



East And Southeast Asian Scotland

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We make this written submission to the Scottish Government's Covid-19 public inquiry on behalf East and Southeast Asian (ESA) Scotland, the first and currently sole non-profit organisation in Scotland that supports and advocates for the rights of the East and Southeast Asian (ESEA) community, both regionally and nationally. ESEA people identify with cultures and ethnicities coming from the countries of Brunei, Cambodia, China, East Timor, Hong Kong, Indonesia, Japan, Korea (North and South), Laos, Malaysia, Mongolia, Myanmar, the Philippines, Singapore, Taiwan, Thailand, and Vietnam, respectively.

Question: What do you think the inquiry should cover?

Issue 1: Geographic disparities in Covid-19 infections and deaths

1. The inquiry should investigate the causes for geographic disparities in Covid-19 infections and deaths. Especially, why areas with higher concentrations of BAME, migrant, asylum seeker, refugee and undocumented migrant populations have suffered disproportionately high levels of Covid-19 cases and deaths. From our own work, we have seen that Vietnamese irregular migrant groups are concentrated in areas which fit this description, such as the G41 and G42 postcodes of Glasgow, and have experienced high numbers of infection rates. It is vital the inquiry investigates which factors have contributed to higher rates in these areas.

Issue 2: Hate Crime and Sinophobia

2. We are particularly disturbed by the increased incidence of hate crime which has been suffered by East and Southeast Asian (ESEA) people during the pandemic. Research in the UK has shown the incidence of hate crimes against ESEA has increased exponentially. Although this violence has often been fuelled by anti-Chinese sentiment, it must be recognised that ESEA people are often perceived as Chinese and thus also suffer from increases in this sort of hate. The inquiry should explore the effects of being a victim of hate crime has on individuals, and the increased levels of fear sparked by these incidents has on the wider community. We believe particular attention must be paid to government and media discourse during this time. Research indicates that anti-Chinese rhetoric in these arenas has led to increases in hate crimes against these groups. The inquiry should explore if there is a link between Scottish government and media discourses and hate crimes against these communities. It should also investigate whether the government could have done more to combat rising ESEA hate crime during the pandemic, such as by launching media campaigns, increased cultural sensitivity and awareness training within policing in Scotland.

Issue 3: Employment type

3. We are also deeply concerned how the pandemic has disproportionately impacted certain communities based on the prevalence of certain types of work they engage in. By type of work here, we include industry, contract type, and precarity of work. In terms of industry, Vietnamese migrants often work in beauty or catering. These industries have suffered greater than most due to covid-related lockdowns, leaving large numbers of this community with reduced or often no income for long periods. Furthermore, we have seen how individuals working in healthcare have been impacted by this pandemic. For example, the large numbers of Filipino healthcare workers in the NHS. Research in England has corroborated our anecdotal evidence in Scotland of how this group has had to deal with increased workloads, racist violence from patients and racial discrimination from management in terms of receipt of PPE. The relationship between industry and impacts of the pandemic is thus an area this inquiry should explore.
4. Whilst the pandemic has impacted the incomes of employers and employees, the inquiry should also pay attention to how an individual's type of employment contract, or lack of, has shaped the impact of the pandemic on certain individuals and groups. As stated above, a large employer of certain Southeast Asian groups are beauty and catering industries in which there is a high prevalence of casual, zero-hour contracts, or uncontracted work. Individuals engaging in these sort of employment arrangements often lack proof of average income which has prevented them from accessing adequate financial support from the government.
5. The precarity of work in certain industries is another factor that should be explored to understand the impact of the pandemic. For example, businesses and employees in the beauty and catering industries are far more susceptible to variation in customer numbers, affecting revenue, and work hours available to staff. This has increased the harm caused to communities that rely on these industries to make a living. The inquiry must also consider that a business being forced to close due to lockdown measures is not the only factor likely to impact its income. The prolonged closure of certain industries can have adverse effects on others, such as the closure of nightlife venues leading to reduced demand for beauty services.

Issue 4: Migration status

6. Related to the previous issue, the inquiry should also consider how the immigration system and an individual's migration status can shape the pandemic's impact. Irregular migrants must contend with long waiting times to regularise their migration status and limitations on paid work whilst applying for asylum. At the same time, they often have great financial obligations in their country of origin, such as supporting families and servicing debt. In these instances, they are left with little choice but to perform informal work. The informality of this work has left them unable to receive financial support for lost wages and destitute during the pandemic.

Issue 5: Access to healthcare

7. Another issue we have observed is how some groups and communities have different ability to access healthcare. Several factors can create barriers to healthcare for ESEA communities during this pandemic. These include issues in the healthcare setting, such as inadequate translation provision, experience of racism by staff and patients; lacking information about how and when to seek medical assistance; and for individuals without regularised migration status, fear that their details could be passed onto the Home Office

resulting in their detention and/or deportation. This final point has also affected uptake of track and trace apps among irregular migrant groups during the pandemic. These barriers to healthcare make people less likely to seek timely medical attention for symptoms related to Covid-19. This increases the risks of personal harm and community transmission. The inquiry should thus seek to investigate the causes of differentiated access to healthcare between groups and how to resolve these issues.

Issue 6: Access to education

8. Covid lockdowns and school closures have disproportionately affected the education of certain ESEA groups. The reliance on online classes has created a barrier to education for irregular migrant groups who have disproportionately low access to technology. Children of irregular migrants and migrants from non-English speaking ESEA countries have also had to contend with factors that may contribute to their children falling behind classmates during this period. Throughout the pandemic parents have been encouraged to share responsibility with schools for educating children that are unable to attend. However, low English language competency, lack of experience with the Scottish education system and lower educational attainment in countries of origin can affect parents' ability to give children the same level of schooling as other groups. The inquiry should thus seek how Covid-19 has affected certain group's ability to access education and the long-term impacts this may have.

Issue 7: Mental health

9. A further issue is the mental health impact the pandemic has had on certain groups. Certain ESEA groups, such as irregular migrants, already have disproportionately high levels of mental health issues due to trauma suffered before and during migration, high debts in countries of origin, reliance on precarious work, anxiety surrounding regularisation of migration status, distance from loved ones, experiences of racism, and difficulties of integrating with Scottish society. These issues have further been compounded by the pandemic which has caused further financial difficulty, increases in the experience of hate crime, and fear for the health of loved in countries of origin. Furthermore, ESEA people are from more communal cultures, meaning their mental health has suffered greater due to fewer opportunities to socialise with other people from their culture. These issues have further been compounded by the nationwide reduced capacity of mental health provisions during the pandemic. The inquiry should consider how the pandemic has had a greater impact on certain groups mental health and the ongoing effects of this.

Issue 8: Poor information accessibility and outreach

10. The inquiry should also cover whether the government's methods of information sharing have been effective at reaching different ethnic and nationality groups. Throughout the pandemic, it was clear that some of our service users did not have the correct information on when lockdowns were taking place and what was permitted during these periods. This increased the likelihood of individuals falling foul of lockdown regulations, leading to criminalisation, and breakdowns in relationships with neighbours. Poor access to information persists in relation to vaccines among certain non-English speaking ESEA communities. Disinformation is commonly shared about the lack of efficacy and harmful effects of vaccines which have contributed to lower-than-average vaccination uptakes among groups such as Vietnamese migrants. Dangerously low vaccination uptake among groups that make up a significant proportion of the population of certain areas could have serious consequences on public health in the future. The reason for the proliferation of disinformation could be attributed to the insufficient information provided in different languages, and the sources used by the government to

convey information. Many ESEA groups are far more likely to rely on social media, where information is often inaccurate, or organisations such as ourselves, which are under-resourced and therefore have a reduced reach in terms of information sharing.

Is there any type of evidence that you think is essential for the inquiry to obtain?

Issue 1: Data terminology and Ethnic monitoring

11. To capture the diversity of experience and how certain groups and communities have been uniquely affected by the government's handling of the pandemic, it is crucial that inquiry utilises appropriate terminology for data collection. It should include categories which can capture the specific effects on different groups based on their ethnicity, nationality, and migration status. An issue which commonly affects government data collection in this country is limited categories covering ethnicities, with East and Southeast Asian communities falling into the category of "Chinese", "Other" or "Asian-Other". This obscures the diversity of these communities in terms of culture, language, and material conditions in the UK. Utilising similar categories will result in the inquiry failing to capture the varying impacts of Covid-19 on these different groups and obscure understanding of the causes of these differences. To effectively capture these nuances, data collected on ethnicity should differentiate between the different nationalities which make up East and Southeast Asia or allow respondents to write in the ethnic group they identify with. Furthermore, in terms of our community work we have observed how migration status can shape individuals' experiences of the Covid-19 pandemic. People of who fall into the legal categories of "refugee", "asylum seeker" and "undocumented migrant", have varied experiences of the pandemic. The inquiry should thus seek to capture the differences in their experience for a more complete understanding of its effects.

How should the inquiry be designed so that it takes a person-centred, human rights-based approach to its work? For example, do you have views on inclusiveness and accessibility of venues and information?

Issue 1: Culturally sensitive data collection methods

12. To effectively capture data from ESEA communities culturally sensitive research methods should be used. Certain groups may have low trust of government researchers or researchers who don't share an understanding of their ethnicity and culture which can increase reluctance to take part and affect the quality of information they give. It would be expedient to utilise organisations which already work with these communities due their higher levels of cultural competency and established trust. It must be noted that these community organisations are, however, often poorly funded and over-worked. Their labour can, therefore, not be expected for free and adequate compensation for their services is necessary to ensure they can work to the best of their ability and the inquiry is able to include these often-ignored groups.

Issue 2: Culturally appropriate venues

13. Care should be taken in selecting appropriate venues for inquiry participants to attend. Previous negative experiences and fear of Home Office officials, Police and other groups tasked with implementing border controls, and authorities in countries of origin means that certain groups, such as irregular migrants, will not be comfortable attending venues unknown to them. Instead, efforts should be made to select venues which are

frequented by these communities and where they feel more comfortable, such as community centres, religious centres, and cultural spaces.

Issue 3: Repeated qualitative enquiries with participants who have experienced trauma

14. The inquiry should also consider the proliferation of trauma among certain communities and note that certain survivor groups have often been required to recount accounts of trauma multiple times to officials and researchers. Research design must consider the emotional harm caused by repetition of traumatic experiences and try to avoid this where possible. If it is absolutely necessary to do so, then the informed consent of participants and suitable provisions are paramount. These should include the ability to withdraw from the research at any point without giving any reason and providing access to after-care for trauma.

Summary of recommendations

- The inquiry should investigate the causes for geographic disparities in Covid-19 infections and deaths.
- The inquiry should explore the effects of being a victim of hate crime motivated by 'Sinophobia' has on individuals, and the increased levels of fear sparked by these incidents has on the wider community.
- The inquiry should explore if there is a link between Scottish government and media discourses and hate crimes against East and Southeast Asian people. It should investigate whether the government could have done more to combat the rising 'Sinophobic' related hate crime against ESEA people during the pandemic.
- The inquiry should explore the relationship between industry of employment and the impacts of the pandemic.
- The inquiry should consider how the immigration system and an individual's migration status has shaped the pandemic's impact.
- The inquiry should seek to investigate the causes of differentiated access to healthcare between groups and how to resolve these issues.
- The inquiry should seek how Covid-19 has negatively affected certain group's ability to access education and the long-term impacts this may have.
- The inquiry should consider how the pandemic has had a greater impact on certain groups mental health and the ongoing effects of this.
- The inquiry should cover whether the government's methods of information sharing have been effective at reaching different ethnic and nationality groups
- Data categories should be utilised which captures a range of ethnicities, nationalities, and migration statuses.
- Data collection should be done in conjunction with community organisations to ensure often-ignored groups, such as ESEA people's experience, are captured.
- Efforts should be made to select venues for data collection which are frequented by local communities and where they feel more comfortable, such as community centres, religious centres, and cultural spaces.
- Research design should avoid forcing participants to recount traumatic experiences as much as possible.

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