessing services.** There were clearly positive aspects of technological adaptation as well, and the speed with which forms of support were resumed is one example. There were also cases where remote forms of engagement increased inclusion. This was especially notable for disabled people and

those with long-term conditions who could attend meetings that formerly were inaccessible (see Chapter 4). Some survivors of domestic abuse sometimes found telephone support less intimidating than in-person forms, and it reduced logistical burden of travel and childcare (Chapter 7). People under criminal justice supervision (see Chapter 5) experienced reduced levels of stress in being able to touch base by phone with a criminal justice social worker.

**Participants largely felt positive about forms of support that continued online** and through other means such as telephone and other forms of remote working, but it is clear **issues of access to these are leaving out some of the most isolated and excluded.**

Notwithstanding many positive perceptions, technological issues were often raised in terms of challenges and negative consequences. We use the terms 'digital exclusion' and 'digital poverty' throughout this report to indicate the ways that new forms of technological engagement created barriers to access services. Significantly, **digital exclusion was often not about having the right equipment or skills, but about social dynamics or other barriers to using online forms of interaction.** Additional components of digital exclusion include:

- **financial:** lack of money was a key and ongoing issue, where being provided necessary equipment was not enough – for example, mobile phones require regular top-ups to maintain engagement
- **social:** some people have anxiety and confidence issues in online forms of engagement
- **physical:** conditions can risk health consequences in use of tech (e.g. video calls for those with epilepsy or other conditions)
- **security-related:** safety and privacy issues arise for some
- **cultural:** many online forms of support presented a challenge for those not fluent in English, and not comfortable for other cultural reasons of engaging online

### **Significant personal impacts on staff doing service provision**

The consequences of the pandemic have included **large impacts on staff of services, both public and charitable.** Through the organisational survey and interviews of professionals we found evidence across all four study areas of personal and organisational costs. On a personal level, **staff could feel isolated and despondent, developing a sense of guilt or inadequacy about not providing the level of care they wished.** There was also **a basic issue of capacity as third sector workers increasingly picked up the slack for other services.** Many have received some form of emergency funding, but this did not always match the costs of rising demand, and has not allayed concerns about funding stability through the next year. There were also concerns raised about the people they served, and a perception of a limited or declining ability to cope. Some noted that **even where demand has not increased, the complexity or intensity of demand has,** as people's situations of hardship grow.

### **People becoming invisible to services and society**

Across the following chapters addressing those in the respective groups of the study, a shared theme of **feeling invisible or forgotten** comes across. Many of the participants in this research are marginalised in multiple ways. This created **significant barriers to accessing services but also, and as a result, meant a risk of or actually becoming**

**invisible to services and forms of support.** One-quarter of refugees we spoke to were women housed as a sole parent with their children. They struggled to manage contact with schools due to language issues. On the other hand, men involved in the criminal justice system were most likely in our research to live alone and without family support, where the loss of mental health and substance use services meant not only specific needs went unmet but the loss of social contact as well. These are just two circumstances in which participants spoke about **isolation arising from multiple levels of exclusion** or lack of support. These groups and others also spoke about **basic security concerns (around food and money)**. **Social precarity went hand in hand with physical precarity.** Sometimes disaster was averted through a charity food delivery, a phone call, or random chance. Information from our survey (see Chapter 8) underlines this message, in picking out **the theme of those who are missing from the radar of services** – this included people who once were engaged who have become unreachable, or a sense that services are reaching those who have at least limited capacity to engage but there are many others who do not due to financial, social, physical, cultural or geographical constraints.

### **Expanding understanding of what an ‘essential service’ is**

A further theme around services arises around the question of how **the prevailing concept of an ‘essential’ service can be narrow, instrumental and individualistic.** This tends to be framed as access or delivery of specific things: medications, food, accommodation and meeting other bare survival needs. However, and continuing a theme raised in the previous section (on experiences and impacts), this **excludes much of what research participants described as essential to their lives and wellbeing and the ways that so-called non-essential services were vital.**

What is lost with the services listed in the table above is not just the thing being delivered, for which an alternative can be arranged. What is lost also are the ways all of these services play multiple roles at the same time, and especially **the way apparently inessential services create, support, or hinder social life and networks.** People gave examples of: getting Covid-19 information from a language teacher, crucial to feeling informed and calm; having a food voucher rather than supplied food to get outside and having some minimal social contact; informal social activities providing structure; and, irreplaceable mental health support. This arises from the interconnected and cumulative nature of services and other supports, as well as from the intangible and indirect effects of services.

Finally, a theme cutting across all groups is the simple issue of finance contributing to worsening exclusion and security. **Simply having more money was a need expressed by many to ensure access to food, housing, reduced isolation and wellbeing.** These issues lead on to a range of implications going forward into the winter and continued response to the pandemic, discussed in the final chapter of this report.

### **Pre-existing, systemically facilitated inequality and powerlessness**

Coming back to the theme with which consideration of services began, we reiterate the extent to which **policy and systems in place prior to the pandemic** – austerity, universal credit, disability assessment, prison restrictions, the hostile environment policy and constraining asylum processes generally, court and legal processes for victims – shaped and

**deepened negative experiences of the pandemic**, reducing capacity to cope with Covid-19 risk and lockdown.

Dependence on the state for services that were limited or significantly eroded before the pandemic meant the lives of many people in this study were already tightly governed (over ability to work, regularity of support, access to care, and more). Pandemic restrictions imposed further limitations on movement and social contact and substantially intensified isolation as well as and through feelings of uselessness. This offers an additional dimension of how **lockdown has been disempowering**. People who have significant needs of support also themselves want to and have provide support to their families, communities and society. This was already restricted by pre-existing forms of exclusion and control, but for many has been entirely taken away by the pandemic, including the ability to work, volunteer, offer support to others, and generally stand alongside everyone else in trying to get through the pandemic together.

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# DISABILITY & LONG-TERM CONDITIONS

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# 4 DISABILITY AND LONG-TERM CONDITIONS

*Key points:*

- *Disabled people and those with long term health conditions experienced significant marginalisation, exclusion and barriers to realising their rights to live with dignity and autonomy prior to the pandemic. The pandemic exacerbated pre-existing inequalities for the majority of participants.*
- *Disruption to services, increased isolation, and the neglect of wellbeing, impacted levels of mental distress and loneliness, contributing to feeling a forgotten group in the pandemic.*
- *People with disabilities and LTC also innovated solutions as active agents of change and action to navigate lockdown and the continual shifting barriers in front of them.*
- *Despite cuts and financial constraints, voluntary/third sector organisations were vitally important, pivoting to focus on providing material support – food, digital access, social contact – as well as bringing attention to the impact of pandemic responses on these groups and often being the only points of contact for the most isolated.*

Around one third of the Scottish population are either disabled or have a long-term condition. Disabled people and those living with a long-term condition are a diverse group. Our participants include people with multiple impairments and long-term conditions (LTC) including physical and sensory impairments, learning disabilities, mental distress and conditions such as Crohn's, ulcerative colitis, arthritis, cancer, and/or diabetes. Disabled people face multiple barriers in realising their rights as citizens and experience significant inequalities. Disabled people are also disproportionately impacted by the welfare restructuring of successive UK governments under, and prior to, an austerity agenda. Almost a third of disabled people in Scotland live in poverty (JRF, 2020). The pandemic has exacerbated inequalities experienced by disabled people, for example, through greater material hardships, and higher mortality rates (twice that of the general population; see, ONS, 2020). People with learning disabilities have three to six times as many Covid-19 related deaths than the general population (Public Health England, 2020) and people with diabetes a two-fold higher risk of severe Covid-19 illness following infection and a threefold increased risk of in-hospital mortality.

The data analysed in this chapter are drawn from interviews with 40 participants from a range of social locations and five staff interviews with those working in different kinds of organisations. Participants lived across Scotland, although the majority are located in the central belt, with almost half living within Glasgow City (45%). Females made up the majority of participants (70%) and a balanced range of ages are represented, with just over a quarter in the 35-44 age group. Just under a third of participants lived alone (32%) and many households contained children. We were unable to engage with any people living in a care

home environment. Our participants predominantly identified as White/Scottish, while 16% of those who responded identified as part of BAME communities.

## Managing risk: information, shielding status and safety

### Shielding status

Disabled people, people with learning disabilities and specific LTCs are more at-risk of severe complications of Covid-19. In Scotland, 180,000 shielding letters (Scottish Government, 2020b: 6) were sent to people identified as 'extremely clinically vulnerable' with advice to stay at home and minimise contact with other people. This designation was significant in assisting people to determine and evidence risk. Eighteen participants described themselves as shielding, with a number of this group not formally advised but making a personal decision to shield. As such, shielding was a key topic that came up throughout the interviews.

At the start of the pandemic there was a lot of confusion as to who should shield and who should not. Formal shielding letters offered opportunities for people to manage their risks, through access to priority online delivery slots for shopping (see Scottish Government, 2020a). Many were able to rely on friends and neighbours to fill delivery gaps, but this posed a particular challenge for highly isolated people, people whose mobility left them unable to carry shopping from their door and those in social networks where others were also shielding. Shielding but not having a letter left some unable to get priority delivery slots or access (a close exploration of this is in, Pearson, 2020).

For those who received a shielding letter, some found the information clear, however most were critical of the lack of nuance in these '*blanket letters*' (DH-P-1). This caused anxiety for many, for example those at the intersection of multiple health conditions:

*We were just lumped into one big group, that diabetics will be fine and nobody really thought about what about diabetics that have got other underlying problems that come along with it. (DH-P-2)*

The guidance on who should shield and what it meant changed over the course of the pandemic, however, many individuals made a choice on whether and how to shield at the start of the pandemic and did not modify their actions in relation to subsequent changes. Many of the participants with learning disabilities did not make any reference to shielding in the interviews, despite being identified as an at-risk group. This may indicate that information was not getting to this population or that the information was not in an accessible format and so people with learning disabilities were unable to manage risk:

*The most pressing thing for our members is the worry over the reduction to social care and also concerns over DNR instructions for people admitted to hospitals. (Worker at an organisation supporting people with learning disabilities, DH-P-3)*

Those who chose to shield early or to shield despite an absence of official notification did so after making a personal risk assessment informed by Government guidance. Others self-assessed based on a sense that their condition made them particularly vulnerable, that

governments did not know enough about their condition to make an effective assessment, or simply that *"I'm not going to pay that much attention to whether I'm classed as x or y, I'm just going to do what I need to do to feel safe"* (person with diabetes, DH-P-4). For voluntary shielders, it seemed *"straightforward for... the generally healthy population and ... people who were shielding [on the basis of receiving a letter]"*, but harder for the *"in between category that maybe wasn't properly described"* (person with diabetes, DH-P-5). This resulted in a feeling they had *"fall[en] between the cracks"* (person with a chronic illness, DH-P-6) and had been left at risk but unsupported.

In addition to concerns about lack of specificity of guidelines relating to conditions, participants also noted a lack of attention to household composition, in particular shielders living in households with non-shielders who work or attend education outside the home. People in these situations responded by full household shielding, living apart and the lower risk shielder doing the shopping.

### Sources of information

In making decisions about risk, people used a range of different information sources. These included: official government websites, daily briefings from the UK and Scottish governments; specialist clinical practitioners and condition specific websites and support groups on social media; scientific sources and media outlets. At times, participants felt overwhelmed by the range of information available and the rapidity with which this information could change. A participant identifying as BAME also noted the importance of information around heightened risks for this population group. Participants spoke of the emphasis placed on pre-existing conditions and the stress around what this meant:

*I was convinced I was going to...if I went outside, I was going to get it because they kept talking about pre-existing conditions and things like that. (DH-P-7)*

For those with specific conditions, such as diabetes, Crohn's and arthritis, a range of sources were utilised to assess risk. Clinical specialists offered specific guidance for participants:

*I guess the main thing is the IBD nurse hub line which was there the entire time through...they were quite useful in telling me, oh, this is something that you don't need to worry about, [or] this is something that you should probably come in and get checked up on, for example. (DH-P-8)*

The third sector and their websites were a major source of information and were used by many (see also Chapter 9). Information provided by these organisations translated the information into a format that was accessible to them and designed to meet their needs. The fact that some condition-specific organisations were UK-wide, meant there could be confusion and a gap between devolved governments' guidelines and organisational interpretations of (especially English) guidelines at any moment.

### Information Accessibility

While some participants felt overwhelmed by the range of information available; others were left unable to access the information, either because they were digitally excluded, or it was not provided in a format that was accessible to them. This was particularly the case for

people with learning disabilities (Ptolomey, 2020). Many did not have access to a phone, tablet or laptop to access information, and the limited availability of Easy Read options (UK Government, 2018) meant that many people felt left out and unable to understand or engage with the information:

*I think the government should explain, like the understanding for us disabled people, because sometimes we find it very difficult to understand...Well, I wish they would give us leaflets with full guides, like pictures and words in, and it's more clear and more sense. (DH-P-9)*

## Maintaining health and wellbeing

Unsurprisingly, fears around the pandemic and the impact of lockdown affected people's sense of health and wellbeing. Participants expressed concern over the way that their condition(s) placed them at increased risk of harm if infected with Covid-19, and people were also concerned for family and friends. This coupled with isolation, the demands of care work, maintaining employment and a range of other concerns engendered feelings of stress, anxiety or being overwhelmed. This section explores the impact the pandemic and the response on the ability of disabled people and those with LTCs to maintain their health and wellbeing.

### Access to health services

Disabled people and those with LTCs are often in contact with a range of services within the health system in order to maintain and support their physical and mental health. Participants spoke of the different aspects of maintaining health and the disruption to health access from primary care through to specialist care services. Many also expressed a reluctance to contact services unless absolutely necessary. This was driven by an awareness of limited capacity of the health service during lockdown and a concern over being around health settings and perceptions of heightened risk due to health status.

The implications of changes to service provision on this population was often profound. Participants reported variability in access to primary care services in the initial stages of the pandemic with some reporting ease of contact with surgeries throughout the pandemic, while others struggled to engage with services. Some people were concerned that 'minor issues' were diverted to pharmacy services, yet, for people with LTCs, minor issues may be of greater concern. Others noted the additional challenges faced by disabled people when accessing healthcare settings, due to Covid-19 modifications of a service or clinic setting. One participant described having to access services without the availability of toilets, causing distress. Another summarised the difficulties faced by services providing health care and the impact on these groups:

*I was really pleased, my GP let me see him in-person today and I just think that there is a negative impact around the COVID situation. They don't want to put patients at risk, I get that. But by the same token, you have to make sure that your patients are getting the right care for them. Because every individual is different. And every situation is different. (DH-P-10)*

The suspension of specialist health services was a consistent theme as routine appointments were cancelled and assessments postponed:

*My diabetes check-ups are all cancelled. My endocrine appointments for my [long-term condition] have all been cancelled. My [third condition] clinic appointments are all cancelled, and they have no idea when they're going to be reinstated. (DH-P-11)*

While some participants adapted to telephone and digital consultations with health care professionals, many expressed concerns about the limitations of this format. Many made a contrast between previously routine monitoring and current monitoring via remote consultations, drawing out aspects of their health which were no longer being monitored. For others, the absence of clinical monitoring left them with serious concerns that preventable complications, deteriorations or co-morbidities were being missed. Access to medication was a key issue as well. Pharmacy delivery and volunteering services were utilised, although access was variable, particularly at the beginning of the pandemic:

*We got in contact with Glasgow Mutual Aid and they got in contact with a lovely lady who just got in contact with us, she picks up a prescription for us, she doesn't live too far away. (DH-P-6)*

Those with conditions such as diabetes reflected upon the uncertainties at the beginning of the pandemic around access to insulin:

*I actually found myself getting angry and I found myself getting really stressed and it was simple things like ordering insulin only to discover my doctor's surgery was closed, and they were still taking phone calls but after sitting for two hours listening to a recording, at the end of that call I was really stressed because I have no choice, I need insulin to stay alive. (DH-P-12)*

As this participant clearly expressed, the consequences of disruption to their usual routine for accessing life-preserving medicine were not just practical, but intensely emotional. In line with this example, other participants voiced concern that the additional burdens of treatment they faced might contribute to worsening health.

Reflecting broader social experiences, many of our participants talked about the increasing mental distress experienced through lockdown. Information overload, concern over increased risk of Covid-19 related to health conditions, concern for family and friends, isolation and caring for children all engendered feelings of stress, anxiety and of being overwhelmed. For those who had longer term mental distress, the use of digital platforms or telephone consultations with specialist teams was felt to be an enabler, but for others this was not the case, echoing the experiences of the wider group.

## **Health and wellbeing practices**

Disabled people and those with LTCs discussed the many ways in which they looked after their health and fostered a sense of wellbeing through being outside, exercising and maintaining social networks. The loss of these practices was felt acutely by participants which impacted on physical and mental health and wellbeing:

*[M]y meditation group's been cancelled... I'm finding it extremely difficult to concentrate on anything now so another thing that I noticed is that in summer my pain's not as bad as it is in the winter, 'cause it's arthritis. And it's been quite bad, you know, over the summer. And I think that's down to a lack of movement and a lack of exercise, a lack of...you know. (DH-P-13)*

The importance of swimming and walking as forms of exercise maintaining physical fitness and a sense of wellbeing was noted by a number of participants:

*Absolutely love swimming. It helps my back, it helps my joints, and I've not been able to do that, so I really miss that, and walking, because I could walk...I used to be able to walk for miles, and I haven't been able to do it for a while. (DH-P-6)*

The strict requirements of lockdown coupled with directives for those shielding meant that opportunities to access the outdoors was denied to many disabled people as services enabling outdoor activities were suspended. For some, access to garden space offered a means to be sociable and be outside. However, this could involve negotiations in communal garden areas, which added a layer of social complication to what was previously a simple practice.

### **Social and personal care**

Disabled people access a range of social care services which enable them to live independent lives, but also ensure support for members of their household who may provide care and support for family members. Advocacy organisations, their staff and members were deeply concerned about cuts to social care for disabled people and emphasised that the cessation of support had significantly worsened people's quality of life and hampered their ability to live independently. This impacted not only on individual's living alone but had implications for household members, shifting relations of care and placing greater pressure on households as daily routines and services such as day centres, schools, activities closed down.

The loss of respite care at a time when families were required to take on greater caring responsibilities was acute for families with children and teenagers:

*We don't get very much respite at all and the small amount that we do get has been stopped and who knows when that'll be back. (DH-P-14)*

For those requiring personal assistance, the loss of this service during lockdown, changes to personal assistance and the logistics of keeping everyone safe as lockdown restrictions eased all added to the 'work' required by disabled people and their households to maintain their lives. As lockdown eased, the difficulties in navigating procedures to ensure safety was illustrated with one participant describing efforts for personal assistants to provide support:

*[M]y two PAs, they're still debating what to do. So that's...so until that kind of develops, social networking and a bit more social contact and out in the community a bit more, because obviously they've got their family, so they're obviously concerned that the cross contact, you know, bringing it to me and me giving it to them, you know, they would pick it up off a tin of beans that gets delivered from Iceland. (DH-P-15)*

## Role of third sector and voluntary organisations

The initiation of the UK-wide lockdown in March 2020 saw restrictions and reductions on many services that disabled people and people with LTCs access including many of the activities that allow them to engage in community life. Many third sector and voluntary organisations found themselves unable to deliver their services or re-purposing funding to address immediate needs of community members, such as providing food packages for some, serving as the only point of communication for others, or providing digital technology to the most isolated. Disabled people's organisations are often made up of disabled people themselves and so staff-volunteers were under the same strains as members, often having weigh risks:

*We don't have any staff ... we're all volunteers, the average age of my committee is 70-ish, you know? And so, one of the things that's happened with COVID is that people have had to concentrate on themselves and come to terms with the isolation and all the rest of it. (DH-S-1)*

For some groups, such as people with learning disabilities, advocacy meetings were their only source of social contact prior to the pandemic and so restrictions on meetings were a devastating blow. In a similar way, support workers stepped in to ensure that members were communicated with, could meet digitally (or by phone) and when this was not possible provided (distanced) face-to face contact:

*Only on a few occasions, when a crisis has arisen, have we met with people face-to-face and then with adequate protection and safety measures in place. In some cases,...e.g. when visiting members and Assessment and Treatment units, this would be done outside. (DH-P-3)*

Disabled people and people with LTCs experienced changes to their social worlds with reduced face-to-face contact and an increase in digital contact. The disruption to routines, social care and increased loneliness meant that most participants felt alienated throughout the pandemic with little provision to maintain wellbeing, contact or respite.

## Impacts to everyday life and routines

### Disrupting routines

Everyday routines are especially important to disabled people and those with LTCs. Prior to the pandemic, routines for some were centred around care/support workers coming in; for others around work and managing their conditions and medication. The implications of lockdown disrupted these carefully managed routines:

*As a disabled person, what happens is you end up...thinking ahead. You know, so that if I'm going out, I've got to think about what I'm doing at the beginning of the day, in the middle and the end of the day, as to how that will function all the way through so that nothing falls through the cracks. And that's fine, that's the way I've always been. But I think with COVID plonked in the middle of all that, it adds just an extra layer. (DH-P-10)*

For some participants, living precariously and contingently was their 'normal,' with the precarity of the pandemic experienced as an *additional* layer of uncertainty. For other participants with LTCs, the change in daily routine disrupted carefully managed sleeping and eating patterns and made it more difficult for them to remember to take their medication. For example, this person living with epilepsy explained:

*I've also noticed that, well I use an app to take my meds, but at the time, I've also noticed that I'll also sometimes forget, or I'll just press the app to say that I've taken my meds, but I've, I might have just forgotten. I honestly can't tell... so I think I've definitely forgotten a few times, or even, doubled. (DH-P-16)*

The disruption to routine, services and respite for disabled parents or parents of disabled children took considerable time and effort to negotiate. Such ongoing changes were distressing for parents and made them feel that they were unable to parent the way they wanted, a single mother told us:

*I'm really scared that I'm... just starting to find my feet again, just starting to have a base from which I can kind of build a support structure around myself so that I can survive, even when my health's really bad, and to prevent my health getting worse. And... not knowing what's coming and how it's going to affect me and my ability to look after myself and my kid... it's been really hard feeling like I'm not being the mum that I want to be. (DH-P-17)*

## Housing impacts

The pandemic impacted on people's housing situations, leading to difficult decisions to move in with others or reorganise previous arrangements. Some participants who lived alone discussed feeling 'lonely' and 'isolated' and disabled parents and parents of disabled children had deep concern for the care and wellbeing of their children who were isolated at home without respite or school. Those living with others tended to focus more on the ways in which living with another person or with other people produced challenges of crowding and confinement:

*My flat... just felt cramped and compressed all the time. It felt like you couldn't breathe, like, everywhere I went there was always someone there. (DH-P-18)*

Participants welcomed support when they faced barriers to accessing the outside world or within their own homes. Others moved to homes that were inaccessible to them prior to lockdown, which caused increased concerns over safety:

*I have a lot of falls and things like that, it's not ideal... the very first week of lockdown...what happened was, I fell in the garage..., and I had set up a system with my parents whereby they ring me three times a day at a set time, and if I don't answer, they come up and pick me up off the floor, that was the arrangement. (DH-P-19)*

## Food

Food insecurity proved to be a significant issue for several participants. Difficulties around shielding status described above led some participants to struggle to get supermarket delivery slots, or state supplied food provision. Many disabled people and people with LTCs



were reliant on others, family members and neighbours, to get food for them. Participants reported having to decide between buying food or being able to pay bills as noted by this person with a visual impairment:

*It's whether you pay a bill or do I get less food? It's, like, 2017 I got reassessed by PIP...not PIP, ESA, and I was removed from my benefits... (DH-P-20)*

For disabled participants, food shopping and cooking were already difficult to manage, with fatigue, pain and inaccessible homes compounding struggles to eat well. Restrictions on access to food, panic buying and relying on others made already difficult lives even more constrained (echoing the experiences of refugees and people seeking asylum, discussed in Chapter 6). Standing in supermarket queues was simply impossible for some participants while for others, the move to online food ordering made getting food impossible (because of the cessation of social care, the inability to obtain a delivery slot or digital exclusion issues). This was particularly felt by people with learning disabilities who, without face-to-face support and lacking family contact, struggled to access food as outlined by a staff member from a third sector organisation:

*Lockdown has meant that some of the care packages they [people with learning disabilities] receive has either stopped or been reduced so dramatically that, in effect, they were without support for weeks. We should keep in mind that the majority of our members do not have internet access, let alone devices. Ordering food or services online is therefore not an option for them. (DH-S-2)*

Despite the 'easing' of lockdown during the late summer, food insecurity and barriers to accessing food continued given concerns about contracting Covid-19. Disabled people, and people with learning disabilities in particular, feared judgement and harassment if they were not able to follow guidance about mask wearing and distancing in supermarkets or shops (and see also the triggering effects of masks for some survivors of domestic abuse, in Chapter 7). These challenges continue, as Covid-19 remains in circulation and lockdowns and tiered regional restrictions are implemented.

## **Isolation and loneliness**

Isolation was already a prominent quality of many disabled people and people living with LTCs lives prior to the pandemic:

*I don't have many friends, but I talk to some people... online.... Most of my life is online anyway. (DH-P-7)*

Participants spoke about how lives prior to the pandemic were often limited to their homes, that they did not get out much or see people often:

*I am mostly housebound, so I'm quite severely affected... so I spend a lot of time having to lie down and rest. (DH-P-6)*

Participants reported that groups, advocacy networks or unpaid volunteering were some of the only points of social or physical contact or connection that they had prior to the pandemic and when that ended, they were completely isolated. As one participant noted:

*If I didn't have my carers coming in, I wouldn't have seen anybody. (DH-P-21)*

Other participants reported being so used to being isolated from others that they didn't find lockdown to be any different.

Participants with learning disabilities led particularly isolated lives prior to the pandemic, with few family connections and friendships facilitated through advocacy networks and were especially reliant on the continuation of these services to have social contact. Restrictions on the activities that made social networks possible for this participant were compounded by the fact that his life was already isolated:

*Participant: It was quite hard because you didn't get to see anybody, the only person I had seen was your support staff and that.*

*Researcher: So, do you have friends or family that you usually like to spend time with?*

*Participant: I've not really got any, any family. (DH-P-22)*

Staff supporting people with learning disabilities reported that isolation was a key concern for this group due to poverty and digital exclusion, but also the face-to-face support that people with learning disabilities required to learn new skills to adapt to online social communication. This concern about loneliness was in tension with participants being worried for their safety:

*Keeping in touch with relatives is impossible without a device and/ or internet. This is causing distress and increased their isolation. This has been and remains a serious cause for concerns for us. (DH-S-3)*

Some participants reported that they were often left without support or care because of concerns around catching or transmitting Covid-19 on the part of their support staff. Again, this meant that participants were not able to have social contact.

## **Physical connection**

A significant dimension of loneliness for those we interviewed was the loss of touch or physical proximity to others. This was felt acutely with the cessation of provision of support or care, but also the loss of physical contact with family members (when participants had family or friends). Some participants resisted digital socialising because it was not a sufficient substitute for physical closeness or the kinds of activities that people used to form the few social networks they had.

*So, I was going to this kind of mixed-instrument thing... and it was great fun. And that all stopped. And I didn't get involved online with that, there was a Zoom version of the class, but I didn't fancy it, I enjoyed the personal. So that was a loss as well. (DH-P-23)*

For others, being physically distant was not possible due to impairment. One participant reported that sitting at a distance in a pub did not provide any social benefit, his hearing impairment meant that he needed to be close to others to communicate with them. On the whole, participants reported the need to hug, touch, see and be near others to feel connected, safe and to maintain their wellbeing. The removal of this possibility was a profound loss.

## Socio-digital life and wellbeing

Many participants described a sense of loss from following social distancing and shielding rules, whether as a result of being unable to hug close but non-household people, hug anyone due to self-isolating, not seeing acquaintances and familiar faces out and about, or the fact that seeing friends now required '*different degrees of [concern] that makes social interaction... a bit more complex to manage*' (DH-P-24). Some adapted by using old technologies such as phones and in one case letters, but most talked about new digital communication tools, which were initially adopted with enthusiasm. Not only did digital platforms widen some participants' social circle to more geographically distant friends and family, but crucially made activities such as religious services or political meetings newly accessible:

*It's all on Zoom now. It's fantastic... I've been able to connect... with my community... I've given a sermon, I've done so much. (DH-P-6)*

Those already familiar with digital communication adapted with greater ease than those who were new to it. Some described finding that their enthusiasm for socialising and participating in formerly in-person, now online groups '*started to pale*' (DH-P-24). However, not everyone was equally able to reshape their social networks online, and people who were already digitally excluded by poverty, or whose impairments, such as learning disability, digital or speech impairments, continued to remain largely excluded.

*One of the girls in the group... [has] cerebral palsy, so she can't really talk... and you have to tune in... I've managed to and I can understand her... [but] a lot of others are really struggling, and it's affecting their involvement. (DH-P-19)*

Digital technologies provided a valued suitable alternative, for some, to in-person sociality before the loss of human contact and fractiousness and apathy in online communities overwhelmed that enthusiasm. But they remained available only to those to whom they were *already* available, or for those who were provided with digital resources through for example disabled people's organisations. The options and opportunities they afforded remained closed to those who did not already have access and they never offered a suitable alternative to face-to-face contact. The importance of face-to-face contact in maintaining bonds and supporting people was recognised by voluntary services which provided ongoing support for people.

## Conclusion

*I feel, genuinely feel like disabled people have just been abandoned, forgotten about and left to try and survive as best we possibly can (DH-P-17)*

Prior to the pandemic disabled people, and in many instances, those living with long term conditions, experienced significant marginalisation, exclusion and barriers to realising their rights to live with dignity and autonomy. The pandemic both exacerbated and occurred on top of pre-existing inequalities for the majority of participants. The subsequent 'lockdown' and social/physical distancing had a profound impact on the everyday lives of these groups.

The disruption to routines, reduced access to a range of services vital to maintaining contact with wider communities meant that many participants were isolated throughout the pandemic with very little provision to maintain wellbeing, contact or respite. Reduced face-to-face contact and an increase in digital contact with others, which for many formed a substitute although an inadequate one, impacted on participants who related increased loneliness and mental distress.

However, whilst participants felt forgotten about and invisible, disabled people and people with long term health conditions navigated the challenges of lockdown as active agents often innovating solutions to the issues produced through structural inaction. This could be seen where participants worked to assess risk to themselves and others and formulating creative solutions to complex and continually shifting barriers. Voluntary/ third sector organisations played a vital role in supporting community members through material support – food, digital access, social contact- and in bringing attention to the impact of pandemic responses on these groups. Organisations were placed under significant strain, and at times formed the only points of contact for participants who were already marginalised through legacies of oppression, austerity and removal of welfare provision. Our participants spoke of their concerns for the future but also the possibilities for social change to include disabled people in Scottish society.



# CRIMINAL JUSTICE INVOLVED

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# 5 CRIMINAL JUSTICE-INVOLVED

## *Key points:*

- *The experience of lockdown was both traumatising and punitive for people who were already marginalised and subject to criminal justice control and, by extension, for their families.*
- *The severity of sentences for people completing custodial sentences and community sentences has increased. Prisoners have been plunged into a much deeper form of isolation (further away from life outside), and a much heavier form of imprisonment (which, for many, has been experienced as crushing).*
- *Both people in prison and people under supervision have also suffered a prolongation of the ways in which punishment suspends their lives: their efforts to progress towards a life beyond punishment have been frustrated and stalled.*
- *Statutory services have often offered significantly less support to people in prison and under supervision during the pandemic; community groups and organisations worked with commitment and creativity to fill gaps and respond to needs.*

While all of those in Scotland experienced significant changes to and challenges in their lives and in accessing key public services during lockdown (e.g. schools and health services), people within the criminal justice system faced particularly acute and profound problems. Those in prison and under supervision are compelled, by the sentences that courts impose, to engage with criminal justice services, and their engagement with other public services is also affected by their situation as sentenced persons. This is most obvious and extreme in the case of prisoners; their access even to the most basic services (like primary health care, for example), is mediated by prison staff. In the community, criminal justice social workers (hereafter CJSW) also often mediate access to other services for people under supervision.

This chapter explores the experiences and impacts of lockdown for those involved in the criminal justice system, including prisoners serving sentences or recently completing these, those under community supervision, their family members and staff working in services that support them. The analysis is based on 15 interviews of people under supervision or who have recently left prison; 6 family members; and 11 staff members. It also draws on a survey completed by 86 sentenced prisoners (73 men, 11 women, and 2 people who did not disclose their gender) from all but one of Scotland's prisons, as well as reflections on the prison experience sent via two letters. Finally, it includes analysis of data shared by a research partner organisation which conducted its own consultation of released and serving prisoners (see Chapter 2 and appendices for further detail on methods and data sources).

The ages of the people in prison or under supervision interviewed by the research team was lower than that of the wider study's participants overall (48% were in the 18 to 34 year age group). Geographical spread was wide with Edinburgh, Glasgow, Highlands, Inverclyde and

South Lanarkshire the most common areas of residence. They were much more likely than the overall cohort to live alone (47%) and a fifth were in temporary accommodation. Nearly three-quarters of those who answered a question about work were not employed, with employment most common among family members of prisoners. Very few people in this stream had shielded (10%).

## Being locked down and controlled

The operationalisation of lockdown within prisons impoverished regimes and severely restricted the most basic activities, as well as effectively ending access to a whole range of 'purposeful activities', like education, work parties and groupwork programmes. Interviews and survey responses made it clear that life in prison was extremely restricted. During the strictest period of lockdown, people spent whole days and nights locked up in cells, allowed out only for half an hour each day to do basic tasks. While a minority welcomed aspects of this (because they struggled to cope in larger groups), it overwhelmingly had negative consequences (see our research briefing on 'sameness', on the study website).

The most painful losses included visits with family (see Losing Connections section below for more detail), access to the gym and work activities, access to resources to pass the time (like books and art materials), social time spent with other prisoners, and access to healthcare. Overall, the reduced regime led to a change of atmosphere, with most prisoners growing increasingly frustrated and relationships with staff deteriorating. Most respondents felt that communication about the pandemic to prisoners *and* staff had been very poor and inconsistent from the Scottish Prison Service (SPS), which also led to inconsistent practices by staff. A serving prisoner, in his 40s, wrote in the survey that:

*There has been little or no communication during Covid 19 to prisoners. Media don't care unless there is a death. SPS HQ drip feed info via website but very little to staff or halls. (CJ-PS-1)*

People in prison keenly felt the inability to mitigate Covid-19 risk themselves and were frustrated by perceived neglect from the SPS. They reported that they were not provided with masks until very late into the pandemic (many noted this happened only by September 2020) and were not provided with the resources to keep themselves or their cells clean. In fact, most provisions for hygiene deteriorated, with reduced access to showers and cleaning materials for cells, communal spaces and shared items:

*Since COVID, however, my son has underlying health conditions and chose not to use the communal phone because there is no sanitisation next to the phone so he wasn't able to clean the phone after the chap in front used it. (CJ-P-1 – family member).*

*There should be hand sanitiser in the landings. The screws that are sitting even at their desk, even if they're not touching the handle, coming to have words with you or anything like that, they should be wearing masks. They should have more disinfectants on offer. Like, 'cause sometimes there was one bottle of disinfectant for, like, a whole wing. (Consultation Interview 1)*

One person on remand said that he asked for a shower every day 'but the answer is usually no'. For some, this deterioration was from a baseline of an already dirty and dilapidated environment. One prison survey respondent in Barlinnie summed it up as follows:



*Locked down 23 ½ hours a day, put weight on, feel depressed don't get gym enough... This place is unfit and should not be open, water contaminated showers all mould[y] ... prison cells are really bad for cleanliness, all this puts people into bad state and depressions. This prison is not fit and lockdown has made it 100% worse. (CJ-PS-2)*

This sense of being exposed to risk without having means to mitigate it, especially in relation to hygiene, combined with a perception that many pandemic-related measures simply increased control, rather than providing effective care. One man who had been recently released observed: *'they lock people in a cell, actually, 24/7. So their life [meaning the staff's or institution's life] then becomes easier'*. This produced a feeling of being treated like dirt, as worthless, or being forgotten. A family member expressed this as follows when she was interviewed in early September, just as lockdown measures in the community had eased:

*He's still locked up for 23 and a half hours a day. They've gone from having exercise and recreation and work sheds and education to nothing, absolutely nothing. So, you think we're hard done by. They're on another extreme level. And they still have that in place. (CJ-P-2)*

Anxiety about family was multi-directional. Another person in Low Moss located a sense of worthlessness in the long hours spent locked up and estranged from family during the pandemic:

*We are forgotten people of the COVID 19 pandemic [...] there has been no compassion shown to us human beings. We are locked up 23 hours a day. How is this good for anyone's mental health on top of that we are stressed out to the max worrying about our families praying our love[d] ones manage to get through this. (CJ-PS-3)*

Staff members were also seen as posing a risk of spreading the virus -- not appearing to follow the rules they themselves policed:

*The prison itself is being run like a zoo. The staff all are being given mixed messages one day the hall is open the next some cells are being told you're locked up in case you get COVID then the people who leave the hall don't get showered or changed then they are walking about playing snooker, sitting at tables and then they tell some prisoners you've not to get out to stop the spread of COVID, plus some staff wear their masks on their chin. (CJ-PS-4)*

The sense of being treated as worthless was exacerbated by the lack of access to healthcare. Some had been waiting since the start of lockdown for one-to-one contact with mental health services, despite severely struggling with their mental health (see Mental Health and Wellbeing section below for more detail).

Some people under supervision also talked about risks presented by in-person meetings with their social worker during lockdown, which raised fears about contracting the virus or, conversely, about being breached or recalled to prison for not attending:

*You're hearing that being in, like, large groups and people breathing around you can lead to not just you dying, but you're killing your whole family. As soon as they say you don't need to go into that situation [in-person meetings with social workers] anymore, [...] straightaway you're like, right,*

*that's perfect. That takes a whole area of anxiety out of your life because not going can lead to you going back to prison. (Consultation Interview 2)*

While most supervisees had their in-person meetings suspended, for others these continued after the strictest lockdown period had passed. People who were on license in the community (completing a prison sentence of over 4 years), while worried about the risk of being sent back to prison for breaking lockdown rules, tended to welcome the suspension of in-person meetings not only as reducing Covid-19 risk but especially as reducing the control held by CJSW over their lives. One man on license, seeing this control as a risk to his freedom that he had to manage carefully, observed about the phone contact:

*I just feel it's a much less stressful relationship with [my family] and I can have quite a relatively light-hearted good check-in with [them] on the phone now, whereas I didn't really have that before. (Consultation Interview 3)*

On the other hand, those on supervision as part of a community sentence tended to miss the connections and support that their social worker had provided (see also Chapter 4, discussing how contact with services was sometimes the only social contact people regularly had). As one participant who struggled with isolation commented:

*Just before we went into lockdown, I was attending a group as part of my order, I was seeing my social worker once every couple of weeks, and things were going okay [...] I mean, I felt in a good place then [...] But then the lockdown happened, so then I had to stop going to my group, and I was always hearing from my social worker like once a fortnight by phone [...] seeing how I was and I'd be lying if I'd said my mental health wasn't affected. (CJ-P-3)*

Specific restrictions on people's activities while under supervision, like a ban on internet use, also made navigating daily life during Covid-19 especially difficult given that most information was being circulated this way and most support services had moved to some form of online contact. We heard from people living in temporary accommodation upon release from prison that the lack of internet access in hostels was detrimental to getting on with their lives, however one person explained how an internet ban was additionally restricting:

*Unfortunately one of the parts of my licence is that I don't have the Internet. So life without the Internet is the worst part. [...] you're very restricted. If you haven't got the Internet nowadays, you don't realise how much of your life you can do via the Internet. You know, from basic ordering food to ordering a TV or ordering books or buying books online or...you know, whatever. (CJ-P-4)*

## Changes in services and practices

As discussed in Chapter 8, many of the organisations and staff we spoke to said that demand for their services had increased sharply during lockdown but this was not accompanied by increased resources at their disposal. Often, increases in demand were felt most keenly by small community groups and organisations; partly because of reduced provision of statutory services and of third sector services where staff were furloughed. For example, a small peer support group for families affected by imprisonment reported a sudden increase in the number of families seeking information and support:

*[We have] become much more active in the last five or six months. I got a few membership requests too [...] and it was people saying I've heard about [the mutual support group] and all the information that you give people, I can't find information out so can I join? [...] I was so busy. So busy just comforting people. They felt just like me. But yeah, the activity shot up. (CJ-P-1)*

Similarly, a small organisation that had operated a peer support service in prison for people with substance use issues moved quickly to provide support for prisoners via letters and emails, and also adapted its service by adding support for people on release from prison:

*...during that lockdown, there was so many guys were kind of due for release, and a lot of services were closed [...] And that's when a lot of our guys [...] were starting to be liberated. [...] We knew there was nothing there for them to come out to, so we started to look at, how could we adapt our model to see how we can support these guys in the community (CJ-S-1)*

Yet, vital as these groups proved to be, they were poorly or precariously funded (or even unfunded) even before lockdown (Casey, 2020, and see Chapter 8). Only some were able to access emergency support from the Government, and all remained uncertain of whether they would secure the longer-term funding necessary to sustain their work. As further discussed in Chapter 8, smaller services made Herculean efforts to plug gaps, often taking on additional referrals from better-resourced statutory and larger third sector organisations that had reduced their provision.

For many services, whether in the statutory, voluntary or community sectors, capacity to provide support was also curtailed by diminished 'human resources'. Some staff had to shield, some became ill, some were necessarily preoccupied with caring for their own families. Those who were able to continue working faced a slew of practical problems that affected their ability to meet the needs of those they supervised and/or supported.

Predictably, lockdown affected whether, how, and to whom key services were delivered. One staff member, commenting on youth justice provision, summarised: '*[D]iversionary and preventive services were just stopping completely and early intervention processes just had stopped*' (CJ-S-2). More broadly, as we noted above, within CJSW face-to-face contact with staff was sustained only for a small minority of clients deemed to present high risks to others. One CJSW explained:

*The people I've got to keep in touch with [...] I know I've got to keep in touch with them because they represent one thing; i.e., a risk to community safety. They get kept in touch with. (CJ-S-3)*

More generally, while some people on licence welcomed the move to phone contact, social workers often worried about how the people they supervised were coping; and about how effectively they could engage with people, manage risks and meet needs over the phone. From their perspective, while the frequency of contact sometimes increased, the quality of contact suffered. One social worker, who worked primarily with people with drug problems, explained:

*So, we are literally talking to someone, which is really difficult, because you're also not seeing the signs of the drug taking, or the upset or anger or frustration, or anything like that, you're just talking to someone. (CJ-S-4)*

Others in the voluntary and community sectors noted similar concerns about the limitations of remote forms of working via phone calls, WhatsApp group chats, or Zoom meetings. While necessary and important as means of sustaining contact, respondents repeatedly pointed out a series of problems. Some of those facing the greatest challenges in lockdown had the least access to digital communication because of poverty and/or a lack of digital exclusion. For most, communication did not come easily via these media, with staff observing that many dropped out from existing groups now offered online. Broadly speaking, practitioners in all sectors struggled to adequately personalise support delivered digitally or remotely.

Notably, concerns about communication and urgent support needs led some smaller groups and organisations to establish or resume face-to-face (but socially distanced) contact much more swiftly than statutory services. Quite early in lockdown, some small organisations bought and delivered essentials like mobile phones, phone credit top-ups and food parcels.

*Some of them didn't have mobile phones. And especially the guys leaving prison, we thought it was very important to have their liberation pack put together for them so that when they were leaving, they could phone us straightaway and we could signpost them, we could help them access benefits, we could help them to register with their GP. And all the practical things that people need done for them, especially during lockdown when everybody was restricted and couldn't go into these places. (CJ-S-5).*

*A man who had recently been released from prison said about a staff member: 'He'd done a lot, he was dropping off food parcels to me every couple of weeks, topping my phone up for me every month. Just dropping in, seeing me, phoning me' (CJ-P-5).*

A little later, as restrictions eased, and when the weather permitted, they found new ways to work with individuals, families or groups outside. More generally, these groups and services stepped up not just their service delivery but also their availability, as this person working in a small charity said:

*Addiction, it's 24/7, do you know what I mean, so that's the same as recovery, do you know what I mean. [...] But being honest, like, we are kind of there all the time... (CJ-S-5).*

The quote also highlights not just the increased demands to which services tried to respond (albeit unevenly and in different ways), but also the personal impact on staff. Indeed, he continued:

*...But it is, there's people coming on the group chat, and they're just, they're fucked man – sorry for the language – but they're struggling. And sometimes you feel as if your hands are tied, because there's only so much we can do. (CJ-S-5)*

Service providers we spoke to were acutely aware of their own limits (and their services' limits) in responding to seemingly limitless need. Almost all conveyed the sense of responsibility they felt for people who were struggling, often in desperately difficult circumstances. This burden of responsibility staff felt was carried at the same time as they managed Covid-19-related anxieties about their own safety and wellbeing, and about their loved ones, as well as any caring responsibility they had. But alongside these pressures and

struggles, several respondents articulated pride and satisfaction in what they had achieved, in how they had weathered the storm that lockdown created. Some reported that their relationships with colleagues and with the people they support had deepened, particularly where there was a sense of mutual support and common cause in responding to the crisis.

*In the main with the guys in the community, I've been quite impressed how they've coped, how adaptable they've been and how other organisations have stepped up and tried to help as best they can. (CJ-S-6)*

## Being stuck: Lockdown as limbo

In both prisons and communities, major problems in accessing services left people serving sentences in limbo – unable to progress towards freedom from criminal justice control. Being left in limbo risks the serious injustice of extending the duration and severity of their sentences, and this was an injustice they felt keenly; related anxiety and uncertainty about progression seriously affected people's families too. For example, within prison, those serving sentences of four years or more must demonstrate readiness for release to the parole board. This has many aspects and usually involves completing groupwork programmes. As one prison staff member observed, lockdown effectively suspended these activities:

*We've not been able to do the kind of rehabilitative work that we would normally do. (...) and that's keeping them back. So a lot of the prisoners who would have progressed, haven't been able to do that. So some of them are very frustrated, that that's not been able to happen. (CJ-S-7)*

A survey respondent in HMP Edinburgh observed the impact that this suspension had on him and his fellow prisoners, who were expecting to be in prison for longer, through no fault of their own: *'Prisoners are very upset as our sentences have been paused during this pandemic with no support or rehabilitation being done'* (CJ-PS-1). However, the lack of groupwork was not the only issue. Others faced delays that were difficult to understand and seemed related to SPS maintaining only a very basic regime of services and activities in prison, which produced delays:

*We were hoping that he was going to get out at the start of August, and because the SPS can't do their paperwork, he's being held back for another nine months until they get their act together. (CJ-P-2)*

Even when progression was available, any steps towards freedom short of actual release could mean very little because of the lockdown in the community, which meant that visits home from HMP Castle Huntly (an open prison where prisoners can normally spend time in the community including with family), and visits by family to it, were also cancelled. As one family member, whose partner's move to HMP Castle Huntly had already been postponed for months due to the pandemic said: *'What's the point of sending him to Castle Huntly if they're just going to keep him up there?'* (CJ-P-6).

Similarly, staff interviewees highlighted the plight of the people they worked with who were in prison on remand, but with no idea when their case might be heard; they were stuck in the system without an end date:

*That's a high court trial that's been put back twice now. So there is a concern that, particularly when you're on remand, that you're effectively locked up when you've not been found guilty of anything yet. (CJ-S-6)*

The backlog of court cases also raised concerns about capacity problems in prisons once an increased number of cases are being processed to catch up. In the community, too, the indefinite delay of court cases created anxiety and feelings of being stuck, and worries about CJSW capacity to deliver community-based sentences. (Court backlogs similarly caused anxiety for survivors, see Chapter 7.) One man who had not yet had the opportunity to plead not guilty commented:

*It's been a tough time especially with that court case looming over me like I just want to get it over with, do you know what I mean, just to get past that stage. (CJ-P-7)*

People released during the lockdown were reported to have received very little support in this process, even though some had spent a long time in prison, and all were coming out to a changed world. Others (including some who had been released on licence before the pandemic) felt stuck in their lives because of an inability to access volunteer work during the pandemic or felt still 'in transit' (e.g. due to the postponement of a move from temporary housing to a permanent flat). Delays in reviews and in reductions of supervision requirements were also noted, even if the level of supervision during lockdown was relatively low (as noted above).

## Losing connections

In addition to lost time, participants experienced a loss of social connection. Feeling isolated and lonely throughout the pandemic was a major theme for prisoners and people under criminal justice supervision. As mentioned above, those in prison were spending 23 hours or more per day in their cells, usually alone. Although some mentioned that lockdowns are common in prisons and that the restrictions were no different to life in prison prior to the pandemic (Armstrong, 2020), for many the prolonged periods of lock-up and extreme isolation adversely impacted their mental health. Lack of social contact with any other people, including other prisoners, due to the cancellation of almost all daily activities was compounded by loss of regular contact with loved ones through the cessation of prison visits and limited phone contact with family. (Family experiences from the research are explored further in Barkas, 2020.)

There was an overriding sense of worry and anxiety about loved ones from whom people were separated. One woman in Polmont wrote:

*'my life has stopped, my anxiety is all over the place not being able to have visits like normal not knowing if family are safe' (CJ-PS-5).*

In June 2020, the Scottish Prison Service (SPS) introduced virtual visits across the prison estate, supported and hosted by the existing Email-A-Prisoner service. Although it was announced in May 2020 that mobile phones would be given to prisoners to maintain contact with loved ones while in-person visits were suspended, we heard that mobile phone provision was significantly delayed and led to long periods of time without *any* contact between prisoners and families:

*Not even having a physical visit, not being able to see him and to kind of judge myself how he is or how he was, was really difficult. I didn't know if he was safe, I didn't know if he was one of the prisoners who were self-isolating. [...] To not hear from him, to not know if he has COVID, gosh, it was a really difficult time. (CJ-P-1 – family member)*

Once in place, participants in prison and their families reported that mobile phones came pre-loaded with 300 minutes which could only be used on a restricted list of pre-approved contacts. A key issue with this provision was that prisoners and their families were unable to top-up those minutes, and most people discussed rationing their pre-loaded minutes to 10 minutes per day, very often to call children at bedtime. Moreover, prison-based participants reported logistical problems with mobile phones; one person said the charger provided was unsuitable for the mobile phone they had been given, and another person in Barlinnie said:

*They have been more hassle than they're worth, continually breaking down and locking you out even not allowing you to phone family and friends. (CJ-PS-6)*

Uncertainty and anxiety about family members' wellbeing was compounded by the lack of information from SPS for prisoners and families, particularly about maintaining contact. Some people were deprived of family contact due to technological issues, including signal problems in prison impacting mobile phone contact and poor-quality virtual visits, lack of access to hall phones, and digital exclusion of family members in the community. There were also problems reported with virtual visits and in-person visits occurring in the same room, creating communication difficulties due to noise and social distancing:

*You've got virtual visits going on at the same time so with the sound cancelling headphones, so they are shouting, so they don't know that they are shouting. So, all you can hear is these people shouting on the computer that are very near to you. You could actually see what's on their screen to be fair from your visit. So, it's not very private for them, so [my partner]'s not taken any visits at all because, just for the confidential bit and it says that they would record you. (Consultation Interview 4)*

Families often felt that they were discounted from SPS decisions, particularly when it came to changing restrictions at in-person visits. Additional local restrictions on the number visiting forced families to make what felt like impossible decisions about which child would have to stay home; also creating childcare issues. Furthermore, with virtual visits being offered only during business hours, school-aged children were unable to attend:

*Now that my daughter's back in school and nursery, there aren't any weekend video visits and the video visits are only from nine o'clock to I don't even know. But it's done before the wean gets out of nursery. (CJ-P-6 – family member)*

In short, the institutional response to the pandemic increased feelings of isolation, and created new strains on relationships within prisons, with prison staff, and with families. A woman serving a life sentence reflected on the lack of intimacy, saying '*I miss my Social Contact like a wee hug after visit*' (CJ-PS-7). Another person, imprisoned in HMP Dumfries, commented on decreased social contact with families and with other prisoners:

*Life has been worse during lockdown being locked in your cell longer and getting limited time for showers and to use the phone and not getting to speak to and hang about with other prisoners. (CJ-PS-8)*

By contrast, a minority of survey respondents talked about finding solace in the isolation or using lockdown time to their advantage, especially to distance themselves from access to drugs:

*Since lockdown began I have used it to my advantage to totally abstain from drugs after a 20 year drug addiction and now I feel I am in the best place I have ever been physically and mentally. (CJ-PS-9)*

Although we heard that leaving prison was more difficult during the pandemic, especially for people completing very long sentences, others found that social distancing measures offered a degree of anonymity that eased the transition home: '*I suppose I've been able to just settle in to the community without any warning [...] I've just been able to settle in*' (CJ-P-4). Some people serving community sentences also used the lockdown restrictions as an opportunity to change their social lives and contacts in support of recovery from substance use problems.

## Mental health and wellbeing

As mentioned above, the mental health impacts of both the pandemic and criminal justice institutions' responses toward Covid-19 suppression were significant. People in prison faced the compounding effects of being locked up *and* locked down, being deeply socially *and* physically isolated, combined with overwhelming boredom, anxiety, uncertainty, and frustration:

*Well, I'm suffering a lot from depression and anxiety and I've been speaking to my GP about it and getting medication just to help me through it because most days I'm just sitting in the hostel because I'm not working at the moment [...] it's hard with COVID, everything is shut down and it's just [a] really stressful time at the moment for anyone. (CJ-P-7, awaiting sentencing)*

There was a foreboding awareness of suicides across the prison estate and some people reflected on suicide ideation as a result of the restrictions. Prisoners in distress were advised to phone the Samaritans instead of looking for support within the prison, a non-starter for one man in Kilmarnock who said, 'plus we get charged to phone the Samaritans which we can't afford'. One person wrote about the acute and profound impacts of being locked up during lockdown:

*Well it has turned a confined existence into an even more confined one being locked in a cell for long periods and your regime turned upside down I don't know anyone (prisoners) who haven't been affected mentally, some to the extent of committing suicide. (Consultation Letter 1)*



People under supervision, and those who supported them, highlighted that suicide ideation had also increased significantly outside of prison during the pandemic. Hostels were identified as especially dangerous spaces for people leaving prison, due to unregulated drug availability and use:

*These individuals were leaving prison, then going into a chaotic environment within a hostel, surrounded by individuals taking copious amounts of drugs every single day, violence [...] with zero service provision [...] So if they've not used during their prison sentence, they're very, very high risk of overdose, if they're using opiates. (CJ-S-1)*

The loss of stability, structure, and reliability in daily routines both in prison and in the community disrupted participants' practical strategies of managing their lives while facing the ongoing threat of sanction and/or experiencing institutional abandonment:

*Mental health just deteriorates, because if someone is clean and sober in prison, leaves, comes out, disengages because they're struggling, starts to use, the struggle to come back to your support service and say, you know, I failed. [That is] very difficult for men. (CJ-S-1)*

There was difficulty accessing services, medication, and proper adjustments for existing and onset physical and mental health conditions within prison and in the community. Participants mentioned limited control over their food choices and a lack of exercise affecting their wellbeing:

*This lockdown has affected my wellbeing because I have gained a lot of weight during this period of time. This also has made me very self-conscious and created bad anxiety. I have continuous intrusive thoughts. My mental and physical health has deteriorated badly. (Consultation Letter 2)*

## Conclusion

In sum, our findings reveal the extent to which the experience of lockdown was both traumatising and punitive for people who were already marginalised and subject to criminal justice control and, by extension, for their families. As a result, in many ways, the severity of sentences for people completing custodial sentences and community sentences has increased. Prisoners have been plunged into a much deeper form of isolation (further away from life outside), and a much heavier form of imprisonment (which, for many, has been experienced as crushing). Both people in prison and people under supervision have also suffered a prolongation of the ways in which punishment suspends their lives: their efforts to progress towards a life beyond punishment have been frustrated and stalled. Whereas statutory services have, for the most part, offered significantly *less* support to people in prison and under supervision, narrowing their focus to monitoring risks, small groups and community organisations have responded with remarkable commitment, energy and imagination, despite being severely stretched by rising demand and limited resources. In other words – by design or default – what comes across is a devolution of state responsibility for managing the crisis to people and groups who have been placed in vulnerable and precarious positions, thus further exacerbating their vulnerability and precarity. In this sense, lockdown has contributed to deepening forms of social and criminal injustice.



# REFUGEES & PEOPLE SEEKING ASYLUM

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## 6 REFUGEES AND PEOPLE SEEKING ASYLUM

### *Key points:*

- *Poverty was a key issue for refugees and those seeking asylum and this issue impacted access to food, technology and information, and other basic needs. Temporary housing, like hotels, contributed to people's sense of displacement, added trauma, and a sense of isolation.*
- *The asylum process was already experienced as difficult and isolating, and the impacts of lockdown exacerbated the sense of "life on hold", compounding uncertainty about the future, and producing high levels of anxiety.*
- *Many participants wanted to and pre-pandemic did help others, having particular expertise and capacities; these were thwarted both by lockdown restrictions and immigration rules. This felt disempowering and took away opportunities of keeping occupied in the pandemic.*
- *Lockdown compounded the felt hostilities of the immigration system and negated positive experiences and opportunities people had been experiencing in a new place.*

The Covid-19 pandemic sits alongside pre-existing and profound hardship, and Covid-related exclusions are a further layer to vulnerabilisation that predated Covid. Deepening poverty and increasing isolation are making life even harder for refugee families and those struggling to survive on their own. One of the most striking things about lockdown experiences for refugees and those in the asylum system is that they are marked in many ways by continuities. Lockdown further reduces opportunities for participation in local life in a context where they are already excluded. The following highlights some of those continuities, while also looking at some of the changes that people experience as a result of lockdown.

This analysis is based on interviews with 27 people (evenly divided between men and women, with one person's gender not disclosed) at different stages in the asylum process or with refugee status, as well as three interviews with staff members of services supporting these groups. Interviewees came from 14 different countries, and the continents of Latin America, Africa and Europe. Many people lived in temporary accommodation, and all, unsurprisingly given UK immigration rules and strictures, were not working and reliant on various kinds of aid. Glasgow remains the local authority with the most dispersed numbers of people seeking asylum in the UK (Sturge, 2020).

## The asylum system during Covid-19

A key issue for this population concerns the asylum process itself. It is characterised by rules subject to change, waiting, unpredictability, fear and complex bureaucratic systems where information is not explained very well if at all (Rotter, 2016; Stewart, 2005; Abdelhady, et al. 2020). Moreover, wherever someone finds themselves in that process shapes their experiences of lockdown. For many of our participants who were in the asylum system, lockdown operated as a parallel experience, another series of problems to try to traverse, and for whom looking ahead to a 'return to normal' does not have the celebratory ramifications that it does for much of the population. Experiences of lockdown are directly related to a segregated asylum welfare system and we consistently heard about people not having enough food, money to get around, access to public transport, money to buy masks and hand sanitiser, Wi-Fi and data, or access to general information about how things are done and to specific public health messaging related to Covid-19 and how to stay safe. A major issue here is the lack of access to translated information online but also in hard copy format for those without Wi-Fi, and this is exacerbated by not knowing where to go for such information with the usual community spaces shut down.

For those who arrived during lockdown, isolation hit hardest. People did not know where to go to access anything and support was somewhat ad hoc and dependent on voluntary groups knowing how to contact these individuals. Others expressed a concern and fear of how behaviour can impact on asylum claims. People who were seeking asylum discussed the consequences of the fear engendered by UK Government's hostile environment on their day-to-day realities and the actions they take, or don't take, to mitigate any risk of repercussions. For instance, when an interviewee was asked about any Covid-19 guidance they may have had to bend (go more than 5km for food or going to the shops twice in one day), they stated that they wouldn't do anything that could impact their asylum application. This then has ramifications for other parts of their lives, be that access to food or other services, and this also suggests fear as omnipresent.

For people awaiting the outcome of their claims a major impact concerned the legal process and the form of support that they could access. The legal process for some came to a halt, and so individuals who were preparing for their substantive asylum interview were put back into a 'holding state' with all the anxiety that waiting on the outcomes of court cases produces. For those seeking to proceed, perhaps putting in fresh evidence, the long history of a 'culture of disbelief' in Home Office decision-making meant that applicants were worried about everything being done online, where the fear of mistakes that could negatively impact in claims became a major issue, as a Nigerian woman who is submitting a fresh claim, meaning an application for asylum based on new evidence after all appeal rights have been exhausted in a prior application, told us: *'I struggle with the Scottish accent. I'm not happy doing a fresh claim interview, giving my statement over the phone, I fear some mistakes, I'm not too confident'* (RA-P-1).

One thing that emerges strongly is that during this period there was an increase in dependency as even the most self-reliant had ability to do things for themselves limited. One man from Central America who is seeking asylum and who had recently been rehoused from homelessness explained:

*'The point is, I depend from different organisations, charities, and I need an opportunity for showing my abilities, for showing my intelligence for anything. But my hands now is, I don't know how you say, is tied' (RA-P-2).*

## Hotel accommodation as a 'temporary measure'

Because of the Covid-19 pandemic, in March 2020, the Home Office temporarily made the decision to house newly arrived people and those facing destitution and homelessness in hotels. People in hotel accommodation received no financial support from the Home Office, on the grounds that food and toiletries were provided, leaving them with no means for basics, bus fares or phone data. In November, eight months after the institution of no cash support, the Home Office then announced an exceptional and temporary £8 weekly payment for people seeking asylum in temporary hotel accommodation ([Refugee Council 2020](#)).

Hotel accommodation increases everyday hardships and social isolation. One man from an Sierra Leone who is seeking asylum reflected on being moved to a hotel as a mode of detention:

*'I can only come down for food. So that was very stressful, it was a traumatic event, we had nowhere to talk, nobody to talk to, it was, like, all you need to do is just pray to God to save us and help us through the process' (RA-P-3).*

It has removed all possibility for individuals to independently buy and prepare their own meals, forcing them to consume often culturally inappropriate food that was seen to have little nutritional value, with strictly enforced meal collection times, creating more difficulties in observing social distancing rules. Hotel-like detention and food provision removes agency and infantilises people accommodated in this way, reducing them to dependent aid recipients (Vogl et al., 2020). Access to food preparation and consumption and independent food choices are all significant to good mental health and well-being and their removal can have devastating effects, and combined with lockdown restrictions, people forced to survive this way feel even more invisible.

Forced relocation to new accommodation is not unusual for those in the asylum process and this appeared to continue even for those not being 'housed' in hotel accommodation. The distress of forced, and often short-notice relocations to multiple insecure homes arose in interviews with many people who were seeking asylum. One interviewee who suffered from long term health conditions expressed severe distress as they were told that they must move from their home in 24 hours, yet their new housing provider had not yet confirmed that the new accommodation was accessible.

The extension of Section 4 support<sup>1</sup> for many who have had their initial asylum claim rejected came as a major, and largely welcome surprise for organisations working with people facing destitution. It shows that even large and bureaucratic organisations like the

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<sup>1</sup> This is a form of support for some people whose asylum claims have been refused. This support comes in the form of accommodation and a financial payment via an Aspen card, which is a cashless pre-paid card onto which subsistence support is automatically allocated (Refugee Council, 2018).

Home Office are able to adjust flexibly when they see an emergency. Nevertheless, there are concerns about what happens when a mass of people suddenly has their Section 4 support withdrawn. In June 2020, the UK Immigration Minister announced that weekly asylum support would temporarily rise from £37.75 to £39.60 per week, increased by a further 3p in November 2020. This income would be loaded onto the individual's 'ASPEN' card (used like a debit card), meaning cash cannot be withdrawn so it cannot be used to pay for public transport, placing the person in a cashless situation. Even those who have secured refugee status explained that due to State enforced poverty they too could no longer afford essential food items. Nationwide panic buying in the early spring of 2020 had direct impacts on people's ability to access discount food. One family with refugee status explained (through an interpreter) the hardship they endured while travelling across the city searching for basic food items.

*They ran out of money and they have to go and ask the community and the community has some tinned food ...her children can't eat this tinned food. They requested if they can get some vouchers. And the community in their area, they said they don't have vouchers, so they have to go and seek another community. (RA-P-4)*

Finally, for those with no recourse to public funds (NRPF), interviewees described the challenges of trying to find warmth and shelter, a challenge heightened due to seasonal changes. Interviewees described searching the city for free Wi-Fi access to contact family and friends during the day and sleeping in tents in public parks at night.

## Continuities

It is evident that for many the experiences of lockdown have reflected, as a Nigerian refugee woman still living in temporary accommodation with her four children put it, '*coming out of one limbo and into another*' (RA-P-5).

The asylum process is very much characterised by waiting, for Home office letters, interviews, decisions, for language classes, for status, for employment, for secure housing and these were all evident in Covid-19 experiences as well. In addition to the feeling of life being on hold, two other key continuities are *poverty* and a *reliance of the voluntary sector* to meet many of their needs, as discussed below. Asylum support levels have always ensured that those in the process experience material poverty. While the UK Government recognised the increased costs associated with lockdown in its boost to universal credit, ongoing poverty was ensured for people in the asylum system through just a 26p daily uplift in support. Difficulties accessing food, financial crises and mental health problems both precede and will continue beyond the present health crisis. In addition, as will be shown below, statutory agencies are largely absent in supporting this population and this absence was exacerbated by the lockdown. While lockdown restrictions on access to services outlined in this section are both very real and extremely problematic, it is striking though not surprising that for many people, their experiences are characterised by continuity as much as a changing pandemic.

## Poverty

Experiences of poverty go hand in hand with the asylum process. However, what we seek to do here is highlight two clearly interlocking areas that were mentioned by those interviewed as particular challenges during lockdown: food poverty and digital poverty.

### Food poverty

Accessing decent food was an issue for everyone; the absence of nutritious and culturally appropriate food provided to asylum seeking and refugee populations was described as a source of concern and highlights the reliance that many in the asylum system have on foodbanks. What is clear, however, is that these experiences have significantly worsened as a result of lockdown. These dimensions include but are not limited to access to healthy and tasty food, the cost of shopping, access to shops as a result of restrictions, no or little money to buy food, forced reliance on hotel food along with the poor quality of that food and no access to familiar food.

Looking at foodbanks first, a crucial lifeline for this population, the lack of choice and the infantilisation of adults was evident. In the early weeks and months of lockdown people reliant on foodbanks faced multiple dilemmas. While public messaging was to stay at home and wear masks when out, this population were consistently being required to travel to get food from various organisations' supplies, combined with concerns about how to acquire masks with no cash. One man, from Eastern Europe who is seeking asylum, told us *'I have to choose wisely how to use my £38 per week between bread, masks or money to call my mum'* (RA-P-6).

Voluntary and community groups have gone to great lengths trying to help alleviate food poverty, with food deliveries, first dropping food parcels off and then finding technological solutions to enable access without the need to visit food banks, through electronic vouchers for example. Prior to the availability of vouchers there was no choice available and there were sometimes questions as to the cultural appropriateness of such food. We heard from an African woman seeking asylum and living in shared accommodation:

*So, if you have that coronavirus voucher, you could go to ASDA and buy the foods that are really right for you. That's what you need because sometimes you get the food parcel and you wouldn't eat it... until you're extremely hungry, you have no other choice and you start digging into it. (RA-P-7)*

### Digital poverty

Another crucial element of poverty concerns digital poverty, and this is tied to access to services as we make clear below. When lockdown happened almost all services and statutory processes came to an immediate halt. For many the library has always been the key access point for the internet, and so when libraries shut down, access to free stable Wi-Fi in a safe warm place also disappeared. The man who talked about choosing between buying PPE or food also told us:



*I use the Wi-Fi from the library. The library itself is closed but the Wi-Fi itself it's working, so I just approach the building and use the Wi-Fi. That's how I can log in online. It's very humiliating but I don't have any other way and that's approximately the situation with other people. They all communicate through phones and can log in online and they read the news online. (RA-P-6)*

The meagre financial support combined with lack of community Wi-Fi means accessing services is difficult if not impossible. A Latin American man who is seeking asylum and living in shared accommodation with five others told us 'support services were saying, oh, you can still get support on Zoom but if you didn't have a Smartphone then you couldn't access Zoom, you know, you couldn't just rush out and buy a new phone or a tablet' (RA-P-2). Language skills, translations, and issues of trust are vital to effective communication and technology can serve as both an enabler and barrier (depending on other factors like poverty, length of time here, networks, social support), exacerbated by lack of access to, or enough data to, access the internet. In public health crises as in other crises access to information come to be seen as an emergency, and some organisations gave emergency 'phone top ups' and Wi-Fi access, but state support in this regard was absent. Indeed, the State appears to have operated with a number of assumptions about the society experiencing the pandemic, and one of these concerned digital access, given social media and websites were primary means of Government circulation of regularly changing information.

## Language and culture

All the issues of concern raised above are made worse if people are unable to understand what they are being told or if information is not made available to them in a format they can access and understand. Access to translation software is key, people need translated information and actively seek this out via social media or news or other media. Some watch news programmes in multiple languages while more localised dissemination of information was also evident. One Sudanese refugee woman who also watched the BBC and Al Jazeera for Covid-related information told us about the formation of a community for sharing information via mobiles:

*The group was made on WhatsApp. Those who made it named it Covid-19, and they were uploading all the details. Good people have made it (this group) and among us were Scottish and Africans. (RA-P-4).*

Accessibility of information when guidance appears to be changing on a regular basis makes the obtaining of such information more challenging. Again, there were some innovative interventions made by the voluntary sector, such as the creation of WhatsApp groups as a means of informing people of new guidance, but there were also times when there was an information vacuum, and this allows the space for word of mouth and rumour to take hold.

On the subject of English language, a clear issue tied to digital poverty was that all English classes stopped completely or moved online, so for those with no Wi-Fi or other technology, language learning effectively ceased. As one staff member told us 'access to ESOL classes stopped as well for new arrivals and if you can't get language support how can you access other services that are going online, so that was a huge thing as well.' Opportunities to practice English language are severely limited when people are locked in at home and

locked out of access to education. This directly impacts on settling in experiences in the post-Covid context. For parents with school aged children this also extended to an inability to support their children's learning.

Tied to questions of food poverty, many respondents outlined the difficulty of accessing culturally familiar, healthy, fresh, affordable food during this period. Many interviewees relied on food drops from NGOs but explained that the food was unfamiliar and rotting. Their limited ability to buy their own food, however, was constrained by a sharp price increase during the pandemic of familiar, imported goods.

Forced to live a cashless life means people cannot shop where they want to or need to for culturally familiar food and entails complete dependency on the full board option of those in hotel accommodation discussed earlier. Furthermore, access to halal food became more restricted during this period and was frequently cited as a factor in choosing whether to accept much needed food deliveries. We heard that in some cases food not clearly marked as halal was being given away to others. The main supermarkets delivering food do not indicate whether meat is halal, resulting in increased economic and health risk as participants detailed the need to travel to specialised stores which provide this. If families were unable to travel due to health or financial reasons, it resulted in increased food poverty. For many, difficulty in accessing appropriate food often meant that they simply did without, noting that this often caused detrimental effects on both their physical and mental wellbeing.

## Loss of activities

The Covid-19 context represents loss for so many globally, nationally and locally. Coping mechanisms people have found to sustain themselves emotionally, physically and spiritually have dwindled and even disappeared. Whilst the sense of loss weighs heavily we found there are specific Covid-related losses for people in the asylum process who are already extremely marginalised in relation to full participation in society and already made acutely vulnerable by the state, as we explored in the earlier section on poverty.

## Face-to-face contact has gone

Community organisations provide critical support in surviving day-to-day, offering a much-needed focal point for people in the asylum system who are not allowed to work or access fulltime education and who have nowhere else to be. They offer social contact, access to general information and advice about the city, practical help and support, particularly with food parcels, and often a structured schedule of activities to support computing skills and ESOL. Losing access to community classes closes a door on adapting to their new life and negatively affects good mental health and wellbeing. As another Nigerian woman seeking asylum told us,

*before the lockdown, that's where we normally go, to share, you know, share experience, we learn about things, new things. And during the lockdown, that was, that's nearly stopped, you know, no meetings, we can't meet people, you know, we can't go up there. (RA-P-8)*

Crucially these activities that give people something to do equip them with learning about life in Scotland. And so the *loss of face-to face contact with community organisations* impacts directly on surviving lockdown and this relates specifically to adjusting to life as someone in the asylum process and re-adjusting to new regulations as a result of Covid-19 suppression regulations.

With nowhere to go and nothing to do, it's no surprise then that the loss of face-to-face contact and connections coincides with *increased dependency and reliance on others* for social and material supports, for food, for help getting to supermarkets, for English language practice, for information and advice. Community organisations who do so much work in the absence of the state have responded with remarkable agility and creativity, radically changing how they work in order to maintain contact. Many people talked about reliance on others to help out with what would have been independent decisions and routine activities pre-Covid-19, for example whether to take children shopping, if indeed there is a choice here, and how to get to the shops if they are not local. Increased dependency also relates to pressures on services and the lockdown has introduced different 'pinch points' on services, which existed in the face-to-face context, but have worsened through lockdown, whilst raising new challenges around how to support increased referrals.

## Volunteering is not what it was

One way people break the exclusion of the asylum regime is through volunteering, which has been directly hit by lockdown. Volunteering offers social contact, purpose, a sense of being valued, the chance to build social networks, the learning of new skills and the opportunity to learn and practice English language. For this African woman who is seeking asylum:

*all those activities kind of help me emotionally because I know I have problems, loads of them, but getting up and going into the community and doing my part kind of helped me be stable and grounded in a way (RA-P-7).*

Volunteering has an embedding quality, whereby people in the asylum process who are excluded feel included in something, creating a sense of agency. Where this has disappeared because of Covid-19, the hardship of surviving asylum has become even more extreme. Digital poverty, access to appropriate technology to keep involved, as well as having decent Wi-Fi, enough data and even a space to use it further limits how people participate. Many organisations have continued to provide a pared back service online, however the digital complexities of doing this means that the volunteering opportunities are limited. Nonetheless, even in a dramatically reduced way, volunteering opportunities have a continued value not just for organisations but for those volunteers able to manage the shift online.

## Supporting children

For families with pre- and school-age children, school and creche facilities represent opportunities for parents to rebuild lives and find a way through social isolation by

involvement in community groups, community English classes, volunteering opportunities as well as access to practical material supports, for example getting to foodbanks without having to take kids with them. The move to home learning placed pressures on many parents, revealing deeper issues around digital poverty, access to technologies and appropriate devices to do schoolwork. Moreover, for people new to Scotland, it also revealed a lack of knowledge about the education systems, exacerbated by language barriers and literacy, and digital literacies specifically. One Nigerian woman, a single mother of three, and who was submitting a fresh claim at the time of interview told us:

*in school they are trying to say we should be doing homework from home, but they never talked about if [we] don't have access to all of these things to enable us to do it. They should have thought about that (RA-P-1).*

With everything moving online, people need support to understand the online environment, funds to access the internet and Wi-Fi as well as stable and reliable Wi-Fi. This support is absent for people in the asylum process who have to live on less, have to navigate language barriers with no access to ESOL support and have to manage with vastly reduced community supports generally. School and creches also provide vital social learning and activities for children. Community and voluntary organisations have sought to relieve boredom of kids and support parents for whom childcare is an invaluable respite in a number of ways.

## **Voluntary sector support and statutory sector absence**

Ongoing access to services during lockdown has been a major issue (see also, Chapter 8 on services and organisations), and one of the striking things about the interviews is that there is relatively *little reference to statutory services*. In most cases when people discuss help and support prior to lockdown reference is made to voluntary sector organisations, and it is these services that are missed, but it is also these services who had been agile enough to adjust what they do in order to keep serving the needs of their communities, though clearly in a different way. Statutory organisations are viewed as on the whole slow to respond and at times too bureaucratic. Indeed, the only statutory organisations mentioned are the Home Office, in a negative way, and GP services in a much more neutral way. When discussing forms of support she had benefitted from during lockdown, another Sudanese woman with refugee status, whose husband is shielding said 'Frankly speaking, benefiting from what? Nothing from any official government's department, but from charities? Yes' (RA-P-9). That said, some voluntary organisations commented on the distrust that they feel the statutory sector feels towards them, despite the enormous amount of work that they have done during the course of the pandemic.

In terms of voluntary sector innovations, examples are multiple and there is not the space here to highlight them all. There were initial decisions by some to run groups in parks while adhering to social distancing, but more common was the move to online alongside the paring back of what they did to meet more emergency needs such as access to food, where traditional foodbank distribution had to be re-thought.

Tied to both lockdown restrictions and to the cost of travelling to and the limitations inherent in foodbanks (dry foods for example) some voluntary organisations managed to

migrate to providing food support in the form of supermarket vouchers. Staff explained that they were dedicating more time to arranging food deliveries as the responses to Covid-19 developed. Tasks included moving food stock from warehouses to alternative, accessible storage units; purchasing food for service users; finding volunteers to deliver food stock across the cities and purchasing e-vouchers. One staff member explained their approach:

*When we applied for crisis grants for destitute asylum seekers, that was always cash that we gave out and obviously at the start of lockdown we couldn't give out cash so we went down a process of using prepayment cards that we could send to people, could then just load the grants on to...which also gave people the ability to do contactless shopping rather than collect cash. (RA-S-1)*

The use of supermarket e-vouchers sent directly to interviewees, rather than interviewees having to spend £4.70 to travel to the organisation to collect dry foods, when they only receive £5 a day was a seemingly simple but in actuality quite complex innovation. There were also innovations in order to meet other basic needs, and it is striking that in most cases organisations were required to strip back to these very fundamental requirements rather than the much more holistic activities that were previously organised. It became increasingly clear through these interviews that the exhaustive responses required by these organisations to mitigate food insecurity for the communities '*became the full-time job*' and took precedence over other services normally offered such as community meals, case-work, women's and men's groups and language classes. Voluntary organisations went to great lengths to provide bus passes to allow some mobility, initially in order to access food, and find ways to provide access to Wi-Fi, seen as crucial lifeline in accessing services and in keeping in touch with family and friends elsewhere. This became a major issue at the time people were moved into hotels.

### Continued statutory sector role: the asylum process

Despite many support systems grinding to a halt whilst organisations work out how to move online, the asylum process with all its claims, interviews, letters, decisions and appeals continues. While the Home Office took a relatively early decision to provide Section 4 support for people considered Appeals Rights Exhausted, other Home Office processes appeared to continue, and the move online was disconcerting for people at the sharp end, but also support organisations. Voluntary organisations reported how they lacked information on how the asylum process would be administered, as one staff member explained:

*we didn't know when we got the mobile phones at the beginning when we asked for them, we didn't know that everything would be online. We didn't know that the tribunal would go online, we didn't know that casework would be done by Zoom. We didn't know that lawyers' meetings would happen like that. (RA-S-2)*

They expressed concern that organisations which provide pro-bono legal aid may be overwhelmed with appeals when the temporary support that has been offered to people whose asylum claim has been rejected in response to Covid-19 will inevitably be revoked.

## Conclusion

The impact of living in severe poverty, and the consequences this causes on the day-to-day life for people at whatever stage they are at in the asylum process was prominent, and lockdown in many ways merely added to these experiences rather than introduced something new. And sadly, without significant changes, these experiences will continue beyond the pandemic. This of course is of dramatic consequence for those experiencing this poverty, but the implications go beyond that, with impacts for support organisations, for the communities these people live in and of course for future public services who will have to pick up the costs of these practices. Living in poverty, relying on charities to meet basic needs, facing hostile immigration procedures, struggling in many cases to access information in forms that you don't understand are all enduring aspects of the asylum process, but lockdown has in many cases made these significantly worse. People, whilst feeling like life is on hold pre-Covid-19, are also projecting forward with anxiety and worry, and this seems particularly alarming for people whose future is uncertain due to immigration status and Home Office decisions still to be taken. In the post-Covid context, what 'normal life' will look like will be the same but also potentially harder for people who have been locked out in the pre-Covid context.

As outlined above one of the most prominent experiences and responses mentioned by this population is that of *a sense of loss*. Not only have they lost all that was familiar to them in fleeing their country of origin, not only have they then faced a hostile immigration system, but their more supportive and positive experiences as they tried to settle were also largely lost during the course of the pandemic. Finally, people have also *lost time* in relation to the processing asylum claims, but more significantly in relation to planning their lives and building new futures, *lives have been placed on hold*. Despite impressive levels of innovation from voluntary organisations, it is clearly not possible to replicate the holistic support they provide in a lockdown context. This does, however, mean that what comes next takes on added significance. Indeed, from this study and others the implications of the hollowing out of the state that has taken place over decades are very clear. As the state has retracted, the voluntary sector has picked up many of the pieces, but unless the state re-involves itself in the provision of social welfare that is more generous and more holistic, then existing voluntary services will likely crumble under the pressure of the increasing needs of expanding vulnerabilised populations. One staff member made some practical suggestions as to what should happen in the immediate future:

*I would be saying to them you need to be putting pressure on asylum accommodation contract holders to put Wi-Fi into the accommodation, make things accessible for people, you know, put a bit of pressure on the Home Office for that, and help people with bus...travel passes so it makes things more accessible to get food and really put pressure on their colleagues at Westminster around NRPf causes. (RA-S-1)*



# DOMESTIC ABUSE & SEXUAL VIOLENCE

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# 7 DOMESTIC ABUSE AND SEXUAL VIOLENCE

## *Key points:*

- *For both survivors who lived with their abusers and those who did not, the pandemic facilitated intensification of abuse. Child contact often was used as a means of this intensified abuse.*
- *Economic difficulties and the responsibilities of lone parenting, the situation of many survivors, further compounded the adverse effects of pandemic restrictions.*
- *Delays and uncertainties in criminal and civil justice processes have exacerbated stress and anxiety. DASV services adapted rapidly via online service provision yet services are under additional pressure, with practical support taking precedence over therapeutic support.*
- *For women in employment, mothers and those living in rural locations, the move to online provision has improved their access to support. However, digital exclusion has been a major issue for survivors experiencing poverty or other forms of marginalisation.*

Support organisations worldwide report that measures to suppress the spread of Covid-19 create conditions of greater risk for violence against women and their children (United Nations, 2020). For many of those living with their abuser during lockdown, the abuse intensified. For those living apart, their abuser found new ways to abuse, and for those living with children, their children witnessed more abuse (Women's Aid, 2020). Covid-19 restrictions made it harder for survivors to escape abuse. With disrupted support services and, in some cases, limited access to communication technology, help-seeking was made even harder (Scottish Women's Aid, 2020).

By drawing on semi-structured qualitative interviews with female domestic abuse and sexual violence (DASV) survivors (n=12), and the service providers that support them (n=18), this section outlines the ways lockdown has both enhanced and exacerbated women and children's safety, and also affected their access to and use of support (see also Chapter 8 for analysis of the survey of organisations and services). The longer-term implications of delays in accessing emotional support and civil or criminal justice protections, alongside decisions to leave abusive relationships being put on hold are highlighted.

All 12 survivors had experienced domestic abuse. Only one was currently living with their abuser. The other 11 were separated from their abuser, though six were experiencing ongoing abuse (through stalking and online abuse) from their ex-partners at the time of interview. All 12 had school-age children; six had ongoing child contact issues with their ex-partners (four of whom were still being abused by these ex-partners). These interviewee characteristics significantly shaped experience of living with Covid-19 restrictions. The

survivors interviewed were aged between 31 – 56 years old. Six described their ethnicity as White Scottish, British or Irish and four identified as BAME (two did not provide this information).

## Interaction between Covid-19 restrictions and experiences of abuse

### Intensification of abuse

There is widespread concern and media reporting of the danger posed by Covid-19 restrictions for those who are living with an abusive partner. One survivor highlighted the problematic nature of the 'stay home, stay safe' message for those experiencing domestic abuse, *'when you're speaking to people and they say, stay safe at home, that was something people kept saying, at the start. Whereas, I felt unsafe at home, which is really horrible'* (DA-P-1). Survivors living apart from their abuser reflected that, *'if I was living with him, we would be in a hell'* (DA-P-2) and that, *'the restrictions would have meant the abuse would have ramped up'* (DA-P-3). Service providers were also aware of an intensification of domestic abuse, noting it was becoming more frequent or that, *'abuse went up a notch'*. Understandably, they were especially concerned about the risks posed to women living with abusers.

*With women that were living with their abuser, we found that the contact pretty much stopped, and it was really difficult for us to find a safe way to make contact with them, and for them to be able to find a safe way to make contact with us. So again, that was a big concern for us, that actually, women who were in quite risky situations, their ability to get support was quite severely limited.*  
(DA-S-1)

Lockdown was also used to extend, or re-start abuse in some instances: *'he started the abuse again, through emails'* (DA-P-4). Increased reliance on online technologies, online platforms and social media communications were increasingly being used by perpetrators to reach victim-survivors during lockdown and extend abuse. Service providers confirmed that, *'we're seeing a push into online abuse, online harassment, use of online tools'* (DA-P-2). The same interviewee also noted that economic abuse 'has soared'. As will be discussed, this is an issue that intersects with the financial strain experienced by survivors as a result of Covid-19 restrictions coupled with their status as lone parents.

Service providers emphasised that domestic abuse was not caused by the pandemic, rather the pandemic 'shone a light' on a structural issue grounded in unequal gendered power relations that may be exacerbated or altered due to Covid-19 measures, enabling perpetrators to frame or extend their abuse in different ways. As one observed, *'the behaviours weren't any different; the excuse was different [...] lockdown was a new excuse for perpetrators to get back, get the victims back under their control'* (DA-S-2).

While the intensification and extension of abuse through digital technology and child contact (as discussed below) is a clear finding from the interviews, some survivors who were not living with abusive partners reflected on feelings of *increased* safety posed by lockdown rules, particularly around restrictions of movement.

*And with the COVID, it's brought kind of a peace in a way, because it's going to be harder for him to come and try and find me, when there's all these restrictions on travel. From my point of view on that situation, it's really been a blessing in that way. My fear of that is less. (DA-P-2)*

*The only one thing I will say which was wonderful about the lockdown was that given that we'd just moved, it did mean that my husband was 30 miles away and I...in that sense, I felt physically safe for me and my child. That is the one thing which was really, really...a real bonus. (DA-P-5)*

## **Child contact and child safety**

By far the most pressing concern for survivors who were no longer living with their abuser was child contact. Service providers reported that it was being used by perpetrators as a means of manipulation and control, and that this had worsened during the pandemic. Delays to civil justice proceedings and the postponement of child contact hearings were perceived by service providers as impacting survivors' feelings of safety, as ex-partners attempted to make contact and 'continue abuse...put pressure on and manipulate the situation' (DA-S-3), use children 'as part of a game plan and a tactic' (DA-S-2), and make false claims about the need to self-isolate to 'keep the kids'. Child contact arrangements were also impacted when ex-partners chose not to see their children during lockdown and used Covid-19 as a reason to avoid having contact with them.

One survivor said the family courts had prevented her ex-partner from having access to their child, but without offering any support for her as an abuse survivor. This was despite the fact that her abuse was taken into consideration in the contact decision. This left her feeling frustrated that despite the court's awareness of these issues, she was still unable to obtain any kind of restraining order against her ex-partner. The closure of child contact and family mediation centres was also problematic. Unable to access a child contact and mediation centre, one survivor (DA-P-5), who left her abuser just prior to lockdown and has been in a women's refuge since, had to manage and facilitate online child contact sessions on her own. This meant that she had to maintain regular email contact with her abuser, and it raised safety concerns as there is potential for him to identify where they are living; he is now manipulating the child and continuing to abuse the mother online.

*It feels like living in the Big Brother house...So whenever there's a Zoom call, I think, oh God, I feel completely exposed...He is physically seeing where we live...He's seen every room where we are. He's seen the view out the window...I feel exposed. I feel scared. I don't know what my husband's potential is. (DA-P-5)*

Child safety also was a key theme for service providers (n=6). The ceasing of clubs and activities, less frequent use of general health services, and limited contact with extended family members and friends due to social distancing were said to remove protective measures that are in place for some children who experience domestic abuse. School closures were perceived to have the greatest impact on children's safety: 'School is their safe place, with that structure and teachers looking out for them, and that wasn't there.' (DA-S-4). School closures at the beginning of lockdown also affected organisations' abilities to appropriately support children, who often work closely with colleagues in education and were now concerned that children had 'slipped under the net' (DA-S-5) or 'fallen off the radar' (DA-S-6) (see also Chapter 8).

In addition to extending abusive behaviour through the exploitation of child contact arrangements, perpetrators were also said to be putting women and children at risk of Covid-19 due to breaching lockdown guidance in some instances:

*There's huge issues around the guidance and how people have interpreted it and then how women have felt pressured to facilitate contact when maybe they were in a shielding household, there's women have had to phone the police because of it [...] but they wouldn't go out and investigate it, which left a bit of a gap, actually, for domestic abuse, so where women are saying this is putting me at risk, it's putting my children at risk, never mind the child that's getting taken out and going maybe to other households. But it was putting the whole family at risk and I don't think that was recognised at all. (DA-S-7)*

Even after children returned to school in August, Covid-19 social distancing measures continued to impact the support that some children's services were able to provide, alongside uncertainty amongst schools about whether services were allowed into them.

## **Impact of Covid-19 measures on justice processes**

Covid-19 significantly disrupted the operation of both criminal and civil justice processes; the cessation of court business over lockdown led to a backlog of cases, and delays in justice processes impacted on survivors in numerous ways. Service providers and survivors spoke of delays and uncertainties about criminal and civil justice processes, and a lack of communication regarding, for example whether trials, or child welfare hearings were going ahead, and whether they were taking place digitally or in-person.

Delays in domestic abuse and sexual violence cases are not new, but disruptions due to Covid-19 led to rescheduling and longer delays, exacerbating the concerns and anxieties of those who were waiting to hear about trial dates or the progression of their case. One survivor (DA-P-6) who experienced years of stalking said that the slowdown in court proceedings meant that she was unable to move on from that period of her life.

*I'm still waiting for sentencing and another court case to start. So that's all been delayed. It's been impossible to get the court information, so I'll give you an example. Even last week the court phoned me to tell me that my court date was being changed again and since then I've been trying to call the court, the procurator fiscal's office, ASSIST, the police...so four different groups there and none of them are able to tell me the information that I'm looking for. (DA-P-6)*

Service providers also considered that the ability of lawyers to obtain witness statements, and other forms of documentary evidence and put these before the court was more difficult as a result of Covid, as all information had to be arranged remotely. This contributed to a slowing of the process.

Whilst Domestic Abuse Courts remained open, it was still taking an inordinate amount of time to seek protective orders, as one support service provider said:

*In terms of domestic abuse, we've seen an impact as well. The courts have remained open for urgent business, which has enabled us to do things like protective orders, which we were prioritising during the period. But it's taken a lot longer to put them in place, because everything's been done remotely. And I think that's probably been one of the big factors, that even when courts are open,*

*the type of business and the length of time it takes to really engage with that, has been impacted.*  
(DA-S-8)

Service providers were well aware of the likelihood that delays can increase the trauma first caused by abuse, and impact negatively on survivors' recovery. One service provider described the delays as having, '*an awful effect on women*' (DA-S-9). A service provider also noted a 'knock-on' effect where some survivors believed that, because the criminal and civil justice system had slowed down, then the same was true of support and advocacy services. Her organisation had to work hard to reassure survivors that they were available to offer support.

## **Practical and emotional impacts of Covid-19 restrictions on survivors**

### **Practical impacts**

The majority (n=10) of DASV survivors interviewed were lone parents due to fleeing or separating from their abusive partners. These survivors were disproportionately impacted by childcare and financial concerns, some of which had resulted from the abuse that they had endured.

*It was really, really difficult because I'm living kind of on the bread line, like I've got [daughter's] birthday coming up, I've got Christmas coming up, but I'm still paying off £800 of debt that I've still got to pay. I'm on Universal Credit, so every single penny is tied up practically on debts for him, because he didn't just borrow from companies, he borrowed from family too. It's all borrowed in my name. (DA-P-7)*

The increased time that children spent in the home during lockdown was said to have financial implications for some women, which raised awareness of ongoing experiences of poverty to service providers:

*The other stress I would say in relation to the service users really was the children being at home. That puts further pressure on your budget, and we became, or we became more aware, of just the level of digital poverty. So, you know, we'd have women who'd be phoning us from a borrowed phone because there's no credit in their own phone to say that they've been waiting, you know, hours, literally hours, on the universal credit helpline trying to get through and they couldn't get through and they didn't have a tablet or a laptop to be able to do an online application. (DA-S-3)*

Service providers reflected on the significant childcare challenges survivors' faced during lockdown. One survivor (DA-P-8) described how she had to '*send her children away*' for three months since she was unable to care for them whilst continuing her role as a frontline health worker when their grandparents were shielding. Another lone parent who suffered from a respiratory condition described how she was unable to continue shielding due to concerns about her eight-year-old daughter's mental health. Concerns about Covid-19 were heightened as many survivors were the sole or main carer for their children. This intersected with concerns about poverty and being able to provide food for their children if they became ill: '*when lockdown happened financially, I got really, really terrified, thinking, what am I going to do? Can I still feed my kids?*' (DA-P-7).

Feelings of stress were said to increase due to the closure of schools, and not having access to formal and informal childcare support from social networks, which placed heightened pressure on women who were lone parents and, in some instances, also providing care for elderly parents.

*I went for about seven months just looking after my son 24/7. And he's a wonderful, lovely boy, but the...your energy can only stretch so far. So, I think if the lockdown had lasted any longer...I don't quite know how long it might have taken until I cracked. (DA-P-5)*

*'I'm the person that's picked up all the pieces [...] it's just making sure that I'm trying to keep everybody safe' (DA-P-9)*

Unsurprisingly, the re-opening of schools and nurseries were welcomed as providing structure for children and their mothers, but also for providing a 'safe space' away from the home.

### **Emotional and mental health**

Existing mental health issues experienced by survivors, most notably depression and anxiety, were compounded by Covid-19 restrictions and heightened media coverage of domestic abuse.

*Yeah, I actually had to stop watching some TV, and on my social media, and things like that, I kind of came off some stuff. Because as much as it's great to see the awareness about domestic abuse, there was, if I read a certain thing, or I see something, it triggers me [...] it's everywhere. (DA-P-4)*

Service providers reflected on the '*fear, panic, and distress*' survivors felt during lockdown, and that the fear and risk surrounding Covid-19 '*triggered a lot of fears for women*'. For example, one survivor highlighted the specific triggering effect of having to wear a mask as a frontline health worker:

*... going for mask fitting in itself brought back many, many, many horrendous miseries and things because the masks ...remind me...I've been strangled and suffocated when I was in a relationship. (DA-P-8)*

Service providers also raised concerns about the triggering impacts of isolation since they were aware that survivors often already experienced isolation, as this is a tactic commonly used by abusers. The isolation felt by survivors was compounded during the pandemic due to reduced contact with face-to-face services and social support networks, which had wide reaching impacts on emotional wellbeing, childcare and economic situations. Covid-19 suppression measures heightened, or served as a reminder of, fear and isolation experienced as a result of abuse; some survivors reflected on the similarities between lockdown and being trapped in an abusive relationship.

*It was...because I was in this relationship for 28 years and particularly, you know, as time went on, it got more and more restrictive, but because you don't really realise it's becoming more restrictive, you sort of just adapt [...] the sort of parallels between that and lockdown have been quite stark. (DA-P-3)*

For some survivors, informal networks and friendships strengthened as a result of Covid-19 but concerns about burdening people at this time inhibited others from reaching out. Prior experience of their lives being controlled by abusers meant that some survivors felt equipped to cope with Covid-19 restrictions. Others were able to draw upon coping strategies learned as part of surviving domestic abuse to help them during the pandemic.

*I think, me being a survivor has given me lots of coping mechanisms and tools in my box prior to the lockdown that's allowed me to already have those...my own...I've already had my own bubble being...prior to being told what I can and can't do. (DA-P-8)*

*... the domestic abuse had, actually, made...had made me resilient. More resilient [...] I don't know if that makes any sense, but a pandemic is nothing compared to what I've been through. (DA-P-7)*

## **Impact of Covid-19 measures for accessing services and support**

### **Changes in access to services**

Service providers and survivor interviews show that digital platforms have created new opportunities for enabling some women to access DASV services. Online appointments have been convenient for women in employment, for those living in rural areas, and for mothers with young children who do not have to travel distances on public transport to make appointments: *'the online environment helped [...] you didn't have to sort of trek to somewhere slightly out the way to go to the meetings'* (DA-P-3).

Most service providers described the online space as facilitating access for women who might not otherwise have done so; this includes women who may not have physically attended a service due to fear of stigmatisation. Here, a staff member explains some women wanting to continue with online support post-lockdown: *'...back in August time, when there was a bit of reduction in the restrictions, women still preferred to have contact with us on the telephone, or on media platforms, rather than meeting us face-to-face'* (DA-S-1). Where digital access was achieved, mothers and children were able to keep in contact with support services, friends and family, thereby reducing isolation. However, for some, lockdown rules made the already challenging process of service provision access even more difficult. As one service provider noted, *'digital exclusion and poverty have been quite stark. I suppose inequality has been laid bare'* (DA-S-10).

The movement of services online created additional hurdles for those who are digitally excluded and/or are without digital skills. For some survivors, their access to online platforms and their confidence in using digital technology was diminished as a result of the abuse that they had experienced.

*I have a serious, serious issue with computers. I'm fine on my phone and things like that, but computers, I had it ingrained to me that I was useless on a computer and all the rest of it because my ex used to hide lots of stuff on a computer, like pornography and all that kind of stuff. So ... all his affairs that he would have, so that was all on his computer, so he would never ever let me use it, so I had a belief that I was useless on it. (DA-P-8)*

Regardless of service provider efforts to upskill themselves and their service users, inadequate access to online platforms has caused interference in some women's successful access of services and engagement. This was noted by an older woman, living in a semi-rural location and living with her abuser through lockdown: *'I couldn't have this Zoom meeting with her, because my internet was so bad. And then she said, oh just write me an email, but that's not the same as talking to someone.'* (DA-P-1). The limitations of accessing emotional support online were problematic for some survivors and service providers working with younger children noted that online sessions were less effective than face-to-face sessions with access to play resources.

Limited access to support services and online platforms was particularly acute for women who were already experiencing other forms of marginalisation along cultural, linguistic, racial and economic grounds. For example, a lack of publicly available IT (e.g., due to libraries and cafes where computers or Wi-Fi is available being closed) may be an issue for some groups, such as homeless women needing to access rape crisis support or refugee and asylum-seeking women needing to fill in Home Office (and other) forms, seek support and keep in touch with others from their communities (see also discussion of this issue in Chapter 6). Furthermore, refugee and asylum-seeking survivors have experienced unique financial challenges through lockdown with women worried about paying for food and utilities, particularly with children in the house. In some areas, food prices increased for those on low incomes as cheaper foods sold out. One woman who fled to Scotland to escape DASV was surviving with money, food and phone top-ups provided by charities. Another survivor's experience highlighted how lockdown coupled with lack of English proficiency, increased existing experiences of isolation and barriers to accessing service provision.

Some third sector services were able to supply smartphones, phone credits, laptops and tablets so that survivors and their children could access online support. The additional financial support available via the Victim Support Fund (VSF) was also referred to by practitioners as a valuable means to purchase vital digital equipment such as mobile phones and laptops, which allowed survivors to maintain contact with others. The VSF also enhanced survivors' safety by facilitating the purchase of home security measures such as video camera entry systems. It was hoped this funding would be available in the long-term though it was also acknowledged supporting applications for these funds placed additional pressures on frontline services.

*Actually, one thing that was really good was the victim safety fund that Victim Support put in place. They had this fund where you could apply to, like...and I don't know what the upper limit was, but you could apply for things for your client, which we'd never had before. I want them to carry on having it ... a lot of people asked for things. Like someone had their fence repaired, one of my clients got a laptop and a phone, one of my clients got a laptop, another one of my clients got a Ring doorbell which is very secure, like one of those camera doorbells, and then they're super responsive and they would just get stuff for clients that was helping with their safety. So, we also started doing more things like writing applications for our clients to that which isn't normally done, but that was really good. (DA-S-8)*

A positive aspect is increased communication and inter-agency working between organisations tackling VAWG through, for example, cascading information from COPFS and the prison service about early releases to survivors, and information about undertakings.



*... there was a real coming together of the agencies that work in the domestic abuse field [...] So yeah, working together became really, really important. And also having that flow of communication, for my staff to be able to, for me to be able to say, this is what the police are doing around undertakings, could help them to reassure women who were perhaps concerned that, about making a report. Or this is what the Procurator Fiscals are doing about early releases, this is what the Prison Service are saying, that they'll communicate, you know. And it helped us to have a real understanding of the different measures that different agencies around the city were taking, and to be able to communicate them directly to women and children. (DA-S-1)*

## **Shifting priorities: from therapeutic to practical support**

Throughout interviews it was apparent that support organisations have been providing vital services and enhanced support for survivors, quickly adapting their provision to address unmet need and widening their remit to provide additional services, such as food drops, digital and financial support to families. Undoubtedly, Covid-19 has revealed the extent to which state support and welfare services have been eroded over many years, leaving huge gaps in service provision that the third sector have been trying to fill during this period. The ability of many support organisations to pivot their service provision in these ways was welcomed by survivors but raises significant questions about longer-term feasibility. The necessity of meeting basic financial, technological and food needs of survivors has meant that there has been a move away from therapeutic to more practical forms of support:

*'A lot of the support that we've been providing under lockdown has changed as well, away from ... maybe the dealing with the recovery from domestic abuse, to a lot of the practicalities of living under lockdown' (DA-S-1).*

Some women reported being unable to access NHS services or hospital appointments, particularly for mental health support and psychiatric services. One woman, disabled and about to start trauma focused counselling, had her appointments cancelled. She said, *'We were going to start, having the trauma sessions, just before lockdown. And it got stopped. It was dreadful for me because I was about to start that part of the therapy, and that's not good'* (DA-P-2). Other survivors reflected on the need to just live 'day-to-day' under the conditions created by the pandemic.

It is likely that limitations of online support, coupled with cancelled appointments and the necessity of prioritising practical issues will have longer-term implications for the mental health and support needs of survivors after the pandemic has subsided.

## **Leaving abusive situations**

Service providers highlighted that emergency housing and refuge provision became very constrained during lockdown. Access to accommodation can allow survivors to leave an abusive situation, with support from support organisations. With pandemic restrictions on housing association and refuge accommodation, this option was closed off for many.

*I think my key concern is I think people need to be able to move house and I didn't think that it was right that housing associations wouldn't move people. I don't think that was really right. I think that there's not much housing for people to move into if they're fleeing domestic abuse, and the fact that housing associations couldn't move people for the lockdown, I don't understand exactly how it works, but it meant that people were sitting in danger in their own property, and I just don't think that's right. (DA-S-8)*

Covid-19 restrictions also impacted upon women's decisions to leave abusive relationships and on the subsequent demand for refuge space. Some staff members (n=4) were aware of a small number of survivors leaving abusive situations during lockdown, two of whom reported that they experienced a higher number of women seeking refuge before lockdown officially began. One survivor who left her abusive partner just prior to lockdown and moved into a refuge reflected on the significant challenges of trying to set up a new life for her and her child in an area that she did not know. Service providers also reflected on this issue, emphasising heightened isolation for women and children who were not able to develop friendship or support networks in the way that they might normally do.

*... she didn't have family around her, so it ended up our service and then a couple of services had really been wrapped around that mum because of her mental health was really impacted by the isolation and just being with two children on her own constantly was really, really difficult for her. (DA-S-11)*

[T]here are so many levels of barriers for some women that are isolated. She'd (survivor service-user) moved away from her support because of the abuse so she had nobody around her and she literally was at the point she couldn't get shopping. (DA-S-12) During lockdown, service providers observed a relative lack of movement into refuge, not necessarily because victim-survivors did not need a safe place to live, but that concerns about the risk of Covid-19 may have impacted decisions about living in a shared refuge space:

*At the start of lockdown there was a lot of movement. So, a number of women who were living in refuge, decided to move in with friends or family. Not going back to the perpetrator, but just if they were going to be in lockdown, that they would rather be with someone that they knew, rather than...our refuges are shared spaces, so rather than sharing with a family that they weren't related to, or friends with, they moved out. (DA-S-1)*

While some survivors were able to reach a place of safety with friends and relatives, there were also concerns that those living with domestic abuse were putting their decision to leave on hold until the pandemic was over. Again, there may be longer-term implications here for pent-up demand on refuge space as restrictions ease.

*I think for a lot of women, there was a difficulty, in terms of emergency accommodation, for instance. ... in terms of access to justice, people just felt at the start, or during lockdown, like they didn't have any options as refuge provision, because of social distancing, became much more limited. Access to emergency accommodation was a huge thing, so women were not able to think about moving on. (DA-S-13)*

Similarly, there were concerns about the knock-on impact that restricted access to emergency accommodation would have on survivors' decisions to seek protection via the

civil and criminal justice system since these measures are typically sought when someone leaves an abusive situation.

## Conclusion

The intensification of abuse during lockdown, especially for those living with abusers, is a major concern. We further noted that for those not living with their abusers, lockdown was used to extend, or re-start abuse through online mechanisms or the manipulation of child contact arrangements exacerbated through the closure of family contact centres. However, survivors who were not living with abusive partners reported feelings of increased safety as a result of lockdown rules, particularly around restrictions of movement and limitations on child contact which provided a level of protection from their abuser. The protections offered by the criminal justice system were more limited. Existing delays and uncertainties in criminal and civil justice processes have been exacerbated due to Covid-19, and this has had the effect of intensifying the concerns and anxieties of survivors (and their support workers) who were waiting to hear about child contact hearings, trial dates or the progression of their case.

The adverse impacts of Covid-19 restrictions on survivors has been compounded by economic difficulties and the responsibilities of lone parenting, both of which are disproportionately experienced by survivors. The conditions created by the pandemic have also interacted with existing impacts of abuse including fear, anxiety and isolation. In some cases, these conditions have had a 'triggering' effect on survivors though the strength, resilience and coping mechanisms of survivors were notable features of their accounts. Survivor access to DASV-related services and support through lockdown has been varied. For women in employment, mothers and those living in rural locations, the move to online provision has improved their access to support. However, digital exclusion has been a major issue for survivors experiencing poverty or other forms of marginalisation (e.g., women who are homeless and refugee and asylum-seeking women).

DASV services have moved their support online and have made great efforts to increase survivors' digital access through donations of equipment or resources to fund online access. These services have also adapted rapidly during the pandemic to provide services out with their normal remit (e.g., financial assistance and delivery of food parcels or children's toys). While this was welcomed by survivors, therapeutic support has been put on hold for some. Trauma-based counselling has also been reduced in some statutory health services. The longer-term implications are that as restrictions ease, there may be a surge in demand for therapeutic support, refuge space and criminal justice protections.



# ORGANISATIONAL PERSPECTIVES & IMPACTS

**ANALYSIS OF ORGANISATIONAL SURVEY**  
SARAH ARMSTRONG AND RYAN CASEY  
WITH PAUL PEARSON

**ANALYSIS OF ORGANISATIONAL SOCIAL MEDIA**  
CHRIS BUNN, BETSY BARKAS  
AND PAUL PEARSON

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# 8 ORGANISATIONAL VIEWS AND EXPERIENCES

## *Key points:*

- *The third sector and community groups moved quickly and collaboratively to support marginalised people during the pandemic, responding both to the loss of statutory services and intensification of need in specific groups.*
- *There have been substantial personal impacts on the wellbeing and homelife of those working for support services, and many of the organisations doing this work are small and potentially precarious.*
- *There are concerns about how well populations can cope with the pandemic on top of other pressures they already were under, and signs that progress people had made in their lives is backsliding. There are people who may have gone 'missing' from services for whom there is deep concern.*
- *The many changes to service provision required during the pandemic have had some enduring, positive effects, including inclusion of formerly excluded people. At the same time, loss of 'non-essential' services has had significant impact on people's security and wellbeing.*

This chapter offers a high level analysis of the survey circulated to organisations working in the four areas investigated in this research. It gathered data on experiences, impacts and perspectives related to services and people.

The survey was circulated over the summer of 2020 with most responses received in August and early September. It includes 63 individual responses from 56 organisations. Most of the organisations can be categorised as working mainly in one of the four areas of the study (CJS, DASV, DHC or RAD), however in reality many groups worked in more than one area or in intersectional ways. A number of the responses were from groups that could be classed as broader community development organisations, some of which focussed specifically on community development for BAME women. (See also Chapter 2 describing methods and the appendices for further detail; more detailed analysis are available on the study website and are forthcoming.)

As noted below, organisations represented in the survey tended to be small or medium sized (less than £500,000 annual budgets, zero to 10 staff) but there are some responses from large organisations as well. In addition, we had higher response rates for DASV (22) followed by RAD (14) and CJS (13) organisations, but overall there was a substantial amount of information (through open-ended comments to many questions) that provides a good picture of organisational perspectives across all four sectors.

The survey provides a useful sense of the impacts of Covid-19 lockdown for organisations. It also offers a proxy perspective of the experiences of and issues facing people directly affected by one or more of the issues of this study. This chapter can be read in conjunction with the analyses of previous chapters reporting on interview data, echoing many messages in them. Key messages from the survey are about the pressure services have been under and the way the sector pulled together quickly to pick up the slack of lost services. In addition, the survey gives a deeper sense of who's not there: those we did not interview but whom organisations are aware of, the people who are falling off official radar, experiencing deep forms of isolation and marginalisation prior to the pandemic, which is now worsening because of it.

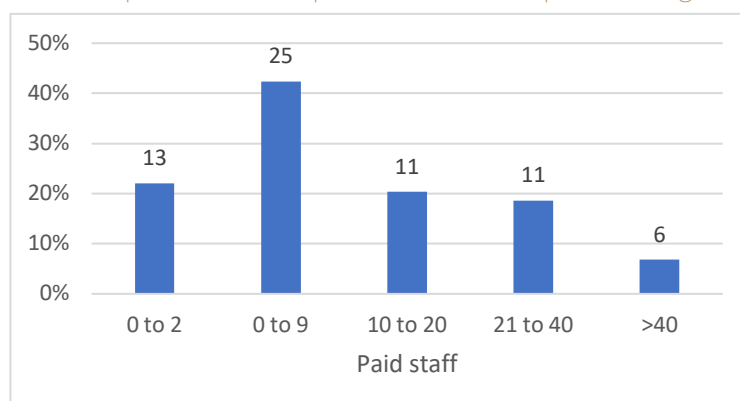
Though this is a relatively small survey, many of the themes are echoed in interviews of staff (as analysed in previous chapters, see especially Chapter 7) and in other surveys conducted outside of this research (Scottish Government, 2020c; Volunteer Scotland, 2020). This suggests that despite the small scale of the survey, responses are echoing and providing further detail about sustained and widespread themes for those working in organisations that are supporting the most isolated.

## Organisational Characteristics

### Many of the most active support services are small

The survey shows services working with the most marginalised groups are themselves potentially vulnerable, having small, year to year determined budgets and low staff numbers. All 56 organisations answered questions about the number of paid staff in their organisation; one-quarter had fewer than 10 full-time paid roles. The graph shows the subset within this of 13 organisations (or more than a fifth of respondents) do their work with a budget supporting only 2 or fewer staff; this included four organisations with no paid staff, respectively CJS, RAD, DHC organisations and a BAME women's group.

Figure 8.1 Number of paid full-time equivalent staff in respondent organisations (n=56)



Of the 29 organisations that answered questions about finances, 65%, nearly two-thirds, worked with budgets of less than £500,000 per year; a quarter of all respondents had budgets of less than £100,000 annually.

The smallest organisations (those with the smallest budgets and staff sizes) disproportionately were ones that worked with refugees, and a number of these further focused on specific subgroups (women, those experiencing domestic abuse, focused on children's victimisation). Another organisation in the smallest budget category worked with people who are both disabled and have involved in a criminal justice process. These data suggest that services working in some of the most concentrated and intersectional areas of marginalisation are also the smallest and potentially least secure.

### **Emergency Funding**

Many organisations received emergency/crisis funding soon after the pandemic hit. In our respondent group, 28 had applied for emergency funding and 22 had received some funding (some had both successful and unsuccessful applications, some were still awaiting decisions). Most of those securing emergency funding were in the DASV sector (52% of all those who had won funding or 11 of the 21); this is not surprising as it was also the largest group of respondents in our survey (40% of all responses). RAD organisations made up a quarter of all respondents in the survey (14 of 56), and their share of those receiving emergency funding was 29%.

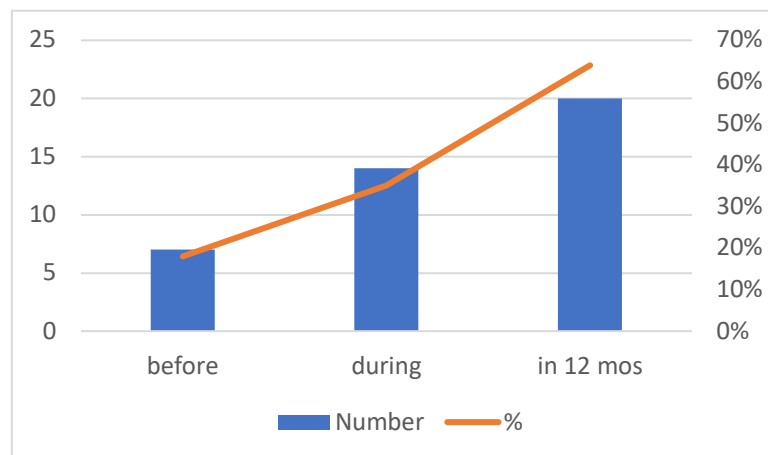
Emergency funding was spent on predictable needs urgently arising: accommodation costs (there was a particular issue of DASV services needing to offset loss of housing benefit in running accommodation; but RAD groups also had to re-balance accommodation); food; small cash grants; digital equipment and IT services for both staff and service users; and wellbeing. Such funding definitely buffered the immediate impact of pandemic lockdown, and assisted the transition to remote working as well as providing vital support in the early days.

### **Funding Concerns**

However, now, nearly nine months since the full lockdown, ongoing funding remains a serious concern. In the survey, there is a consistent and clear sense of anxiety about funding over the next year. Keeping in mind that most surveys were completed in August, respondents expressed rising level of concern about their funding through the next 12 months:



Figure 8.2 Organisations worried about funding before and during the pandemic and in 12 months' time



(An early, more detailed analysis of funding and organisational characteristics is on the study website.)

### Use of own resources in work

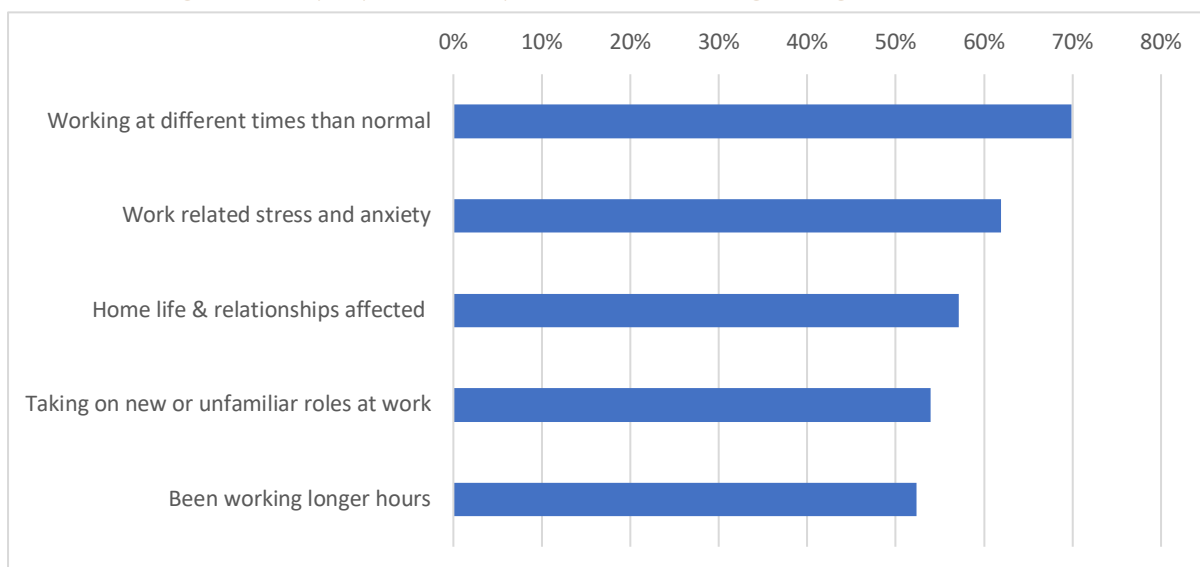
The survey included questions about the impact on staff of working under the pressures of the pandemic (detailed analysis available on the study website). Numerous respondents talked of pride in their organisation and the third sector in rising to the challenge of adapting to working during a pandemic. The sense of mission and commitment among staff in key third sector services comes across strongly in the respondents comments. One example of this was in a survey question about the use of personal resources to enable people to carry on working. Most staff were indeed doing this, not only in the sense of using their home phones (78%), computers (62%), furniture, private internet, and utilities but also paying their own money (30%) to buy things needed in their work (collectively 56% reported using a range of these and other resources). However, most did not see this as a problem with a number commenting that this was typical of third sector working pre-Covid-19, even if the pandemic had increased the scale at which this was happening: 'It's normal. We are all volunteers and use our own gear and make little claim on our finances' (a volunteer-run health group, OS-DHC-010). Some commented that this was always done willingly, others that this was seen as a temporary measure (for example, in the case of using one's own equipment where work supplied phones or computers and file storage systems were being put in place). A minority did express concern about the extent of personally resourcing their work.

### Personal impacts on staff of working during the pandemic

*Lack of contact with survivors creates concern for workers, feeling that you are not providing a good enough service and being unable to offer alternatives that are suitable. (Support organisation for sexual violence survivors, OS-DAS-030)*

The survey made clear that there are significant personal impacts of working at home.

Figure 8.3 Top 5 personal impacts on staff working during lockdown (n=63)



In addition to the majority of respondents reporting the impacts listed in the figure above, substantial numbers also reported taking time off due to Covid-19 infection or self-isolation (37%); taking sick leave for non-Covid-19 reasons (including stress) (32%); and taking time off work to manage childcare or due to furlough (37%).

For some, negative personal impacts had to do with the nature of their work, with respondents in DASV services most likely to note the confidential and sometimes distressing content of their interactions with clients. Lack of a private workspace at home, the presence of children, or simply not being able to leave the office to walk off a distressing call were all noted as examples that created stress and anxiety, sometimes quite significant levels. Numerous comments reflected the two following perspectives:

*"I have no dedicated space in my home that is private enough to have conversations about abuse, child protection and risk assessment and am exposing my own children to language that they would not normally be exposed to." (Worker at a sexual violence support provider, OS-DAS-020)*

*"I have worked continuously during lockdown in addition to looking after and home schooling two small primary school age children at home 24/7 so I have had many double shifts and early mornings/late nights working around family needs. This has been stressful and exhausting." (Worker at a community development group, OS-CD-030)*

On the other hand, not living with children or others meant the loss of office working took away social contact for many respondents, and highlights how isolation is an issue not only for service users but for those delivering services, too.

*I feel completely isolated and unsupported. the informal support you get from being in an office or around other workers can be small but makes a massive difference to how you are impacted by day to day situations. (Worker at a sexual violence support provider, OS-DAS-020)*

Furthermore, even where caseloads remain the same, they may become more complex or difficult, impacting staff:

*Though referral rates have not risen significantly, we believe the intensity of some client's situations has increased and there have been more high risk domestic abuse cases noted. (Women's support organisation, OS-DAS-190)*

Survey respondents were almost evenly divided between those in an executive or senior management role (55% of the 63 respondents) and those in service delivery roles (45%). Senior staff talked about ways they were attempting to mitigate personal impacts on staff, such as regular check-ins. Front line staff more commonly talked about the negative consequences of the pandemic on their work and personal lives.

## Changes to services

The onset of Covid-19 and restrictions to reduce transmission during the pandemic has transformed practices of working in all sectors, not least in services supporting vulnerable groups. The most commonly provided services of the 56 organisations before the pandemic were reported as: service referrals (75% reporting this as part of their 'normal' service), advocacy (64%), training and skills (64%), telephone support (63%) and social activities (61%).

The survey identified four main service changes to pandemic lockdown (see, Casey, 2020, for a more detailed version of services analysis):

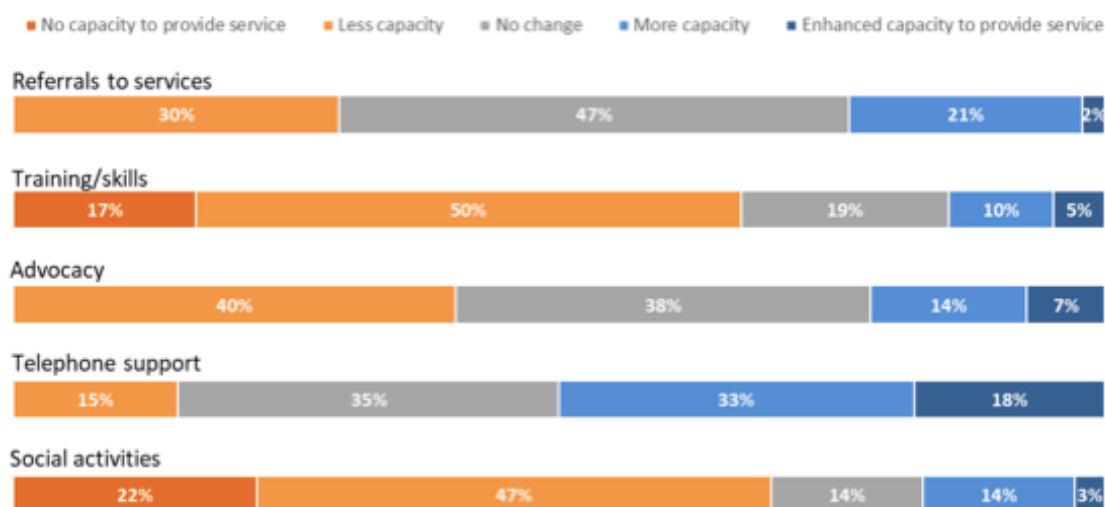
- stopping or limiting some kinds of services;
- increasing capacity for existing services sometimes adapting the means of delivering these (mainly around developing alternatives to face-to-face working)
- doing less of things where capacity or demand fell; and, finally
- offering new services or ways of working where new needs emerged or forms of engagement required as a result of the pandemic.

## Stopped and suspended services

Services were stopped or reduced often because of less capacity or due to an increased demand or priority in other areas, rather than being suspended because they were no longer needed or desired. Examples of these included social activities (47% said they had reduced capacity to provide this), language classes, training and skills (50% had less capacity), and advocacy (40% less capacity). Respondents reported that almost all face-to-face working was suspended, replaced with remote forms of support where possible but not in all cases:

*Two of our services (training and group work) were suspended temporarily, with group work participants receiving one-to-one online support instead. Both of these services are now back up and running online via webinars and online group support and activities. Both are reaching audiences who struggled to access these services in the past due to their geographical location, so this has been a good piece of learning for us. (Criminal justice support service, OS-CJS-020)*

Figure 8.4 Impact of Covid-19 on capacity for 5 most common services (n=63)



### Areas of increased demand and capacity

Unsurprisingly, areas of increasing capacity for services often related to needs that emerged in the immediate aftermath of lockdown restrictions:

- telephone support (51% of respondents reported increased capacity to do this);
- medicine and pharmacy services (60%);
- equipment provision (59%);
- food distribution (57%); and
- crisis grants/money (56%).

In a question about what organisations are doing more and less of we heard this:

*Yes, more food parcels, medication deliveries, housing support, emotional & mental health support. Advice around homeless legislation and eviction process. (A health support organisation, OS-DHC-020)*

*The food, baby and mum provisions, PC, dongle/laptop delivery service was set up in response to the demands made by the womxn we support. Our community meals and outreach/fund raising activities have been completely stopped on account of the pandemic. (Refugee supporting service, OS-RAD-130)*

*more - Food parcels, collecting and delivering, energy top ups, buying mobile phones. We are doing less of one-to-one important contact. Less activities in the community. (Criminal justice-involved support group, OS-CJS-050)*

However, it is notable that there was not always a match between rising demand and increased capacity to support a need. This was particularly the case for social activities: respondents reported a 69% increase in demand for this, and the same percentage (69%) reported having no or less capacity to provide this (as shown in the figure).

Referrals were the most commonly reported service provided before the pandemic, and saw a significant increase in demand during lockdown (71% reporting more or much more demand). However, other services have been in even more demand according to survey respondents. The following services were reported as having the largest spikes in demand: crisis grants/money (100%, out of the 16 respondents who answered this question); equipment provision (94% of 10 providing this); telephone support (90% of 20); welfare advice (87% of 12 answering); and food distribution (86% of 8 providing this service).

### Remote support – diverse meanings and views

All respondents adopted some remote forms of working to replace cancelled face-to-face interaction. Remote support included online support, webchats, phone calls, group texts, video calls, Zoom groups, online forms, social media engagement, video conferencing. As face-to-face meetings and groups were suspended, many organisations found ways to stay connected with people who used their services, albeit digitally. For example, one DASV organisation created an online contact form so they could contact people safely, by phone or email, during specific hours. Other organisations found ways to replace in-person services with online versions both one-to-one and group-based support, as this respondent from a group working in disability support said: *'More online meetings (very few pre-lockdown), more support over the phone'* (OS-DHC-033); a view echoed from in this response from a rural women's support organisation: *'More digital support and peer group sessions online which is new to the service'* (OS-DAS-180).

Prior to the pandemic, 63% of the organisations that took part in our survey provided some form of telephone support and it is evident that many more provide services this way now. However, it is important to highlight the diversity and new forms of what telephone support, and all forms of remote support, look like. Telephone support ranged from brief welfare check calls/texts, to helpline calls, to befriending conversations, all conversations that could last hours. Online support ranged from webchats, to video calls, conferences, activities or training, or webpage directories. Some noted important advantages of telephone/online meetings, beyond convenience:

*Many have told us they find it easier to be more open over the phone and feel less guilty if they miss a phone call rather than miss a face-to-face appointment. They are more likely to call back or answer the phone if they have missed a call but find it difficult and take longer to get back in touch when they have missed an arranged face-to-face appointment. (Women's support group, OS-DAS-210)*

### Money, food and the big impact of small things

Similarly, electricity/gas top-ups, phone top-ups, food parcels, and welfare advice/support have been in great demand. Our early analysis of data from this survey shed light on the significant impact crisis grants/money, even just £50 cash, can have for service users. The emergency funding organisations received supported large numbers of people receiving vital, and often small cost, items: *'We distributed £50,000 in Covid aid (food, toiletries, phones, cash, etc) to asylum seekers.'* (OS-RAD-020)

Final reflections show the nature of need in stressed communities, and also how the pandemic has sped or enabled creation of services to address (digital) inequalities (and see also the discussion of positives below):

*We have been, until recently, been providing food for people in need where we didn't really do that before. The same for direct home energy support and phone top up support. (Criminal justice organisation, OS-CJS-020)*

*[M]uch more food provision and this has been vouchers rather than food parcels - not sustainable in long term. Device lending service, counselling are both new services - counselling was always identified as an aim - digital poverty was always an issue but not something we were able to support pre pandemic. (Refugee organisation, OS-RAD-030)*

## Concerns, challenges and coping capacity of populations

A section of the survey asked respondents to share concerns about those they work with. This data complements interview material analysed in the previous chapters.

### Challenges

The survey listed 19 issues respondents (n=63) could select as a potential challenge for their constituencies; all of them were selected by substantial numbers, ranging from a low of 43% expressing concern about social care services, to a high of 95% naming mental health as a significant issue. This is consistent with interview data on these issues.

Table 8.1 Main challenges affecting study populations

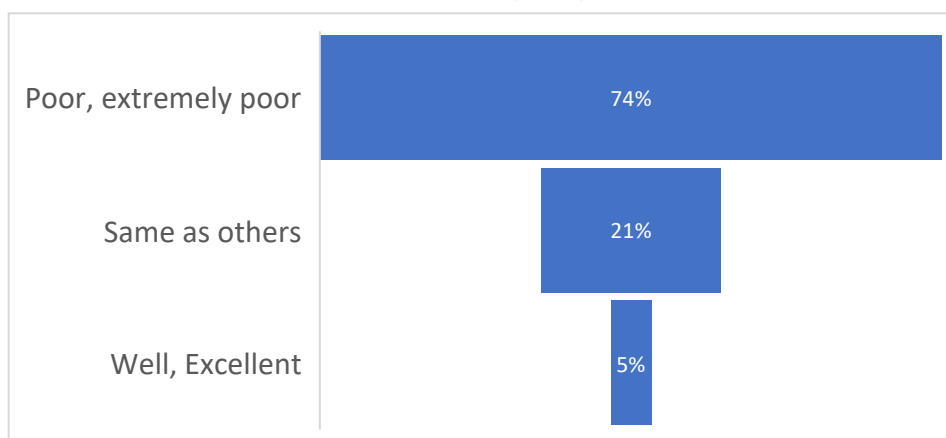
<b>75-95% of respondents said people they worked with faced challenges with...</b>		
Mental health	95%	60
Isolation, loneliness	89%	56
Access/loss services	83%	52
Home schooling	81%	51
Closure of services	81%	51
Finances, destitution	76%	48
Technology access/ability	75%	47
<b>50-70% of respondents said...</b>		
Food, hunger and nutrition	70%	44
Risk of violence or abuse	70%	44
Access to health care/treatments/medication	67%	42
Quality of life	67%	42
Delays in civil or criminal justice processes	63%	40
Family contact	62%	39
Safety	59%	37
Accessing/adapting information about Covid-19	57%	36

## Coping

Pre-existing levels of hardship at personal, situational and structural levels was cited to explain concerns about coping levels of different groups. By far respondents (74% of 61 answering this question) said the people that they work with have a poor or extremely poor ability to cope during lockdown. A CJS respondent described this in terms of lockdown restrictions exacerbating the distress of being in prison during the pandemic :

*'Prisons were overly tough places to endure prolonged isolation and disruption to services, activities, and family contact, with no visitation and limited access to phones being particularly distressing.'* (Criminal justice advocacy group, OS-CJS-030)

Figure 8.5 How able are the people you work with to cope with Covid-19 risk and the hardships of lockdown? (n=61)



According to survey respondents, coping with the pandemic was more challenging for the groups in this study compared to the general population due to: histories of trauma, situations of near or actual destitution and lack of support networks, in addition to some having specific risks of Covid-19. Coping strategies had to be developed in these challenging contexts. The following comments from organisations working with different groups make this clear:

*'Isolation, anxiety and deprivation were major issues for our women pre-COVID and so it feels like much of the work I have done with women on my caseload has been entirely undone and we are back to square one.'* (OS-DAS-030)

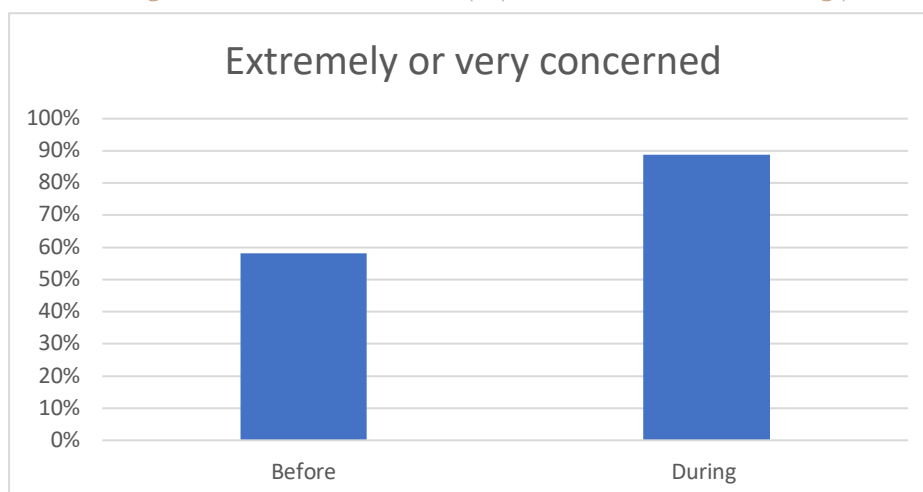
*'Folk have been accommodated in hotels and are using more drugs to cope with the current situation. They are trying their best to cope with the emotional challenges they are faced with very little support.'* (Health organisation, OS-DHC-020)

*'We work with a high number of disabled women who have been shielding for a long period as well as a number of women who do not understand the guidelines due to learning disabilities.'* (Women's and community development organisation, OS-DHC-020)

## Growing concern for people during the pandemic

The onset of the pandemic significantly increased the level of concern respondents felt about people who use their services. The figure shows that the percentage of respondents who were 'very' or 'extremely' concerned increased by nearly a third from before Covid-19, rising to almost 90% expressing the highest levels of concern for people during lockdown.

Figure 8.6 Level of high or extreme concern for populations before and during pandemic (n=62)



Loss of support services and the impact of losing face-to-face contact has resulted in worries about people who have become invisible to official radar or in some way gone missing – people in the most fragile situations becoming unreachable or no longer engaged in services. Edging closer to destitution was another predominant theme of concern raised for people in all the study areas, that is, in situations of domestic abuse, disability, criminal justice and asylum-seeking.

## Isolated, invisible and missing

*many women I support became invisible to services and isolated from their supportive network which has given many opportunities for abusive ex-partners to further engage in abusive behaviours towards them.” (OS-DAS-020)*

*I am concerned about the practical, physical and mental health of all the women I support. There are several women I have been unable to contact at various times and feared they had become ill and died. There are several I still haven't been able to speak to. I have also spoken to women who are in emergency hotel accommodation and are experiencing drug withdrawal. (OS-DAS-030)*

*We are always concerned about members because there is a general lack of supports and services. Since lockdown this has increased a lot because it has become much more difficult to maintain and establish contact and we know that other supports in members lives have also decreased. (Criminal justice and disability service, OS-CJS-060)*



*I have concerns over one mother within one of the families. (Statutory service supporting refugees, OS-RAD-110)*

### **On the brink of destitution**

Concerns for the economic wellbeing of service users was already high before the pandemic, and responding to destitution has become a priority for many. Respondents gave examples of how economic hardship is worsening under lockdown – loss of employment, higher costs of living, which in turn is creating further risks on vulnerable people:

*'Some of our service users have EU nationality and were supporting themselves through work previously - seems likely that some will be unable to secure employment going forward and some will not be entitled to benefits.'* (Domestic abuse group that works with refugees, OS-DAS-050)

*This is leading to "Pressure on women to enter the sex industry" (OS-DAS-050)*

Access to food was a recurring area of concern in responses:

*"Families that were previously not a concern became so following the loss of work and they required food for the first time."* (BAME women's community development, OS-MWO-030)

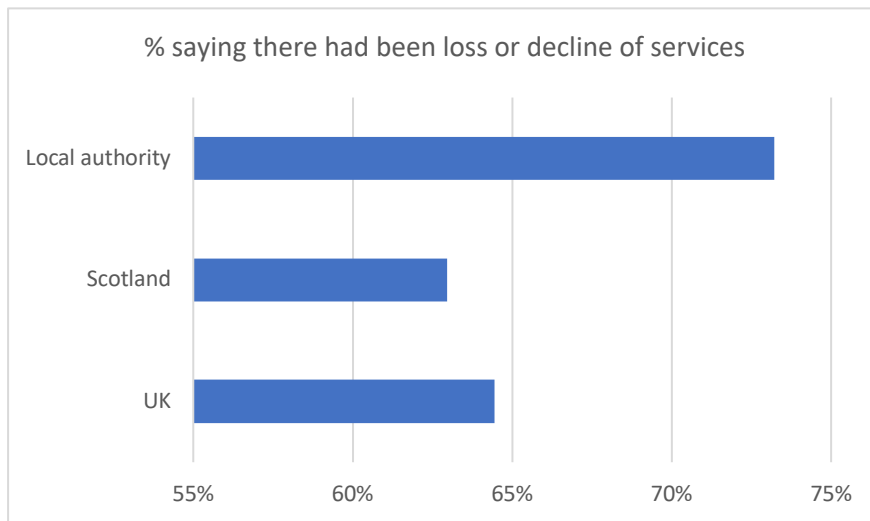
*[We are concerned about having] enough money to live on as it has seemed to cost more during the Lockdown - using more electricity, food from dearer local shops. (Statutory service working with refugees, OS-RAD-040)*

People may be holding on for now, but respondents are worried about what was going to happen when lockdown eased or government support was reduced, as this comment from a service supporting refugees: *'many individuals currently accommodated on section 4 Covid grounds who will be forced back into destitution'* (Refugee supporting organisation, OS-RAD-030).

### **Government support and priorities**

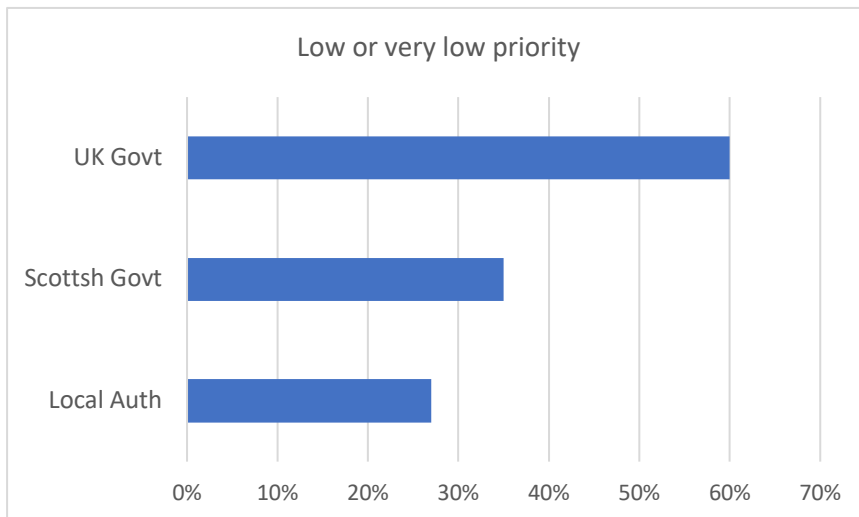
The majority of respondents reported a loss of services at multiple levels – UK (29 of 45 answering this question), Scotland (34 of 54) and local authority (41 of 56), with local authorities the level at which loss of service had been most significant:

Figure 8.7 Service loss at different levels of government



However, when asked about the priority accorded to an organisation’s constituency by different levels of government, the proportions were reversed, with a perception that the UK Government much more than Scottish or local authority government levels placed a low priority on groups they worked with: 60% (of 50 responding to the question) said this of the UK government, 35% of the Scottish Government (59 responses) and 27% of local authorities (57 responses). This suggests that loss of service at local authority level is seen as a resource and capacity rather than a priorities issue.

Figure 8.8 Prioritisation of excluded groups by level of government



Comments from respondents show where respondents felt governments had gotten things right or wrong:

On Scottish vs UK Government response:

*Scottish Government very quickly made emergency funding available to support [organisations in our sector], UK Government did follow but the level of funding provided was less than the services needed, not enough refuge space was available to meet the demand, particularly in England. (Rural women’s support organisation, OS-DAS-150)*

## On poverty and deprivation:

*I do not believe the UK government understands poverty and deprivation and their implications in the Covid crisis. (Statutory service, OS-UNK-020)*

*Shockingly low increase of asylum-seeker income by the UK government. (Frontline refugee charity, OS-RAD-090)*

## For BAME people and migrants:

*The BME women who use our service were in some ways able to access help available in the same way as the general population. However, others could not find the help they needed because of their benefits situation or immigration status, including those with EU nationality. We had concerns about the lack of representation from BME led organisations [in SG emergency planning]. (Domestic abuse group that works with refugees and those seeking asylum, OS-DAS-050)*

*[BME] communities [in Scotland] are being pushed further into poverty and with BME communities already experiencing economic inequalities, with BME Muslim women being further economically disengaged, it is crucial to understand to what extent these inequalities have exacerbated during Covid lock down and beyond. (BAME women's organisation, OS-MWO-020)*

*The UK government's response to immigration and the impact that has had during lockdown has been appalling with the impact seen locally in Glasgow. (Legal service supporting people in asylum process, OS-RAD-140)*

## Children and young people:

*With the Scottish Govt's commitment to the UNCRC, more attention should have been paid to the impact of the suspension of prison visits [on children's rights]. ... families needed to be included and informed throughout. GDPR has been used as an excuse not to contact and inform families directly. (Criminal justice service, OS-CJS-020)*

*I do not think there was prioritising of the young people we support by any government - any support we were offered was mostly from voluntary organisations. The Local Authority had a fund for all young people who are Involved with [programme] to access toys, games, bikes and laptops so that was very helpful. (Statutory service support for refugees, OS-RAD-040)*

## Positives

Although we noted numerous negative personal impacts for those working in key services during the pandemic, at the same time, most people also gave examples of many positive experiences and developments. In a section of the survey where respondents were asked to share any positives observed in the context of their work, 59 of 63 (94%) respondents offered an example. These can be organised into positives about: organisational and professional experiences; communities and individuals; third sector and partnership working; and the wider public, funders and Government.

## Organisational and professional

As echoed in other surveys (Scottish Government, 2020; SCVO, 2020), most respondents saw some positives in working from home and providing online and other remote forms of service access. More than one respondent said the pandemic had sped pre-existing plans to increase use of technology, and motivated staff to get up to speed in this. In contrast to those who found home working isolating or intrusive with home life, some felt it supported work-life balance, and appreciated the flexibility. Respondents felt the elimination of travelling to distant meetings or to attend professional seminars should be a practice that continues post-pandemic. Others echoed one respondent's view that: *'Staff have really connected over different geographies'* (BAME women's organisation, OS-MWO-020).

## Third sector and partnership working

Key strengths of the third sector were listed as creativity and resilience especially in being able to respond quickly to needs with minimal bureaucracy (as sometimes was mentioned in the context of statutory services). A number of respondents praised the way the sector had mobilised in the face of lockdown, coming together quickly, sharing resources, and supporting each other; examples of the latter included taking referrals when a colleague organisation was at or had lost capacity and sharing information (this theme is picked up as well in the social media analysis, see following chapter). Twenty-eight percent of those responding to this question mentioned the effectiveness of partnership working, pointing to how this has flourished during lockdown.

## Communities and individuals

Positives for individuals and communities included reaching more people or formerly excluded people, the ease and advantages of online support, and observing the ways communities came together and were able to help themselves in the pandemic.

*Telephone support can work better for some people who may find leaving their home difficult due to physical or mental health problems and they can sometimes talk more freely when not face-to-face with a worker.'* (Women's support organisation, OS-DAS-150)

While urging attention to the serious issues of digital exclusion of people with learning disabilities, another respondent said that *'For those who are now digitally connected, they have had increased opportunities for participation'* (Disability/health organisation, OS-DHC-032).

In-person appointments were also associated with adding additional pressure and burden on people in that telephone meetings avoided:

*'Many have told us they find it easier to be more open over the phone and feel less guilty if they miss a phone call rather than miss a face-to-face appointment. They are more likely to call back or answer the phone if they have missed a call'* (Women's sexual violence support organisation, OS-DAS-210).

Respondents were inspired by the ways they saw 'communities coming together more' (Refugee and asylum support, OS-RAD-100). Grassroots organisations gave examples:

*refugee families we work with supplying food to key workers - all off their own initiative (OS-RAD-060)*

*[There has been] increased "neighbourliness" - communities doing things for themselves, relying less on outside agencies - a good thing from an asset-based community development perspective. (OS-CD-010)*

*Mutual aid groups have been a lifeline for us - for instance we could requisition kitchens and cooks to prepare meals for our food delivery during April - July. (OS-RAD-130).*

## **Public, Funders and Government**

Respondents also reserved praise for the public's generosity in supporting food banks, volunteering, and donating to causes. Funders were also seen as having been flexible with existing grants and fast in providing emergency funds. There also were a number of points of praise for government agencies and professionals, specifically for Councils or Scottish Government divisions.

## **Conclusion**

This chapter presented key themes of the experiences and views of especially of voluntary and third sector groups, based on the organisational survey of services in Scotland. Future analyses of this survey will add further detail to this picture emerging of how organisations and the groups they work with are faring. Survey data offer a relatively small sample of all organisations working with the groups studied in this research, but through extensive comments and good spread across types of service are able to convey the extent to which the third sector in particular has been crucial in managing through the pandemic: mobilising quickly, coming together as a sector, emphasising maintenance of contact and support of small scale support for large numbers. This is a key message in itself – how small cash grants, mobile phone top-ups, food drops and phone support have kept people at the edge from falling off while government services became more difficult to access or were suspended.

As mentioned, the survey was completed by most organisations over the late summer and during a period when cases were flat, and it felt as if the pandemic might be waning. At the time of writing, the opposite is now true as Scotland experienced a surge in Covid-19 cases from the autumn. Sustainability was raised in staff interviews and in comments of the survey – services rose to the challenge with a sense of commitment but are feeling the pressure personally and organisationally. The groups they work with tend to be experiencing the most intense and multiple forms of exclusion underlining concern as we move into the winter. Positive developments during the pandemic, particularly around developing remote forms of working and support have produced some enduring efficiencies and improvements; these will help. However, it is clear that the pressures on both small organisations and people they serve are growing.

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# 9 ORGANISATIONAL USE OF SOCIAL MEDIA IN THE PANDEMIC

*Key points:*

- *Through Twitter posts and re-tweets, organisations shared and tailored information about Covid-19 to their constituencies. They also alerted their communities to alternative services and adaptations to restrictions.*
- *Twitter activity reflected a great deal of collective and cooperative working among organisations in different areas, helping to circulate, interpret, refine and sometimes challenge government and scientific information.*
- *Twitter provides an example of one space in which organisations could announce and amplify their Covid-19-related activism and campaigning. Through these efforts, they sought to expose the injustices, hardships and anxieties experienced by their communities. They then sought to generate, disseminate and mobilise evidence of these experiences in campaigns directed at authorities who have the power to mitigate suffering.*

Internet usage in the UK surged during the pandemic and drove adoption of social media (OFCOM, 2020). The ways in which people made use of social media during the Covid-19 pandemic were many. More often than not, news coverage has highlighted the negative contributions such media can make to the spread of misinformation, conspiracy and other harmful forms of communication (and see Chapter 7 for an example of how even media coverage raising awareness can be triggering for survivors of domestic abuse). Yet, researchers have started to emphasise how ‘Covid-19 also reveals the positive side of social media and the way it has become increasingly central to the public dissemination and discussion of vital information about the pandemic.’ (Das and Ahmed, 2020)

As part of this research project, we wanted to explore how some of our partner organisations used social media. We also sought to explore what social media content might reveal about how the third sector in Scotland responded to Covid-19, treating Twitter as a form of historical archive. In this chapter, we report on what we learnt from the data we collected and analysed.

## Methods

Our social media study examined the uses that a sample of our partners made of social media and explored social media content as an historical archive of the actions these

partners took as the pandemic unfolded. We focussed our attention on Twitter, rather than other social media platforms, as the public nature of the majority of Twitter content posed fewer privacy and data protection concerns. We selected a sample of five partners (see Table 9.1) and downloaded tweets and re-tweets from their Twitter feeds using the NCapture feature in NVivo 12. Our analysis began from the point at which the sampled accounts made first reference to Covid-19 and stopped at the end of August 2020. In the cases of Diabetes Scotland and the Health and Social Care Alliance, we treated re-tweets their parent/subsidiary Twitter accounts as originating from the same organisation. We mark re-tweets with (RT) next to organisational handles when quoting extracts.

Table 9.1 Social media study sample

Stream	Organisation
DHC	Diabetes Scotland (Diabetes UK)
DHC	Health and Social Care Alliance
RAD	Maryhill Integration Network
CJS	Scottish Prisoner Advocacy and Research Collective
Cross-Stream	The Poverty Alliance

We took a qualitative approach to addressing our research aims, using thematic analysis of content to classify and represent the data we gathered (Nowell et al., 2017). Three researchers followed the six thematic analysis steps together, using NVivo 12 software. First, we divided up the dataset by volume of tweets, and then we familiarised ourselves with the content. Following this step, we held a meeting to establish a draft coding frame, which we then went away and applied. We met regularly to discuss the coding frame and agree changes that were required when necessary. We achieved the third step, searching for themes, through two analysis meetings in which we discussed relationships between the codes we developed and considered variation between the five cases. We approached stage four by producing descriptive summaries for each of the cases, which we used to name the themes (step five) and produce the report which follows below (step 6).

This analysis is necessarily limited given the rapid time scale of the research. Therefore, it is important to note the limitations of this analysis such as that it does not include a reception analysis or social network analysis, which are standard techniques in this area. However, the approach offers strengths in being able to include a substantial number of tweets spanning a full period of the pandemic, not just sampling weeks; analysing a broad range of organisational types; and providing an in-depth reading of data.

### Sharing and tailoring Covid-19-related information

Throughout the pandemic conditions of 2020, all five organisations engaged in information sharing activities which aimed at helping the groups they represent and serve to navigate the new social landscapes in which they found themselves. This took the form of sharing official government guidelines, the recommendations of the NHS and public health bodies, announcements from government agencies and other specialist organisations. The organisations sampled also shared information tailored to the groups they support,



sometimes creating this themselves or retweeting content from other specialist organisations.

Diabetes Scotland first tweeted about the novel coronavirus on 12 March, retweeting content from parent charity Diabetes UK:

*We've updated our advice on #coronavirus for people living with #diabetes, in partnership with @NHSEngland and @PHE\_uk. This update includes an FAQ which aims to answer any questions you may have. You can find it on our website, here: <https://t.co/892lK7quTV> - (@DiabetesScot, 12-3-20)*

As this tweet attests, Diabetes Scotland's approach to providing information was constructed to respond to the needs and queries of those living with diabetes from the outset. The web page linked to here was first published on 2 March, in response to contacts received by Diabetes UK/Scotland from members asking about their risks. At this point, the page emphasised and linked to government and public health agencies' pages, but also acknowledged the emerging suggestions that those living with diabetes were faced elevated risks if they caught Covid-19. Over the course of first lockdown and the easing of restrictions that took place in the summer of 2020, the web page linked to in this tweet evolved to reflect the latest knowledge and regulations. As we will see below (in the activism theme), this was particularly important when the risks faced by people living with diabetes became the subject of national news coverage.

On 23 March, the day nationwide lockdown was announced, the Health and Social Care Alliance began re-tweeting public health guidelines from the NHS:

*If you have a high temperature or a new and continuous cough, even if those symptoms are mild, you should stay at home for 7 days. Do not go to the GP or hospital, instead you can find the latest health advice online > <https://t.co/x9xnCYk8XS> #coronavirus #covid19. - (@ALLIANCEscot (RT), 23-3-20)*

In this tweet, we see the Health and Social Care Alliance disseminating the NHS message focussed on encouraging those with a high temperature or new continuous cough to isolate and avoid healthcare settings, with the aim of protecting the NHS. This tweet was accompanied by a short animation from NHS Scotland with suggestions for how to isolate: avoid meeting people, do not use public transport and have food delivered to your doorstep. As with the Diabetes Scotland content, the Health and Social Care Alliance's informational content evolved with the changing Covid-19 landscape, sharing content relating to topics such as face mask exemptions (19-6-20) and encouraging those with cancer symptoms to engage with NHS services (4-5-20).

Before the official lockdown was announced, Maryhill Integration Network, like Diabetes Scotland, began sharing information intended to help their groups navigate the changing social spaces relevant to them, focussing on immigration and asylum-related information. For example:

*Legal update:  
Changes to the asylum and immigration process due to Covid-19. <https://t.co/7Ogb4tMZDx> - (@Maryhill\_IN, 20-03-20)*

And:

*Please share the following information.*

*All refugees and people seeking asylum in Scotland will get \*free health care\** 

*<https://t.co/y11bc1TnFN> - (@Maryhill\_IN, 16-03-20)*

In both of these tweets, Maryhill Integration Network sought to raise awareness of two pressing concerns for refugees and people seeking asylum: the procedures to which applications to stay in the UK are subjected to; and access to healthcare.

Maryhill Integration Network also engaged in sharing Covid-19 guidelines with their followers early in the pandemic:

*PLEASE SHARE*

*Coronavirus Latest NHS Guidelines Translated into 32 Languages*

*<https://t.co/6Vbx31t4w2> - (@Maryhill\_IN, 25-03-20)*

The web page linked to in this tweet is hosted by Doctors of the World, an international organisation that provides medical support to vulnerable populations across the globe. The page contains both text-based and audio files (to support those who do not read) of Covid-19 public health guidelines translated into 32 languages (now 60). This tweet shows clear concern for making Covid-19 information as widely available as possible.

The Scottish Prisoner Advocacy and Research Collective (SPARC) used Twitter to share information with families and friends of prisoners, and their supporters, relating to how the Covid-19 pandemic was affecting the conditions in which inmates were living, as well as changes to visiting rights and procedures. For example:

*Here at SPARC we have compiled all the media releases regarding #COVID19 in Scottish #prisons for your convenience. please retweet and share with anyone who may need it.*

*Also, please tag us in news articles missing from the list so we can share too*

*<https://t.co/WGIAU8tXWl> - (@ScotSparc, 10-4-20)*

The web page linked to here contains a chronologically ordered set of updates covering issues such as coronavirus deaths in prisons, numbers of prisoners self-isolating, changes to government policies (e.g. provision of mobile phones), visiting procedures and changes to the availability of food in prisons. These updates began on 16 March and continue to be refreshed to date.

The Poverty Alliance made significant efforts to share information to aid those on Universal Credit and those with caring responsibilities, among others, in navigating economic challenges posed by the pandemic. For example:

*Important reminder: employees who can't work because of caring responsibilities are now eligible to be furloughed. This could help many women who are struggling but lots of employers don't know, so please share! <https://t.co/Xs7zgsUPuq> - (@PovertyAlliance (RT), 10-4-20)*

*If you work with people who claim Universal Credit, please share our latest FAQs on the claimant commitment to help avoid sanctioning during #COVID19.*

*We will be updating regularly.*

<https://t.co/agGwMCwpOw> - (@PovertyAlliance (RT), 7-4-20)

These tweets both link to external sources offering detailed guidance for those affected by caring responsibilities or claim universal credit, and/or those who support them. They openly encourage sharing of this information, with the aim of avoiding preventable harms such as benefits sanctioning or gendered employment disputes.

## Digital service delivery

While much of the content that we analysed from the first weeks of the pandemic up to the end of August addressed information sharing, we also documented a rapid shift to delivering services online, which in some instances began before the official lockdown was implemented. Across the sample, organisations found ways to offer programmes of activity aimed at both frontline services users and providers, that made use of video conferencing and other technologies. Some of these activities were moved from in-person formats to online, and others were new services offered to meet needs arising from the pandemic and its disruptive impacts. In some instances, existing online offerings were continued, with a shift in focus to addressing coronavirus-related topics.

Maryhill Integration Network tweeted about a range of services that went online. For example, they run a community choir which had to stop meeting:

*Members of Joyous Choir are not meeting tonight, to stay connected they will sing songs & share them via social Media  
Best thing we can do at difficult times is to keep our souls alive, to sing until we are one chorus  
Kosovan/Albanian song Moj Zogo by Libby #music <https://t.co/3BEKORCAXd> - (@Maryhill\_IN, 19-3-20)*

Videos were recorded by members of the choir and put on the organisation's Twitter feed.

The organisation's volunteer training programme was also disrupted, but moved to an online delivery format:

*MIN Volunteer Coordinator @iain\_french1 narrated over a video of a powerpoint for our volunteers as part of volunteer training  
We're looking at creating&finding new methods to stay connected  
Any other creative ways to stay connected? Let's share ideas <https://t.co/swKhgwu6nc> - (@Maryhill\_IN, 20-3-20)*

With these two tweets posted in the four days before national lockdown, there is clear evidence that Maryhill Integration Network responded to the pandemic with agility and determination to continue to offer their supportive services to the migrant communities which they serve.

The Health and Social Care Alliance continued to deliver online resources for third sector organisations engaging those living with (or caring for) disabilities and long-term conditions. These resources shifted to addressing the challenges of Covid-19 and often involved partnership with other organisations:

*@ALLIANCEscot & @CPharmacyScot have teamed up to share this video about what to expect when you are visiting a pharmacy during #COVID19UK. @IanMWelsh @TheGPhC @RPSScotland – (@ALLIANCEscot, 24-6-20)*

The content of this tweet included a two-minute video made in partnership with Community Pharmacy Scotland which explains how to access pharmacies and use them during the pandemic. It is subtitled, to support accessibility, and sets out what pharmacy users should anticipate and do during their visits in a clear and sympathetic manner.

Alongside such guidance resources, the Health and Social Care Alliance also continued to offer its #ALLIANCElive webinars and interviews, but many of these pivoted to address Covid-19 and the challenges of lockdown. For example:

*In our new #ALLIANCElive “Being a Community Links Practitioner during COVID-19” @ChrisMakesLinks tells us what the role of a Community Links Practitioner is. @j9makeslinks @jeffmakeslinks @LWPMakeslinks @GinaTheALLIANCE Full interview available here: <https://t.co/7z8ah05pxC> <https://t.co/yjSujume56> - (@ALLIANCEscot, 18-6-20)*

Through content such as this, the Health and Social Care Alliance continued to offer activity which connected and strengthened the third sector during the Covid-19 pandemic.

One of Diabetes Scotland’s core activities is supporting a network of local diabetes support groups. With lockdown restrictions in place, these groups were unable to meet in-person, but some set up online meetings:

*Our Glasgow Family Group is hosting a Zoom chat tomorrow/Saturday at 3pm <https://t.co/50BtRaV8dM> - @DiabetesScot, 2-4-20*

This tweet represents one of a series of examples of how Diabetes Scotland continued to facilitate peer interaction across the diabetes community. As lockdown restrictions continued, Diabetes Scotland also set up and ran a series of online events that brought clinicians and those living with diabetes together:

*Join us with Dr Brian Kennon and Dr Vicky Alexander for a Zoom conversation 'What you wish you could ask at clinic but can't right now' next Wednesday 13 May at 2.30pm. register for a place: <https://t.co/lynSeowb3f> #diabetes We welcome questions in advance, please send us a DM - @DiabetesScot, 7-5-20*

These events took the form of ‘group consultations’, were positioned in tweets by Diabetes Scotland as popular and were repeated regularly throughout the period we analysed. Online events were not just targeted at those living with diabetes, with events also setup to support healthcare professionals:

*Webinar today for #diabetes healthcare professionals considering virtual clinics during and post-lockdown. <https://t.co/sxZh12zNU2> - @DiabetesScot, 1-7-20*

Content from Diabetes Scotland's Twitter feed shows how the organisation worked to help both those living with diabetes, and their healthcare professionals, adapt to caring for and supporting life with diabetes, using a digital environment.

The Poverty Alliance's Twitter feed also showed evidence of online service delivery. During #ChallengePoverty week, a focal event of the Poverty Alliance's calendar which it organises, a range of events were offered online. For example:

*TOMORROW*

*We're kicking off our series of Get Involved Meetings with voluntary organisations.*

*We'll cover:*

 *Ideas on how you can participate*

 *How to make an impact*

 *How to run successful events online*

*Sign up <https://t.co/GZolZmBGyw>*

*#ChallengePoverty #TogetherWeCan <https://t.co/QfTfnjd6U5> - (@PovertyAlliance, 29-7-20)*

In this tweet, we can see the Poverty Alliance maintaining its efforts to strengthen third sector capacity, including a specific focus on how to adapt to the restrictive environment by running events online.

The Scottish Prisoner Advocacy and Research Collective, as an advocacy and research focussed organisation does not position itself as a service provider as such. Accordingly, we did not attribute any of their tweets directly to this theme. However, we note that the information relating to prison conditions that the organisation was providing followers (discussed above) could be considered a form of service, particularly in the context of information scarcity.

## **Activism and campaigning for justice during Covid-19**

Activist and campaigning activities are central to the work of all five of the organisations we sampled. During Covid-19, activism and campaigning relating to pre-Covid-19 issues continued, but energies soon turned to advocating for groups facing further marginalisation, hardship and burden as a result of the pandemic and the suppression measures that followed. In this section we focus on drawing out campaigns and activism related directly to Covid-19.

Some campaigning efforts were focused on immediate and urgent issues relating to the pandemic. One issue was the official policies that were adopted towards people in the asylum process, more than 300 of whom were forced to move into hotel accommodation, with widely documented poor conditions. In May, a Syrian man in the asylum process, Adnan Walid Elbi, died in one of these hotels. In response to this, Maryhill Integration Network joined with other organisations (Positive Action in Housing; @refugee4justice) to apply pressure to local MP's, and to call first for an independent review of the approach and then a public inquiry.

*MIN&our colleagues at @GovanCP @seinglasgow @CranhillDT #NorthGlasgowInt have written to the Secretary of State @pritipatel asking for an urgent investigation into the decision taken to move*

*members of the asylum seeking community to hotel accommodation during Covid-19 lockdown*  
<https://t.co/pSBOSyBa3x> (@Maryhill\_IN, 20-5-20)

As refugees and people in the asylum process were pushed into destitution by the lockdown, organisations moved to highlight this urgent issue and call for increases to financial support to rates in line with increases to Universal Credit. There was an announcement of 26p a day increase which was vigorously criticised. In August, Mercy Baguma, originally from Uganda, died in a flat in Govan and this brought national media attention on these issues. These higher profile and national campaigning efforts were led by larger organisations such as @RefugeeAction and supported (re-tweeted) by smaller ones such as Maryhill Integration Network. Some of these efforts were organised under the hashtags #NoRecourseToPublicFunds; #EndDestitution #IncreaseAsylumSupport and #StandUpForAsylum.

*This is shameful. Utterly shameful from @ukhomeoffice. 26p a day? And in a pandemic? Are they having a laugh? As it's REALLY not funny. This decision will literally put people's lives in danger. Don't give us "an inflation beating 5%" spin - 5% of a pittance is still a pittance*  
<https://t.co/1zNgFhYReq> (@Maryhill\_IN (RT), 8-6-20)

Over the course of one week in May Maryhill Integration Network shared stories of people whose lives had been made harder by lockdown in support of @RefugeeAction campaign.

*Because of restricted transport options and community hub closures, asylum seekers in Scotland and the UK are now struggling more than ever to survive with limited access to information (can't afford data for connection) as well as financial support. (2) (Maryhill\_IN, 26-5-20)*

*Volunteer and group member, Vincent, shares his feelings about being in the asylum process in lockdown with his family Join the campaign to #increaseasylumsupport*  
<https://twitter.com/refugeeaction/status/1255394211849015296?s=21> (@Maryhill\_IN, 29-5-20)

Another group that faced specific issues during lockdown were prisoners. Responding to these issues, SPARC published a number of statements calling for early release of prisoners, raising concerns about prison conditions and about limited family contact. For example:

*We see early release a key measure for protecting the health of people in #prison during #COVID19. Please read our statement on #coronavirus and Scottish Prisons:*  
<https://t.co/bfaHkBsVWp> (@ScotSparc 31-3-20)





The collective also responded to a Scottish Government Equalities and Human Rights consultation:

*We have a draft! Key issues highlighted: impact of restricted regime; family contact; mental health; health care; progression; plans for easing lockdown; and consultation and info sharing with people in #prison and their #families. Have we missed anything?? #prison #COVID19*  
<https://t.co/rk0agQGpwb> (@ScotSparc 26-6-20)

In this tweet, we see SPARC pursuing their advocacy efforts in a collaborative manner, asking for input and sense checking from their followers.

Another major group that faced difficulties during lockdown were those on low incomes or experiencing poverty. In conjunction with other NGOs, the Poverty Alliance pursued a number of immediate campaigning aims to increase support to these populations. Immediate concerns focussed on increasing statutory sick pay, increasing funds available to the Scottish Welfare Fund, ending the five-week wait for Universal Credit, and implementing a freeze on utilities.

*We are calling on the UK Government to*

-  *Increase social security payments*
-  *End the five week wait for Universal Credit*
-  *Increase Statutory Sick Pay to real Living Wage rate*
-  *Implement a freeze on utilities (PovertyAlliance, 18-3-20)*

The UK and Scottish governments partially responded to some of these issues, for example by boosting the minimum wage and Universal Credit, and introducing the furlough scheme. Another specific aim was to provide support to families through cash payments who rely on free school meals during schools closures:

*We, along with 100 children's charities, trade unions, faith groups, academics and community orgs have written to @ScotGovFM calling for emergency cash support for families on low incomes. Families that are struggling to stay afloat need a lifeline now. <https://t.co/irXsukzVEN> (@PovertyAlliance, 13-5-20)*

The Poverty Alliance also joined calls for investigation and action in response to the disproportionate impact of Covid-19 on BAME communities. For example:

*The UK + Scottish Government's must listen to the calls of orgs like @bemis\_scotland and @crer\_scotland to publish data on the disproportionate impact the current crisis is having on BME communities. Until then, you can read evidence submitted by Prof. @NasarMeer and others here <https://t.co/DKbLHeYfUm> - (@PovertyAlliance 2-6-20)*

Tweets such as this one are characteristic of The Poverty Alliance's strategic and collaborative efforts to bring evidence to bear on inequalities, and encouraging others to engage with their concerns.

*Diabetes Scotland's activism focussed on uncovering the experiences on those living with diabetes and then advocating for them. Multiple calls to participate in surveys were issued. Initially, a general survey was issued: 'Please let us know how coronavirus is affecting you (@DiabetesScot, 8-4-20).' Later in the pandemic, the surveys became more specific:*

*Has your regular diabetes care & treatment changed because of coronavirus? We want to hear from you. Take our quick survey to share your experiences over the past few months, to help us make sure that the care you're getting right now meets your needs: <https://t.co/QKV4MC6xb4> - (@DiabetesScot, 25-8-20)*

These were followed up with targeted campaigns grounded in the findings of their surveys. For example:

*Two thirds of people with diabetes attending work told us they don't feel safe in their workplace. This needs to change. We're calling on governments across the UK to put in place better protection for people with diabetes at work. Sign our open letter: <https://t.co/QTEqK7cdHg> - (@DiabetesScot, 2-6-20)*

Linking activism and advocacy efforts to evidence was a common feature of Diabetes Scotland's work in this area. The organisation also voiced concerns to government and the NHS about data published which suggested that those living with diabetes faced elevated risks of severe manifestations of Covid-19. When this data was initially released, the original report and subsequent media coverage made no distinction between types of diabetes, leaving the community with significant questions and uncertainties. This formed the focus of the response from Diabetes Scotland/UK:

*(1/3) Many of you will have seen reports of a new statistic from the NHS in England about the number of people who have sadly died from coronavirus who were also living with diabetes. We want you to know that we're working hard to get you answers.*

*(2/3) We've pulled together what we currently know about this data, what the emerging evidence is telling us, and what government needs to do to make sure their policies are reflective of the needs of people with diabetes. You can read all about it here: <https://t.co/HO7GlvZCwb?amp=1>*

*(3/3) We want you to know we are here for you. If you feel worried or have any questions, please call our helpline on 0345 123 2399 from Monday to Friday 9am to 6pm, or email us at [helpline@diabetes.org.uk](mailto:helpline@diabetes.org.uk), and we'll get back to you as soon as possible. (@DiabetesScot, 15-5-20)*

In this thread, we see Diabetes Scotland, via Diabetes UK, attempting to reassure the diabetes community in Scotland that they were pressing for detail to enable the diabetes community to respond appropriately, and to remove the ambiguities surrounding the data release. As more information was made available, specifying relative risk by type of diabetes and age, the website linked to in the second tweet of the thread was updated and fresh announcements were made on the Twitter account.

While the Health and Social Care Alliance tended not to use Twitter for extensive activism and campaigning in the manner of the rest of our sample, it advocated for the third sector's contributions to wellbeing in Scotland, pointing to the vital role it will play in the post-pandemic world:

*"Contributing hugely to Scotland's wellbeing economy, the third sector is an integral part of our national economic recovery. It needs support now..." says @ALLIANCEscot Chief Exec, @IanMWelsh in today's @TheScotsman  
@DiabetesScot @CarersScotland @CHSScotland @mentalhealth - (@ALLIANCEscot, 3-7-20)*

## **Collective responses and post-Covid-19 futures**

Across the data we analysed, our attention was continually drawn to the collective approach that the sampled organisations took to Covid-19. All five organisations showed clear signs of working with, promoting and sharing the content of other organisations and supporters engaged in responding to Covid-19. Collectivism was also apparent in content which



appealed for reflection on and action towards redressing social inequalities in a post-Covid-19 world. (This was evident, too, in responses to the organisational survey, analysed in the previous chapter.)

An example of the collectivism we identified came from the Health and Social Care Alliance, which sought to bring a range of carers' organisations into a dialogue focussed on hope:

*@ALLIANCEscot members - what is your message of hope during this time?  
Use the @ALLIANCEcarerVo digital template and send a message of hope today. #MIAB  
<https://t.co/PqO4MZu7Rh>  
@CarersTrustScot @CarersCoalition @CarersLinkED @CarersScotland @tide\_carers  
<https://t.co/EROMz8NEXb> - (@ALLIANCEscot, 29-5-20)*

With carers facing increased and intensified responsibilities during and after the initial lockdown period, this content represents an attempt at fostering solidarity and renewed energy across the communities of carers represented by the organisations tagged in the tweet.

Another aspect of the collective approach taken by the sampled organisations is the way in which useful information was shared with other third sector partners and supporters. For example:

*@bemis\_scotland @Maryhill\_IN @LicketyTweet @ethnic\_network @dumgaldiversity @cisweb  
@MCHPKAVS @CYPKS #AccessibleHomeLearning during coronavirus: We just found another  
translated resource for Hindi and Spanish speaking families looking for easy to read info about  
coronavirus to look at with their children. It's from the charmingly named @LittlePuddins  
<https://t.co/5AMjBmZqPC> <https://t.co/yeVPNocFca> - (@Maryhill\_IN (RT), 29-5-20)*

Here, Maryhill Integration Network were tagged in a sub-tweet by Scottish children's charity REACH, which shared translated resources aimed at explaining Covid-19 to children living in Hindi and Spanish speaking households developed by the charity Little Puddins. This exchange came about in response to an initial post by BEMIS (national umbrella body supporting the development of the Ethnic Minorities Voluntary Sector in Scotland), in which it shared a tweet from REACH linking to a collection of Audible audiobooks aimed at children who speak English as a second language. Such multi-directional chains of connection, linking disparate organisations together in the pursuit of inclusive responses to Covid-19, occurred regularly in the dataset.

We also observed collectivist approaches in the imagined post-Covid-19 futures that organisations began calling for after the initial responses to the pandemic had been made. The Poverty Alliance were the most active in this area, tweeting at the end of April that:

*The compassion and solidarity so evident in our communities during the crisis should be reflected in the redesign of our economy. We need:*

- ✓ *A labour market that works for everyone*
- ✓ *A just taxation system*
- ✓ *Adequate incomes for all*
- ✓ *Continued + ambitious climate action (@PovertyAlliance, 30-4-20)*

The organisation subsequently went on to back and extend the Carnegie UK Trust's report 'Building Back for the Better' (published on 23 July). The latter report circulated with the hashtag #BuildBackBetter (some two months before Prime Minister Boris Johnson adopted this phrase), which the Poverty Alliance used when promoting webinars and material focussed on reducing inequalities in the post-Covid-19 era. For example:

*If you are a @PovertyAlliance member, there is still time to register for our webinar on Monday: 'Getting Back on Track? Priorities for Scottish social security after Covid-19' with @CPAGScotland @MhoraigG & @siao\_voice <https://t.co/p0hFNK2z82> #BuildBackBetter - (@PovertyAlliance, 24-7-20)*

Throughout the #BuildBackBetter tweets published by The Poverty Alliance there was a consistent and multi-dimensional call for more equitable, collective, solutions to social inequalities, attempting to draw on the 'compassion and solidarity' the organisation identified in community responses to Covid-19.

## Conclusion

Across our sample of five organisations, we found that Twitter accounts were used to share official public health and government information and policy in ways intended to support those engaging with the content to adopt Covid-19 prevention and protection practices, and to navigate changing social landscapes. Care was taken by each organisation to investigate and provide content that was tailored to the needs of the social groups they support through their work.

The Twitter content we gathered under the theme of 'digital service delivery' demonstrated how the sampled organisations made significant efforts to continue, expand and innovate digital approaches to service delivery. Through these services, organisations sought to maintain the support they provided to their communities and to respond to the new needs their communities were expressing, enabling adaptations to the new social environments created by the response to Covid-19.

It is clear from the evidence we presented under the theme 'activism and campaigning for justice during Covid-19' that our sample of organisations used Twitter as one space in which to announce and amplify their Covid-19-related activism and campaigning. Through these efforts, they sought to expose the injustices, hardships and anxieties experienced by their communities. They then sought to generate, disseminate and mobilise evidence of these experiences in campaigns directed at authorities who have the power to mitigate, and in some cases eliminate, the suffering uncovered.

Finally, the theme 'collective responses and post-Covid-19 futures' collected together Tweets which communicated different forms of solidarity. Organisations sought to unite their communities to respond to the tough conditions of lockdown, for example, by sharing messages of hope and encouragement. They also participated in extensive information exchange, attempting to bring disparate organisations into dialogue with one another to access and pass on resources of use. Collectivism was also used to capture the way in which some organisations envisioned and pursued post-Covid-19 futures in which social inequalities are systematically addressed.

In sum, Twitter data offers insight into the civil society/third sector response to Covid-19 in Scotland. The analysis showed how social media is both a helpful *and* critical conduit between government and specific communities, allowing organisations to tailor and mediate the response for specific groups. Organisations also consulted these communities and sought to challenge injustice, often using extensive evidence collected from the communities, and working together and toward the future.



# IMPLICATIONS & CONCLUDING MESSAGES

# 10 IMPLICATIONS AND CONCLUDING MESSAGES

*Key points:*

- *Implications of Covid-19 and lockdown measures over different time scales are: Averting catastrophe in the short-term; navigating their 'lives on hold' and uncertainty in the medium term; and, in the long-term we speculate about emergence of a social form of 'long Covid'.*
- *The pandemic has shone a light on the isolation, loneliness and exclusion that the study populations experienced prior to Covid-19.*
- *Money and housing are fundamental issues affecting many; these basic aspects of security have caused significant stress and risk for many in the study.*
- *The research challenges the notion of 'vulnerability' and demonstrates how people are agentic, capable actors, and wish to be enabled and empowered as such. Participants were making difficult choices every day, within unimaginable constraints, while also playing vital roles in their families and communities.*
- *There was immense hope that is woven through the data. From third sector organisations shifting priorities and making things happen to help people in extremely harsh financial constraints, to people offering to volunteer for their friends, family, or neighbours, to people using creative means to reach out and support one another the research participant's stories demonstrate the power of coming together during times of crises.*

In this final chapter, we draw together implications emerging from this research. The data we gathered pinpoint critical implications of Covid-19 for the study populations and public policies, but also have exposed fractures in key aspects of our health and social systems, social structures, and ways of being much more broadly. The data revealed encumbrances as well as capabilities people have in their day-to-day lives, pandemic or not, and which Covid-19 intensifies.

## **Short-, medium- and long-term impacts**

Covid-19 as a disease, the lockdown, government and community responses, will have profound implications for people's lives in ways that will reverberate through our lifetimes. In the short term we saw people just trying to avert the catastrophe that illness, lockdown, or loss of funding can bring. In the medium-term, a state of limbo exists, in which lives are between being stuck 'on hold' while circumstances are moving things, often backwards. This has profound implications that may be devastating for people and their families in terms of health, wellbeing, and agency.

Longer term impacts span from those on health, bodies, and wellbeing (i.e. the impacts of long Covid on those with severe physical or mental health issues) to those on the very social fabric on which we depend. Backlogs in bureaucratic processes, school shutdowns, the erosion of practical and therapeutic support means that pre-existing hardships and traumas will be coupled with the stress and complications of lockdown and Covid-19. The unpredictability and uncertainty of Covid-19 underscores the contingencies of people's physical health and social worlds. The inclusion of full social engagement is contingent on forces that can also take that access away. For example, when people's lives are contingent on the actions or choices of others (e.g., friends and neighbours who deliver supplies, third sector agencies translating immigration documents, or statutory services) their absence is felt acutely and from which there may be devastating effects. Likewise, there is a contingency to people's own bodies, particularly as health, injury, disability, or illness intersects with access to care, financial or social resources.

One of the developments that would be worth tracking is the potential for a *social and psychological* analogue of the 'long Covid' physical effects of Covid-19 infection (Mahase, 2020). Many of the people we spoke with were 'just holding on', keeping at bay the harshest effects of lockdown. When the pandemic ends or as it continues through 2021, there may be significant social and personal needs being stored up now that will unleash a significant challenge for services and support. In terms of the challenges for services and support, the importance of third sector organisations has been profound for all populations in the study. However, these organisations face increasing difficulties in the current political-economic climate. Interviews with organisation staff and the communities they serve highlights key implications for funding cuts, cuts coming off the back of years of austerity measures. Long term implications of these funding losses may be devastating for people and their communities.

## **Active people disempowered and disabled**

Despite some of the most severe implications, our data also challenges the notion of 'vulnerability' and demonstrates how people are agentic, capable actors, and wish to be enabled and empowered as such. People in this research were making difficult choices every day, within sometimes unimaginable constraints, while also playing vital roles in their families and communities. Throughout the pandemic people have become active participants in information gathering, analysis, and decision making. People are not just in need of care, but they are also carers for family, friends, and neighbours. The research populations not only need and access services, but some volunteer for key services, are valued members of support groups, and create and share information or resources for others within their communities. Therefore, approaching excluded populations as merely those who need support ignores the creativity and humanity of people in the groups we targeted in this research. However, there were many ways that people identified how statutory services constrained and disempowered their agency. A clear implication of the research is the need to better map and address these ways that systems confound people's desire and ability to belong through active participation in their communities and society.

Whilst there is a strong sense of communities coming together in many areas, participants described situations in which this was undermined by the individualistic way systems and Covid-19 guidance were organised. People spoke about how they felt individually

responsible for the challenges of managing their own health conditions, having to invest significant energy into new routines and ways of obtaining care. Others experienced forced moves to hotels as isolating and confining, preventing them from forms of encounter in which they could help and be helped by others as well as have social contact.

## **The inequalities of isolation**

The stories that the study populations shared about their daily lives (prior to and during the pandemic) revealed their familiarity long before the pandemic with the experiences of isolation, loneliness, and lack of human contact that the broader population now feels. The precarity (social, economic, health) of day to day alongside the sense of resilience that society is experiencing is an all too familiar norm for those participating in this study.

The Covid-19 pandemic may be a chance to elevate those whose experiences of managing isolation before the pandemic provide them with unique expertise. What does isolation, loneliness, and lack of human contact feel like? That it takes a pandemic to reveal these realities demonstrates entrenched prejudices and fractures within Scottish society around inequality and disabling frameworks and attitudes.

## **Basic security: Money and housing**

It is inescapable that many of the people sharing their experiences with this research were facing significant harms due, simply, to lack of money. Having more funds, and for some, specifically in the form of cash, would have allowed greater ability to comply with Covid-19 guidance (to shop infrequently and in larger amounts, for example). It would have meant access to services they were excluded from – like online support groups – by being able to acquire computers or tablets, or have funds to pay for mobile top-ups. The issues of basic security, autonomy and dignity are connected: being able to have choices about what food one buys was an area where people felt their dignity was eroded. Dependence on charity food sources was needed but also a source of pain and sometimes resentment, beyond issues related to the quality and appropriateness of food received this way. Money would have eased extremely tough choices, between buying PPE or calling a loved one, between a parent buying children a toy or food. There was consensus that communities, the public, the third sector and other services rose to the challenge, but that this was not always enough or in the forms that would have supported people holistically.

Housing was a second dominant and basic need raised by participants. The lack of stable or suitable housing was a cause of distress and worsened isolation and mental health for people in across groups. Hotel accommodation for those seeking asylum was uniformly described as deeply isolating, and Scotland has seen tragedy that can ensue from this type of measure, namely the Park Inn hotel death in June 2020. Our researchers spoke with those there, who had witnessed this event, and for whom the implications are still unknown. People are managing trauma of both event and broader situation leading up to it, yet with little support. Many in this group also face homelessness, a severe risk as winter weather hits. Housing was an issue for others as well – those leaving prison placed in temporary accommodation, shielding families and single parents with children in crowded space and poor outdoor options, those in dangerous spaces with abusive partners, and those housed

in places presenting challenges for accessing key services. Considering the importance of both housing security and quality is a further important implication raised by this research.

## Hope

*Societies are not governed by power alone and are not fuelled only by the pursuit of self-interest. Feelings for others matter, and they are structured by the boundaries of solidarity. How solidarity is structured, how far it extends, what it's composed of – these are critical questions for every social order, and especially for orders that aim at the good life. Solidarity is possible because people are oriented not only to the here and now but to the ideal, to the transcendent, to what they hope will be everlasting. (Alexander, 2006)*

Each chapter brought out some valuable positive experiences of the pandemic that underscore critical opportunities for change. The movement of religious services, classes and groups online facilitated new forms of access and inclusion for people with disabilities whose impairments prevented them from attending in-person, and people reported creating, engaging with and getting more involved with online peer support. The shift to providing some services online improved access to people in rural parts of Scotland. The slower tempo of lockdown felt inclusive to some disabled people, allowed others to pause and evaluate their priorities or learn new skills such as how to cook, which was connected to the ecological and planetary benefits of reduced road and aviation traffic, safe streets and cleaner air. For those who experienced it, the “rallying around” of neighbours produced new forms of connection. The study demonstrated creativity, compassion, and community coming together.

We end this chapter and this report by drawing out some positive messages coming out of the data. These underline the power and need for hope. There were many examples where changes necessitated by the pandemic – moving to online services, mutual aid groups among the populations studied and much more – revealed the strength of drive and new practices that undoubtedly helped people make it together through the pandemic. The remarkable flexibility, motivation, and care of third sector organisations has been notably earnest, however further loss of funding will have profound implications. Covid-19 is not the only crisis we face in these times, for example climate change is already intersecting with the pandemic, exposing additional challenges to come. The new ways of working and maintaining social connection may aid how we face this and future pressures. The widespread coming together of people to help each other is another sign of hope for hard times. The key issue will be the ways the state enables and supports the realisation of hope through fostering the security and wellbeing of people.





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# APPENDICES

## Appendix A Topic guide for interviews with affected groups

### 1. Demographic questions

- Age
- Gender
- Where are you currently living and who with (geographical location and type of dwelling)
- How did you hear about the study? [note name of organisation]
- If not through a partner organisation, we want to talk to people in four groups, which one or ones would you say describe you?
  - Disabled, living with a long-term health condition
  - Victim-Survivor of domestic violence or sexual violence
  - Refugees, asylum seekers and destitution affected
  - Involved in criminal justice system

### 2. How has Covid-19 and the responses to it (e.g. lockdown) affected you? *[Reflect on going into, during, and coming out of lockdown]*

#### **Prompt: Social distancing and messaging**

- Where are you getting information about Covid? (NB incl. word of mouth) -
- How feel about information you get? Anything you'd like more information on?
- What sorts of formats for information do you like best and why? (video, written, newspaper, TV, WhatsApp etc.)
- How have you adapted the guidance to meet your needs (care work, visiting family members, lack of access to hand washing materials etc.)
- What has been difficult for you about social distancing? Have there been any benefits?

#### **Prompt: Spatiality and housing**

- Where are you living now? How have these things changed since – January? (Your choice? How feel about move?)
- Does the space feel big enough for everyone?
- How have things been in your home?
- How safe do you feel where you are?

#### **Prompt: Everyday Life**

- Things you can't now do, things you now must do
- Things you miss – emotional impact of that
- Things you know you shouldn't do but do anyway (what is it that makes this important to you?)



**Prompt: Health**

- How has your health been affected? What about your mental health?
- How does your health affect your response to Covid-19 (underlying conditions, testing, response to any symptoms, access to/avoiding health care)

**Prompt: Connectedness and relationships:**

- How do you keep in touch with your important others? How has that changed? For better and for worse. -
- Difficulties connecting with important others (locally, internationally), e.g. cannot hug, no phone, access to Wi-Fi etc.
- How have you felt supported by:
  - Friends
  - Family
  - Neighbours and community
  - Others
- Have you felt able to support others? What form(s) has this taken?

**Prompt: Formal support and relations with organisations:**

- What organisations and services have you been in contact with during Covid? How has this changed from before Jan? (found new orgs, orgs changed focus etc.)
- What do those organisations do to support you? (How) has that changed since January? (Positive/negative?)
- What do you feel you need/would benefit from in terms of support?
- Have there been any barriers to you accessing the support you need?
- Have there been things that have made it easier?

3. **What has been the main change in your life since the start of social distancing? (Positive/Negative)**

4. **People talk about Covid-19 changing things, what changes would you like to see?**

## Appendix B Topic guide for staff Interviews

[For interviewees recruited through organisational survey:] Thanks for completing the survey, and for getting in touch with us for a follow-up conversation. This will help us understand in more detail how Covid-19 and the measures to control it are affecting you and your work. This interview allows you space to expand on any part of the things we asked about in the survey. The survey covered a lot of different issues. Is there one particular aspect of that you wanted to discuss? Just to remind you, there were sections about...

SECTION 1 About you, your organisation and its financial situation

SECTION 2 Service changes and impacts in light of Covid-19

SECTION 3 The people you work with and serve

SECTION 4 Organisational, government and service landscape

SECTION 5 Your ideas, needs and further participation

### **1. How has Covid-19 affected the needs of your service users?**

- Service users' key concerns
- Organisation's key concerns
- Work done to adapt and communicate govt guidance
- Adaptations made to service

### **2. How has Covid-19 affected how you deliver services to your service users?**

- What support did you service provide pre-social distancing?
- How has Covid-19 affected your organisational priorities?
- Have you redesigned support and if so, what has been the process?
- Challenges and opportunities of delivering new support / existing support in context of social distancing

### **3. After Social Distancing**

- Main challenges of exiting lockdown
- For service users
- For organisation
- What innovations developing during social distancing do you think your organisation might maintain afterwards and why?

### **4. Closing Question**

- If you could ask one thing from the Scottish Government in relation to how Covid-19 has affected the groups you work with and organisations such as your own, what would it be?

## Appendix C Overall breakdown of data sources and interviewee demographics

### Sources of data – interviews, surveys and letters

	CJS	DASV	DHC	RAD	Other	Total
Interviews of group members						
-by GU Team	20	12	40	27		99
-by Partner	6					6
Interviews staff	11	18	5	3		37
Partner focus groups					4	4
Survey of staff	13	22	6	14	8	63
Survey of prisoners	86					86
Prisoner letters	10					10
<b>Total sources information</b>	<b>146</b>	<b>52</b>	<b>51**</b>	<b>44</b>	<b>12</b>	<b>305*</b>

\*Partner focus groups were four groups with between 5-8 people each; total includes number of groups, not individuals.

\*\*Includes five of 22 interviews completed as part of Diabetes boosted sample, with the whole diabetes cohort being analysed separately.

### Overall Demographic Breakdown of GU Interviews

From this point onwards, data is for interviewees who were members of the affected population (CJS, DASV, DHC or RAD) and does not include staff interview breakdowns and demographics.

Primary Area	n	% of total
CJS	20	20%
DASV	12	12%
DHC	40	40%
RAD	27	27%
<b>Total</b>	<b>99</b>	<b>100%</b>

### Summary points:

- Predominantly women interviewed (59%)
- Nearly three-quarters (74%) aged between 25 and 54
- Ethnicity for over half (55%) of those naming ethnicity or national origin was White British or Irish; 41% overall are members of a BAME group.
- Glasgow is most common location of interviewees by far (54%)
- Over a quarter (27%) of people live alone; 45% live with a partner or children or both partner and children
- Flat/tenement is the most common housing type (58%)
- Nearly two-thirds (64%) of all participants unemployed and/or in receipt of benefits
- Most (62%) had not shielded at any point up to the time of interview

<b>Gender</b>		
Women	57	59%
Men	39	41%
Not disclosed/prefer not to say	3	
<b>Total</b>	<b>99</b>	<b>100%</b>

<b>Age</b>		
18-24	7	7%
25-34	23	24%
35-44	22	23%
45-54	25	27%
55-64	11	12%
65-74	6	6%
Not disclosed	5	
<b>Total</b>	<b>99</b>	<b>100%</b>

<b>Ethnicity</b>	<b>CJS</b>	<b>DASV</b>	<b>DHC</b>	<b>RAD</b>	<b>Totals</b>	<b>%</b>
White British (inc Scottish), Irish	19	5	23	0	47	55%
BAME	0	4	5	26	35	41%
Other	0	0	3	0	3	4%
Unassigned/not disclosed	1	3	9	1	14	
<b>Total</b>	<b>20</b>	<b>12</b>	<b>40</b>	<b>27</b>	<b>99</b>	<b>100%</b>

<b>Geographical area</b>		
Aberdeen City	1	1%
Ayrshres	4	4%
City of Edinburgh	6	6%
East Dunbartonshire	1	1%
East Lothian	1	1%
Falkirk	1	1%
Fife	2	2%
Glasgow City	51	54%
Highland	5	5%
Inverclyde	2	2%
Mid Lothian	3	3%
North Lanarkshire	2	2%
Perth and Kinross	1	1%
Renfrewshire	4	4%
South Lanarkshire	6	6%
West Dunbartonshire	2	2%
West Lothian	2	2%
Not disclosed/unassigned	5	
<b>Total</b>	<b>99</b>	<b>100%</b>

<b>Household</b>		
Alone	24	27%
partner	13	15%
children	19	21%
partner + kids	8	9%
family/friends	13	15%
with others in temp accom	10	11%
Other	2	2%
Unassigned/not disclosed	10	
<b>Total</b>	<b>99</b>	<b>100%</b>

<b>Housing type</b>		
Flat/tenement	46	58%
House	22	28%
Housing Association Property	1	1%
Student halls	1	1%
Temporary accomodation	9	11%
Unassigned/not disclosed	20	
<b>Total</b>	<b>99</b>	<b>100%</b>

<b>Employment</b>		
Employed	17	22%
Furloughed	1	1%
Unemployed/ benefits	50	64%
Retired	4	5%
Student	6	8%
Unassigned/not disclosed	21	
<b>Total</b>	<b>99</b>	<b>100%</b>

<b>Shielding status</b>		
Shielding currently	6	7%
Shielding at any point	22	25%
Did not shield	55	62%
Other	6	7%
Unassigned/not disclosed	10	
<b>Total</b>	<b>99</b>	<b>100%</b>

## Appendix D Breakdown of CJS data sources and interviewee demographics

### Sources of data

Interviews of group members	
-by GU Team	20
-by Partner	6
Interviews staff	11
Surveys of staff	13
Surveys of prisoners	86
Prisoner letters*	10
<b>Total sources information</b>	<b>146</b>

\*Prisoner letters includes both GU and partner gathered material

### CJS Group: Demographic Breakdown of GU Interviews

From this point onwards, data is for interviewees who were members of the affected population and does not include staff interview breakdowns and demographics.

#### Summary points:

- Majority of those interviewed were men (70%), unlike all other groups in the study
- The age of these participants skewed lower than the overall group studied (48% are in the 18 to 34 year age group)
- This group was the least ethnically diverse; 100% of those answering question were White Scottish/British
- This group was the most geographically distributed with no dominant location among participants: Edinburgh, Glasgow, Highlands, Inverclyde and South Lanarkshire were the most common areas of residence
- Much more likely than overall cohort to live alone (47%)
- The group was almost evenly split between living in a flat or house, but a fifth were in temporary accommodation
- Nearly three-quarters were not employed of those who answered (73%)
- This group had highest level of people who had not shielded (90%)

<b>Gender</b>		
Women	6	30%
Men	14	70%
Not disclosed/prefer not to say		
<b>Total</b>	<b>20</b>	<b>100%</b>

<b>Age</b>		
18-24	2	11%
25-34	7	37%
35-44	2	11%
45-54	4	21%
55-64	3	16%
65-74	1	5%
Not disclosed	1	
<b>Total</b>	<b>20</b>	<b>100%</b>

<b>Ethnicity</b>	<b>CJS</b>
White British (inc Scottish), Irish	19
BAME	0
Other	0
Unassigned/not disclosed	1
<b>Total</b>	<b>20</b>

<b>Geographical area</b>		
City of Edinburgh	3	15%
East Dunbartonshire	1	5%
East Lothian	1	5%
Glasgow City	3	15%
Highland	2	10%
Inverclyde	2	10%
Mid Lothian	1	5%
North Lanarkshire	1	5%
South Lanarkshire	3	15%
West Dunbartonshire	2	10%
West Lothian	1	5%
Not disclosed/unassigned		
<b>Total</b>	<b>20</b>	<b>100%</b>

<b>Household</b>		
Alone	9	47%
partner	3	16%
children	2	11%
partner + kids	3	16%
family/friends	2	11%
with others in temp accom		0%
Other		0%
Unassigned/not disclosed	1	
<b>Total</b>	<b>20</b>	<b>100%</b>

<b>Housing type</b>		
Flat/tenement	7	35%
House	9	45%
Temporary accommodation	4	20%
Unassigned/not disclosed		
<b>Total</b>	<b>20</b>	<b>100%</b>

<b>Employment</b>		
Employed	4	27%
Unemployed/ benefits	11	73%
Unassigned/not disclosed	5	
<b>Total</b>	<b>20</b>	<b>100%</b>

<b>Shielding status</b>		
Shielding currently	1	5%
Shielding at any point	1	5%
Did not shield	18	90%
Other		0%
Unassigned/not disclosed		
<b>Total</b>	<b>20</b>	<b>100%</b>



## Appendix E Breakdown of DASV data sources and interviewee demographics

### Sources of data

Interviews of group members	12
Interviews of staff	18
Surveys of staff	22
<b>Total</b>	<b>53</b>

### DASV Group: Demographic Breakdown of GU Survivor Interviews

From this point onwards, data is for interviewees who were members of the affected population and does not include staff interview breakdowns and demographics.

#### Summary points:

Numbers are limited so caution advised in interpreting percentages; information about this group was expanded through interviews of staff in DASV organisations, but the demographic information of these interviewees was not collected.

- Exclusively women interviewed (100%)
- Mainly a group in their 30s to 50s (77% are 35-54 years old)
- The BAME proportion of this group was 44%
- Glasgow is most common location of interviewees (70%) with second most common location of interviewees being the Highlands
- More likely than overall cohort to live on own with children (70%)
- Flat/tenement is the most common housing type (60%)
- Most were unemployed (80%)
- Most did not shield (64%), which is roughly the same as overall study

<b>Gender</b>		
Women	10	100%
Men	0	
Not disclosed/unassigned	2	
<b>Total</b>	<b>12</b>	<b>100%</b>

<b>Age</b>		
18-24	0	0%
25-34	2	22%
35-44	3	33%
45-54	4	44%
55-64	0	0%
65-74	0	0%
Not disclosed/unassigned	3	
<b>Total</b>	<b>12</b>	<b>100%</b>

<b>Ethnicity</b>		
White British (inc Scottish), Irish	5	56%
BAME	4	44%
Other	0	
Unassigned/not disclosed	3	
<b>Total</b>	<b>12</b>	<b>100%</b>

<b>Household</b>		
Alone		0%
partner	1	10%
children	7	70%
partner + kids		0%
family/friends		0%
with others in temp accom	1	10%
Other	1	10%
Unassigned/not disclosed	2	
<b>Total</b>	<b>12</b>	<b>100%</b>

<b>Housing type</b>		
Flat/tenement	6	60%
House	3	30%
Housing Association Property		0%
Student halls		0%
Temporary accomodation	1	10%
Unassigned/not disclosed	2	
<b>Total</b>	<b>12</b>	<b>100%</b>

<b>Geographical area</b>		
Glasgow City	7	70%
Highland	2	20%
Renfrewshire	1	10%
Not disclosed/unassigned	2	
<b>Total</b>	<b>12</b>	<b>100%</b>

<b>Employment</b>		
Employed	2	20%
Furloughed		0%
Unemployed/receiving benefits	8	80%
Retired		0%
Student	0	0%
Unassigned/not disclosed	2	
<b>Total</b>	<b>12</b>	<b>100%</b>

<b>Shielding status</b>		
Shielding currently		0%
Shielding at any point	3	27%
Did not shield	7	64%
Other	1	9%
Unassigned/not disclosed	1	
<b>Total</b>	<b>12</b>	<b>100%</b>

## Appendix F Breakdown of DHC data sources and interviewee demographics

### Sources of data

Interviews of group members	40
Interviews of staff	5
Surveys of staff	6
<b>Total</b>	<b>51</b>

### DHC Group: Demographic Breakdown of GU Interviews

From this point onwards, data is for interviewees who were members of the affected population and does not include staff interview breakdowns and demographics.

#### Summary points:

- Predominantly women interviewed (70%)
- Slightly older on average than overall study (47% are 45-64 years old)
- Around one-sixth of this group had a BAME identity
- Glasgow is most common location of interviewees (45%) but less so than for overall cohort with 12 other areas reflected
- More likely than overall cohort to live alone (32%)
- Flat/tenement is the most common housing type (57%)
- Much more likely to be in employment than other cohorts (38%) but cannot draw conclusions as high number of non-disclosures
- Most likely compared to other groups to be shielding at some point during pandemic (52% currently or at some point shielding)

<b>Gender</b>		
Women	28	70%
Men	12	30%
<b>Total</b>	<b>40</b>	<b>100%</b>

<b>Age</b>		
18-24	4	10%
25-34	9	23%
35-44	4	10%
45-54	11	28%
55-64	8	20%
65-74	4	10%
Not disclosed		
<b>Total</b>	<b>40</b>	<b>100%</b>

<b>Ethnicity</b>		
White British (inc Scottish), Irish	23	74%
BAME	5	16%
Other	3	10%
Unassigned/not disclosed	9	
<b>Total</b>	<b>40</b>	<b>100%</b>

<b>Geographical area</b>		
Aberdeen City	1	3%
Ayrshires	3	8%
City of Edinburgh	3	8%
Falkirk	1	3%
Fife	2	5%
Glasgow City	17	45%
Highland	1	3%
Mid Lothian	2	5%
North Lanarkshire	1	3%
Perth and Kinross	1	3%
Renfrewshire	2	5%
South Lanarkshire	3	8%
West Lothian	1	3%
Not disclosed/unassigned	2	
<b>Total</b>	<b>40</b>	<b>100%</b>

<b>Household</b>		
Alone	12	32%
partner	9	24%
children	5	13%
partner + kids	4	11%
family/friends	7	18%
with others in temp accom	0	0%
Other	1	3%
Unassigned/not disclosed	2	
<b>Total</b>	<b>40</b>	<b>100%</b>

<b>Housing type</b>		
Flat/tenement	16	57%
House	10	36%
Housing Association Property	1	4%
Student halls	1	4%
Temporary accomodation		0%
Unassigned/not disclosed	12	
<b>Total</b>	<b>40</b>	<b>100%</b>

<b>Employment</b>		
Employed inc furloughed	12	38%
Unemployed/benefits	10	31%
Retired	4	13%
Student	6	19%
Unassigned/not disclosed	8	
<b>Total</b>	<b>40</b>	<b>100%</b>

<b>Shielding status</b>		
Shielding currently	3	9%
Shielding at any point	15	43%
Did not shield	13	37%
Other	4	11%
Unassigned/not disclosed	5	
<b>Total</b>	<b>40</b>	<b>100%</b>

## Appendix G Breakdown of RAD data sources and interviewee demographics

### Sources of data

Interviews of group members	27
Interviews of staff	3
Survey of staff	14
<b>Total sources information</b>	<b>44</b>

### RAD Group: Demographic Breakdown of GU Interviews

From this point onwards, data is for interviewees who were members of the affected population and does not include staff interview breakdowns and demographics.

#### Summary points:

- This group had the most evenly split gender balance between women (50%) and men (50%) compared to other cohorts
- Nearly half (48%) of this group were in the age group 35 to 44 years old, two times higher than this age cohort in the overall study
- Everyone (100%) of this group originated from outside Europe, having a BAME identity and representing 13 countries, mainly in Africa
- This group was the most concentrated in Glasgow with all but one (96%) based there
- This group had the most people living with others who were not family or friends (41%)
- This group had the most people in temporary accommodation (19%)
- 100% of people who disclosed employment status were unemployed
- Around 71% had not shielded

<b>Gender</b>		
Women	13	50%
Men	13	50%
Unassigned	1	
<b>Total</b>	<b>27</b>	<b>100%</b>

<b>Age</b>		
18-24	1	4%
25-34	6	24%
35-44	12	48%
45-54	6	24%
55-64		0%
65-74	1	4%
Not disclosed	1	
<b>Total</b>	<b>27</b>	<b>100%</b>

<b>Ethnicity</b>		
White British (inc Scottish), Irish	0	0%
BAME	26	100%
Unassigned/not disclosed	1	
<b>Total</b>	<b>27</b>	<b>100%</b>

<b>Geographical area</b>		
Glasgow City	25	96%
Renfrewshire	1	4%
Not disclosed/unassigned	1	
<b>Total</b>	<b>27</b>	<b>100%</b>

<b>Household</b>		
Alone	3	14%
partner	0	0%
children	5	23%
partner + kids	1	5%
family/friends	4	18%
with others in temp accom	9	41%
Unassigned/not disclosed	5	
<b>Total</b>	<b>27</b>	<b>100%</b>

<b>Housing type</b>		
Flat/tenement	17	81%
House		0%
Housing Association Property		0%
Student halls		0%
Temporary accomodation	4	19%
Unassigned/not disclosed	6	
<b>Total</b>	<b>27</b>	<b>100%</b>



<b>Employment</b>		
Employed inc furloughed		0%
Unemployed/benefits	21	100%
Retired		0%
Student		0%
Unassigned/not disclosed	6	
<b>Total</b>	<b>27</b>	<b>100%</b>

<b>Shielding status</b>		
Shielding currently	2	8%
Shielding at any point	3	13%
Did not shield	17	71%
Other	2	8%
Unassigned/not disclosed	3	
<b>Total</b>	<b>27</b>	<b>100%</b>

## Appendix H Prison-based survey

Q1 Is the information you get from these sources about Covid-19 and the lockdown helpful? (Yes, No, Sometimes)

- Television
- Newspapers
- Prison/ prison staff
- Other prisoners
- Friends and family
- Staff from other organisations
- Other (please state)

Q2 To what extent are you able to follow the NHS advice about avoiding Covid-19 while you are in prison? (Never, At times, Often, Almost always, Always)

- Maintaining physical distance of 2m from other prisoners
- Maintaining physical distance of 2m from prison staff
- Working at my prison job in a safe manner
- Handwashing regularly
- Using a face mask when around other groups of people
- Other (please state):

Q3 To what extent are you able to follow advice about maintaining positive mental health during the pandemic? (Never, At times, Often, Almost always, Always)

Having a routine and structure in the day

- Eating healthy and varied food like fruit and snacks
- Getting daily exercise
- Access to the outdoors
- Maintaining social contact with family and friends
- Having varied recreational activities
- Other (please state)

Q4 How are the following under Covid-19 compared to before? (Much worse, A bit worse, the same, A bit better, Much better)

- Life on the hall
- Contact with family and friends
- Access to support services
- Relationship with staff
- Relationship with other prisoners
- Managing medication
- Personal well-being
- Sense of safety

Q5 How has your life changed during lockdown? (Open question)

## Appendix I Data breakdowns for prisoner survey

### Prison survey

The Scottish Prison Service Research Head provided substantial assistance coordinating identification of a random sample of 250 prisoners in the prison's computer system, proportionately distributed among 14 of Scotland's 15 prisons (no surveys were sent to the open prison in Castle Huntly). See separate Appendix for prison survey questions.

Surveys were sent to prisoners on 4 September, and nearly all responses were received by the study team between 7-17 September 2020. A small number of surveys were received outwith this period. A total of 86 surveys were returned, a response rate of 34%.

### Prisons and survey responses

Addiewell	1
Barlinnie	18
Cornton Vale	3
Dumfries	1
Edinburgh	12
Glenochil	6
Grampian	4
Greenock	1
Inverness	2
Kilmarnock	7
Low Moss	7
Perth	7
Polmont	6
Shotts	7
Unknown	4

### Gender

	Men	Women	Unknown	Total
Surveys	73	11	2	86

## Age

18-24	4
25-30	11
31-35	14
36-40	14
41-45	7
46-50	8
51-55	8
56-60	6
61 and over	10
Unknown	4

## Sampling Frame

(Table provided by Scottish Prison Service)

Prison	Capacity	Surveys Issued
Addiewell	700	20
Barlinnie	1021	35
Cornton Vale	111	10 (F)
Dumfries	173	5
Edinburgh	870	35 (25M; 10F)
Glenochil	670	20
Grampian	474	15 (10M; 5F)
Greenock	263	10 (5M; 5F)
Inverness	98	5
Kilmarnock	500	15
Low Moss	784	20
Open Estate	28	55
Perth	631	20
Polmont	607	15 (10M; 5F)
Shotts	538	20
All Scotland	7725	250

## Appendix J Organisational survey

### Scotland in Lockdown – How has Covid-19 affected your services and client group?

#### **Section 1 - About you, your organisation and its financial situation**

1. What is the name of your organisation?
2. What is your role in your organisation?
3. What population/groups does your organisation support?
4. What is the geographical location and reach of your services?
5. How large is your organisation in terms of staff?
6. The following questions relate to organisational finances. Do you have knowledge about your organisation's finances and budget?
7. What are the funding arrangements and turnover of your organisation? How would you describe the size of your organisation in terms of its overall turnover?
8. Have you been provided or applied for Covid-related emergency funding?
9. How much of a concern has your funding situation been? Feel free to tell us anything more about concerns about your funding before, during or after the pandemic.

#### **Section 2 - Service changes and impacts in light of Covid-19**

10. What services does your organisation normally provide? How has capacity to provide this service changed in light of Covid-19? How much has demand for this service changed in light of Covid-19?
11. What are you doing more or less of? Are there things you are doing now that you have not normally or commonly done before?
12. How have you adapted your working practices and services during the pandemic?
13. Are there people you are no longer able to support/reach, or more able to support/reach, because of conditions arising during the pandemic?
14. Since lockdown until now, have you or others in your organisation used any of the following personal resources to continue your service or carry out your work? Please tick any that apply. Are you concerned about this and, if so, why?
15. Please tick the possible ways you or your staff have been personally affected during the pandemic

#### **Section 3 - The people you work with and serve**

16. How concerned are you about the people you support?
17. What are the biggest challenges for the people you work with at any point during or as a result of the pandemic?
18. How able are the people you work with to cope with Covid-19, in terms of both the risks of disease and the hardships of lockdown?
19. How has information provision and communication about Covid-19 been for the groups you support?
20. How has information provision and communication about *easing out* of lockdown been for the groups you support?
21. Can you comment on any changes in information provision that would improve the ability of the people you work with to follow or adapt to measures in a safe way?

#### **Section 4 - Organisational, government and service landscape**

22. Since the onset of the pandemic, what has happened to Government services and oversight for the populations you work with?
23. Do you feel that the Government has prioritised the group you work with as a result of the current pandemic?

#### **Section 5 - Your ideas, needs and further participation**

24. Are there any positives you have seen in the context of your work during this pandemic?
25. We are feeding our research in to Scottish national and local governments. Is there anything you would like to ensure they hear about your organisation's experience, or the experiences of those you work with?
26. Is there anything else you would like to say about you and your organisation's experience of managing under Covid-19?
27. Would you like to be contacted if we want to follow up with you and gather further detail of your experience? If yes, please provide contact details here including your name, email, and phone number.

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