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Impacts of COVID-19 restrictions on Scotland's Refugees: Sudden-onset isolation in a neglected population group

This report summarises the findings of a rapid COVID-19 response research project led by the Institute for Global Health and Development at Queen Margaret University, working with support from the Scottish Refugee Council and Scottish Local Authorities. The research cohort were refugees and asylum seekers receiving services from either the Scottish Refugee Council or Local Authorities and their respective partners.

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Table of Contents

Acknowledgements.....	2
Executive summary	6
Project Background.....	6
Thematic findings.....	7
Discussion.....	9
Implications.....	11
The Study	12
1. Project Background.....	12
1.2 Aims and research questions	12
2. Literature review.....	12
2.1 The COVID-19 lockdown response in Scotland.....	12
2.2 COVID-19 Lockdown, isolation and loneliness.....	13
2.3 COVID-19, wellbeing and mental health.....	14
2.4 Refugees in Scotland	17
2.5 Refugees and COVID-19 pandemic response	18
2.6 Refugees, wellbeing and social connections.....	20
3. Methods.....	22
3.1 Overview	22
3.2 Ethical considerations	22
3.3 Remote interviews	23
3.3.1 Sampling.....	23
3.3.2 Recruitment	26
3.3.3 Data storage/management.....	29
3.3.4 Data analysis	29
3.4 Limitations.....	30
4. Impacts of COVID-19 restrictions on refugees’ wellbeing	31
4.1 Connectivity and isolation.....	31
4.1.1 Types of valued connection	31
4.1.2 Language	34
4.1.3 Isolation.....	35
4.2 Stressors and mental health	38
4.2.1 Stressors.....	38
4.2.2 Mental ill/health	43

4.3 Rupture and liminality.....	45
4.3.1 Stages of transition	46
4.3.2 Location and accommodation	49
4.3.3 Language and transitions	49
4.4 Coping and resilience	51
4.4.1 Strategies for coping with lockdown	52
4.4.2 Resources and agency.....	56
4.4.3 Beliefs, perspectives and ‘self-talk’	59
5. Discussion.....	61
5.1 Multiple losses and the impact on resilience.....	61
5.2 Isolation, loneliness and mental health	65
5.2.1 Loneliness, sense of self and resilience	67
5.3 Impacts of liminality.....	69
6. Implications for research, policy and practice	70
6.1 Social connections and trusted relationships	70
6.1.1 Policy recommendations.....	70
6.1.2 Practice recommendations	71
6.1.3 Research priorities	71
6.2 Access to Services	71
6.2.1 Policy recommendations.....	71
6.2.3 Practice recommendations	71
6.2.4 Research priorities	71
Bibliography	73
Appendix 1: Interview outline.....	83
Appendix 2: Coping strategies	85

Figures

Figure 1: Indicators of Integration Framework.....	21
Figure 2: Coping strategies of asylum seekers, refugees and resettled refugees	56

Tables

Table 1: Asylum seekers.....	24
Table 2: Resettled refugees	24
Table 3: Interview participants	28
Table 4: Interview participants by gender and status	29
Table 5: Coping strategies of asylum seekers, refugees and resettled refugees.....	85

Executive summary

Project Background

This report presents findings from a study conducted by researchers from Queen Margaret University (QMU) and funded by the Chief Scientist Office of the Scottish Government in response to the COVID-19 pandemic. The main aim of this study was to better understand the impact of sudden-onset isolation, brought on by measures to combat COVID-19, on neglected population groups – specifically Scotland’s refugees and asylum seekers.

Introduced on 23 March 2020 in response to a surge in COVID-19 infection rates, the first UK-wide lockdown essentially closed most public and social life, with highly restrictive ‘stay at home’ orders issued by the UK government. Measures taken to reduce virus transmission (such as shutdown of public and workspaces, limited social interaction, mandatory physical distancing, quarantine, wearing masks and reducing social contact) were intended to delay the spread of infection and to bring the virus under control.

Over the months that followed the first lockdown, easing of restrictions took place, enabling more people to socialise together and allowing resumption of additional services and businesses. By August 2020 however, case numbers began to rise again, leading to reintroduction of restrictions in many areas of Scotland. The measures put in place, along with the ongoing cycle of easing and reintroduction of restrictions, have inevitably been extremely socially isolating experiences for many. Such isolation is expected to have considerable impact on wellbeing, especially for those who are already socially vulnerable in different ways.

Between the months of July and November 2020, the QMU research team conducted a study to examine the experiences of refugees and asylum seekers in Scotland in navigating life under the pandemic and lockdown restrictions. To do so, the QMU research team sought data on the extent and quality of refugees’ and asylum seekers’ social networks during the pandemic restrictions, to explore the relationship between sudden-onset isolation, loneliness, mental health and wellbeing.

To accomplish this the study asked the following questions:

- What social networks do refugees across Scotland have access to during the COVID-19 restrictions?
- What impact is COVID-19 social isolation having on sense of wellbeing amongst refugees in Scotland?
- What is the relationship between sudden-onset isolation and Scotland’s refugee communities’ experience of loneliness and sense of vulnerability or resiliency?

The QMU research team conducted interviews with fifty-one asylum seekers and refugees living in Scotland. Interviews were held remotely via Zoom or WhatsApp and were supported by an interpreter as needed. Each interview lasted between 40 to 90 minutes and followed a semi-structured topic guide. The topics included in the guide were informed by members of a Research Advisory Group (RAG) which included people with lived experience as refugees and asylum seekers

along with research partners; Scottish Refugee Council (SRC) and the Convention of Scottish Local Authorities (COSLA). Ethical approval was granted by the QMU Research Ethics Committee.

SRC, COSLA and members of the RAG shared invitations for volunteers to contribute to the study. Interviewees of 18+ years were then selected according to a sampling frame to broadly reflect the diversity of refugees resident in Scotland (immigration status; age, gender, location in Scotland, country of origin). Interviews were recorded and audio transcribed. The research team reviewed each interview independently before identifying themes and collating them across cases. This summary outlines key thematic findings from this study.

Thematic findings

Asylum seekers and refugees provided the QMU research team with their own accounts of the profound impact of the pandemic on their lives. All those interviewed were clearly actively seeking to mitigate the negative impacts, yet many were prohibited by situational, structural, and personal circumstances. This study identified four interconnected themes emerging from their stories. Key points from each are summarised below.

1. Connectivity and isolation

The pandemic narrative of many participants included the key ingredients of profound loneliness: a sense of being unacknowledged by others, a separation from intimate loving relationships, and a lack of opportunity to share and care for others. The refugees and asylum seekers interviewed experienced dramatic change to their level of connectivity. They also recounted critical changes to the *quality* of their connections with others.

Three broad types of connections were identified:

Casual connections: Almost half the participants experienced the reduction in frequency and quality of casual encounters as a major loss. For refugees and asylum seekers, casual encounters are a crucial means of resettling in a new place, practicing language skills, adapting to a new culture, and building a sense of belonging. For many, loss of opportunities for casual but valued human interactions made people feel anonymous and unwelcome, and particularly reduced opportunities to practice English. Many also found the ambiguity of the new way of interacting with strangers difficult to navigate and isolating.

Family and friends: Connecting with family and friends elsewhere was a huge support to some, but this was only possible for those with sufficient internet access. Even with adequate internet access, some felt they could not burden family in conflict zones with their own problems. For the vast majority, connections with family and friends within their own household became the only source of face-to-face interaction during the lockdown periods. However, these connections could act as either support or added stressors, or both. Tensions within the home were cited frequently by participants who felt overburdened by caring responsibilities. The accessibility of trusted support networks beyond the household (by virtual means) became a crucial factor for managing tensions. People in temporary accommodation such as hotels and hostels, and those who had been housed with other refugees previously unknown to them reported an acute sense of isolation and fear.

Formal social connections: Connections with services and support groups stopped abruptly, with some services resuming solely online, and others not at all. For those who faced language barriers and challenges with online communication, the lack of in-person dialogue meant they struggled to deal with practical day-to-day matters, adding to the stress of everyday life.

2. Stressors and mental health

Everyday stressors when combined with a stressful previous history and the additional challenges of the pandemic and lockdown restrictions have had a significant impact on people's mental health and wellbeing. Fear of contracting COVID-19 was almost universal among participants, and many felt they did not have sufficient information of how the virus is transmitted or how they could protect themselves and their families.

The pressures of caring responsibilities, whether for children, extended family or shielding family members were overpowering for some. Finances caused anxiety for most of the participants. Many who were working prior to lockdown lost their jobs or had reduced hours. Asylum seekers and refugees dependent on benefits have struggled to cope when benefit delays or errors have occurred. The 'no-cash policy' of most shops prevented those without bank accounts from buying essential items. All these stressors contributed to feelings of helplessness, hopelessness, worry, anxiety, and despair.

3. Rupture and being 'in limbo'

The sense of being 'in limbo' which has been experienced across the wider population, is particularly acute for those who have already suffered major disruption and for whom their mental health and wellbeing depends heavily on sustaining hope for the future.

The disruptions of lockdown had a deep significance for asylum seekers and refugees. The experience of the pandemic restrictions as a 'liminal,' or 'in-between,' state when much of normality is suspended has been recognised across the entire population. However, for those currently in an insecure and unstable situation, the lockdown disruptions did not simply generate disappointment or frustration. They enforced a halt, or even reversal to the momentum of the urgent need to transition towards feeling settled and integrated.

4. Resilience and coping

Our findings showed a wide range of coping and support strategies used by participants to help manage life under the pandemic. These coping strategies offered several significant mental and emotional benefits that actively enabled participants to deal with the challenges brought about by the lockdown.

Some reported using the time for learning and strengthening skills and improving physical and mental fitness. Those with greater access to material resources were able to plan and manage the lockdown period more proactively – including by making purchases for recreation and work in the house. Those with access to Wi-Fi were able to reconnect with family and friends. Some also described the ways that positive beliefs including religious faith and their own inner narrative of positive messages to help themselves manage day to day stressors.

Supportive community and services made a substantial difference to the way refugees and asylum seekers experienced the lockdowns. Local initiatives such as phone check-ins from support workers, food vouchers, school assistance, food and clothes donations, school or recreational and leisure items for children gave much needed practical support and improved mental health, wellbeing, and sense of connection.

Discussion

The four inter-connected themes which emerged from our participants' stories demonstrate the key challenges facing asylum seekers and refugees that were exacerbated by the pandemic. For the vast majority, the capacity to mitigate the negative impacts of the pandemic was constrained by situational, structural, and personal circumstances. In discussing these findings, this study focuses on the psychological impacts of the pandemic and the meaning of these impacts considering past and present experiences of refugees and asylum seekers.

Data from our study provide a glimpse into some of the extremely stressful events refugees and asylum seekers have experienced. Many have already faced unimaginable trauma in their home countries, during the journey to reach the UK and even post-settlement as they navigate the complexities of integrating into new surroundings. That these experiences have significant psychological impacts and implications has been well-established by research on the refugee experience. Of particular significance is how these experiences undermine the mental and emotional wellbeing of refugees and asylum seekers as well as their social connection and sense of self. The pandemic has compounded these impacts in several diverse ways. These are summarised below.

1. Multiple losses and the impact on resilience

Loss underpins the refugee experience in social, economic, and profoundly personal ways. In fleeing their homes, refugees leave behind many if not all close personal relationships, their communities, and their wider social networks. This loss of connection with family members, relatives, friends and the larger extended network of familiar people and acquaintances has a marked impact. It is likely to leave them emotionally distressed, worried about those they have left behind and feeling vulnerable, neither known by others nor cared for. The loss of social relationships and connections has implications for accessing support, guidance, and assistance with virtually all aspects of life. For example, people draw upon their social networks for childcare and other caring responsibilities, financial and material resources, access to information or services, job-seeking and informal labour arrangements. In resettling, refugees must re-establish relationships and support networks to manage the regular demands of life.

Poverty – both acute and chronic - is commonly part of the refugee experience. Many asylum seekers and refugees also experience discrimination, prejudice, indifference and in some cases acts of open hostility, further impacting upon and depleting their resilience and resources.

2. Isolation, loneliness and mental health

The lockdown resulted in widespread reduction in social contact and a concurrent increase in social isolation for many groups. Asylum seekers and refugees were already an isolated and vulnerable group prior to the start of the lockdown measures. This study shows that the lockdowns exacerbated

this situation. In many ways, lockdown multiplied losses already experienced – severing social contact, limiting access to resources and services, and setting back efforts to re-establish themselves and build community. In turn, the re-experiencing of these losses heightened their sense of isolation and a concurrent loss of agency.

Deprived of opportunities for social interaction and connection, asylum seekers and refugees felt especially isolated and deprived of possibilities of being seen, heard and affirmed. Some described their lockdown circumstances as ‘being alone’, without the comfort and stimulation of regular contacts and connections. Concern about the possibility of being forgotten or deprioritised by policymakers and service providers was evident – and in many cases, their experiences resonated with this concern, for instance in having inadequate support to navigate online classes or in curtailment of telephone translation services during council or surgery appointments. Not being seen or heard in a way that matters or makes a difference to community can generate a keen sense of alienation and loneliness and deep emotional distress and anguish, with serious implications for mental health and wellbeing. The lack of connectivity along with the loss of these opportunities during the pandemic creates a sense of isolation which can profoundly impact mental health and loneliness.

3. Impacts of liminality

Several of the participants in this study shared difficult stories of lives interrupted. Findings demonstrate that disruption to the stages of integration have caused the most setbacks to the wellbeing of asylum seekers and refugees. Whilst it is yet unclear how the prolonged delays and disruptions caused by the lockdown might shape opportunities and the timeframe for integration and settlement in the future, it was a source of great distress and worry for almost all participants. Its heightened impact comes from the sudden interruption to everyday lives which would otherwise be in process of being rebuilt.

For asylum-seekers and refugees, the lockdown measures had the compounded effect of delaying their longed-for settlement. It appears that the gradual cumulation of integration factors (e.g. adequate language fluency, functional and stable accommodation, strong social networks, a means of livelihood etc) was disrupted by the lockdown, thereby stalling participants’ sense of momentum through this liminal phase. Coming from a history of forced displacement and profound loss, this raised powerful feelings that seemed especially hard to suppress and manage.

The findings of the study and the discussion above point to four key elements of positive mental health and wellbeing for asylum seekers and refugees that were significantly impacted by the lockdown measures. These include a) a sense of affirmation or being ‘known’, b) having the ability to act on and shape one’s life-choices or rather a sense of agency, c) a sense of momentum in order to sustain hope for the future, and d) re-establishing a sense of home and belonging.

As the lockdowns disrupted the opportunity to build connections and networks, relationships and social interactions, they also disrupted the many ways in which asylum seekers and refugees come to know – and be known to – people in their local communities. Deprived of these opportunities, many reported feeling alone and were concerned that they might be (yet once again) forgotten, neglected or deprioritised in the new crisis. At the same time, difficulties with accessing the internet and mobile data meant that several asylum seekers and refugees in the study also struggled to keep

contact and connection with family and friends during the lockdown. This further limited opportunities for members of this vulnerable group to be seen and heard by those who care for and about them.

Implications

This study has shown that though refugees and asylum seekers have experienced the same negative effects as the broader population, their stressors are increased and the ability to cope is limited by personal, situational and structural circumstances. Key potential impacts of the pandemic on refugee mental health, wellbeing and independence are identified:

- Understanding the important role that even casual encounters can have to encourage mutually supportive neighbourhoods would benefit asylum seekers, refugees and their neighbours. Migrants often bring a culture of community connectedness which could benefit settled communities where there may be material and emotional resource, but little expectation of sharing it.
- The mitigation of the damaging effects of pandemic restrictions requires an approach that recognises the particular needs of neglected populations such as refugees and asylum seekers. Where emotionally supportive social networks are weak or absent, it must be high priority to enable meaningful connections with other trusted human beings. Loneliness can cause serious long-term damage to mental and physical health.
- Where service providers have acted quickly to ensure asylum seekers and refugees have sufficient access to communications technology, this has generally been used very effectively to beneficial emotional and practical effect. However, online group-work, courses and advisor services are not generally providing sufficient emotional support, or building confidence. Creative approaches to enabling neglected populations to feel emotionally connected are urgently needed.

The Study

1. Project Background

QMU studies demonstrate the effects of sudden-onset isolation, whilst challenging assumptions that isolation inevitably results in loneliness and poor mental health (Sagan & Miller, 2017). In this study, we focus on the neglected case of refugees with sparse social networks (Strang & Quinn, 2019), and interrogate the relationships between isolation and loneliness among refugees across Scotland experiencing the restrictions imposed during the COVID-19 pandemic during 2020. We extrapolate principles of vulnerability and resilience applicable to other marginalised groups. Through remote interviewing between July and November 2020, we investigated people's lived experiences during the first COVID-19 restrictions which began in March 2020, to identify coping, resilience and effective support mechanisms.

Mitigating loneliness through social connections has been identified as a priority in the Scottish Government's Connected Communities strategy. Within this context, refugee social connections are known to be particularly critical for wellbeing and integration in that they provide access to social, practical and material support (Ager & Strang 2008; Strang & Quinn, 2019; Hobfoll, 2014). Sudden-onset isolation, as that imposed by measures taken to combat COVID-19, are designed to reduce face-to-face contact between people. For refugees, this can significantly impact not only their sense of wellbeing and mental health but also their integration journeys. It therefore becomes important to gain a sense of how refugees cope during sudden-onset isolation and how these experiences impact their social connections.

1.2 Aims and research questions

This study set out to better understand the impact of sudden-onset isolation, brought on by measures to combat COVID-19, on neglected population groups – specifically Scotland's refugees and asylum seekers. We gathered information on the extent and quality of refugees' social networks during COVID-19 restrictions, to explore the relationship between sudden-onset isolation and loneliness, mental health and wellbeing by investigating the following questions:

- What impact is COVID-19 social isolation having on sense of wellbeing amongst refugees in Scotland?
- What is the relationship between sudden-onset isolation and Scotland's refugee communities' experience of loneliness and sense of vulnerability or resiliency?

2. Literature review

2.1 The COVID-19 lockdown response in Scotland

Introduced on 23 March 2020 in response to a surge in COVID-19 infection rates, the first UK-wide lockdown essentially closed down most public and social life, with highly restrictive 'stay at home' orders issued by the UK government. People were permitted to go out only to buy food, exercise outdoors once a day with members of the same household, and (later on in the lockdown) to seek safety in cases of domestic violence. Schools, colleges, playgrounds, community services such as

libraries and community centres, non-essential workplaces and businesses were closed and, apart from those providing key services (BBC Scotland 2020), people were instructed to stay at home. Those with the illness or potentially exposed to the virus were required to quarantine or self-isolate for a period of 14 days. Major events and private gatherings (including weddings and funerals) were cancelled. These measures were intended to delay the spread of infection and to bring the virus under control. On 11 May 2020 in Scotland following a sustained decrease in the number of new cases, the lockdown was relaxed slightly to allow for exercising outdoors to more than once a day. On 21 May 2020, a four-phase route map (Scottish Government 2020a) to easing lockdown measures was outlined by First Minister Nicola Sturgeon, and the first Phase of this route map was introduced on 28 May 2020, with restrictions on business and services easing gradually over the next weeks. Scotland introduced the move to Phase 3 of the route map on 09 July 2020.

Over the next months, further easing of restrictions took place, enabling more people to socialise together and allowing resumption of additional services and businesses. Early August however saw rising cases lead to the first reintroduction of restrictions in Aberdeen, later extended to other regions in Scotland. By end of September, temporary restrictive measures (Scottish Government 2020b) to drive down COVID-19 outbreaks and rising infection rates were re-introduced across many areas of Scotland. These stopped household visits indoors, limited the number of people meeting up outdoors, limited economic activities and restricted travel. A new five-level strategic framework (Scottish Government 2020c) was introduced on 23 October 2020, with Level 0 corresponding to Phase 3 of the route map and, allowing the government to apply protective measures proportionately across different regions of Scotland. Most local authorities remained at Levels 3 and 4 throughout November, with considerable restrictions still in place for most communities (Scottish Government 2020d).

In early December 2020, the Pfizer/BioTech vaccine was authorised for use in the UK and first vaccinations in Scotland took place on 8 December 2020. Questions about the restrictions during the festive period continued to gather pace in December, with the final decision comprising that gatherings of not more than three households on Christmas Day itself were allowed. Travel between Scotland and the rest of the UK was banned from 20 December 2020, and Hogmanay celebrations were held online. Before the end of 2020, a second vaccine was authorised for use. However, with cases rapidly rising across the UK in the New Year, on 5 January 2021, Scotland along with the other countries in the UK went into a lockdown again, with legal provisions forbidding people from leaving their homes except for essential services (SPICe 2020).

2.2 COVID-19 Lockdown, isolation and loneliness

Social isolation and loneliness have been identified as a public health challenge, as there is evidence of strong association with anxiety, depression, self-harm and suicide attempts across the lifespan (MHFS 2017). Groups who have been identified as particularly at risk for loneliness include older people, people with mental and physical conditions, people in lower income groups, people who identify as LGBTIA+, migrants, refugees and asylum seekers. Isolation has two components: a sense of emotional loneliness, where people are lacking close emotional relationships with at least one other person and social loneliness, which refers to the lack of integration into a wider social network (Morison and Smith 2018). The latter also has a political dimension to it, in that the lack of such a network renders an individual more invisible to others and hence unable to act together on issues of

shared concern (Sagan 2018). Integration into a social-political network fosters a sense of belonging, public acknowledgement and affirmation and collective action.

In this sense, it is a misconception to characterise isolation and loneliness as characteristics purely of the individual. It has been argued that these are profoundly social processes which require bringing the wider social network in which individuals are embedded into frame and understanding the behaviour of the communities and structures to which people are connected. Thus, in understanding isolation in the context of COVID-19 lockdown measures, it is necessary to look at the social factors and structures that create conditions of isolation and loneliness along with establishing mechanisms to reduce sustained feelings of loneliness and promoting belongingness to protect against mental and emotional problems. In early December 2019, prior to the emergence of the pandemic, the Scottish Government introduced funding to tackle isolation and loneliness, enabling services such as wellbeing calls, befriending support, advice and volunteering.

Measures taken to reduce virus transmission (such as shutdown of public and workspaces, limited social interaction, mandatory physical distancing, quarantine, wearing masks and reducing social contact) are inevitably socially isolating experiences. Such isolation is expected to have considerable impact on wellbeing, especially for those who are already socially vulnerable in different ways. Earlier studies in relation to previous pandemics have indicated negative mental health effects rising from quarantine and self-isolation. A systematic review of existing literature on the mental health impacts of social isolation and loneliness on children and adolescents indicated higher rates of depression and anxiety associated with isolation and loneliness (Groarke et al. 2020). The risk continued to be higher even after the period of enforced isolation ended. The review also showed that the duration of loneliness, rather than its intensity, more strongly correlated with mental health problems. The paper emphasised the need to offer appropriate clinical services in order to prevent an increase in mental health problems and intervene where needed.

Recent studies on the early impacts of the pandemic measures indicate that feelings of isolation and loneliness were prevalent in the lockdown period; in one study 27% of the study population (n=1964) reported strong feelings of loneliness (Loads et al. 2020). Factors associated with higher levels of loneliness included being young adults, living alone, being separated or divorced, having pre-existing mental health conditions, struggling with emotional regulation and reduced sleep quality. One COVID-19 specific finding has been higher rates of loneliness amongst young adults (attributed to the enforced lack of social interaction due to school and college shutdowns and workplace closures). Apart from this, findings on rates of loneliness continue to be relevant in the COVID-19 context as well, suggesting the pre-existing vulnerabilities to loneliness are exacerbated in the lockdown. Researchers and mental health practitioners have called for measures to actively combat isolation amongst vulnerable groups in the COVID-19 lockdown context, such as social prescribing (NHS Scotland 2016) – the active encouragement of social measures to address isolation and loneliness as part of treatment, and a combination of video and telephone consultations and interactions to ensure people feel included and acknowledged (Razai et al. 2020).

2.3 COVID-19, wellbeing and mental health

Given the well-established principle that mental health protection is a critical component of management and containment of communicable and infectious diseases (Safran 2009), there were and continue to be widespread concerns about the direct and indirect impacts of the COVID-19

pandemic and consequent lockdown measures on the mental health and wellbeing of people in the UK and elsewhere.

It is recognised that the disease itself and resultant deaths as well as the subsequent restrictions on public, social and economic life would entail much suffering for many individuals, families and groups. In a position paper in *Lancet Psychiatry* published early on in the pandemic (Holmes et al. 2020), the authors note that the sudden disruptions to daily life and plans, limited access to services, prolonged social isolation from family and friends, enforced physical distancing, inactivity and the financial hardships stemming from widespread job losses and ceased economic activity all heighten the risks for the onset of mental health issues and significant emotional distress. The paper also highlights anticipated psychosocial impacts such as social disconnection, increases in substance abuse and gambling behaviours, relationship problems, lack of meaning, feeling burdensome, financial difficulties, homelessness, domestic violence and loneliness. Additionally, the illness and its risk of death have raised fears and anxieties about exposure to the virus, pain and worry for those who contract the virus and for their family members and friends and, where deaths have occurred, caused significant grief, loss, and bereavement for those who have lost loved ones.

A number of studies provide evidence for this position (Brooks et al. 2020). Authors have examined the possible psychological effects of social isolation during the COVID-19 pandemic. Pointing to previous studies conducted on people mandated to quarantine or to self-isolate in response to outbreaks of contagious disease, it has been noted that the association between experiences of quarantine/self-isolation and increased psychological distress can remain for several years even after the experience. Studies of those who had been quarantined in response to specific infectious outbreaks reported increased levels of irritability, boredom, frustration, stress, anger, depression, poor concentration and post-traumatic stress disorder (Cava et al. 2005; Sprang & Silman 2020).

There is evidence for the psychological impacts of other aspects of pandemics and disease-containment measures. Sufficient access to accurate information about the illness and transmission information, protective gear, emergency services and basic supplies such as food and water positively moderated people's emotional reactions to mandatory quarantine (Wilken et al. 2017). Access to accurate and timely information is recognised to be a key element of public health response management in pandemics.

A number of studies have monitored emerging health, wellbeing and socio-economic issues stemming from the COVID-19 lockdown response. Through regular repeated online surveys of a representative sample of the UK population, the Mental Health Foundation Scotland has noted that those with low income and socioeconomic status are at greater risk of mental health issues due to the crisis (MHFS 2020a). This showed that unemployed and under-employed people are more likely to experience mental health issues such as stress, anxiety and depression. Additionally, those who live in deprivation are more likely to have existing health conditions thereby increasing their vulnerability to COVID-19 and the impact of lockdown measures. The report pointed to data that showed deaths per 100,000 due to COVID-19 was twice as high in the most deprived areas compared to the least. The findings from this dataset suggest that a large proportion of people – even in more secure full-time work – worry about their employment and are concerned about losing their jobs. Twice as many unemployed people reported not coping well and having suicidal thoughts and feelings compared to those in employment, and one in ten reported that nothing has helped

them cope with stress brought about as a result of the pandemic. Indeed, the survey reveals that almost half of those unemployed had been concerned about having enough food for their needs in the past two weeks. Many people also reported worrying about finances, paying bills and debt management. Such concerns were unsurprisingly higher amongst people in lower socioeconomic groups. This finding is resonant with strong evidence that employment status has significant impact on mental health (Waddell & Burton 2006), with unemployment associated with decreased quality of life, social networks, social status, self-esteem and goal achievement along with increased feelings of shame, anxiety and stress (McDaid & Park 2014; Helliwell & Putnam 2004).

These employment conditions place additional mental and emotional stressors on families and individuals. Tensions within the family and household are likely to increase and potentially lead to relationship breakdowns, conflict and violence. Closures of schools and colleges have meant that children and young people have lost routine in their lives and are expected to continue their work from home. As a result, there is additional pressures on adults to support and provide educational guidance for children and young people during the lockdown period, whilst negotiating their own work-responsibilities and worries. These issues are more likely to be compounded for those living in crowded housing with limited access to the technological devices and broadband needed for online education (Sutton Trust 2020). Recognising that those in lower socioeconomic groups were more at risk for mental health issues both in general and in relation to the pandemic and lockdown measures, the Mental Health Foundation, Scotland recommends policy interventions to address and mitigate financial inequalities as part of the mental health response to the pandemic.

These factors underscore the inequalities of impact on mental health on different populations (Allwood & Bell 2020). Other groups that have been identified as being disproportionately vulnerable are people living with mental health problems whose access to services and support has been curtailed, people living with physical conditions whose treatment has been limited or delayed, women and children subjected to domestic violence during the lockdown, children whose families are affected by the lockdown measures in various ways, and people at risk of getting ill themselves and also more likely to lose partners and friends, such as older people and people with Black and minority ethnic backgrounds.

Studies have also indicated other groups that are at risk (MHFS 2020b): young people between the ages of 18-24 have reported higher levels of loneliness and suicidal ideation, and have expressed that they are not coping well with the lockdown citing interruptions to their education, diminished job prospects and economic opportunities and reduced contact with peers; single parents with young children and adolescents who carry the burdens of parenting, income generation and home-schooling single-handedly; women as a group who are overrepresented in frontline health and social care work, low-income and insecure work and who are more likely to have pre-existing mental health and financial problems whilst being responsible for a greater share of household and childcare, and LGBT+ and transgender people whose access to support systems may have hindered during the lockdown.

Because of the compounded nature of their circumstances spanning several of the factors identified above (insecure and lower income, unemployment and financial hardship, pre-existing mental and physical health issues, stigma and marginalisation, being of BME backgrounds, etc), refugees and

asylum seekers have been identified as a high-risk group for disproportionate mental health impacts and are the focus of this study.

2.4 Refugees in Scotland

Scotland has a long history of welcoming refugees and asylum seekers, many of whom have escaped conflict and persecution in their home countries. According to UNHCR statistics, as of 2019, there were 133,094 refugees, 61,968 pending asylum cases and 161 stateless persons living in the UK (UNHCR 2019). In 2011, the Scottish Refugee Council estimated that there were about 20,000 refugees, asylum seekers and other individuals of concern to the UNHCR in Scotland (Shisheva et al. 2013). Since 2015, over 3000 individuals have been resettled throughout the 32 local authority areas of Scotland through the UK Government resettlement programme in collaboration with UNHCR. All refugees and asylum seekers in Scotland are supported by the New Scots Strategy (Scottish Government 2018a).

The definition of refugees according to the 1951 United Nations Convention Relating to the Status of Refugees (UNHCR 1951, p.14) is:

“A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.”

Asylum seekers refer to those who flee their home country and make an application for asylum in another country. In the UK, asylum seekers have the legal right to stay in the country while they wait for a decision from the authorities. Asylum seekers, those who are awaiting UK government approval to gain refugee status, are under the direct support and governance of the UK Home Office. For the 12 months ending September 2020, there were 31,172 asylum applications in the UK, of which 49% were granted asylum or protection at the initial decision stage (Refugee Council 2021). Those whose application is refused can appeal, and in recent years more than 40% of appeals have resulted in the refusals being overturned. There are three tiers of tribunals for the appeals process¹. Asylum can be refused at any stage. During this process, the asylum application may also be withdrawn.

Under the Immigration and Asylum Act of 1999, the UK Government’s dispersal policy was created allowing for the distribution of people applying for asylum to be housed in local authority areas across the UK whilst their claim is being processed. Since this time, Glasgow has been the only asylum ‘dispersal’ area in Scotland.

The number of people in the UK waiting for an initial decision on their asylum claim are currently at a record high. According to Home Office (2020) Statistics gathered for the year ending 2020, there were 60,548 people awaiting an outcome, most for over 6 months (Refugee Council 2020). Some applicants wait for more than 2 years for an outcome. Whilst awaiting an outcome, asylum seekers and their dependants do not have recourse to public funds and are generally not allowed to work.

¹ The initial decision on asylum is made by the Home Office. The decision can be appealed at the first-tier Tribunal, the Upper Tribunals, and at the Court of Appeals, Court of Sessions or the Special Immigration Appeals Commission.

They are supported by the UK government, with little more than £5 per person per day to cover their basic necessities. Under the Immigration and Asylum Act of 1999 (UK Parliament 1999), asylum seekers are provided with temporary accommodation and support to meet essential living needs. Longer term accommodation and financial support is provided whilst awaiting their application decision. Support is available for those refused asylum but who may yet be unable to leave the UK².

A positive decision to the claim of asylum results in a grant of protection or of other leave (to remain), the latter of which is granted on discretionary grounds or to unaccompanied refugee children. A grant of protection is provided in response to a successful claim for asylum or for humanitarian protection. If the claim is granted by the UK government, the person will then become a refugee and will be granted refugee status and five years' leave to remain in the UK. They will then have 28 days to vacate their government granted temporary accommodation, apply for mainstream benefits and secure new accommodation. The extent and impact of these issues which often result in a period of destitution have been documented widely (Christie and Baillot 2020; Strang et al. 2016; Strang et al. 2017; Doyle 2014).

Protection is also granted to applicants under a number of different UK resettlement schemes, the most recent of which is the Vulnerable Persons Resettlement Scheme (VPRS) for Syrians and the Vulnerable Children's Resettlement Scheme (VCRS) for children affected by armed conflict in the Middle East. Other resettlement schemes include the Gateway and Mandate programmes as well as the Dubs scheme and community sponsorship scheme.

The current UK Government's VPRS and VCRS, of which Scotland and its Local Authorities have played a leading role, have supported over 3,000 people to resettle throughout the nation since 2015 (Scottish Refugee Council 2020a). People arriving through resettlement are recognised by the UK Government as refugees and thus have refugee status on arrival and access to mainstream benefits and services (Christie and Baillot 2020). Provision of support differ across these different refugee groups, with the most comprehensive support package available to refugees settled under the VPRS and VCRS schemes.

2.5 Refugees and COVID-19 pandemic response

When the first COVID-19 lockdown began in March 2020, along with everyone else, refugees and asylum seekers too experienced the abrupt interruption to their daily social and public lives. However, this interruption also severed the everyday connections and actions that marked their ongoing efforts at integration. In addition, for those still in the process of seeking asylum, there were considerable disruptions to their everyday lives. For instance, most newly arrived asylum seekers along with those in existing serviced accommodation, were transferred to hotels in the centre of Glasgow.

In response to ongoing calls to address increasing destitution amongst asylum seekers, in late March 2020, the Home Office temporarily exempted asylum seekers from Section 115 of the Immigration and Asylum Act 1999 (UK Parliament 1999) which states that a person will have 'no recourse to public funds' (NRPF) following a decision on their asylum claim, confirming the continuation of providing asylum support to those whose claims are refused for an extended period of time in

² For more information on the support available to asylum seekers see Asylum Support Appeals Project (ASAP 2021).

response to a call to ease the NRPF policy (UK Parliament 2020). Accommodation providers were asked to source extra accommodation, mostly in the form of 'sole use, self-contained facilities' to meet the increased demand. There were some concerns that shared facilities and communal living areas may undermine the social distancing guidelines.

Data on pre-existing and structural inequalities amongst migrant and ethnic minority groups, and amongst those in the most deprived communities in the UK, show a heightened risk of suffering serious illness or dying (OECD 2020; Race Equality Foundation n.d.) and initial data suggests that COVID-19 deaths are indeed higher amongst these groups (BBC 2020; Kluge et al. 2020). Commenting on impacts on migration within the context of COVID-19, Triandafyllidou (2020) raises the question of how non-citizens, including asylum-seekers, refugees and migrants, may be at risk of being overlooked or neglected by states. She reiterates the need for ensuring the continued right for asylum for people seeking security and protection and for refugees *within* state borders to be supported and provided assistance alongside citizens.

Refugees and asylum seekers are expected to be disproportionately impacted by the socio-economic consequences of the COVID-19 public health protection measures. This is based on data that reveal how legal status, poverty, housing, health and (lack of) connections intersect to compound and complicate anticipated COVID-19 impacts and consequences for this group (Pirie 2020). Migrant families, including refugees and asylum seekers, are more likely to live in overcrowded and/or substandard housing and temporary rented accommodation with poor ventilation which have been associated with higher levels of respiratory and lung illnesses (Caillaud et al 2018).

Studies show that refugees are more likely to be unemployed, underemployed or to be in precarious, low-paid employment with minimal job protections (Mulvey 2013) and therefore at greater risk of poverty and financial hardships, including possibility of eviction, as a result of lockdown measures. Because their legal status does not allow them to work, asylum seekers are especially vulnerable to poverty, and in some cases of destitution where they are not allowed recourse to public funds, relying heavily on charity and community organisations for survival (Saltmarsh 2020). COVID-19 lockdown measures have hindered the ability of the charity sector to deliver services and offer support to marginalised groups and individuals.

Language barriers have also been noted to compound difficulties for successful educational engagement for refugees and asylum-seekers (McBride et al 2018). At the same time, many refugee children are likely to be deprived of the positive benefits that they have been documented as gaining from attending school such as a sense of belonging, routine and one-one support (UNICEF 2018). There is a well-established association between lower educational attainment and living in deprived conditions and communities (Scottish Government 2019a). Because deprivations are likely to increase in the context of COVID-19 lockdown for many vulnerable groups, it is expected that stress and difficulties for refugee and asylum-seeking children and adults are increased in the immediate and short-term period as well as having an impact on their longer-term future circumstances and opportunities.

The lockdown is expected to delay services for asylum seekers and refugees. Research indicates that waiting is a highly affective time period for asylum seekers and those waiting for family reunion, resulting in high levels of anxiety, anticipation and frustration (Rotter 2016). Given the added stressors that refugees are often subject too, waiting was often described and experienced by

asylum seekers as suspended, stagnant time. Closer ethnographic analysis indicated a number of ways in which asylum seekers sought to deal with delays and to translate such time into a productive and meaningful period by responding to and seeking ways to address or circumnavigate the delays. Nonetheless, it was still a period in which they experience their lives in limbo and await a time to rebuild their lives. As such, the delays brought about by the lockdown are likely to extend the period of waiting indefinitely.

2.6 Refugees, wellbeing and social connections

Much of the literature on immigrant and refugee mental health has focused on the interconnectedness of loss, trauma, depression and anxiety (Hameed et al 2018). Studies of post-migration refugees have indicated that many witnessed and/or experienced a high number of traumatic events, including torture and loss of loved ones. The impact of these experiences can be compounded on resettlement. Indeed, new losses may be experienced during the adjustment to a new life. Other forms of loss may be more ambiguous like the loss of social connections, changes to financial status and in many cases, poverty, or the erosion of one's identity.

Consequently, some experience emotional difficulties including post-traumatic stress, depression and anxiety which hinder their efforts at settlement and integration. As evidenced by one such study in the UK, specifically, those who had higher levels of traumatic experience reported greater emotional distress which in turn were associated with difficulty in adapting, finding separation from family very difficult, reduced social support, and loss of culture and support (Carswell et al. 2009). Where the conditions in the receiving country provide the opportunity to establish a new life, there is the chance to recover from distressing past experiences and losses (Porter & Haslam 2005). However, most refugees and asylum seekers continue to experience great anxiety in their receiving country settings. Such anxiety is related to uncertainties about residency and ability to positively settle in the new country, difficulties accessing health and social care and benefits, being poor, difficulties finding employment or having no right to work, worry about the families at home and about separation from them, loss of culture and support including loneliness, isolation and access to familiar foods.

The asylum process has also been subject to criticism for increasing rather than ameliorating the emotional distress experienced by asylum seekers (Independent Asylum Commission 2008). Some of the concerns include the use of detention, poor decision-making on asylum claims and difficulties accessing support. More recently there have also been criticism around the lack of accountability for poor treatment of asylum seekers, and there have been calls to improve the process. In Scotland, one of the key concerns focuses on the limited authority and decision-making power of local authorities over the accommodation and support provided to asylum seekers, which are directly contracted to private companies (Scottish Refugee Council 2020b). For instance, in December 2019 there were urgent calls to halt the contracted company from carrying out planned lock change evictions of asylum seekers in Glasgow, which would have left them destitute and homeless (Scottish Government 2019b). For reasons such as these, it is not surprising that some studies indicate a worsening of emotional distress post-migration (Quinn et al. 2011), attributed to asylum-seeking and integration experiences in the UK as well as lack of family and support systems (Strang and Quinn 2014).

A review of mental health studies on refugees revealed that being older, female and/or coming from a rural environment was associated with higher levels of mental health problems (Porter and Haslam 2005). A driving factor for poorer mental health outcomes was that of the lack of social connections. However, the UK dispersal policy – which aims to spread the responsibilities of refugee support, especially away from London and the South East of England – dilutes the opportunity for refugees to locate close to people from the same background (Centre for Policy on Ageing 2016). Asylum seekers also have no choice over accommodation. Under these circumstances, the lack of shared language skills can exacerbate social isolation and loneliness and hinder integration.

Taking a multi-disciplinary and holistic approach to integration, the 2008 Indicators of Integration framework identifies ten domains through which to understand and analyse the process of refugee integration, distributed across four dimensions of markers and means, social connections, facilitators and foundation (Ager and Strang 2008). In 2019, the Home Office together with partner academics and practitioners produced an expanded version of the Indicators of Integration framework (UK Government 2019).



Figure 1: Indicators of Integration Framework

As the framework demonstrates, social connections emerge as a crucial component of the integration process. The Indicators of Integration framework elaborates three key types of social connection: links, bridges and bonds. Links refer to contact with the hierarchies and institutions of society including access to services. 'Bridges' are connections with members outside of one's own community. 'Bonds' refers to connections between members in the same community. Social interactions such as seeing loved ones, meeting friends, colleagues and acquaintances, engaging in the community, taking part in community activities and developing networks with a wider group of people in the community mitigate against social isolation and loneliness (BMA 2020). However, the lockdown measures impact precisely on the opportunities to interact. It is therefore important to understand the effects of social isolation brought about by the COVID-19 lockdown compounded by the impacts of ongoing isolation and loneliness experienced by refugees and asylum seekers.

This study brings together scholarship regarding the impacts of social isolation on mental health and wellbeing with the particular case of resettling refugees known to experience isolation whilst also subject to multiple further risk factors associated with poor mental health. We consider the case of

asylum seekers and refugees in Scotland as an example of a potentially neglected population within the context of a global pandemic. The study has addressed the following questions:

- What impact is COVID-19 social isolation having on sense of wellbeing amongst refugees in Scotland?
- What is the relationship between sudden-onset isolation and Scotland's refugee communities' experience of loneliness and sense of vulnerability or resiliency?

By studying the experiences of asylum seekers and refugees in Scotland, we seek to throw light on the challenges experienced, the impacts and mitigating factors. The outcomes will be specific to the population studied, but key insights can then be tested with other neglected groups.

3. Methods

3.1 Overview

To enhance our understanding of the issues affecting asylum seekers and refugees during COVID-19 restrictions in Scotland, we sought to develop a research design that would allow us to explore the lived experiences of Scotland's refugee communities' and the impact of sudden-onset isolation on their social networks and relationships. Research design was informed by members of the Research Advisory Group (RAG), which included people with lived experience as refugees and asylum seekers, along with research partners; Scottish Refugee Council (SRC), the Convention of Scottish Local Authorities (COSLA). Ethical approval was granted by the QMU Research Ethics Committee.

3.2 Ethical considerations

All research tools and activities were reviewed and approved by the QMU Ethics Committee including any arrangements necessary under COVID-19 pandemic restrictions. In keeping with social distancing measures, engaging with refugees and asylum seekers across Scotland occurred remotely. Additional quality assurance and ethical issues were thus considered, largely concerning the consent process.

Informed consent was obtained from all participants of this study. A detailed verbal description was read to the participants by the researcher at the start of each interview. All participants were notified of their right to decline participation or withdraw from the study at any stage without the need to provide an explanation. Assurance of their anonymity and confidentiality was explained and guaranteed both before and after each interview. Further, as some of the issues discussed during the interview process may have been of a sensitive nature, participants were provided with contact details of an external network of support that they could approach at any time if needed. For example, one potential risk that was considered was whether participants would experience psychological stress from some of the discussions raised. Given the potential of raising sensitive topics such as experiences of hardship, it was important to be conscious of how to approach such issues during interviews in a way that wouldn't cause emotional duress for the participants. This was managed by verbally assuring the participants that they were under no obligation to answer questions that they didn't feel comfortable with and advising them that they could discontinue their participation at any time. Additional ethical considerations are discussed in regards to limitations of this research (Section 3.4).

3.3 Remote interviews

Between July and November 2020, fifty-one asylum-seekers and refugees living in Scotland (both those granted asylum after arriving in Scotland and those on the resettlement scheme) were interviewed remotely to gain insight into their experiences during COVID-19 restrictions (Appendix 1). All interviews were conducted via Zoom, WhatsApp, or telephone depending on participants' preferences, supported by an interpreter as needed. Interviews followed a semi-structured topic guide inclusive of informed consent, and ranged from 40 to 90 minutes. The semi-structured topic guide along with other research tools was developed by our research team and shared with the RAG for input. Once feedback was received, our team agreed on a final version of the topic guide to be used with all interviews.

3.3.1 Sampling

Population of interest: asylum seekers & refugees in Scotland

There are no exact figures for the total number of asylum seekers and refugees in Scotland available. This is because there are different routes to becoming a refugee in the UK with data held differently about the various refugee groups. Whilst figures for successful asylum claims are published, those granted refugee status are not tracked systematically and comprehensive data on place of residence post success asylum claim is not recorded. For the purposes of this study, we have utilised available data from the UK and Scottish government websites as well as additional data published by refugee organisations. For the period between 2010-2020, statistics from the government indicate a total number of 264,943 asylum applications in the UK from adults (i.e. 18+ years and excluding UASC applications) (ONS 2020). This figure includes repeat applications on appeal following a refusal. UK Government datasets on asylum provide statistical details on age of applicants, sex, country of origin, decisions on application, asylum dispersal and resettlement.

Further data is also available on asylum applicants placed in different locations under the asylum dispersal policy and on refugees resettled in different local authorities. Using this data, as of end Dec 2019, the Home Office statistics indicate the following:

- *No: of hosted asylum seekers in Scotland*³: 3,745
- *No: of hosted resettled refugees in Scotland (under VPRS & VCRS only)*⁴: 3,441

³ Asylum seekers include main applicants and dependents. People on Section 4 support are excluded.

⁴ Resettled refugees include Syrians under VPRS and VCRS only. Location is based on the registered address of the main applicant and the initial receiving local authority for refugees. People may have moved to another part of the UK since.

Sample selection

The UK government datasets were used to break down the category percentages for age, sex and asylum status of applications based on the statistics provided by the Home Office on the overall UK refugee and asylum-seeking population. These percentages were then applied to the asylum and refugee population in Scotland. It is assumed there are no differences in distribution on these categories across the different countries of the UK. The estimates of demographic distribution of the asylum and refugee population were then analysed to provide an overview of the expected demographics and to better understand the breakdown of respondent demographics for this study.

Table 1: Asylum seekers

non-UASC 18+ asylum applications		%	% applied to Scotland's asylum seekers	% applied to research sample size
Asylum Seekers	264,943		3,745	26
Sex/Gender				
1. Female	81,834	31	1,157	8
2. Male	183,036	69	2,587	18
3. Other/Unknown	73	0	1	0
Age				
1. 18-29	133,884	50	1,889	13
2. 30-49	114,873	43	1,621	11
3. 50-69	14,515	5	205	1
4. 70+	1,632	1	23	0
5. Other/Unknown	39	0	1	0
Location of Scotland's asylum seekers				
1. Glasgow		99.9	3,741	26
2. City of Edinburgh		0.1	4	0

Table 2: Resettled refugees

Resettled Refugees		%	% applied to Scotland's resettled refugees	% applied to research sample size
Resettled Refugees	10,100		3,441	24

Sex/Gender				
1. Female	5,137	51	1,750	12
2. Male	4,963	49	1,691	12
Age				
1. 18-29	3,519	35	1,199	8
2. 30-49	5,257	52	1,791	12
3. 50-69	1,201	12	409	3
4. 70+	123	1	42	0
5. Not known	-	0	-	0
Location of Scotland's resettled refugees	2,770			
· City of Edinburgh	444		16	
· Glasgow City	85		3	
· Fife	51		2	
· North Lanarkshire	21		1	
· Dundee City	193		7	
· Aberdeenshire	190		7	
· North Ayrshire	180		6	
· Renfrewshire	163		6	
· South Lanarkshire	156		6	
· Argyll & Bute	114		4	
· Aberdeen City	108		4	
· Clackmannanshire	106		4	
· Inverclyde	104		4	
· West Dunbartonshire	96		3	
· Highland	95		3	
· Dumfries & Galloway	75		3	
· East Lothian	70		3	
· West Lothian	66		2	
· East Ayrshire	61		2	

· Falkirk	56		2	
· East Renfrewshire	47		2	
· South Ayrshire	45		2	
· Angus	40		1	
· Scottish Borders	37		1	
· Na h-Eileanan Siar	34		1	
· Stirling	33		1	
· Midlothian	32		1	
· East Dunbartonshire	21		1	
· Moray	20		1	
· Orkney Islands	18		1	
· Shetland Islands	7		0	
· Perth & Kinross	2		0	

Consideration was also given to location. In order to better understand the circumstances of participants in the study, the different local authorities were categorised into three areas: urban, small town and rural areas. The definitions and categorisations of local authorities were primarily based on those provided by the Scottish Government (2018b), and where the majority of the population reside.

- **Large Urban:** Settlements of 125,000 people or more
- **Other Urban:** Settlements of 10,000 to 124,999 people
- **Small Towns:** Settlements of 3,000 to 9,999 people
- **Rural:** Areas with a population of less than 3,000 people

A participant sampling frame for interview participation was then derived from the actual and estimated figure available to ensure that our interviews reflected the diversity of refugee experience in Scotland as accurately as possible. For the final sample of the study, we aimed to select close to equal numbers for each group by status (asylum seeker, refugee, and resettled refugee), gender (women and men) and location (large urban, urban, small towns and rural).

3.3.2 Recruitment

Participants were recruited with support from the Scottish Refugee Council (SRC), the Convention of Scottish Local Authorities (COSLA) and through referrals from members of the RAG.

At the outset of this project, our team collaborated with the SRC on the design of a survey which was distributed to its networks over the summer of 2020. The survey questionnaire included a question asking respondents if they consented to being contacted to participate in further research

conducted by QMU researchers. All those who consented (n=129) were contacted via email and/or text message depending on their preference as stated in the SRC survey. An initial message, translated into Arabic, Farsi and Kurdish Sorani was sent to all 129 SRC survey respondents in their stated language of preference, first thanking them for their completion of the SRC survey and subsequently to notify them of our intent to recruit interview participants.

COSLA offices were also approached for support in linking with potential interview participants. The COSLA Migration, Population and Diversity Team, shared our written request for research support with each of the Local Authorities (LA). Of these, five LAs (Dundee, South Lanarkshire, Highland, East Renfrewshire and Argyll and Bute) responded with interest in the request to support our study and agreed to invite potentially interested refugee and asylum-seeker clients to interview with us as well as to distribute the link to our survey once this was available to share.

In this way, 51 people were recruited and participated in the study. Details of participants are provided in the tables below (Table 3; Table 4).

Table 3: Interview participants

	Pseudonym	Country of origin	Status	Gender
1	Samir	Sudan	Resettled	Male
2	Sadiq	Nigeria	Asylum	Male
3	Valerie	DRC	Asylum	Female
4	Esther	Eritrea	Refugee	Female
5	Mirza	Iran	Refugee	Male
6	Saba	Afghanistan	Asylum	Female
7	Hafsa	Syria	Asylum	Female
8	Azim	Syria	Resettled	Male
9	Sarabi	Somalia	Asylum	Female
10	Hafeez	Syria	Resettled	Male
11	Kashif	Syria	Resettled	Male
12	Rajaa	Syria	Resettled	Female
13	Karim	Iraq	Resettled	Male
14	Ayub	Syria	Resettled	Male
15	Mehdi	Iraq	Asylum	Male
16	Safiya	Iraq	Refugee	Female
17	Ameena	Afghanistan	Asylum	Female
18	Kareena	Syria	Refugee	Female
19	Said	Syria	Resettled	Male
20	Hakem	Sudan	Asylum	Male
21	Omar	Syria	Refugee	Male
22	Ahmad	Syria	Resettled	Male
23	Mohsin	Sudan	Asylum	Male
24	Maira	Syria	Resettled	Female
25	Aisha	Syria	Refugee	Female
26	Ashraf	Syria	Resettled	Male
27	Baher	Syria	Resettled	Male
28	Elyas	n/s	Refugee	Male
29	Fara	Iraq	Refugee	Female
30	Gafur	Iraq	Resettled	Male
31	Ghanem	Sudan	Asylum	Male
32	Hassan	Syria	Refugee	Male
33	Ihsana	Iraq	Resettled	Female
34	Kisan	Syria	Refugee	Male
35	Laiba	Syria	Resettled	Male
36	Mabrok	Sudan	Asylum	Male
37	Naima	Syria	Resettled	Female
38	Malek	Syria	Resettled	Male
39	Mazin	Syria	Resettled	Male
40	Sahil	Sudan	Asylum	Male
41	Samira	Syria	Resettled	Female
42	Seyyid	Sudan	Asylum	Male
43	Shabana	Iraq	Resettled	Female
44	Tahir	Syria	Resettled	Male

45	Ibrahim	Syria	Resettled	Male
46	Saleem	Syria	Resettled	Male
47	Saranda	Albania	Asylum	Female
48	Mariyam	Syria	Refugee	Female
49	Osman	Yemen	Asylum	Male
50	Baglesh	Iraq	Resettled	Female
51	Ismail	Sudan	Refugee	Male

Table 4: Interview participants by gender and status

	Total	Female	Male
Asylum	15	6	9
Refugee	12	6	6
Resettled	24	7	17
Total	51	19	32

3.3.3 Data storage/management

Interviews were recorded with the participant's permission simultaneously on two devices: 1) a digital voice recorder; and optionally 2) a transcribing application (Otter) which was uploaded to the data collectors' mobile phones for the purposes of this research. Audio recordings from both devices and exported transcriptions from the Otter app, if used, were downloaded onto each respective data collector's password protected laptop and subsequently sent to student volunteers for transcription. We decided to use the Otter app as a backup with the idea that given the tight timeframe of this study, having an automatically generated transcription obtained through the app could potentially shorten the transcribing time. For interviews which included use of the Otter app, volunteer transcribers were able to listen to each audio recording while following along with the app generated transcriptions, correcting errors along the way.

It was explained to participants at the start of each interview, that all interview data would be anonymised, given an identifying code and pseudonym and saved as digital files along with any corresponding notes. All files, with the exception of audio recordings from the Otter app which were immediately deleted following export, were saved onto the research team's password-protected cloud-based Microsoft Teams file folder.

3.3.4 Data analysis

Data were analysed in accordance with Interpretative Phenomenological Approaches (IPA) (see for example Wertz 2011; Noon 2018; and Matua and Van Der Wal 2015).

- Step 1- Transcription
- Step 2 – Read and re-read the transcript
- Step 3 – Develop emergent themes
- Step 4 – Observe connections across emergent themes
- Step 5 – Group themes together as clusters
- Step 6 – Put themes in a summary

- Step 7 – Check accuracy of the summary
- Step 8 – Move to the next case
- Step 9 –Observe patterns across cases

During all interviews, the team employed ‘deep listening’ techniques to clarify and confirm meaning (Laryea 2018), consistent with (IPA). This involved careful listening, probing, and explicitly checking our understanding of what our research participants were trying to convey whilst in dialogue with them.

The series of steps outlined above combined with deep listening techniques allowed us to systematically examine the shared experiences of participants as described through their own personal accounts.

3.4 Limitations

Exact figures are not available for the estimated number of refugees currently resettled in the UK (See Section 3.3.1 for more information). Hence, it was not possible to have a more accurate understanding of the number or demographic details of non-resettled refugees (i.e. those granted protection under asylum or humanitarian grounds) as well as the number of those resettled under the Gateway, Mandate, Dubs or community sponsorship programmes. Similarly, because the data available on the number of refugees in local authorities across Scotland included only those on VPRS and VCRS, it was not possible to develop an understanding of the number or demographic backgrounds of other groups of refugees in Scotland, such as those resettled under other sponsorship programmes.

Whilst our partnerships with SRC and COSLA provided invaluable insights and access to research participants throughout the project, it does mean that our cohort of participants represent only those refugee families who were in receipt of support from at least one specialist NGO at the time of their participation. Our findings therefore do not represent the experiences of refugees and reunited families who have chosen not to engage with formal integration services or have been unable to do so.

Language and the use of interpreters also posed limitations. To minimise translation inconsistencies, we ensured that interpreters received a written briefing on interview format and purpose prior to the session and engaged only interpreters working professionally for an interpreting agency. However, as in any cross-linguistic and cross-cultural context, it is important to note that the participants’ words quoted in our analysis below have already been interpreted and may to some extent have been altered in the interpretation process.

Though most interviews were conducted through video calling, the lack of face-to-face in person contact posed additional limitations. In addition to technical issues, such as delays and disconnected calls, video and telephone interviews limit the ability to build rapport with participants given constraints to viewing body language. Further, remote interviewing may reduce the ability to offer comfort or reassurance to the participant when discussing distressing topics.

We further noted a disproportionate number of men in our resettled refugee sample (see Table 4), resulting in limitations to obtaining equal representation of female resettled refugees.

4. Impacts of COVID-19 restrictions on refugees' wellbeing

Four main themes emerged from refugees' accounts of their experiences of the COVID restrictions: 1) Connectivity and isolation; 2) Stressors and mental ill/health; 3) Rupture and liminality; and 4) Resilience and coping. These are described in turn below. Each reflects inter-related aspects of their experiences and the way these were impacting them.

4.1 Connectivity and isolation

The COVID-19 lockdown restrictions have had a huge overall impact on the global population. For many people worldwide, social distancing measures and stay-at-home orders have resulted in a sudden drastic reduction of levels of contact with family members, friends and services. For refugees and asylum seekers who have likely already experienced major trauma and disruption, social connections are an important lifeline for rebuilding their lives. However, with the onset of sudden isolation brought on by the pandemic, the participants we interviewed virtually all experienced a change to their level of connectivity to others, as well as a change to the quality of connections with others. This impacted on their lives in multiple ways, reducing support and impeding progress.

The first subsection (4.1.1) of this chapter examines the types of connection participants had before, during and after the COVID-19 lockdown and the values placed on them. The second subsection (4.1.2) of this chapter examines the participants' experiences of language acquisition and how this was impacted by the lockdown, as well as potentially lasting effects. The third subsection (4.1.3) of this chapter discusses participants' experiences and perceptions of various forms of isolation during lockdown, from physical to digital isolation.

4.1.1 Types of valued connection

Casual encounters

The sudden disruption to casual encounters caused by lockdown has been widely experienced. Yet the impact of this on participants depended on the varying degrees of value they placed on these casual encounters before lockdown. A large minority of participants experienced the disruption and reduction in casual encounters as a major loss, whilst others did not mention it. A common observation, made for example by Saleem, a resettled refugee from Syria, was that without casual encounters, there is little opportunity to practice language skills, as well as a loss of general informal social interaction.

Before COVID-19 I can meet people on the street and have a conversation. Now, when I go on to the street I see people go off your route. They skip in front of you (...) But I need to communicate, I need to speak with them (Saleem, male resettled refugee).

People valued bumping into neighbours, meeting people in the library, on public transport, at church, at university or college, and at the gym. The most frequent reference was to seeing neighbours and people in nearby streets and parks, and on communal staircases to flats. The frequency, variety, and quality of these interactions were noted to have changed during the lockdown period due to people adhering to social distancing measures and avoiding others out of fear. Hafeez, a male resettled refugee from Syria noted a change in the friendliness of others during lockdown.

Any time you'd ask something from [people before the pandemic], they'll jump to help. But during the lockdown it all changed. When you ask people for something, they're very hesitant and quiet... like reluctant to step forward to help because of the COVID-19 (Hafeez, male resettled refugee).

Kashif, a male resettled refugee, also from Syria, found the ambiguity of the new forms of social interactions with strangers difficult to navigate.

People meet each other and start to shake hands and then you're like why are you shaking hands? But then people if you don't shake hands with them, they start to think, like doubt you, why is he not shaking hands? (Kashif, Male resettled refugee).

Several participants emphasized the fact that even as lockdown has eased, these encounters are not the same as before due to the continuation of social distancing measures and general risk-management behaviours of people towards each other. While showing understanding, this seems to unsettle some. Kashif perceptively refers to people's encounters with each other as 'diluted'.

Friends and family

Perhaps not surprisingly, it emerged that the primary connections for most participants during lockdown were with whomever they were living at the time; flatmates, parents, partners, and children. For many, these connections became virtually the only source of face to face interaction participants had for the lockdown period. Whether these connections acted as stressors or coping aids – or both – varied hugely. Karim, a resettled Iraqi refugee living in Dundee, was glad to have the

It is good because [it] gives me more time for speaking [with my family] (...) I [ask] my wife, 'Can you make me a sandwich? Can you give me tea?' It is good [laughs]. She [does] the same...She tells me '[Karim], can you hold my son?' or 'give me tea'...I think sometimes it is good, sometimes it is not good (Karim, male resettled refugee).

extra time with his family but portrayed it in both senses, somewhat jokingly expressing reluctance at having to reciprocate domestic tasks.

Participants who had caring duties for family members often seemed overburdened if this was their main source of face to face connection. Many participants were living with family members with poor mental and/or physical health and had to manage the household whilst simultaneously trying to maintain their remote studies. Hafsa, a Syrian asylum seeker living in Glasgow and a mother of four, grappled with her children to get them studying during the lockdown as they struggled with the online material, and was falling behind with her own studies due to the difficulties of her education moving online.

I was studying at the college. The teacher sent us a lot of exams, a lot to listen, and it was so different, so difficult, I can't solve this on my own, I need help. That was so hard (...) [And] my children, [it] is a big responsible to study at home, it's very difficult for them (Hafsa, female asylum seeker).

Most other social connections, for instance with friends and friendly neighbours, were cut or moved online. Most participants were in touch with friends and family, either in Scotland or abroad, via phone, WhatsApp groups, video calls and other remote means. These connections were of great importance to some. A few were largely alone bar infrequent remote connections with distant friends or family and had to find other means to cope with the stressors involved with lockdown, with their situation, and with their isolation. For others still, those with whom they lived were primarily a source of stress or worry, either because of friction or because of difficult responsibilities which had to be balanced with other aspects of their life, such as online classes.

Formal social interactions

The quantity, variety and quality of formal social connections with refugee services, education, support workers, volunteering work and other forms of formal connection varied between participants. However, almost all reported a decline in quantity, variety, and quality of their connections during lockdown. Many relationships simply stopped most others moved online, which posed additional difficulties to the participants due to language barriers to online communication.

Some participants made great use of the services that were still available online; Karim in particular, was in frequent contact with various remote refugee services available in Dundee, and was on a first name basis with service providers across several organisations who would help him with job opportunities, applications, and form filling. In addition, some organisations continued to run essential services, such as delivering food parcels. One pertinent example is a local mosque in Glasgow, which having been alerted to a hotel that failed to alter mealtimes to accommodate Ramadan, delivered meals to its tenants. Mehdi, an asylum seeker living in the hotel expressed how thankful he was for this, exclaiming that he and the other Muslims in the hotel would have 'died starving' if not for them.

Tahir, a resettled refugee from Syria felt frustration with the unavailability of services and had to put several matters on hold. For example, his home was in need of several repairs, but service delays meant he was unable to get these fixed.

We couldn't receive enough services [...] Everything is stopped. Even in terms of services of council we had people contacting us [to schedule repairs] [...] but at the moment, these all stopped. These are all negative impacts (Tahir, male resettled refugee).

However, the issues participants discussed most frequently were the difficulties of online education due to language difficulties and a lack of face-to-face cues. Online modes of communication included video conferences/classes, online content/class material, online conversations and support, and one-way support such as translated government Coronavirus.

4.1.2 Language

Participants frequently spoke about the language difficulties of online communication. Most participants were taking language classes or attending college or university before lockdown started, all of which moved online when the pandemic struck. Online studies mainly took the form of written homework and online classes, which each have their own difficulties due to the lack of rich social interaction and feedback one gets from face to face dialogue. Baher, a resettled refugee from Syria living in Dumbarton, explained how challenging this was for him and his wife.

I don't understand anything through Zoom. It is the same for my wife, even more difficult (...) I can't do anything online and the council sends me bills with arrears and I [can't] go to the council [in person] and sort it out (Baher, male resettled refugee)

Baher indicates, other difficulties included speaking with utility companies, filling out forms and making medical appointments. The disruption to language classes had a knock-on effect on participants' ability to engage in interactions with services of this kind due to the difficulties of these going completely online. Azim, a Syrian resettled refugee living in Inverurie, recognised and met this challenge with hard study so he could resolve a utility issue for himself and his sister.

I started trying to improve my language and then I managed to contact [the utility companies], and I sorted out the problem with them. Even I helped my sister, she also had a similar issue with the gas and electricity company (Azim, male resettled refugee).

However, Azim later expressed – in a way emblematic of general feeling on this point – worry that the lockdown might have a lasting impact on his language acquisition.

My perspective, my understanding of the course is only 50...but when I am at home it is really dropping down to 25%. I hope this won't be remaining the way it is, this is more my concern (Azim, male resettled refugee).

Other participants, especially those who were younger or had been in Scotland longer, were familiar enough with English to navigate these interactions with services more easily. But these participants tended to then be responsible for helping family members navigate formal interactions. This is the case for Ameena, a university student from Afghanistan who lives with her parents. Both she and her father are asylum seekers who arrived in Glasgow to join Ameena's mother who has been granted refugee status.

My mum and dad, their English is not good at all so I am the one that helps them with lots of things like taking them to their appointments and doing interpreting for them and all the other housework or their letters (Ameena, female asylum seeker).

Language acquisition was perceived as the crucial aspect of their lives most impacted by the lockdown. Participants recognise that progress in language learning is essential to the top priority goals of accessing employment and navigating British society. The following account from Ashraf, a resettled refugee living in Ayr, demonstrates the knock-on effects that a lack of practice may have on language acquisition and therefore on making social connections and pursuing personal goals. He bemoans the lack of opportunity to speak English even prior to lockdown, which he attributes to his location and to inadequate language classes. In this sense his case differs from the norm as most experienced a distinct disruption to language acquisition. Ashraf recounts what he is missing.

Language is a tool to socialise with others and there is not much chance to learn English here. The opportunity is almost zero, and so we are very limited in our ability to make relationships, build connections and make friends here (Ashraf, male resettled refugee).

4.1.3 Isolation

Isolation emerged as a strong but often implicit theme among participants. With the resettled refugees in particular, a sense of the isolation which participants were experiencing over the

lockdown period gradually emerged over the course of each interview. The full extent of their isolation was evidenced by the scarcity of social connections, infrequency of leaving the house and meeting others outdoors, and accounts of lack of friendly contact with neighbours during lockdown. Saranda, a resettled refugee from Albania explained that she often tries to greet her neighbours when passing in her building's communal areas, but they 'don't speak'.

Others spoke of quite explicit physical isolation. Partly this came up as isolation from family members still living abroad in countries of origin, but some rather pertinently were very physically isolated either as a direct result of lockdown measures, or due to where they had been previously resettled. Pertaining to the former, Mehdi was one of the asylum seekers forced to stay in temporary hotel accommodation in Glasgow during lockdown with dozens of others in his situation. This constituted an intolerable isolation from the outside world, even if he was surrounded by more people than most participants.

It seems clear that those in the hotels were very isolated, even if surrounded by others because they were unable to help one another due to keeping with social distancing measures. Mehdi explains the low moods he experienced while staying in the hotel and the powerlessness he felt knowing that everyone around him was likely also dealing with their own personal problems.

Most of the time I was obviously stuck in the room and doing nothing, I mean I was that low (...) to be honest no one has come forward [to] speak about emotions...While we were in the hotel everyone had their own problems, everyone had their own situations(...) I did my bit and I have been trying to help as much as I could but there are things that I am not in charge and I don't have that power to obviously support the friends that needed my support (Mehdi, male asylum seeker).

Geographic isolation also caused considerable challenges. A few participants had been resettled on the Orkney or Shetland islands and struggled to get the provisions they required during lockdown. Hafeez who lives in Orkney with his wife and two children shared his troubles along this vein.

The reason why we feel unsettled and unhappy now, because we're Muslims...and the local supermarket used to cater for us by bringing some halal products in for our halal diet. But they don't do that anymore because of the COVID crisis, because shipping costs are very, very high (Hafeez, male resettled refugee).

Others felt isolated from family members abroad. Saranda, whose extended family is still in Albania worried for their safety during the pandemic as she was not in contact with them and had heard that many had contracted COVID-19.

I have my sister, my brother, my niece, my cousin, everyone with COVID-19 and I don't know what is happening there, I don't know how their situation is (Saranda, female asylum seeker).

Some felt isolated from family who were nearby despite seeing them regularly. Ashraf is his parents' primary carer but had problems visiting them during the pandemic when his parents' neighbours caused difficulties for him. The unfriendly contact with the neighbours created additional stress for him during his daily visits to his parents.

I had daily responsibilities for them even before the lockdown. So I used to go just for a short while to do the necessary things for them. A few times, the neighbour called the police...People do not understand that we are an extended family, even in terms of care. I was their only carer but unfortunately I had trouble with the police (Ashraf, male resettled refugee)

One partial remedy for social isolation came in the form of digital connections, which acted as a lifeline between people and their friends and families elsewhere. However, for those with little or sporadic access to Wi-Fi or data, a further isolation was experienced in the form of digital isolation. These participants would have to turn to more creative ways of coping and spending their time. It should be noted that for the majority, this digital connection was crucial. Sarabi, an asylum seeker from Somalia and single mother with 3 children shared her struggles.

So, at the time when the lockdown set in, I just had the mobile phone. We had no data, we had no internet and it was very difficult not only for me but especially for the children now that they are not in school. And I didn't have anything to kind of keep them at least connected with the internet or something like that (Sarabi, female asylum seeker).

Although nearly all participants experienced a change to their connectivity during lockdown, the extent to which the remaining social connections or lack thereof acted as a stressor or coping mechanism to participants depended on the situation of each person and the nature of the connections. The next section discusses stressors and the mental health of participants in more detail.

4.2 Stressors and mental health

The refugees and asylum seekers we interviewed mentioned several challenges which posed a great deal of stress to their daily lives. The first subsection (4.2.1) of this chapter examines the stressors people went through and the ways in which the COVID-19 lockdown contributed to these or exacerbated those which were already present. The second subsection (4.2.2) discusses their experiences with mental ill/health; that is, the extent to which these challenges contributed to manifestations of problematic mental ill health, or conversely mental health and wellbeing.

4.2.1 Stressors

Health fears

Fear of contracting COVID-19 was almost universal amongst the participants. Many expressed concern not just for themselves but also for family members who were shielding or with other vulnerabilities. The uncertainty of how the virus is transmitted caused unease for many and posed a significant worry, in particular for those with vulnerable family members at home. Rajaa, a resettled refugee from Syria now living Dundee shared her concerns about her husband who has a heart condition.

...we couldn't go out because of his health, so all the time it was very hard, very challenging (...) it is difficult as well because, all the time you have to have a mask on, you shouldn't be near somebody you know, you've got the social distancing, also because there is a bit of uncertainty [and] we have somebody vulnerable at home. For example just a few weeks ago my son had a bit of cold so we had to [all get tested] because of my husband...everything so small causes problems for us (Rajaa, female resettled refugee).

The above quote aptly highlights the impact the pandemic measures can have on people's day-to-day-lives. Conscious about protecting her husband, Rajaa feels that even the smallest things bring difficulty while trying to avoid infection in her home.

Several participants shared that they were also very worried about their children contracting the disease. Again, uncertainty over transmission, particularly at the start of the pandemic, played a large part. Kashif explained his concerns.

Mainly at the beginning I was very concerned for the health of my children, because at the beginning we were not sure, how do people actually get the infection? Because some people were saying it's in the air, some people were saying it's by touching, by different ways. It looked like people were not really clear about the infection methods of this pandemic and that's why I was very concerned that we might catch it, our kids might catch it without us even realising that (Kashif, male resettled refugee).

For most, fear of infection was even more worrisome given the difficulty of accessing GP surgeries during lockdown. For refugees and asylum seekers, routine health visits have been fraught with barriers even before the pandemic. Navigating an unfamiliar health system in a foreign language can be very daunting at the best of times. The closures at the height of the pandemic meant that face-to-face appointments were unlikely. Valerie, an asylum seeker from the Democratic Republic of the Congo living in Glasgow experienced several health problems at the start of lockdown but was too scared to see her GP.

You cannot meet, you cannot go to see your GP. Maybe you're scared to go [to] your GP. And you're scared go out, meet people, talk with people face-to-face, maybe with two meters [apart from each other] but I'm scared. (Valerie, female asylum seeker).

Mirza has been in Glasgow for 14 years but his wife arrived from Iran just a few months before the start of lockdown. They are expecting their first child together but experienced delays in accessing pre-natal care. For them being able to see a doctor during pregnancy provides a necessary reassurance, but they did not have this. Though Mirza speaks English fluently, his wife does not. The lack of face-to-face visits, particularly in circumstances where partners are not allowed in to see the midwife caused an additional struggle for his wife. Additionally, they did not feel they could adequately explain their concerns over the phone.

...now she has just managed to get an appointment with the midwife. But with the doctor usually he cannot see her [and] we cannot see them. It is just through the call back in the house, but you cannot explain properly. You need sometimes to have piece of mind; you want the doctor to see the patient and find out exactly what's happening (Mirza, male resettled refugee).

Health related fears brought about the need to calculate and weigh the risks of otherwise normal day-to-day activities. Sadiq, an asylum-seeker from Nigeria lives with a flatmate whom he does not know very well. They had only just met when the flatmate was placed to live with him just before lockdown. He explained the process of how he and his flatmate have to navigate simple activities to minimise their risk of exposure from each other, such as leaving their respective bedrooms to go to the kitchen.

We had to, you know, just be smart. We had to clean...you know, we had wipes everywhere. Everything you want to touch, you had to wipe it down...and then if I had to open my door, I had to open my door and see if there is someone in the corridor. Then once I'm in the kitchen I had to close the door, and if anyone wants to come in, the person has to knock and if someone is in the kitchen, the person has to go back (Sadiq, male asylum seeker).

Stressors related to people's living situations, akin to what Sadiq experienced were mentioned by several participants. Valerie had a similar situation, explaining that she felt like a 'prisoner in her own home' while living her current housemate.

I feel like we are enemies, but we share the same house, we can't talk, I can't touch anything she touches (Valerie, female asylum seeker).

Mehdi, who was abruptly uprooted from a flat in Glasgow to the hotel at the start of the pandemic felt he was in a dire situation. He explained that he felt unsafe in the hotel which was overcrowded with asylum seekers such as himself. Despite these conditions, the craving for social connection was strong and he and the other hotel tenants would try to interact as a way of empathising with each other despite these risks.

There were over 70 people in the hotel and like three or four people were using one bathroom at the same time (...) when we were sitting together or when we were talking together...we were sharing our stories (...) It did help a little bit to take our sadness away [but] you are stuck in with 70 people. That's very unsafe...we knew it was dangerous (Mehdi, male asylum seeker).

Managing life alongside the pandemic

Even with the challenges brought on by the pandemic and lockdown, people still had to carry on with their day-to-day lives. Like much of the global population, this often meant facing even tighter budgets or losing much needed work hours. For refugees and asylum seekers who are already likely to be experiencing poverty and sometimes destitution, even the smallest change in routine can have detrimental effects.

The move to a digital only lifestyle posed a great challenge for participants who could not afford to keep up mobile data or pay for internet. Further, the no-cash policy enforced by most shops as a safety measure created additional barriers for some. Saranda described the stress of not being able to use cash since she didn't have a bank account, let alone access to credit or debit cards.

We are not allowed to open a bank account...maybe I can buy unlimited WiFi because we need it, but I don't have a bank account and they don't accept cash. Money things are settled in cash and money things are made by online payment or by card, but when they open the shops after lockdown, they don't accept cash, but we don't have a bank account. This is more stressful (Saranda, female asylum seeker).

Finances were a concern for nearly all of the participants. Many of those who were working prior to lockdown lost their jobs or found themselves with reduced hours. Mirza who runs a mobile phone shop described the precarity of his financial situation with the slowing of business during lockdown.

...if I don't work one day, I just am left behind in debt, which I am already in debt at the moment (Mirza, male resettled refugee).

Karim poignantly described the direct connection between access to work and freedom of choice.

I am not free. When you work, you feel free. You can go and you can come (Karim, male resettled refugee).

He had been working as a mechanic in his hometown of Baghdad for several years but even with permission to work in the UK, he found that he was unable to re-join his trade without a national certification. He was about to start an internship to begin the certification process but the company suffered major setbacks during lockdown and went out of business.

Asylum seekers and refugees who were not yet able to work often struggled to make ends meet. Many who were having difficulty stretching the support received explained that this was sometimes the case even before lockdown, but had been exacerbated due to pandemic-related processing delays. Hafsa found it difficult constantly having to chase her family's housing benefit.

It was difficult because we have to apply every three months to get a [housing] grant, then the housing benefit, to help us. Sometimes they sent them, sometimes they [didn't] (...) Sometimes they covered just one month or just two weeks, but every time we had to apply, they would be late, and the council, or the city, or the company of the housing, sent us an email or letter you have to obey, you have to pay (Hafsa, female asylum seeker)

Family and caring responsibilities

Keeping up with domestic tasks was a major challenge for many. The pressures of keeping up with caring responsibilities, whether for children, extended family or shielding family members were overpowering for some. Ameena speaks English fluently and is keen to improve her language and grammar in addition to continuing her university studies. Her parents, who speak very little English have been experiencing a very poor state of mental health as a result of lockdown. This has led Ameena to take on the majority of household responsibilities in addition to the emotional support she provides her parents. She described her situation as feeling 'stuck'.

I have to remind my mum about their appointments because they don't remember it and they are over sixty-five...their health is not that good. I have to look after the house and I have studies as well so, I'm the one that has to do all of this (...) there [are] so many other pressures that I can't even focus on [my] studies. I want to study, I'm really interested in studying but there [are] so many other things going on that make it harder, and it's like, you don't feel free, you feel stuck where you can't do anything (Ameena, female asylum seeker).

Rajaa also felt as though she was struggling to keep up. Her husband, who was shielding due to his heart condition had not left the house for 5 months. As lockdown progressed, she was finding it increasingly difficult to maintain household tasks while also keeping her toddler and infant entertained. An active volunteer before the pandemic, she decided to go back to volunteering after the first month of lockdown, spending a few days a week helping in a foodbank. It was very

challenging for her to juggle everything but she felt she needed to help others who were also struggling.

...as [lockdown] started to progress, it did start to get a bit challenging...my husband as I mentioned has a heart problem (...) For the last 5 months, he never left the house, so everything and all the responsibility I had to do, even the kids because they were bored (...) In general I try to be strong. When I was volunteering in the start, it was very challenging, but I was doing something and I was helping people (Rajaa, female resettled refugee).

4.2.2 Mental ill/health

Refugees and asylum seekers have usually experienced major disruption to their lives. Living in constant uncertainty already places them with increased vulnerability to mental health problems (Rettie and Daniels 2020). As discussed in the previous subsection, lockdown restrictions have brought about several stressors which have had an enormous impact on their lives and health.

A continuum of emotions

Participants shared stories highlighting a range of emotions that they experienced. These included: boredom, anger, frustration, anxiety, fear, loneliness, depression and despair.

Below we provide examples of each of these emotions in turn. We present the feelings people shared with us as existing on a continuum, with significant overlap affecting the whole of their experience and often resulting in problematic mental health.

Boredom was mentioned frequently and it was most evident during interviews where the participant was struggling with feelings of being trapped in the repetition of each day. Mehdi, who had been living in a hotel in Glasgow described his situation as like *'being in a prison'* and that every day was the *'same as the next one'*.

Baglesh, a resettled refugee living in Dundee described the boredom as *'mentally tiring'*, explaining that this was probably the case for others like her who had not yet been able to begin working prior to lockdown.

"[Lockdown was] mentally tiring, very boring, it but a lot of strain and pressure mentally on us. Maybe if you are working for a long time, I don't know maybe lockdown was an opportunity to rest a bit but for people like us, you know, already at home, we just found it very, very boring and tiring (Baglesh, female resettled refugee).

Anger and frustration were also weighing heavily on many. Ibrahim, a resettled refugee living in Glasgow described the anger he felt over the lasting effect this experience was going to have on his children's development and was frustrated that they will not be able to get this time back during such a formative stage of his children's lives.

My children they have the impact of COVID-19. They can't go out, no school, no playing with children or communicating with others, and they don't understand why (...) We are getting angry, it is like a prison (Ibrahim, male resettled refugee).

It is telling that similar to Mehdi above, as well as Valerie (section 4.2.1), Ibrahim also compared daily life during lockdown to a prison. The feeling of being trapped was a common theme across the interviews which, for many, was associated with varying levels of anxiety, fear, and despair. People described feelings ranging from cautiously worried to an almost debilitating anxiety, affecting them both physiologically and emotionally.

Valerie was suffering from daily headaches. Ameena's parents were both experiencing frequent night terrors and would wake Ameena up almost nightly with piercing screams. Mehdi has been struggling with insomnia and when in the hotel contemplated taking his own life. Sarabi, was convinced she was going become infected and die, and was terrified for what might happen to her three children. The physical symptoms of anxiety were crushing for her.

During the lockdown, I was with my children, so we had the company of each other...after the children went back to school...I realised that I was indoor here and I was all alone. And I found that now I was being flooded with the very thoughts that I used to get before [they went back to school]. That made it difficult for me to contain and I was holding them in my chest until I started experiencing some real pain (Sarabi, female asylum seeker).

Sarabi was not the only one who alluded to feeling 'alone'. Participants were asked during the interviews if they ever felt socially isolated or lonely. Samir, a resettled refugee originally from Sudan explained that he had mental health issues even prior to lockdown caused in part by separating from his wife and children, but this was exacerbated by the restrictions. When lockdown began, he had already been dealing with extremely low moods. He lost the majority of his social network, including connections with services when he separated from his wife, but this was made worse when the pandemic hit. Feeling too depressed and unmotivated to reach out to friends, he would instead seek

spiritual support through an online pastor, but he was struggling financially and sometimes couldn't afford the cost of internet.

The issue that I [have is] loneliness. Maybe the feelings has improved, but the state itself I can't change because I am lonely, I live by myself and I am alone. So, this is a thing that I can't change (Samir, resettled refugee)

Samir very frankly states that he is indeed lonely because he is *alone*. Close examination of his situation and this sentiment possibly highlights cultural beliefs and expectations concerning what it means to experience loneliness. The loss of his family and social support network has left him literally alone. For others similar to Samir who come from cultures where sharing everyday life with your extended family is the norm, the impact of having this stripped away is likely to be profound.

Mental health and wellbeing

These examples illustrate how the challenges of life as a refugee or asylum seeker during lockdown have contributed to problematic mental ill health for some. Importantly, and in contrast, several participants felt that in some ways their wellbeing had improved. Sarabi for instance, acknowledges that she feels safer now that she is in Scotland with her children. Despite the debilitating feelings she has been experiencing, she feels hopeful for the future.

I can see that there are endless possibilities because of the difference that I see here compared to where I come from. I see here apart from this pandemic that we are peaceful here, we are safe, and my children will be able to go out so I am really hoping for the best given the safety that we are experience here (Sarabi, female asylum seeker).

The resolve to reflect proactively in the face of significant hardship demonstrates resilience. Potentially arising out of the need for self-preservation, these and other coping mechanisms people have employed will be discussed in section 4.4. The next section discusses the effects of the sudden rupture of people's lives and already limited social connections.

4.3 Rupture and liminality

The lockdown disrupted the progress that many felt they had achieved in moving towards being settled in the country. Such disruptions were felt keenly and articulated expressively by participants.

Tahir, a resettled refugee based in the Central Belt of Scotland, provides a detailed description of this experience.

We have been through a hard time. We have been through a war, and then (through) the process of seeking asylum and later of settlement in this country. It was quite a tough process, and until now we are still settling, and then the lockdown started. We haven't recovered from the settlement and then the lockdown started. We (had) started to settle, little by little, start to learn English, we started little by little to integrate in the country, to know the people in the host country, just everything, settling in the terms of health, in terms of language, in terms of financially and it had not happened yet when the lockdown started... In terms of lockdown, instead of going forwards, we were going backwards in terms of language (Tahir, male resettled refugee).

In this section, we explore the different ways in which the COVID-19 lockdown disrupted the transition process for both asylum seekers and refugees settled in Scotland. We found the concepts of rupture (Halbraad et al. 2019) and liminality (St John 2008) to be especially useful in understanding the meaning of the lockdown for participants in this study. The lockdown – announced shortly before being implemented – represented a sudden rupture in their lives, shutting down almost all public and social life across the UK for a prolonged period of time. Both experiences – rupture and liminality – are already only too familiar to the refugee experience (Malkki 1992; Abourahme 2011; Nolan 2006).

4.3.1 Stages of transition

The unsettling impacts of the lockdown varied according to the stage of transition that participants found themselves in. The responses indicated that they experienced their transitions as small, incremental steps carrying them towards full integration and socio-economic participation. For all participants, the lockdown inevitably limited people's ability to take these steps and therefore compounded their sense of anxiety, uncertainty and fatigue at the potential for further extensions to their liminal phase.

Those currently seeking asylum were under great strain. Unsurprisingly, suspended applications processes, cancelled interviews and the lack of information from the Home Office about the impacts of the COVID restrictions on claims processes created great anxiety for many asylum seekers. The process itself and the outcomes were replete with uncertainty and filled with the potential for failure and therefore participants found it extremely difficult to have to wait indefinitely. Mehdi's situation, resonated with the accounts of most of the other asylum seekers in the study.

Just before the corona pandemic I was supposed to be interviewed by the immigration, but unfortunately, they cancelled the interview and they cancelled the court and there's no news or no any update, and that has affected me badly. I hope something is going to happen and I want to know if I am going to be interviewed or not ... [it] is the main thing I always think about and it makes me some sort of worried and I don't know what's going to happen...from this point the lockdown just makes me a bit nervous and I feel down because the interview and the court is going to be late again (Mehdi, male asylum seeker).

In his interview for this study, Mehdi goes on to describe his worries that the Home Office will refuse to accept the truth of what he has stated in his case. His hopes for the future are wholly dependent upon the granting of his refugee status. He says:

I hope that I get indefinite leave to remain and get accepted as one of the British members probably and I can finish my studies and get a brighter future, which is a thing I could not do back home (Mehdi, male asylum seeker).

For those who had waited longer to have their applications processed, lockdown and the lack of information was especially hard. Their liminal status was a primary stressor for them. Saranda, an asylum seeker, had heard virtually nothing from the Home Office in the two years she had been here. Lockdown had intensified financial difficulties for her family and yet she feared that lockdown also made it even more unlikely to have her case processed any time soon.

For those who had already been granted refugee resettlement status, however the lockdown meant a myriad of other disruptions that hindered, halted or even threatened their ongoing transition. Samira, who has been living in Scotland for close to three years, reflected the fears of many participants when she spoke about how she always needed to push herself in order to ensure she stays on track to complete the transition process, even prior to the lockdown.

I try not to leave things aside when I am tired and I pay that from my body and myself. Sometimes I do not have a choice, I cannot say that I will not study today and I will sleep (instead) because I will lose (out) more and more. As a refugee here you need to work hard if you want a tiny place for yourself and your family. I have a professional postgraduate qualification and they did not accept my certificates. So to work again, I need to requalify myself. Can you imagine I need to study for 6 years again? When I think about that, it's too much. I will be old when I finally can start to work again... (Samira, female resettled refugee).

Across the interviews, refugees recounted how the lockdown halted progression past specific milestones such as obtaining a driving licence or moves to more suitable accommodation. It has led to the loss of work, employment offers and internships. Each of these delays and losses were experienced as a prolonging of their liminality and suffering a sense of being stuck and powerless to move on.

Karim, who had resettled in Dundee, was due to start an internship with a company but lost that opportunity. "*The company is closed. [The lockdown came] and cut everything! [I felt] very bad for that.*" He had been seeking ways in which to regain the certifications that would allow him to continue his trade and the internship represented a significant step towards achieving this.

In addition to reports of feeling as though they were 'moving backwards', some participants reported feeling 'stuck', in limbo and unable to move forwards. While some refugees felt like this, this feeling was especially prominent amongst asylum seekers who had arrived in the country during the lockdown and were dispersed to hotels or accommodation in Glasgow. Seyyid's account of time provides a glimpse into this peculiarly and particularly isolating experience.

I came here in mid-March. There is nothing there to do, all the time in the room, the only thing is to be on the mobile phone. There is the room and then when you go downstairs, there is not much. I mean nothing else. Everyone is just staying in their rooms, wearing masks. I have not been able to make friends or meet people. I was bored and called my family just to share something and then we hear what they are going through and it is much more than coronavirus and we can't even talk about what we are going through. Here corona kill people but there the people kill each other. Mentally I am very tired. I feel everything is dead (Seyyid, male asylum seeker).

Despite these hardships, Seyyid too- like other asylum seekers caught up in similar circumstances - emphasised the importance of acquiring English language skills in order to progress the process of integration.

My first priority is learning the language, so I try to learn English from my mobile. I tried to contact the college, but no one has contacted me. Just to socialise we need the language, when we shop, we also need to communicate. Language is just very important for socialisation and communication (Seyyid, male asylum seeker).

4.3.2 Location and accommodation

Because the lockdown confined people to where they were staying, their home and immediate neighbourhood, these spaces became very important. The quality of their accommodation, the suitability of their location and whether they were based in places that offered enough to meet their needs and those of their families preoccupied many participants. The lockdown restrictions amplified people's feelings about how close or how far they were to feeling settled in life.

For other participants, the additional demands of the lockdown reminded them that they were still in transition. Malek, based in one of the Scottish islands, talked about how unsuitable the place was for him and his family and how the lockdown caused so much extra suffering as a result of this.

I can't deny it is a lovely island, but there is so much struggle. For example, to get what my family needs – Eastern bread and spices and halal meat – I have to travel about 3 hours to Glasgow. Also I am a disabled person and I don't have a car, and you can imagine what it is to travel for a few hours to another city. When the ferry was locked for 3 months during the lockdown, we didn't have access to halal meat or chicken. I have tried from different organisations to move to another city and but up to now it is not successful (Malek, male resettled refugee).

Malek's situation is also further complicated by his family's need for specialist medical services, which are not locally available, and because his children keep experiencing racism and bullying in the school despite recurrent intervention by the school authorities. He cannot see his family settling on the island and leading a life free from struggle. He notes,

For the last three years we are on this island and to be honest, in every aspect, we are not happy. Mentally we are very tired. While I was talking to a friend, they give me another name of housing association, and I need to call them but again you know language barriers and I have to wait and face the same problems. We will die here still waiting to go (Malek, male resettled refugee).

4.3.3 Language and transitions

Refugees across all the interviews expressed deep frustration about interruptions to language learning. The significance of acquiring English skills to facilitate the integration process was underscored by the many expressions of frustration, sense of loss and lament at their gradual decline over the lockdown period. For most participants, such loss was most aptly captured as 'moving backwards'.

The opportunities for linguistic interaction afforded in classrooms, chance encounters in public spaces and socialising with other English-speaking people were highly valued. The language barriers

were keenly felt as a form of isolation. The lockdown – when all services and most social interactions moved online – drastically diminished the opportunities to both learn and practice English. In addition to language enabling people to conduct their daily lives (e.g. making appointments, reading correspondence, helping children with their homework), for almost all participants, language also carried the deeper meaning as facilitating social and economic integration.

In his interview, Ibrahim frequently linked language acquisition to his long-term goals and to the benefits of this more integrated state. He mourned the losses in time and opportunity that the lockdown has cost him.

For my job I want my language to be good and my communication with people to be a success to get a job and to understand life in the UK. My language has improved, and now I am studying the intermediate level in the college. My job is an electrician, and I need to be good with English and good with numbers to start the job. However, the COVID-19 lockdown has made me late at least six months to do that (Ibrahim, male resettled refugee).

Indeed it appears that in general, those who did not find the lockdown impacting on their English skills acquisitions (finding online courses easy to handle, recording lectures and decoding them in greater detail later on, taking additional online classes) did not report as much anxiety as those who found the lockdown disruptive of their language learning. Esther, a refugee from Eritrea, for instance enjoyed the English classes online and did not feel it interrupted her future goals.

Really [the lockdown] is not a stop to my future, it's just because my future is to learn English and how to improve my English. That's not bad with lockdown, for me (Esther, female refugee).

Barriers to learning language were keenly felt as disruptions to the transition process. Those who found the move to online classes difficult and needed opportunities for face-face interactions in order to learn effectively reported worrying about 'moving backwards'. Many recognised that the lockdown had reduced such opportunities.

For refugees such as Azim, they liked having a social life and to improve their language through the medium of interaction and social conversation.

With this lockdown everything has changed, people are concerned to talk to each other, they keep distance. And all these measurements have reduced the possibility for me to have communication in order to improve my language, to have a normal social life (Azim, male resettled refugee).

For some like Malek above, who were isolated in their communities, the lockdown did not have much impact because they had not been able to start learning English effectively at all. In talking about their lives, many participants in this situation felt that they had been living in circumstances very similar to before lockdown. Ashraf, a refugee resettled in Ayrshire noted:

Even before the lockdown, for the Syrian families living here it was like a lockdown. There is not much opportunity here. Even to learn English the opportunities are really limited. We don't have a big network of friends. Even though the local council is helpful, we didn't have much chance to go out or socialise with others - and so we are very limited in our ability to make relationships, build connections and make friends here. Even without the lockdown, we are like 80% isolated (Ashraf, male resettled refugee).

In this section we have highlighted the various ways in which asylum seekers and refugees work to maintain their momentum towards completing their transition and acquiring markers of a more settled and integrated state within society. Hindrances to progression in transition leaves people feeling that they don't fit anywhere, and this state is deeply discomfiting and anxiety-rousing. The lockdown has caused disruptions and challenges to many asylum seekers and refugees' transitions. The accounts reveal how the impacts of simple adaptations to the lockdown, such as moving classes online, created distress that carried deeper meaning for those already in transitional states.

4.4 Coping and resilience

Despite the hardships and stressors that the participants reported experiencing during the lockdown period, they also provided details about the wide variety of strategies they employed to endure and manage the demands placed on them. Participants demonstrated remarkable resilience in the face of, in some cases extremely, harsh circumstances. These included adapting to the situational demands, using the time to explore new activities and tasks, reconnecting with friends and family, and committing to growth through adversity.

Resilience has been described as a 'dynamic developmental process reflecting evidence of positive adaptation despite significant life adversity' (SlieJpen et al. 2015). It has been argued that resilience is affected not only by internal factors but also structural factors (Ungar 2008). Internal factors include personality traits that help one to deal with negative experiences, the ability to function competently under stress, and the adoption of coping strategies to respond meaningfully to demanding circumstances). Resilience-related structural factors refer to social and political conditions that enable or hinder people's agency, choice and control over how they respond to difficult situations.

In this section we will look at the predominant themes on resilience and coping that emerge from the data. These themes include the hopes that helped people through, and the strategies they used to manage their time as best as they could. A strong sense of agency emerged when participants talked about the ways they were leveraging the resources they had. Finally, we report on the beliefs and perspectives people felt had been important in helping them through the lockdown.

4.4.1 Strategies for coping with lockdown

Within the considerable diversity in the type and extent of activities reported, five broad categories were evident. Coping strategies mentioned by participants fell into the following categories: activities that were aimed to fill time for self and family, combat boredom and manage tensions; activities that served to deepen relationships and connections; activities intended to re-orient the household and family to cope better with the demands of the lockdown; self-management; and helping others and being helped.

Participants engaged in a wide range of outdoor and recreational activities to fill time and keep themselves and their family members busy during the lockdown. These included going for walks around the neighbourhood or to explore new areas, going for (longer) drives for fresh air or to access new areas for exercise or simply to break up the monotony of the day and relieve tensions in the house, exercising outdoors or inside the house, and increasing or taking up hobbies such as gardening, cooking, drawing, reading or watching movies and documentaries.

Many participants used the time to strengthen relationships and connections with their families and friends. For those with children, they reported both having to spend more time with their children and being mindful of using the time to make the time they spent together more enjoyable. As such they were more attentive to their children, conversing and listening to them, having fun and playing with them. Some parents took the time to teach their children new skills and languages or undertake joint activities such as setting up a YouTube channel or gardening. Participants whose family and friends were elsewhere took the time to talk with them for long hours through WhatsApp, Zoom and Skype, providing and receiving support and generally involving them in their day-to-day lives. A few took time to visit nearby family, friends and neighbours in careful socially distanced visits where they spoke through the window or at the gate.

It is possible to identify different levels and functions of social support through the descriptions provided by participants. Social connectedness during lockdown seemed to be valued at the level of keeping each other company and sharing life experiences (for instance, through leaving Zoom or WhatsApp video open during calls with children for long periods of time) and sharing worries and troubles. Some people could do this and yet others felt that they could not do so because their families and friends were in a more difficult situation.

Karim and his wife used the time to connect with family elsewhere, specifically their daughter and his sister.

And I speak with my daughter a lot on WhatsApp. Sometimes my wife leaves the video open like she's living in my house, she put in the window and leave it – it's open... she knows everything [laughs] (Karim, male resettled refugee).

Similarly, Hafsa, an asylum seeker who likes to volunteer, noted that during lockdown:

We make a lot of stuff with my children, like, we play together, we watch movies together. This is stuff we didn't manage because we were so busy before the lockdown, because of volunteering and studying, and actually then we met our family just during the dinner but during the lockdown...we made a lot of...do you understand? (Hafsa, female asylum seeker).

Taking time to enjoy time with family was felt to be hugely beneficial to participants. Participants reported that they had developed closer and more caring relationships within the family by spending more time together sharing fun and relationally nourishing activities. Being able to support each other and actively addressing sources of tension and conflict within the family also contributed to participants' sense of having successfully negotiated a potentially challenging period. Some parents also took this opportunity to teach additional skills to their children, like Kashif who taught his daughter to speak and write his home languages and improved his own linguistic skills using Google. He also noted that he was able to listen to his family members more attentively, to the conversational details and through this, suggested he knew them better.

Some participants had anticipated the lockdown and planned accordingly. Others took quick action when they realised that they would face a prolonged lockdown. Equipping the house with additional electronic devices (TVs, tablets, smartphones, gaming), home exercise equipment or a second freezer were practical steps taken to make the lockdown period easier for the household to cope. Participants also reported using the lockdown to focus on household repairs, refurbishment and/or reorganisation of the house to suit their needs. This also involved creating and discussing some routines and systems with their children, encouraging household members to support each other practically and purchasing recreational supplies (e.g. books, art materials, toys) to keep children occupied. For instance, both Karim and his wife were very busy during the lockdown, continuing with online college tasks and learning ESOL for the English exam. They helped each other out a lot much more than before the lockdown, with household and childcare responsibilities. Samira similarly paid attention to a number of aspects of lockdown life to ensure the household would function as smoothly as possible.

My theory was to keep them busy as much as possible because if not they would want to play with me and I have no time for playing with everyone. At home I have to study and work as well as manage the household duties. First month was good, we developed our communication skills as a family and supported each other. After 2 months they started asking me many things: come and play with us, come watch this movie with us and let us go out, and come mum let's go to the park and they start to nag me. I would have loved to play with them but I have no time. I feel guilty so I tried to change my diary and change my lifestyle to fit that and I am not sure if I passed that successfully, but I did what I could do for them... (Samira, female resettled refugee).

A fourth category of coping strategies reported by participants focused on self-development and advancement. This included learning a new skill (e.g. cooking, gardening, cycling) or taking online courses. Some participants actively focused on practicing and learning English by watching BBC programmes or movies in English or taking online courses or being more diligent about their online lessons. Learning about self-care measures such as yoga, meditation and other activities helpful for managing mental health was also mentioned. Engaging in faith-related activities helped some participants to cope with the stresses of the lockdown. A smaller number of participants spoke about being more cognizant about making space and finding a safe outlet for their more distressing emotions – people talked about not letting their children see their distress but crying in private, or going out for a walk in order to cry and let out their emotions or reaching out to loved ones for support. Risk-management measures (e.g. washing hands and clothes after trip outside, wiping down surfaces, staying indoors) helped manage anxiety.

Similarly, I was very happy that I discovered that I know how to cook, that I can learn. That discovery by itself... we weren't raised this way. So now I know that, male or female, you can learn how to cook and it makes me proud (Samir, male resettled refugee.)

Having concrete goals for oneself and for one's family members was found to be very helpful in managing the lockdown period, and especially to counter the sense of limbo and loss felt by many participants. Ibrahim used his time to obtain several certificates in online short-term courses related to his goal of becoming a successful tradesperson and meeting his own challenge of improving his English. Samira applied for and began her postgraduate course at university, using the time she would have spent, prior to lockdown, commuting to work and college.

A fifth category concerned the issue of helping actions, either helping others through voluntary activities or being a recipient of support, such as receiving hampers and vouchers. Some respondents talked about checking in on elderly people, supporting family members and helping people to shop. Voluntary work was seen as very helpful by participants as a coping strategy in the emotionally demanding situation of the lockdown. Those who were able to continue with work and income generation also found it helpful, especially if they also had cooperative and supportive bosses and colleagues.

Participants commonly used more than one coping strategy depending on their circumstances and resources. However, there was a noticeable difference between asylum seekers and refugees in the overall range of options. (See Figure 2 and Table 5, Appendix 2 for more detail). Asylum seekers, especially those who were in hotel accommodation, were heavily constrained by their circumstances (discouraged from interacting with each other, being asked to stay in their rooms) and scarcity of resources. Participants in hotel accommodation commonly talked about being under strict controls and feeling imprisoned. Asylum seekers more than other groups spoke about having nothing or very little to do during the lockdown, and their accounts suggest many of them endured the lockdown as best they could with stoicism and forbearance, under great pressure. Therefore the ability to employ different coping strategies also depended on resources available to individuals and families. In the next section we will look at how resources – both social and economic – helped people manage the lockdown.

Coping strategies of asylum seekers, refugees and resettled refugees

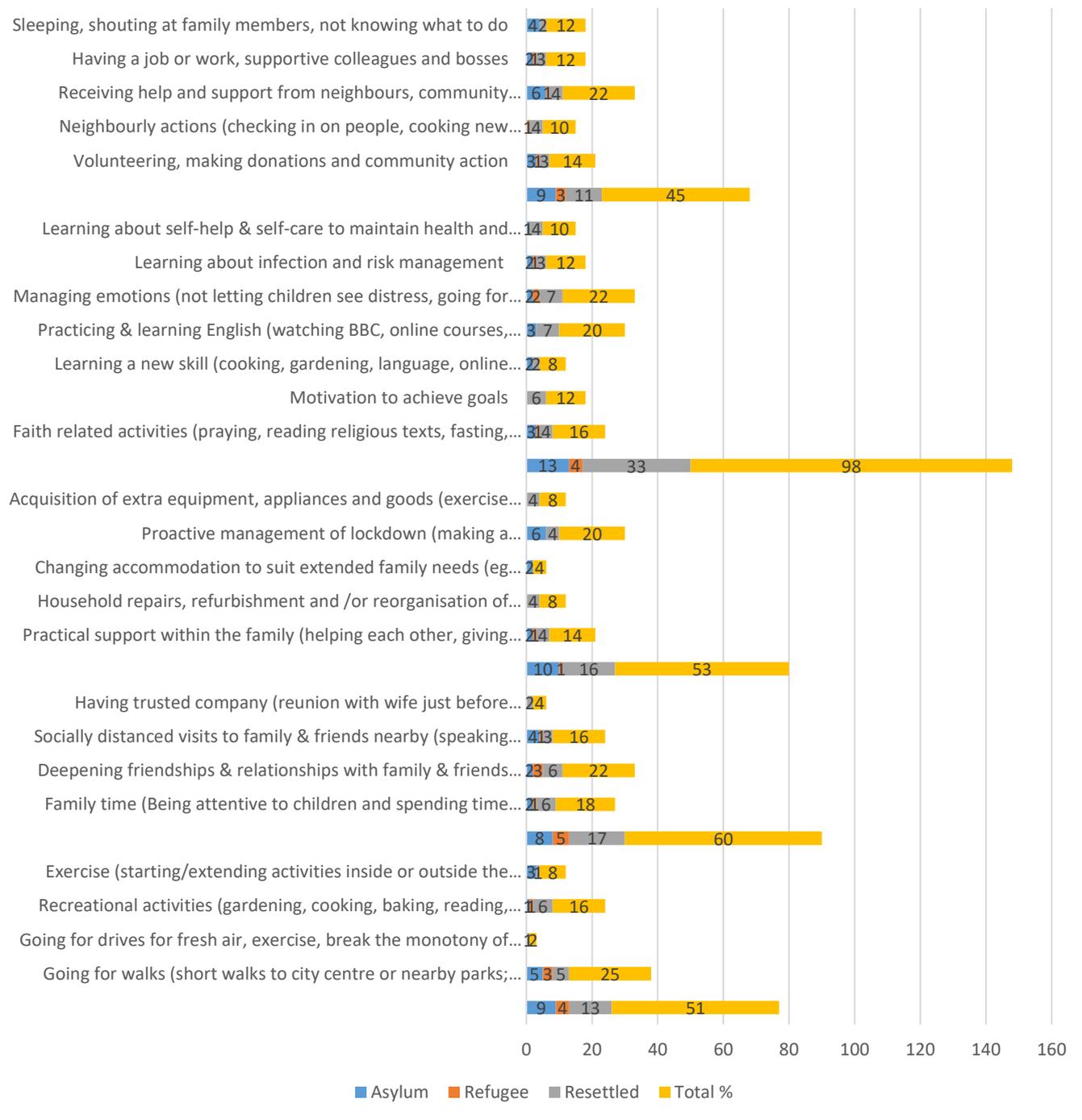


Figure 2: Coping strategies of asylum seekers, refugees and resettled refugees

4.4.2 Resources and agency

As reported, asylum seekers had less access to the personal, social and economic resources of more settled refugees. As a result, those in hotels in particular found their capacity to manage the lockdown and protect their wellbeing actively curtailed. Figure 2 demonstrates the discrepancies between asylum seekers and other refugees in their scope for mobilising positive coping strategies.

This demonstrates the importance of being able to contextualise resilience within prevailing structural conditions.

Participants with family members and close friends around them appeared to cope better than those who were alone. Esther, for instance, lived with a supportive Scottish host family and reported that she was able to utilise the time to study more intensively than before the lockdown. In her case, feeling emotionally supported, granted her more opportunity to be able to develop and pursue positive coping strategies. Esther also mentioned that, when she was stressed, she found the reading and drawing to be helpful. For Esther, the supportive nature of her environment and the presence of warm social relationships seems to have reduced the levels of distress, anxiety and feelings of isolation associated with lockdown reported by other refugees and asylum seekers with less support and limited social contact. Being less distressed and anxious, she was able to devote energy and time to positive coping activities.

Mirza was reunited with his wife just before the lockdown and he reflected on the difference this made to him.

That's why I'm saying, the only changes because exactly before coronavirus my wife arrived, so that was just the big difference for me. But if I was alone, that would affect me very much. Because my wife was here, obviously we could spend much more time with each other. We could walk in the park, and it was actually a good summer this year as well...makes you forget about the coronavirus (Mirza, male resettled refugee).

Whilst a number of asylum seekers in the study were with their families, there was also a considerable proportion of asylum seekers who had come alone or were waiting for family reunion after a successful asylum application. Housed in flats or hotel accommodation together with other unknown or recently acquainted asylum seekers, the scope of coping activities and strategies were much more constrained socially and materially.

It was a trying time but even in these circumstances, respondents mentioned the brief social encounters in these settings as being helpful to manage the isolation of lockdown.

Everyone had their own situations so when we were sitting together or when we were talking together, everyone was talking about his life about his emotional, so we were sharing our stories together. People did not personally come to me and share his emotional or personal stuff, no, but we shared it together. It did help a little bit and take our sadness away I could say, it was a bit helpful but not too much (Mehdi, male asylum seeker).

Extended video phone calls with family members were another source of solace and strength for a number of participants. Being able to connect online, every day and for long hours, required resources – good Wi-Fi connection, smartphones and other electronic devices, extensive broadband access, and also, family members and friends who lived in areas which also had similar access and resources.

Additionally, participants who had been here longer and who had been able to establish strong social connections (whether bonds, bridges or links) received help which benefitted them both practically and emotionally. Rajaa noted:

The people in the council were very, very supportive, they were very very good. As I said this didn't come as a surprise as they have supported us a lot (Rajaa, female resettled refugee).

Receiving texts of concern, inquiries to wellbeing and offers of help from the council, social workers, refugee supporting organisations, community groups and the school made people feel supported and connected to the community. Help in the form of food parcels, recreational supplies for children, Ramadan boxes, toiletries and other household goods or vouchers was also noted appreciatively, and it was stated by several participants that this made a big difference to their ability to cope during the lockdown.

Equally important was the practical support that family members, neighbours and close friends were able to provide each other. Ashraf cared daily for his elderly parents who lived nearby, Naima's nephew brought her supplies as she was shielding, and Azim's sister helped their elderly mum to bathe everyday while he sent gifts to family and friends to help out. Mazin's Syrian neighbours offered to pick up basic supplies for the family – spices, halal meat, etc. – from Glasgow when they went in their car to the city. Being able to depend on one another in these ways meant participants were able to cope with the lockdown and indeed even find time to focus on their own and that of their families' wellbeing. Helping others was also one way in which some participants combated the sense of helplessness that accompanied the lockdown.

Rajaa had been volunteering to care for elderly people before the lockdown but when that stopped, she volunteered at the foodbank after the first month of lockdown.

When I help people, it just gives me a sense of relief. The beginning of lockdown was difficult, but when I go out meet people help people, I feel much better. And generally you know when I go outside I meet people, and I forget kind of the stress in my mind and I start fresh again (Rajaa, female resettled refugee).

Having a car was mentioned as being especially useful, particularly for families living in more remote places. Both Ibrahim and Baglesh told us that they had purchased a car as a result of the lockdown, in order to be able to travel for leisure or for more practical shopping trips. They were able to access new places and do things that were not possible before. Having a car also meant that trips – for the view, to have an outing in, for fresh air – all helped relieve boredom, stresses, and tensions in the house.

Kashif spoke about how walks and trips outdoors were helpful and made the lockdown more interesting and tolerable.

We just wanted somewhere to drive, to sit in the car and have an outing, while we are in the car, without having to leave the car. And just to drive on the roads, we were not doing things like that before the lockdown. We tried to do something we felt was helping us, we started to think about seeing new places around us which we've not been to (Kashif, male resettled refugee).

These examples indicate that those who possessed social and material resources were better able to exercise agency and choose from a greater number of coping strategies – such as being in touch with family, supporting one another emotionally and practically and engaging in a wide range of activities.

4.4.3 Beliefs, perspectives and 'self-talk'

Participants talked about the different ways in which they thought about the lockdown, the pandemic and their own situation which seemed to make a difference to their ability to cope and endure the situation.

Not surprisingly, many asylum seekers and refugees referenced the harrowing experiences and hardships they had endured previously in their lives prior to the lockdown. Some reported that remembering what they had already come through helped them to keep the current challenges in perspective. This was especially powerful for those whose own home countries - where they still had family – were experiencing ongoing violence, death and war alongside the impacts of the pandemic. Naima was thankful that her immediate family are in the UK and have the help and support of the government. This gave her reassurance given the situation that other family members were facing in her country of origin.

Appreciating the relative safety of their current lives helped participants endure and manage their anxieties and frustrations caused by the pandemic.

I think nothing hard. Because, you know I have seen the war three times. I lived in Iraq. When the war started, we have already experienced lockdown there! When you go outside, somebody could kill you. (Here) I wait in my house, I don't go outside four months. Just inside my house. Yeah? (Karim, male resettled refugee).

Some participants tackled the challenges posed by the lockdown by trying to accept the situation. People reported that they would tell themselves: this is how things are being done now. By telling themselves that this was how things were, they would attempt to adjust to that and accept the situation as much as possible. They would find ways to adapt to the prevailing circumstances. For instance, getting used to wearing PPE in their volunteering or working roles.

For example, Said mentioned the difficulty was in the changes to social interactions.

Actually, everything has changed because the way we used to do things, the way even we greet each other. With all the social distancing guidelines, 2 metres apart and no handshakes and actually back home in Syria and generally in the Middle East, people will shake hands and they also kiss, so nothing was like before anymore. At the beginning it felt like it was quite awkward because everybody was telling the other, 'stay away, stay away', just in case you've got anything, I don't want you to give me the infection. It was very awkward at the beginning but now I think that we kind of got used to it (Said, male resettled refugee).

Some participants mentioned how they continued to hold onto hope and faith in the future, seeing these as important for their coping ability.

And at the same time, nobody can live without hope. I mean if you don't have hope, there is no life. So, we are hoping for the bright, and for the better future, and we are praying every day and we now pray, every time we pray for the end of this stupid virus and new start and better days to come, to be honest (Mirza, male refugee).

Faced with several challenges as a result of his financial circumstances and isolation, Samir was able to focus on the benefits he gained from doing things differently.

...[I started] fasting for the financial reason, but within time I discovered that it helped me to improve my faith, my relationship with God has improved. And my faith has improved, and I feel better regarding this issue... (Samir, male resettled refugee.)

When there was little else to fall on, focusing on the shared aspects of the lockdown experience was very helpful. In especially challenging circumstances, participants tended to remind themselves that this was not a lone experience. Elyas noted, *“it is not just us, it is all the people here; and it is not just here, it is all over the world.”* The focus on a bigger picture and a common fate helped to offset some of the most difficult aspects of isolation.

Refugees’ accounts demonstrated that being able to provide oneself with supportive narratives and an affirming ‘self-talk’ was a crucial aspect of being able to cope with the challenges of the lockdown. Self-talk (Kross et al. 2014) has been described as what people tell themselves in order to make meaning of events and circumstances and to direct their actions accordingly (Anderson 1997). Self-talk has been shown to positively affect coping in relation to the COVID-19 pandemic (Damirchi et al. 2020).

5. Discussion

In this section we discuss the findings outlined in Chapter 4. Our data evidence asylum seekers and refugees’ own accounts of the profound impact of the pandemic on their lives. The four interconnected themes which emerged from their stories (Connectivity & isolation; Stressors & mental health; Rupture & liminality; Resilience & coping), demonstrate some of the key challenges exacerbated by the pandemic. Those interviewed were clearly actively seeking to mitigate the negative impacts. However, for many, their capacity to do so was constrained by situational, structural and personal circumstances. In discussing these findings, we focus on the impacts of the pandemic on mental health and wellbeing and explore them in the light of past and present experiences of refugees and asylum seekers.

5.1 Multiple losses and the impact on resilience

Multiple losses characterise the experiences of all refugees. The term ‘refugee’ is applied specifically to those who have been forced to flee their homes through fear of danger (UNHCR 1951). The loss of ‘home’ encompasses both place and community and can include the loss of significant people such as family members - through death or separation. In addition, there are the more hidden losses of identity, culture, the relevance of skills and experience. This sense of loss and bereavement was evident in our study.

We are thankful, we are okay. We haven't been...I would say most of [our] friends, the family died, and I know they have been suffering of the coronavirus. Not just themselves, all of the family members. (Mirza, male refugee).

Tahir's account of the struggle of living through a war and then flight reflects the experiences of most of the refugees in our study.

We have been through a hard time. We have been through a war, and then (through) the process of seeking asylum and later of settlement in this country. It was quite a tough process, and until now we are still settling, and then the lockdown started (Tahir, male resettled refugee).

Yet there were contrasts in the way that participants reported the impact of such cumulative losses. For some, the ongoing struggle to rebuild their lives or heal from trauma became overwhelming when the restrictions of the pandemic were added to their difficulties.

So after we didn't have time enough to recover. Even my wife, she was feeling very depressed about losing her baby and straight away the lockdown came. We didn't have time to recover. We just had to struggle with the problem (Ahmad, male resettled refugee).

Others referred back to previous distressing *events* in their lives in order to draw a contrast and suggest that the challenges of their current lives – and in particular, the challenges of the pandemic restrictions – were minor in comparison. For example Karim, explained that his experiences of living in a conflict zone meant that he and his family were familiar with the constraints of a 'lockdown'. The dangers of the pandemic did not engender so much fear for him as the dangers of bombs and bullets.

Refugees' experiences are often viewed through a lens of trauma (Marlowe 2010). Yet the body of research evidence on refugee resettlement suggests that the conditions of their resettlement context are at least as important in determining recovery from trauma, integration and thriving if not more important - than the degree of exposure to trauma (Porter & Haslam 2005; Schweitzer et

al. 2006). It is noteworthy that in this study, our participants' accounts were focused on their present lives in Scotland when talking about both the challenges and opportunities that they faced. This supports the argument that addressing the conditions and opportunities for refugee resettlement is the most important way to support both recovery from trauma and loss as well as long-term settling.

Refugee integration and resettlement has been shown to be a multi-faceted and complex process. The Indicators of Integration framework (Ager & Strang 2008; Ndorfor-Tah et al. 2019) provides a holistic picture of integration – concerning a wide range of 'domains' of life experience. In this study, refugees' own priorities resonate with this framework. It was very clear that to be able to get on with rebuilding their lives was an urgent and pressing priority. Disruptions to the settling process were felt very deeply. Tahir, the resettlement refugee quoted above went on to say:

We (had) started to settle, little by little, start to learn English, we started little by little to integrate in the country, to know the people in the host country, just everything, settling in the terms of health, in terms of language, in terms of financially and it had not happened yet when the lockdown started... In terms of lockdown, instead of going forwards, we were going backwards in terms of language (Tahir, male resettled refugee).

As we have observed, this sense of 'going backwards' or 'being stuck' was a strong theme in refugees' experiences. People talked about the seriousness for themselves and their children of losing the opportunity to develop their English language skills. The need to learn a new language inevitably creates a huge challenge for settling refugees because a shared language is the key to accessing services and forming new relationships (Ager and Strang 2008; Strang and Ager 2010; Tip et al. 2019). It is not surprising that refugees were both very aware, and hugely anxious about the immediate and long-term impacts of any delays in learning the local language.

Several participants also spoke of challenges obtaining driving licenses, bank accounts, registering with services, such as GPs, dentists or other necessary facilities, and establishing a more permanent housing situation. Interruptions to these processes caused great anxiety, stress and feelings of powerlessness. Those who had been in Scotland for a few years with the right to work, reported that long-awaited training and work experience opportunities were abandoned, and jobs were lost due to the pandemic. Yet the opportunity to work is known to be crucial to resettling for refugees (Bloch 2008; Strang et al. 2016; Gericke et al. 2018). Work brings the benefits of economic independence and rekindles self-respect. Refugees consistently report their desire to contribute to society and their discomfort at being dependent on state benefits (Strang et al 2017). Moreover, for many, to re-establish a previous career is key to re-connecting with your own sense of identity. Progress made in this, was abruptly halted by the introduction of COVID-19 restrictions and business closures throughout the pandemic.

Whilst the sense of powerlessness and stagnation has likely also hit the wider population during the pandemic restrictions, we can see that for those in the early stages of a recovery journey from catastrophic loss and trauma, stagnation carries much more profound significance.

For those still awaiting the outcomes of their asylum claims, it is clear that even in normal times, the need to progress to a decision is acute. Waiting to learn whether you can stay in safety and start a new life, or whether you will have to go back to the place from which you have fled does not allow for any sense of security or stability. Not only were the processes for asylum decision-making delayed during the pandemic, but most asylum seekers without families, found themselves uprooted from their temporary homes, and placed in collective accommodation with strangers. This felt very unsafe for both mental and physical health. Mehdi experienced severe depression to the point of contemplating ending his life while staying in hotel accommodation. He likened the feeling of finally leaving the hotel to being freed from prison:

Well the feeling, to be honest was like I was taken out from a prison. A prison where I stayed in like 10 years, I had the feeling, I was so excited when I was let out of the hotel and given the transfer to the accommodation. Just like how you get out from a prison, when you are freed from a jail (Mehdi, male asylum seeker).

Our findings point to a combination of factors that can lead to acute mental and emotional suffering for refugees and asylum seekers whose lives have already been profoundly disrupted, with a toxic combination of danger, trauma and loss. Where resilience was already depleted and protective resources scarce, individuals reported a sense of despair, because they had lost hope in the possibility of a better future. A small number of participants in this position said they had felt suicidal at times and they were referred to support services and received immediate assistance. Research on the impact on mental health of living through conflict and humanitarian crises has consistently identified a number of factors necessary for resilience. Along with the need to feel safe, equally important is the opportunity to have a role and a purpose that provides meaning and hope in life (Hobfoll et al. 2007; Silove, 2013). It is not surprising then that where a refugee in Scotland feels that their life has been broken, and they are not able to build towards a new one, the loss of hope will have a profound impact on mental health. Disruption to any aspect, or 'domain' of integration will potentially undermine the hope that is crucial to resilience.

The Hobfoll and Silove models of refugee wellbeing both argue that social relationships are crucial to protect mental health. In this study, we found that a number of factors characterised those participants who seemed to be managing the difficulties of the pandemic restrictions confidently. They generally had strong and supportive close family relationships. Those who had been in Scotland for longer and had built up wider networks of friends and acquaintances fared better. These networks provided them with emotional support and a sense of being 'known' and of having a role and purpose. Networks of friends and acquaintances – which often included support workers and local volunteers – also played a crucial role in providing emotional support and encouragement as

well as facilitating access to resources. Access to resources in turn helped people to exercise some control over the situation and make things better for themselves and their families. In addition, we noted that those feeling most hopeful were often those who were better educated and able to use English and develop digital skills for online communication.

Our data demonstrates that the interruption to normal life and particularly, to progress in moving forward with goals and aspirations has had a particularly profound effect on many refugees. Because refugees have lost so much already and are in the early stages of building a new life to recover from those losses, the sense of limbo and being stuck could be intolerable. We found that refugees were generally seeking to be very active in coping and managing the challenges and stresses of everyday life. However, those with very little access to any resources, be they financial and material, or relational and emotional, were left feeling helpless and in danger of loss of hope and despair. Support from family, friends and services that kept in touch was transformative in enabling people to maintain a sense of purpose and hope, and agency.

5.2 Isolation, loneliness and mental health

Sudden-onset isolation as experienced during the COVID-19 pandemic has noted impacts on both physical and mental wellbeing (Huremović 2019). It may have had a particular impact on refugees, many of whom already experience the insecurity identified as part of 'pandemic precarity' (Perry et al. 2021) with ramifications for their mental health and wellbeing. Already on an integration journey with daily challenges, refugee populations are reliant on social connections and the continuity afforded by such anchors as language classes; casual neighbourhood encounters; developing bonds with neighbours; regular shopping trips; established school links and local activities. Offering a sense of continuity and belonging, as well as highly valued opportunities for language practice, such connections and activities are largely taken for granted by citizens for whom upheaval and instability are not core repeated experience, and are of vital importance for those seeking to rebuild lives for themselves and their dependents in receiving countries.

Both loneliness and social isolation are associated with poorer mental and physical health (Leigh-Hunt et al. 2017) and while current interventions for loneliness focus on forming new connections, often with strangers, it has been suggested that helping individuals maintain their current relationships and networks is a better way of preventing loneliness (Perissinotto et al. 2019). Daily diary studies have found that loneliness is significantly linked to qualitative aspects of daily social interactions such as a lack of interactions with intimate others and poor emotional quality of interaction (Hawkley, et al. 2003). During the sudden onset isolation of COVID-19, however, refugees, many with already weak or tentative ties to others in the receiving country and their localities, saw such connections eroded or removed. Almost all the participants we interviewed had experienced a change to their level of connectivity as well as a change to the *quality* of connections with others. Those who were able to maintain already existing family ties and relationships with a supportive wider community reported that they did not feel isolated during this period. For those for whom tentative ties and social connections were further weakened, 'diluted' as our participant Kashif put it, or indeed abruptly ended by the COVID-19 restrictions, the experience of loneliness was acute.

Whilst some participants reported that a partial relief from social isolation was offered through digital connections, access to Wi-Fi or data was unevenly distributed. Additionally, some found that digital communication created huge challenges for online learning due to the lack of face-to-face cues. In recent years there has been a proliferation of interventions for loneliness that are technology based. Our data suggests that for those, such as refugees, new to a culture and language, technology cannot be assumed to effectively replace in-person social contact. Some studies have suggested that technology-based support can instead lead to higher rates of loneliness (Perissinotto et al. 2019).

We have argued that changes in the quality of informal and formal social interactions which have either been interrupted completely by the pandemic or moved to online platforms, have had a great effect on the ability to cultivate social contacts, strong connections and deep relationships with others in the receiving community. Online modes of communication fundamentally change the way people interact and connect with others, heightening awareness of the differences and struggles of settling in. Difficulties with technology, in many instances already exclude older populations or others who may not be familiar with different forms of online media. Access to technology is a huge financial burden further excluding many. Additionally, the benefits of face-to-face communication, such as being able to interpret the nuances of full body language, are now often lost as a result of social distancing measures. For refugees and asylum seekers, communicating effectively with people in English has been a vital way to integrate into their new communities. Participants mourned lost opportunities to continue language acquisition, maintain burgeoning friendships and navigate use of services and thereby a sense of belonging.

Loneliness has been demonstrated to have adverse impacts on mental health (Vanderweele et al. 2011; Hwang et al. 2020). For the participants in this study, isolation and loneliness, the more deeply felt, profound experience of the two were implicated in deteriorating mental wellbeing. Saba, one of our participants, reported that lockdown restrictions have:

... affected my mood and it's not been good for me. It did make the difference ...when the restrictions eased, so I could go out, I could see my friends and go shopping with them. But then I come back home, I feel very lonely. I feel very lonely (Saba, female asylum seeker).

For Ameena, the isolation meant:

You try and stay away from people which is really important for mental health, having conversation with people, even if they're strangers, so it has an impact on your mental health that (Ameena, female asylum seeker).

The relationships between worry, anxiety and loneliness are known (Varga et al. 2021). Noted in some studies also is the way in which loneliness is negatively correlated with post traumatic growth in refugees (Sahin et al. 2020), suggestive of the complex weave of experience; cognition; emotion and mental health implicated in the phenomenology of loneliness, itself an emotional cluster rather than discrete emotion (Alberti 2019). This study similarly found a range of difficult emotions was experienced, one with an interface with mental wellbeing. This included fear of infection; concern about not being able to navigate healthcare systems adequately; anxiety about one's loved ones; the stress of daily life and emotional labour; tensions over caring/education responsibilities; anxiety about insecure or inadequate housing and settlement status; financial and employment worries; boredom; helplessness and hopelessness. These were almost certainly heightened by isolation and loneliness.

Mehdi reported that:

To be honest a lot of things has changed, I mean from good to worse I could say. Before the corona I was sleeping perfect like normal human being and not having any problem. I mean I was just living the way I wanted but due to corona, due to the pandemic my system changed, my mentality affected me now, even after now I can hardly hardly sleep for like a few hours, even I'm taking sleeping tablets and medication, it doesn't help me' (Mehdi, male asylum seeker).

5.2.1 Loneliness, sense of self and resilience

A growing body of research indicates that many sociodemographic factors, social roles, quantity and quality of social contact, health, and dispositions contribute to individual differences in feelings of loneliness (inter alia Cacioppo and Hawkley 2009). Resilience in three main areas amongst our sample may suggest why despite considerable structural and personal hardship and deprivation this group overall managed the challenges of COVID-19 isolation remarkably well.

Loneliness, already reported amongst refugee communities (Wu et al. 2021; Strijk et al. 2011), is also more common among people with few resources. This especially applies to relationship resources (Haslam et al. 2019), but also to money adequacy and having a purposeful activity. And while participants' narratives stressed the anxiety, stress and worry caused by shortages of money, work, resources, food, data, and access to adequate housing, they also reported on robust family connections and the value of local social connections on which they drew, demonstrating resourcefulness and a keen ability to maintain relationships. In a recent paper on loneliness and social isolation during the COVID-19 pandemic (Huang et al, 2020) the two top tips are stated as maintaining connections generally and maintaining social connections with technology; and amongst our sample both these behaviours were referred to. Hafsa described how:

We have, like, a small group with an organisation, it's called Connection Café, and we're meeting English people to make conversation with people who speak English. It was every Monday, we are meeting, but now because this is seclusion, we are meeting in Zoom every Monday from 10-12. And we have also, we make some events, some parties and we are meeting there (Hafsa, female asylum seeker).

The social capital of refugee communities is noted in the Indicators of Integration framework (Ager & Strang 2008) discussed earlier. This four-level framework for refugee integration containing 10 domains, the second level of which is made up of social connections (social bridges, social bonds and social links) built on the concepts proposed by Putman (2000; 2007). This study suggests that a core part of the participants' coping capacity during the COVID-19 restrictions was forged through skills and behaviours pertinent to the building and maintenance of this second level. This capacity was heavily drawn on, however, in the face of withdrawn connections; curtailed interactions; limited opportunity to forge new bridges or strengthen bonds. The links between social capital and loneliness are relatively under-explored, but some findings suggest that low social capital, especially in terms of low trust, may be a risk factor for loneliness (Nygqvist et al. 2016). Our participants' testimony demonstrated agility and ability in turning to digital means by which to maintain connections. This pivot to digital social capital may have contributed to the overall picture of notable resilience in the individuals of our sample, making the challenges of data poverty more poignant.

In addition, many refugees are commonly from collectivistic cultural backgrounds (Jayawickreme et al. 2012), holding a sense of self intrinsically tied to immediate and extended families and friends (Markus and Kitayama 2010). While it may be posited that this sense of connection may also be a legacy of the integration journey itself, independent of the cultural background of the individual, the implication of such a collectivistic sense of self is the high value placed on family cohesion and interdependence with others as central to identity, with possible correlations to mental wellbeing (Liddell et al. 2020). Participant testimony in this study points to the high premium placed on maintaining contact with family and friends, both immediate and extended, and the importance given by participants to connections being maintained throughout the COVID-19 restrictions, with families and friends in home countries. This sense of self through interdependence and the embedded skills of maintaining remote connections may also have played a role in the overall resilience demonstrated by our sample, once again underscoring the importance of adequate access to digital communications. Mariyam said:

So we were talking through the WhatsApp, like a videocall. And we were talking - after the war in Syria, kind of everybody, they different country and everybody's got their own problem and their own struggle. So we were talking and it was like a – you know, supporting each other emotionally (Mariyam, female refugee).

A third aspect to play a role in the resilience of our participants may well be the integration journey itself. Here, the 'earned strength' (Uekusa & Matthewman 2017) and survival story gained in dealing with uncertainty; flux; loss of control or denial of control over one's life actually meant that this group of people were more able to manage the difficulties of the existential challenge posed by COVID-19.

5.3 Impacts of liminality

Participants spoke, with great feeling, of being 'stuck' and 'trapped', and of being unable to accomplish important activities. Participants shared feeling ashamed, guilty and worried about their ability to meet basic needs, leading to a decline in self-trust and confidence, and consequently an increase in stress, anxiety and worry. Stress reactions are associated with the flight or fight mode (though some people may feel 'frozen' with crippling anxiety). Being in an everyday survival mode can also deeply erode resilience, resourcefulness and strategic action, because it focuses attention on immediate circumstances. For many refugees, their agency and capacity for action were also constrained by the lack of language skills, as well as by delays and reductions in the scope of key service provisions. Yet there was a sense of urgency to the need to act, as described by many asylum seekers and refugees, in order to move towards integration and settlement.

Several of the participants in our study shared difficult stories of lives interrupted. Our findings demonstrate that disruption to the progress of integration caused setbacks to the wellbeing of asylum seekers and refugees. Whilst it is yet unclear how the prolonged delays and disruptions caused by the lockdown might shape opportunities and the timeframe for integration and settlement in the future, it was a source of great distress and worry for almost all participants. Its heightened impact comes from the sudden interruption to everyday lives which would otherwise be in process of being rebuilt (Huremović 2019; Hwang et al. 2020).

Career interruptions, including losing access to education, training and work opportunities can dramatically deplete a person's ability to create a sense of belonging. The people we interviewed often spoke highly and with great nostalgia to an increasingly distant memory of their achievements back in their home countries. There was frequent mention of the desire and aspirations to rebuild their careers and social status, yet any progress made, was radically cut short by the introduction of COVID-19 restrictions and business closures throughout the pandemic. Achieving bureaucratic milestones, including confirming immigration status such as asylum and family reunion claims seemed to weigh heavily on everyone. Several of our participants also spoke of challenges obtaining driving licenses, bank accounts, registering with services, such as GPs, dentists or other necessary facilities, and establishing a more permanent housing situation. Interruptions to these processes caused great anxiety and stress – feelings of powerlessness to move forwards through the stages of

liminality were and still are very unsettling for many. This is not surprising given the liminality-defining characteristics of uncertainty and ambiguity.

For asylum-seekers and refugees, the lockdown measures had the compounded effect of delaying their longed-for settlement. It appears that the gradual accumulation of integration factors (e.g. adequate language fluency, functional and stable accommodation, strong social networks, a means of livelihood etc) was disrupted by the lockdown, thereby stalling participants' sense of momentum through this liminal phase. Coming from a history of forced displacement and profound loss, this raised powerful feelings that seemed especially hard to suppress and manage.

Disrupting momentum in this sense is particularly problematic because it is linked with a sustained sense of hope and sense of the future. The participants' accounts suggest that for many asylum seekers and refugees who have been forced to leave home behind, the journey towards integration and settlement in receiving countries was also a journey towards establishing a safe and secure home again, and a community to which they felt a sense of belonging.

6. Implications for research, policy and practice

The qualitative findings suggest refugees and asylum seekers experienced varying degrees of isolation and loneliness as a result of the COVID-19 pandemic and the restrictions that followed. The ability to cope with the numerous stressors felt by many was influenced in part by changes to the quality and quantity of social relationships in addition to structural and systemic barriers impeding access to essential services. We highlight below a series of policy and practice recommendations and suggested research priorities corresponding to these two areas of focus.

6.1 Social connections and trusted relationships

Understanding the important role that even casual encounters can have to encourage mutually supportive neighbourhoods would benefit asylum seekers, refugees *and* their neighbours. Migrants often bring a culture of community connectedness which could benefit settled communities where there may be material and emotional resource, but little expectation of sharing it.

The mitigation of the damaging effects of pandemic restrictions requires an approach that recognises the particular needs of these neglected populations. Where emotionally supportive social networks are weak or absent, it must be a priority to enable meaningful connections with other trusted human beings. Loneliness can cause serious long-term damage to mental and physical health.

6.1.1 Policy recommendations

- Prioritise building a positive, welcoming environment in which 'New Scots' are recognised as a potential asset by neighbours and local receiving communities;
- Prioritise the countering of casual hostility and racism as this is likely to be very costly in terms of refugees' health, mental health and long-term productivity;
- Prevent the deterioration of refugee mental health through investment in opportunities for community engagement – with others from a similar background as well as those from diverse backgrounds; and

- Increase the availability of specialised mental health services suitable for asylum seekers and refugees.

6.1.2 Practice recommendations

- Invest in accessible ESOL provision that promotes a sense of belonging;
- Enable and encourage arriving refugees to be proactive in demonstrating neighbourliness;
- Build capacity to provide a weekly personal contact with each refugee household – as agreed with them – during their first few months and/or the recurrence of pandemic restrictions; and
- Maintain higher levels of contact and support for refugees who do not live with others whom they trust (such as strangers or unsupportive families).

6.1.3 Research priorities

- Examine the conditions under which refugees and receiving communities can build positive social networks;
- Evaluate the impact of different ESOL provision models on mental health and wellbeing; and
- Explore the experience of loneliness in relation to local and transnational support networks.

6.2 Access to Services

Where service providers have acted quickly to ensure asylum seekers and refugees have sufficient access to communications technology, this has generally been used very effectively to beneficial emotional and practical effect. However, in general, online group-work, courses and advisory services are not providing sufficient emotional support or building confidence. Creative approaches to enabling neglected populations to feel emotionally connected are urgently needed.

6.2.1 Policy recommendations

- Ensure that every new arrival has access to one-to-one support in the initial stages of engaging with formal services;
- Ensure efficient progression of asylum claims and keep applicants fully informed of progress;
- Prevent destitution and poverty in order to protect mental health by ensuring access to adequate financial support and guaranteeing that gaps in receiving financial support do not occur; and
- Promote access to appropriate work and career progression through addressing barriers and providing employment advice and support.

6.2.3 Practice recommendations

- Ensure all service users have sufficient internet access (including equipment & data);
- Provide support and training for IT use;
- Provide support and information for moving house; and
- Raise awareness of cross-cultural understandings of mental health and wellbeing across health and social care provision.

6.2.4 Research priorities

- Examine the relationships between current models of core refugee service provision (e.g. case work, housing, ESOL) and their impacts on the experience of loneliness and isolation, and their relationship to mental health;

- Examine the relationship between access to appropriate employment and career progression and refugees' mental health and wellbeing; and
- Identify barriers and facilitators to refugees' appropriate employment and career progression.

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Appendix 1: Interview outline

❖ **Introductions and informed consent**

❖ **Biography and key circumstances**

1. Can you tell me a little bit about you and your life before lockdown started?
2. When the Covid-19 lockdown started, which of these things (from the above) changed the most for you? How did they change?

❖ **Mental health and wellbeing**

3. What has the Covid-19 lockdown period been like for you?

❖ **Coping and resilience**

4. What are the things that you did to manage the challenges or difficulties of the lockdown restrictions and the situation you found yourself in?
5. Reflecting back on what you did to manage the situation, what worked well, and what did not?
6. At moments when things got particularly difficult, what were the things that helped you cope?
7. Are any of these things different from what helped you cope before the lockdown restrictions? If so, what and how?

❖ **Isolation, connection and wellbeing**

8. Tell me more about these relationships.
9. Did, at any time over the lockdown, you feel unsupported or socially isolated and alone? When did this happen? What are the things that led to this feeling? What did you do to manage these feelings?
10. Did the lockdown situation result in any changes to the quality or type of connections you had with the people you mentioned?
11. Did the lockdown restrictions change the way you accessed your sources of social connection and support? How did it change? What did this change mean for you?

❖ **Future: hopes, challenges and possibility**

12. What are the changes in the lockdown restrictions you are expecting to see in the near future that will have an impact on your current situation? How will they affect you?
13. What are your hopes for the future? What would you like to see happen in the next months? Who or what do you think will be most important to helping you to achieve these?

❖ **Wrapping up and conclusion**

14. Going back over what we have discussed, is there anything you would like to clarify or say something further about?
15. Do you have any questions you would like to ask about this survey?

End of interview.

Appendix 2: Coping strategies

Table 5: Coping strategies of asylum seekers, refugees and resettled refugees

		Asylum	Refugee	Resettled
Activities to engage self and others, manage time, boredom and emotional tensions		9	4	13
	Going for walks (short walks to city centre or nearby parks; long walks to explore surroundings or new areas)	5	3	5
	Going for drives for fresh air, exercise, break the monotony of the day, relieve tensions in the house			1
	Recreational activities (gardening, cooking, baking, reading, drawing, watching movies & documentaries, crafting)	1	1	6
	Exercise (starting/extending activities inside or outside the house)	3		1
Focusing on relationships and connections		8	5	17
	Family time (Being attentive to children and spending time with them; Having fun, playing with children singing & dancing; Teaching children new skills (language, cooking, gardening,	2	1	6

	youtube channel etc); Engaging children in new activities)			
	Deepening friendships & relationships with family & friends (sharing more, seeking or giving support, calling more often or for longer)	2	3	6
	Socially distanced visits to family & friends nearby (speaking from outside the window, on the porch, etc) & calls/texts for a brief check-in	4	1	3
	Having trusted company (reunion with wife just before lockdown, having supportive family/household)			2
	Practical support within the family (helping each other, giving & receiving spousal support in practical ways)	2	1	4
	Household repairs, refurbishment and /or reorganisation of house to suit needs			4
	Changing accommodation to suit extended family needs (eg movign in with parents)	2		

	Proactive management of lockdown (making a routine/timetable for family, purchasing needed things, explaining to family members the need for self-care and for being supportive, stop watching upsetting news,)	6		4
	Acquisition of extra equipment, appliances and goods (exercise equipment, vehicles, electronic games and devices, back-u medicines, buying in bulk, second freezer, etc)			4
	Faith related activities (praying, reading religious texts, fasting, online pastoral services)	3	1	4
	Motivation to achieve goals			6
	Learning a new skill (cooking, gardening, language, online courses, cycling)	2		2
	Practicing & learning English (watching BBC, online courses, connection café', on the phone and internet, watching English TV)	3		7
	Managing emotions (not letting children see distress, going for a walk to cry and relieve tensions, asking for support, finding time to cry, find time for self, stopping watching TV)	2	2	7
	Learning about infection and risk management	2	1	3
	Learning about self-help & self-care to maintain health and wellbeing	1		4

Helping others & being helped				
	Volunteering , making donations and community action	3	1	3
	Neighbourly actions (checking in on people, cooking new dishes to share, helping people to shop, exchanging toys etc)		1	4
	Receiving help and support from neighbours, community groups, councils & charities (children's activities hampers, donations of money, food, clothes & shoes, phone credit & data, mobile phone, vouchers, Ramadan boxes, help with shopping, financial assistance from friends and family)	6	1	4