

**Two sides of the same mirror:
the point of view of implementers and recipients of public reception
and integration policies, on the access to basic and public resources
during COVID-19 pandemic of asylum seekers and refugees¹**

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ANA LEÃO VARELA | IPRI-NOVA^{*}
TERESA RODRIGUES | IPRI-NOVA^{**}

Introduction

When COVID-19 effects reached Europe, the European countries faced times of challenge towards migration management. At the public policies level changes due to the pandemic spread were substantial, leading to new legislation framework and political commitment towards all resident citizens. Those changes were particularly significant for the most vulnerable groups, “caught” in the middle of a storm while trying to assure a better and more secure life. In this period of exception Portugal stood as a well-positioned EU member in what refers to migration policies and integration practices.

Still, new and challenging issues became suddenly necessary, and despite a positive evaluation when compared to others, not all the exceptional measures were satisfactory to all (refugees, asylum seekers and professionals). This text aims to discuss the impact that COVID-19 pandemic had on migration public policies for reception and

ABSTRACT

We argue that crisis triggered by COVID-19 increased pre-existing vulnerabilities in what concerns to minorities' access to basic and public social resources in receiving countries, taking the Portuguese reality as an example. Our conclusions are based on the investigation made under the scope of the PPEACE project (Public Policies and Reception of Foreign Citizens Project), which aims to contribute to scientific advance in public policies and to propose better-informed policy options for the reception of asylum seekers and refugees. Based on the results of 180 questionnaires applied from October 2020 to February 2021, to asylum seekers and refugees, public entities, and NGO representatives we confront migrants' perceptions/experiences and service providers' needs and views. Through their eyes we try to discuss the impact that the pandemic had on public policies for reception and integration, the obstacles

upraised to guaranteeing the access of this vulnerable individuals to public resources, satisfaction of basic needs, and the most affected dimensions of their daily life. The results of our empirical study reveal that the perceptions of recipients and implementers of public policies in times of pandemic are two sides of the same mirror and differ considerably. Differences are substantial between receivers and givers but with no significant or fracturing discrepancies. In this sense, this methodologic exercise reinforces the importance of participatory processes for better understanding the impacts of public policies on vulnerable groups, on the access to fundamental rights and satisfaction of basic needs.

Keywords: migration; refugees; asylum seekers; COVID-19

integration, taking the Portuguese case as an example. We will discuss the access of this vulnerable group to public resources, satisfaction of basic needs, and focus on what literature and most of all the perceptions of the interviewees consider to be the most affected and impacting dimensions to their daily life.

The PPEACE project² aims to contribute to scientific advance in Public Policies and better-informed policy options for the reception of asylum seekers and refugees, in Europe and particularly in Portugal. That cannot be done without an objective analysis of the dynamics of change due to COVID-19. PPEACE considers in a first level the concrete legislation and measures produced in the last months, but wants to go further and get into

a deep and a general outlook of perceptions towards the positive and negative balances between institutional and formal reality, and practice. This last goal explains the inclusion of the data we will use in this Working Paper, based on the results of 180 questionnaires applied between October 2020 and February 2021 to asylum seekers and refugees, public entities, and NGO representatives, and ratified in a Focus Group held on February 10, 2021.

We establish a comparison between asylum seekers, refugees and professionals and formal authorities towards their perception on the challenges involving the access of asylum seekers and refugees to basic and public resources during COVID-19 pandemic. We present and discuss our conclusions. The results of this empirical study demonstrate that the perceptions of recipients and implementers of public policies are two sides of the same mirror and differ considerably. The analysis of both perspectives also reinforces the importance of participatory processes in understanding the impacts of public policies on vulnerable groups, on access to fundamental rights and satisfaction of basic needs. Crisis such as this one increase pre-existing vulnerability.

1. Research objectives, methodology and expected results

Within the scope of this work, we adopted the concept of refugee *latu sensu* to cover people who have undergone an asylum process or are currently undergoing an asylum process in Portugal, with quite dissimilar legal status and levels of integration.

The research was carried out between October 2020 and February 2021. During this period, there was still a great lack of knowledge regarding the new coronavirus. Highly infectious and with the potential to cause severe respiratory complications, the virus has put great strain on healthcare systems around the World, pushing them to breaking points. Faced with the devastating effects of this infection, unprecedented measures were adopted in several countries.

We wish to review the effects of the pandemic in various dimensions of the reception and integration of asylum seekers and refugees, using their own perceptions of refugees and also those of professionals and volunteers in public and private entities (public sector and NGOs) who attend this population. The perceptions of both are thus two sides of the same mirror, which can help us to better understand to what extent they coincide or diverge, and from there evaluate how they seem to be effective.

A mixed methodology, with quantitative, qualitative, and comparative methods, and primary and secondary sources (official statistical data, national and European legislation, and literature review) was used. At the end, the research conclusions were further validated by a Focus Group.

The assumptions of this preliminary research can a) outbuilding new knowledge on the impact of the current pandemic based on the perceptions of asylum seekers and refugees hosted in Portugal, and of professionals who work with them; b) clues about the causes that explain possible disagreement between both groups; c) confront these conclusions

with the existing public policies in this domain; d) highlight new research questions of interest to political science and public policies about migration.

2. The COVID-19 pandemic in Portugal. Policies and relevant impacts within the context of international protection

In December 2019, a new SARS-COV-2 coronavirus causing the disease COVID-19 was identified in the city of Wuhan, China. The virus spread at great speed, given the ease of human mobility in our globalized world. On March 11, the World Health Organization declared the situation of pandemic. COVID-19 highlighted refugees' pre-existing vulnerabilities, enhancing them.³ In order to mitigate them, many European governments have adopted and adapted a wide range of measures to ensure that refugees and migrants are not restricted in their rights⁴.

The first cases diagnosed with the disease in Portugal were reported on March 2, 2020, and the first death on March 16, 2020⁵⁶. Portugal has implemented several measures to contain the transmission of the virus and the spread of the disease. This is a non-exhaustive overview of some relevant measures and policies adopted between 2020 and 2021, and some impacts of COVID-19 pandemic on asylum seekers and refugees. Some of these policies and measures, internally and internationally applauded, were considered good practices on the protection of migrant's human rights.

2.1. The Closing of borders and restrictions on mobility between countries

The globalization of migration is one of the main characteristics of the last decades, that Castles and Miller entitled “*the age of migration*”⁷. Regarding forced migration (migrants forced to leave their homes due to war, individual persecution, natural disasters, or climate change), the number has doubled in the last decade⁸. The pandemic did not stop this growth trend, but changed flows dynamics due to restricting measures. In fact, one of the most immediate impacts of COVID-19 in Portugal (and Europe) consisted on the borders closing and the reduction of asylum requests in contra cycle with the growing trend of intensification of international migratory flows of previous decades.

The increase in restrictions on mobility between countries due to the pandemic, the closing of borders during 2020 and 2021, and the definition of new administrative measures in several countries around the world (e.g. suspension of face-to-face services, suspension of interviews with asylum seekers, postponement of cases and decisions) explains the decrease in the number of applicants in 2020 in the EU, and the slight reduction in the number of decisions handed down. Portugal followed this trend, with a decrease both in registered asylum applications (-45% in 2020), and in first instance decisions of asylum requests (-44% in 2020)⁹.

On 16 March 2020 controls at EU internal borders were reinstated on an exceptional and temporary basis. For Portugal the

resolution prohibited road traffic of passengers from Spain with exceptions, including the right of entry for nationals and holders of national residence permits. These measures, agreed upon by the competent authorities of Portugal and Spain were subsequently renewed, and only lifted on July 1, 2020¹⁰.

Prohibition of air traffic to and from non-EU countries was decided on March 18 2020, regarding the temporary restriction of non-essential travel to the EU, in line with the Communication from the Commission to the European Parliament, the European Council, and the Council. In Portugal exceptions existed for Schengen Associated States, countries with Portuguese official language and some countries with significant Portuguese communities, such as the United Kingdom, the United States of America, Venezuela, Canada, and South Africa. These air traffic constrains lasted throughout 2020.

2.2. “State of emergency” and lockdown

On March 18, 2020 a “state of emergency” due to public calamity was declared in Portugal, through Decree of the President of the Republic no. 14 A/2020¹¹. This decree had a special focus on mobility restrictions and the application of social distancing rules. According to the Portuguese Constitution, the state of emergency sanctions the suspension of some fundamental rights, although limited to the strictly necessary and must respect the proportionality principle, enshrined in Article 18 §2 of the Constitution. The State of Emergency (successively renewed) was in force until

April 30 2021, and enabled the adoption of limited restrictions, such as the right to liberty and freedom of movement; private and social initiative; workers' rights, data protection rights; the application of health checks related to COVID-19 within certain contexts.

None of these restrictions target specifically asylum seekers or refugees, but others seem to mostly affect them. Some NGOs (such as the Portuguese Refugee Council) registered obstacles in accessing to some public services due the lockdown, namely scheduling of appointments for the cover of fiscal numbers to asylum seekers. Language and technological barriers precluded scheduling by phone/online. Similar difficulties were registered regarding Social Security numbers.¹² In fact, the Portuguese Government communicates the decisions and laws adopted through its website (broadcast, brochures, social media), press conferences and declarations in the media. It created a specific webpage, called "We are on – Portugal's response to Covid-19"^{13 14 15}. However, only some general information was available in English. Most of the announcements and documents were written in Portuguese, so in practical terms they were inaccessible to non-speaking Portuguese language migrants.

The impacts of the lockdown were transversal to other daily dimensions, including access to health care (physical and mental) and to the labour market, which we will develop later in this working paper.

2.3. Migration policies

2.3.1. Exceptional regularization of migrants: On March 27 2020, the Order no. 3863-B/2020 about foreign citizens with pending procedures at the Immigration and Borders Service (SEF), was a very important and exceptional measure to regularize migrants with pending requests during the pandemic. They were granted the same rights as Portuguese citizens, including the use of the health system and social and financial support from the government. This Order allows all immigrants with a pending residence application having applied for legal residence in the country before March 18 (day when the state of emergency was ordered), to have access to health services during the pandemic¹⁶. This measure attempts to solve a bureaucratic problem created by the state of emergency, and ensure that migrants' human rights are safeguarded.

Nevertheless, it did not solve a structural problem previous to the pandemic related to SEF's pending cases and non-compliance with legal deadlines. The Order did not reduce the burden of pending cases nor does it defend migrants from the consequences of the inability of the services, as it is a provisional and exceptional measure. Additionally, the implementation of this measure revealed practical difficulties, including the access to health care services. JRS-Portugal pointed that even^{17 18} in emergency situations there were cases when health services refused to provide care to migrants, or make it as difficult as possible, based on previous debts for non-payment of user fees. Some give up to ask for help. In 2020, the Government announced a structural reform

of the SEF and the strict separation between administrative competencies relating to foreigners and criminal investigation competencies that could solve some of these problems. However, the reform, that will also impact border control, had advances and setbacks, and it has not yet been implemented.

2.3.2 Asylum procedure: The Order no.3863-B/2020 also determined that SEF's Asylum and Refugees Department (GAR) would remain open for the purposes of receiving and registering new applications for international protection, and deadlines within the asylum procedure were suspended. Concerning administrative detention, the detention Centre at Lisbon airport was closed in mid-March 2020, and all asylum seekers detained at the border were released. Since then, applicants were given entry into national territory, and their cases were not subject to the normal rules of border procedure. However, those who apply for international protection while in detention continued subject to it¹⁹. In 2021 asylum applicants on the Lisbon airport border continued to enter into national territory, but it remained unclear whether this practice will be temporary or will become permanent and whether it will apply to all national border posts²⁰.

The accommodation of asylum seekers and refugees in poor housing conditions (particularly during initial reception) was highlighted by the pandemic. The communitarian setting of most available accommodations (shared kitchens, rooms, sanitary facilities, and living spaces), and

systematic instances of overcrowding contributed for the spread of the virus among immigrants and refugees^{21 22}. On April 17 2020, the coronavirus has swept through a hostel in Lisbon, infecting 138 of the 175 resident asylum seekers, latter on transferred to a military base in Ota for the purpose of quarantine²³. Testimonies about these sort of outbreaks among refugees due to their bad housing conditions in boarding houses in central Lisbon, with no possibility to ensure social distancing or adequate hygiene conditions were widely publicized by the media^{24 25}. Admission to reception facilities was also restructured to mitigate the risk of contagion among residents²⁶. In November 2020, a resolution of the Council of Ministers establishing a single system of reception and integration of asylum seekers and refugees was published. It foresees the creation of Single Operative Group (SOG) composed of a variety of authorities, institutions, and relevant organizations responsible for coordination and managing the reception system.

2.4. Healthcare and vaccination

The pandemic affected all citizens but its impact was not equal and had a social gradient that further accentuated the existing social and health inequalities^{27 28 29}.

Literature demonstrates the role of sex, age and average income in COVID-19 hospitalization and mortality rates, meaning that specific groups were disproportionately affected by the disease^{30 31}. People with lower income^{32 33 34}, and the elderly (residents aged 65 and over) figure among the most affected³⁵.

The health of migrants illustrates another aspect of inequality³⁶. Although data on morbidity and mortality rates by specific migration status is not available, a recent epidemiological bulletin of the Directorate-General for Health (DGS) indicates that the municipalities of the Lisbon Metropolitan Area, the region with the highest migration level³⁷, showed a sharp increase of new cases among migrants^{38 39}. The health authorities were forced to take drastic measures in Lisbon Metropolitan Area, such as the closure of restaurants, cafes, and bars in the poorest migrant social neighbourhoods (as Bairro da Jamaica) to contain the spread of an outbreak of new cases detected among residents, a large percentage of them migrants⁴⁰.

Migrants and ethnic minorities bear a substantial burden when it comes to infectious diseases due to lack of access to preventive health services and information⁴¹. The publication “The White Book about the rights of migrants and refugees in Portugal” JRS-Portugal^{42 43} appeals for an intercultural approach to health services, and accounts that language is an obstacle to assure the necessary communication between doctors and patients. Many immigrants and refugees cannot express themselves in Portuguese or English, and doctors often refuse to search for solutions, namely, by requesting an interpreter. By consequence they do not directly inform refugees or migrants about their problems, do not give them the opportunity to ask questions or use translation applications. But even when they try to use the official translation telephone line provided by ACM (High Commission for Migration), the interpreter is not always accessible.

But this was not another negative consequence of the pandemic as it pre-existed. Migrants are among the most affected by infectious diseases and epidemics during economic crises, due to worsening living conditions and lack of access to health care and treatment⁴⁴. The fact highlights the consequences of measures that do not guarantee full ownership of migrants in the health system. For the Portuguese Refugee Council, asylum seekers and refugees faced additional challenges in 2020 accessing healthcare (compared to previous years) due to the overburdening of healthcare services at least in some contexts, but such difficulties relate to the whole population, and not just to refugees⁴⁵.

On December 23 2020 the National Vaccination Plan was approved by Ministerial Decree 298-B/2020, grounded on the principles of universality, acceptability, and feasibility and free of charge⁴⁶. In addition to essential workers, the priority groups for COVID-19 vaccination were defined on the basis of a combination of factors such as age and pre-existent physical conditions. Asylum seekers and refugees living in communitarian facilities were considered a group with an increased risk of infection and, as such, prioritized. Vaccination at CPR’s Reception Centres started at the beginning of 2021⁴⁷. Until mid-September 2021 COVID-19 vaccination was possible for all migrants in the “Open House” model, even those who were in an illegal situation, and did not have the User Number of the National Health Service (SNS)⁴⁸. However, the operationalization of the vaccination of these migrants proved to be challenging, despite the mediation of NGOs⁴⁹, given the difficulty of

informing them of this right and the fear and distrust of some.

In fact, migrants often arrive in the host country with traumas, without mastering the language (which greatly limits the ability to communicate and integrate) and without a family support network. The containment measures to respond to COVID-19 had serious effects on mental health for the population and mostly to the vulnerable groups^{50 51}, particularly those living in poor socio-economic conditions, such as the homeless, migrant workers, asylum seekers and refugees⁵².

2.5. Education and language learning

The Portuguese Government ordered the suspension of all academic and non-academic activities after March 16 2020, including pre-school, basic education, high school and higher education (Decree-Law 10-A/2020 of 13 March). Classroom was replaced by eLearning, whenever possible and if the necessary conditions were met. Teaching activities were organised by schools, and complemented by the public television. The remote learning posed several challenges to asylum seekers and refugees (both children and adults), mostly due the lack of computers and other equipment, absence of familiarity with technologies, and (once again) the incapacity to understand and/or to speak Portuguese language.

The official teaching of the Portuguese language to adult foreign citizens continued to be formally guaranteed, through courses called *Português Língua de Acolhimento*

(PLA), created by Ordinance no.183/2020 and more flexible than previous ones. However, some NGOs still reported difficulties experienced by asylum seekers in accessing and using the necessary equipment and resources to remote language teaching particularly during the lockdown⁵³.

2.6. Labour and employment

Public attendance services were suppressed, except for the minimum services needed for the internal functioning of organisations. Teleworking became mandatory and presence in services was reduced, with telephone or online assistance becoming common. There was a general order of closure for services of private companies, with the exception of bakeries, supermarkets, grocery stores, pharmacies, kiosks, which can and should remain open⁵⁴. On March 20, after the Council of Ministers meeting, the Prime Minister stressed the guaranty employment, family income and prevent companies from insolvency.

For many migrants, the COVID-19 pandemic represented a situation of great precariousness, and an abrupt reduction of income. Concerning labour and employment conditions, we can distinguish two situations: migrants who worked in key sectors of the economy (agriculture, logistics, personal and health care, cleaning services and others) and remained working in the front line, being highly exposed to virus contamination; An example of the vulnerability and high exposure to risk of contamination of migrants, was the case of seasonal agricultural workers from Odemira (a region in the south of Portugal) which had a strong

media impact on public opinion, exposing human rights violations to which many migrants are subjected⁵⁵. The other group was composed by migrants who did not work in key sectors of the economy or worked in sectors forced to close due to the confinement measures implemented (restaurants and hotels, construction and others), some of them were sent home or fired. Based on data from national employment statistics, a OECD report concluded that most countries experienced increases in the unemployment rate for both native-born and immigrant residents, but with a larger increase for the latter^{56 57}. Some authors advocated the introduction of protection plans to prevent migrant's long-term effects of the pandemic on vital aspects, such as unemployment, poor housing, and mental health⁵⁸.

2.7. Discrimination

No complaints of victims of discrimination and/or hate speech/crimes against people of Asian or other origin relating to COVID-19 were received by the Commission for Equality and Against Racial Discrimination in 2020. Only the High Commissioner for Migration officiously presented an official complaint about the use of the term "China virus" against people of Asian origin⁵⁹, and for the first time, the exterior walls of the Refugee Reception Centre (CAR), the CPR's reception Centre for asylum seekers, were vandalized for three times with racist and xenophobic messages targeting refugees⁶⁰. But there were no reported situations of discrimination regarding access to certain goods and services⁶¹.

To grant access and remove obstacles were the targets pursued by Portuguese responsible, at a chain of command top-bottom, involving a huge number of local authorities, NGO's, civil society as a whole. Three main topics were identified as a priority: solve individual legal framework status, provide access to healthcare and welfare services (housing, education, and work). This was a difficult process in exceptional times, but in spite of its identifiable weakness provided conditions for guaranteeing migrants, refugees and asylum seekers rights⁶².

3. Data analysis: categories and Focus Group

Within the scope of our exploratory research, the starting point was the lived perceptions, i.e., perceptions experienced in the first person by asylum seekers and refugees, and perceptions experienced by professionals with direct contact with these vulnerable group and knowledgeable about the reception and integration framework and processes in Portugal. Hence the choice of the target group, composed of two categories:

- Category A: Refugees, asylum seekers and stateless persons with different legal status, who have requested international protection in Portugal and experienced the national asylum procedure and the conditions of reception and integration. Former asylum seekers and former beneficiaries of international protection were also included;

- Category B: Professionals and volunteers of public and private services with direct contact with asylum seekers and refugees, and with knowledge of public policies for the reception and integration of this population. In short, people familiar with the status of refugee and forced migrant, and with the problems they face since the flight path from the country of origin, through the countries of transit their arrival to Portugal.

We considered 180 questionnaires regarding both categories answered in two periods (11 November 2020 to 9 February 2021; and 10 to 28 February 2021). The aim was to create a dynamic “snowball” in the dissemination and completion of anonymous online questionnaires, available for professionals (only in Portuguese language) and for refugees (in Portuguese and English language). Asylum seekers and refugees were encouraged to answer open-ended questions in the questionnaire in their mother tongue.

To ensure that responses match the intended target group categories, the questionnaires include verification questions (thus, following the validation exercise, 2 questionnaires completed by immigrants and not by asylum seekers and/or refugees were excluded). We gathered 85 validated Category A responses and 95 validated Category B responses and therefore consider to have a reasonable number of responses for the presentation of the first results and preliminary conclusions.

3.1. Focus Group

The number of participants in the Focus Group can vary between six and ten people⁶³ or between eight and twelve^{64 65}. According to the

literature, it can be used as a preliminary survey to prepare specific questions in a large project or as a research methodology to clarify results from other studies⁶⁶. The inclusion of the Focus Group in our research had two main goals:

- a) To validate data collection instruments, questionnaires and interviews before their application (session was held on November 10, 2020, collecting inputs from participants);
- b) To contribute to a critical reflection on preliminary research results (session held on February 10, 2021) with the involvement of migrants hosted in Portugal and professionals and volunteers from public and private services who accompany them.

Our Focus Group met in two online sessions (October 11 2020 and October 2 2022), and counted 12 participants, 5 from category A and 7 from category B. The aim was to ensure a similar representation of both refugees and professionals. All Focus Group members participate with their experience on an individual basis, not representing any entity.

Category A representatives included an activist president of the *Forum Refúgio*, a refugee with recognized status in Portugal; a Syrian citizen and a minor (under 18 years old) beneficiaries of subsidiary protection; a Venezuelan asylum seeker with a negative asylum decision (suspensive appeal phase) and a Syrian student in Portugal, *refugee sur place*⁶⁷

Category B representatives were a professional from the Foreigners and Borders Service (SEF), a coordinator from the High Commissioner for Migration (ACM), a professional from an NGO

(CEPAC), the coordinator of the Forum of Catholic Organizations for Migration (FORCIM), a coordinator of an NGO (CRESCER) and a president of an NGO (*A Casa Árabe Portuguesa*), a Moroccan immigrant who works in the reception of refugees in Portugal.

The Focus Group proved to be very important for the validation of survey questionnaires and data collection instruments, and to identify questions and discuss some of the preliminary collected data. After the second session of the Focus Group, with the support of the networks of this Group, 42 more questionnaires were obtained (14 professionals and 28 refugees) using the

“snowball” technique. These responses made it possible to further diversify the profile of refugees, adding, for example, responses from stateless and widowed respondents.

3.2. Research findings: questionnaires' analysis

Category A (asylum seekers and refugees) The sample consists of 49 questionnaires in Portuguese and 36 in English, a total of 85 validated responses. Respondents' origin included 25 countries⁶⁸ with the most representative nationalities being Syria, Sierra Leone (8%) and Iraq (7%) (Fig.1).

Fig. 1. Category A. 10 most representative nationalities

Rank	SEF 2020	SEF 2021	Sample Cat. A
1st	Gambia	Afghanistan	Syria
2nd	Angola	Morocco	Sierra Leone
3rd	Guinea-Bissau	India	Iraq
4th	Morocco	Gambia	Portugal (ex-refugees)
5th	Guinea	Guinea	Congo DR
6th	Senegal	Guinea-Bissau	Venezuela
7th	Nigeria	Angola	Iran
8th	Afghanistan	Senegal	Eritrea
9th	Congo DR	Sierra Leone	Mali
10th	Mali	Türkiye	Sudan

Source: Own elaboration based on SEF official data on the most representative applications for international protection in Portugal (SefStat, 2020) and data from sample regarding category A.

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Several had already acquired Portuguese nationality after years of legal residence in Portugal. The majority were male (60%), 54% of the respondents were young adults with ages of 19 to 34. The majority have high academic qualifications (38% had completed secondary education and 31% a higher education degree). About 39% were employed, and a third unemployed (29%). Most have their documentary status regularized through refugee status (32%) or subsidiary protection (28%). Nearly half had submitted spontaneous asylum applications (48%), a third arrived under reception programs, namely relocation (15%) and resettlement (19%). When asked about the reason for the asylum application, 59% responded that they left their country of origin due to war or systematic violation of Human Rights and 32% due to individual persecution (for reasons of race, religion, nationality, political opinions or belonging to a certain social group).

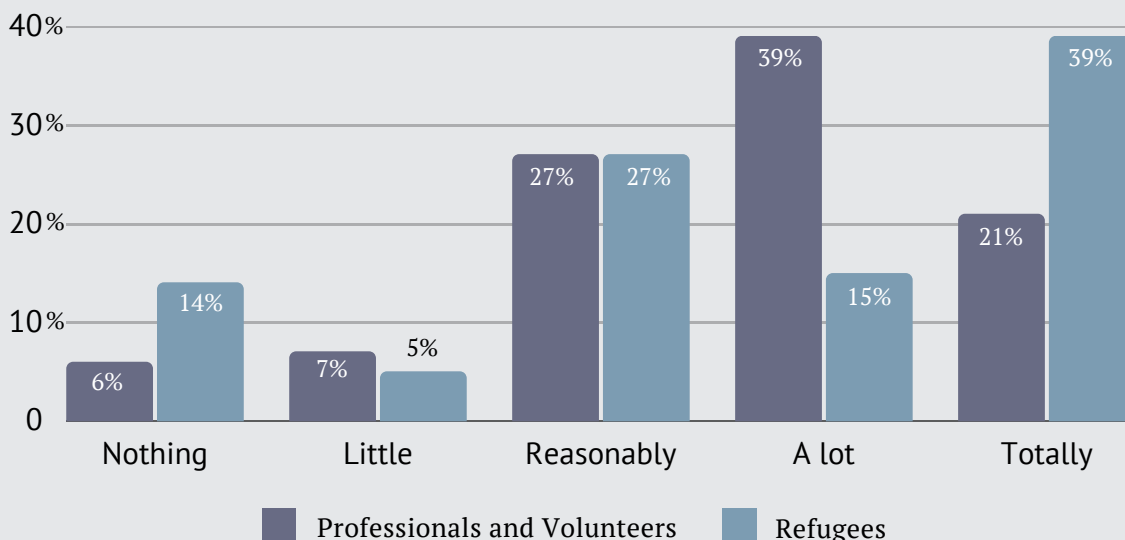
Category B (professionals and volunteers) After the validation of 95 questionnaires, we found

that most professionals and/or volunteers were female (76%), and highly qualified, with one to five years of work experience. The majority (61%) worked in the third sector: NGOs (43%), public (25%) and private (28%) sectors. A large majority had experience of working with forced migrants in Portugal (86%), but more than a quarter (27%) professional or volunteer experience with refugees abroad.

Their answers to the 5 our questions are the following:

1. Does COVID-19 have a more harmful impact on the mental health of asylum seekers and refugees than on the general public? The pandemic had a particular impact on the mental health of refugees, as it has been declared by the UN and described in the literature. The responses of both categories A and B go in the same direction, fluctuating between reasonably affected and a lot, in the case of professionals (87%); and between reasonably and totally affected, in the case of refugees (81%) (Fig.2).

Fig. 2. Does COVID-19 pandemic have a greater negative impact on the mental health of asylum seekers and refugees (isolation, stress, depression) than on most people?



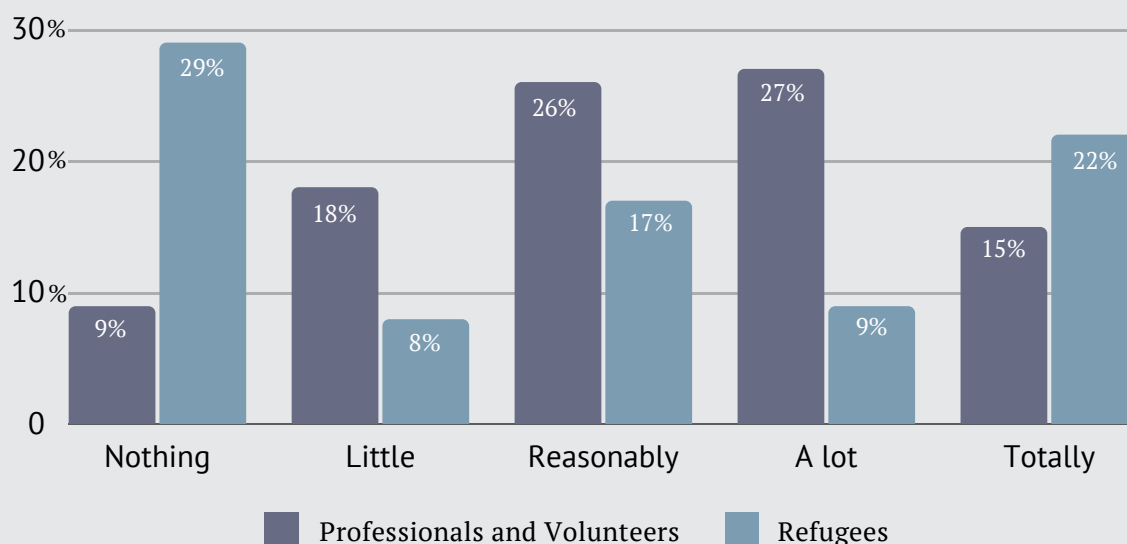
Source: data from sample categories A and B.

2. Has COVID-19 pandemic increased discrimination and xenophobia towards asylum seekers and refugees in Portugal?

More than half of the professionals considered that the pandemic increased discrimination and xenophobia towards asylum seekers and refugees either a lot (36%), reasonably (32%), or completely (21%). On the opposite, most migrants consider

either that it did not increase (34%), although for others it seemed to have increased completely (26%). So 26%, a significant percentage of refugees, perceived increased discrimination and xenophobia during the pandemic. Reports and literature already have warned of the increasing probability of these phenomena in the current context (Fig.3).

Fig. 3. Do you consider that the Covid-19 pandemic increased discrimination and xenophobia in relation to asylum seekers and refugees in Portugal?



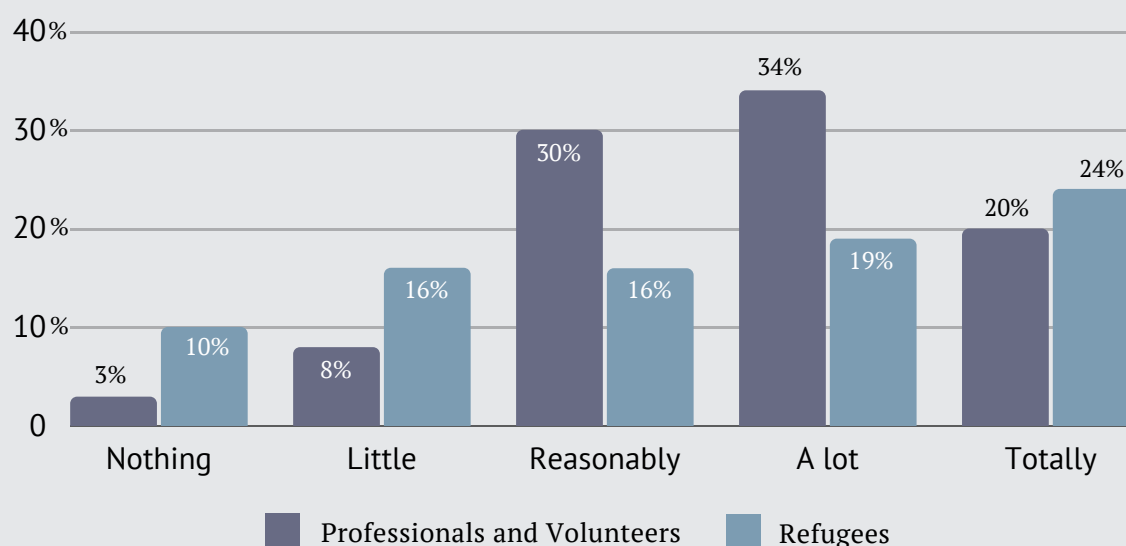
Source: data from sample categories A and B.

3. Did COVID-19 had an impact on public policies for the reception and integration of migrants in Portugal?

Both categories of the sample lean in the positive direction, with half of the migrants (51%) responding that the COVID-19 has a full impact (29%) or a lot of impact (22%) on migratory public policies,

while most professionals respond in a similar way (very impact (36%); or totally impact (21%). However, a significant percentage of professionals (32%) and migrants (18%) responded that this impact was average and 20% of migrants consider the impact still small.

Fig. 4. Does Covid-19 have an impact on public policies for reception and integration of migrants in Portugal?



Source: data from sample categories A and B.

4. Which are the most affected 5 dimensions of reception and integration by COVID-19?

Both groups were asked to choose 5 from a cast of 12 dimensions of reception and integration that they consider most affected by COVID-19. One of the 12 dimensions could be customized by respondents. Those dimensions were selected considering academic studies, reports from the High Commissioner for Migration, Portuguese and European legislation, and inputs from the Focus Group (Fig.5).

The dimension that refugees identified by far as being the most affected by the pandemic was health access (72%) (this dimension was pointed out by professionals in 4th place, 59%). Access to asylum procedures (deadlines

and documentation) is more consensually identified by both categories and was considered the second most important for refugees (61%), and professionals (77%). Access to the labour market/employment stands in 3rd place by 56% of the forced migrants, but for 87% of the professionals is the condition of reception and integration the most affected by the pandemic. The access to information and assistance services ranks 4th for both professionals (56%), and refugees (47%). Language learning obstacles was identified by both categories in 5th position (45% for migrants and 49% for professionals). In short, despite the fluctuations, the dimensions identified in the top 5 are the same for Categories A and B.

Fig. 5. Reception and integration dimensions most affected by the COVID-19 pandemic (data from sample categories A and B).

Rank	Category A - Refugees	%	Category B - Professionals	%
1	Access to health	72	Access to the labour market	87
2	Asylum procedure, time limits, documentation and legal status	61	Asylum procedure, time limits, documentation and legal status	77
3	Access to the labour market	56	Access to health	60
4	Access to information and public and private assistance services for migrants and refugees	47	Access to information and public and private assistance services for migrants and refugees	56
5	Access to Portuguese language learning	45	Access to Portuguese language learning	49
6	Access to education	41	Family Reunification	35
7	Family Reunification	29	Access to decent housing	31
8	Access to decent housing	25	Access to social support and benefits	27
9	Access to social support and benefits	24	Access to food/livelihoods	26
10	Access to food/livelihoods	21	Access to education	24
11	Recognition of professional qualifications and qualifications	12	Recognition of professional qualifications and qualifications	14
12	Other	2	Other	0

Source: data from sample categories A and B.

5. What are the 5 dimensions of reception and integration that you consider contributing to the feeling of peace and security of asylum seekers and refugees in Portugal? Within the scope of this question, refugees and professionals were asked to

choose 5 dimensions from a list of 12 that they consider to contribute the most to their feeling of peace and security. One of those 12 dimensions could be customized by respondents. The cast of dimensions was selected considering the same criteria as

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question 4 (Fig.6). The dimension that refugees (71%) and professionals (88%) identified as contributing the most to the feeling of peace and security is legal status/documents. However, for 71% of the refugees the access of health is also extremely important, while for professionals this dimension ranks the 5th position (58%). Language learning appears for refugees (66%)

as the 3rd condition that most contributes to the feeling of peace and security, while for professionals it appears in 4th place (59%). 53% of the refugees also indicate the access to education and information and 51% highlight the importance of support services. These conditions complete the refugees top 5. As for professionals the access to the labour market (69%) and to decent housing conditions (65%)

Fig. 6. Reception and integration conditions that most contribute to the feeling of peace and security of asylum seekers and refugees in Portugal

Rank	Category A - Refugees	%	Category B - Professionals	%
1	Legal status / documents Access to health	71	Legal status / documents	88
2	Language learning	66	Access to the labor market	69
3	Access to education	53	Access to decent housing	65
4	Information and support services	51	Language learning	59
5	Access to the labour market	45	Access to health	58
6	Social support and livelihoods	35	Social support and livelihoods	42
7	Family Reunification	31	Family Reunification	40
8	Access to decent housing	20	Information and support services	35
9	Recognition of professional qualifications	18	Access to education	29
10	Psychological support	12	Recognition of professional qualifications	12
11	Other	0	Psychological support	11
12	-----	71	Other	0

is perceived as the 2nd and 3rd most relevant dimensions. In these responses we can establish a relationship between the main reception and integration conditions that contribute to the feeling of peace and security of asylum seekers and refugees in Portugal, and the dimensions of reception and integration of asylum seekers and refugees considered most affected by the COVID-19 pandemic.

6. Comments on the impact of COVID-19 on public policies in Portugal It was an open response, and asylum seekers and refugees (category A) and professionals (category B) were asked to make their observations/comments on the impact of COVID-19 on public policies in Portugal.

1. Asylum seekers and refugees were encouraged to respond in their mother idiom. Among the 85 respondents, 52 (61%) made observations in Portuguese (48%), English (40%) or in their idiom (12%). Those comments were distributed in the 5 most chosen dimensions among the 12 mentioned

on Fig.5. Comparing the Top 5 dimensions chosen with the observations/comments to that same dimensions, 10 refugees highlight the impact of COVID-19 on asylum procedure, delays, and legal status; 4 emphasized the restrictions on freedom of movement and the difficulties in accessing the asylum procedure and achieving international protection during the pandemic; 1 underlined the impact of the closing of borders on family reunion processes and another one the delays in the resettlement processes; 2 comments referred difficulties in accessing labour market and concerns with unemployment increase; 1 underlined the difficulties to access to services (namely to the Immigration and Borders Service - SEF) and to information. The difficulty access to health care and to Portuguese language learning were mentioned each by 1 refugee (Fig.7); 2 respondents allude to education and the reception and integration model as aspects to be improved. A third of the respondents expressed a feeling of gratitude for being welcomed and protected in Portugal, where they believe they have found peace and security/protection.

Fig. 7. The impact of COVID-19 on public policies in Portugal in line with the 5 most affected reception and integration dimensions

Rank	Refugees	No.
1	Access to health	1
2	Asylum procedure, time limits, documentation and legal status	10
3	Access to the labour market	2
4	Access to information and public assistance services for migrants and refugees, public and private	1
5	Access to Portuguese language learning	1

Source: data from sample category A.

Two sides of the same mirror:

the point of view of implementers and recipients of public reception and integration policies...

2. Of the 95 professionals only 35 (37%) made observations. The most commented was the access to information and public assistance services for migrants and refugees, public and private (8 respondents), followed by access to the labour market (4), access to health and asylum procedure and legal status (both with 2 respondents). Access to the Portuguese language was not mentioned (Fig.8). Several other impacts of COVID-19 were mentioned: 2 refer the increase of migrants' vulnerabilities and pre-existing difficulties; 3 consider that they are not seen as a priority for public policies; 4 praise the public policies adopted by the Government, such as a measure to regularize migrants with pending requests

during the pandemic; for 1 respondent, the problem does lie not in the lack of good public policies, but rather in its implementation; another 2 respondents emphasize the difficulty of services to adjust to the pandemic period, including in the fields of hygiene and health security, and the difficulty of raising awareness on measures that continuously change; 2 alert to the increase of discrimination, racism, and xenophobia, and another 2 for the isolation and worsening of the mental health status of applicants and refugees; 2 point out the difficulty for refugees to access national territory and to asylum procedures.

Fig. 8. The impact of COVID-19 on public policies in Portugal in line with the 5 most affected reception and integration dimensions

Rank	Professionals	No.
1	Access to the labour market	4
2	Asylum procedure, time limits, documentation and legal status	2
3	Access to health	2
4	Access to information and public assistance services for migrants and refugees, public and private	8
5	Access to Portuguese language learning	0

Source: data from sample category B.

4. Discussion and conclusions

The data seems to confirm the impact of COVID-19 on public policies for the reception and integration of forced migrants in Portugal. The comparison between the perceptions of

refugees and professionals leads us to more definitely identify the 5 dimensions most affected by the pandemic in national territory: 1) healthcare; 2) asylum procedure and legal deadlines, documentation and legal status; 3) access to the labour market; 4) access to

information and services for migrants and refugees (public and private) and 5) access to Portuguese language courses. In this top 5, the same dimensions are identified by both groups. Only the order of priority attributed by refugees and professionals differs slightly (for refugees' access to health comes in first position and access to the labour market in third position, while for professionals' access to the labour market comes in first position and access to health in third position).

Despite the exceptional regularization policies for migrants adopted during the pandemic by the Portuguese Government, all respondents refer documentation, deadlines and validity of documents in the top 5 most affected dimensions. It should be noted that the dimension that refugees (71%) and professionals (88%) identified as contributing the most to the feeling of peace and security/protection in Portugal is legal status and documents.

The results further demonstrate that the perceptions of recipients and implementers of public policies in times of COVID-19 are two sides of the same empirical mirror and can differ considerably. In this sense, the analysis of both perspectives reinforces the importance of participatory processes in understanding the impacts of public policies on vulnerable groups, on access to fundamental rights and satisfaction of basic needs. Within the scope of future research, it will be interesting to investigate in the next stage whether public policies for the reception and integration of refugees hosted in the national territory can (or not) and in what way, contribute for the sense of security and peace of refugees hosted in our society.

This study also reinforces that crisis, such as the health crisis caused by the COVID-19 pandemic, increases pre-existing

vulnerabilities. The analysis of the data from questionnaires' responses confirm the conclusions highlighted by the existing literature on the vulnerability of asylum seekers and refugees in the context of the current pandemic. Among them a special reference to the negative impact on mental health, perception of increased racism and xenophobia towards foreign migrants in host societies, experienced difficulties to access the health system, welfare conditions, and labour market. The vulnerability of these individuals with diverse legal rank increases according to the status they acquired before the pandemic appearance. Those with irregular status, pending process or illegal residence are in worst situation.

Our preliminary analysis seems to confirm the negative impact of COVID-19 on public policies for the reception and integration of forced migrants in Portugal, even if this circumstance is far from being unique in European or world comparison. Far from it, as our country identified in an early stage the risks coming from migration in general and refugee and asylum seekers specific vulnerabilities. Three main topics were identified as a priority and were the focus of exception measures: solve individual legal framework status, provide access to healthcare and welfare services (housing, education, and work).

As said previously, the authorities' focus was to grant access and to remove obstacles to migrant's daily life without jeopardizing their human rights or generate social pressure. This was the main target pursued by Portuguese responsible, involving a huge number of local authorities (regional municipalities), social public assistance institutions, NGOs, and civil society as a whole. No question that the search and application of specific and as far as possible inclusive solutions was a difficult

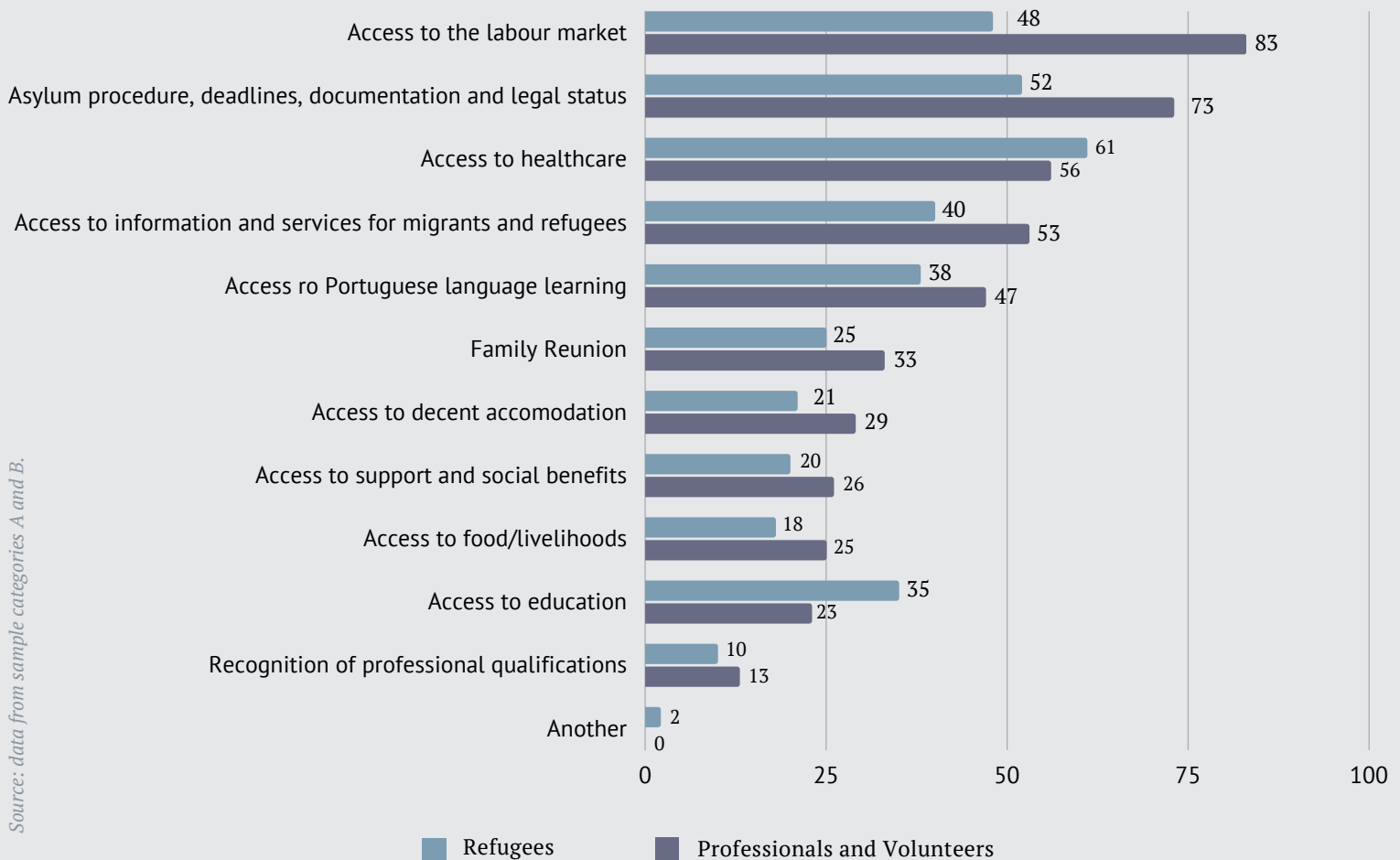
Two sides of the same mirror:

the point of view of implementers and recipients of public reception and integration policies...

process, developed in exceptional times. But in spite of identifiable weaknesses and less succeeded and even somewhat bold solutions, it seems clear that the measures approved made it possible to provide migrants, refugees and asylum seekers living in Portugal reasonable temporary living conditions, some of them better than those reached in many other regions of the world, even in some EU state Members with higher Human Development Rates and larger economies. That fact must be highlighted when it comes to look at the responses given to such a vulnerable group, “trapped” by the COVID-19.

Figure 9 allows a better visualization of differences between the answers of the two inquired groups in what concerns their perception about the 12 dimensions concerning the reception and integration which were most affected by the pandemic. As expected, differences are significant between receivers and givers. But in spite of always existing two sides of the same mirror, the point of view of implementers and recipients of public reception and integration policies, on the access to basic and public resources during COVID-19 pandemic of asylum seekers and refugees is not configured by significant or fracturing discrepancies.

Fig. 9. Reception and integration dimensions most affected by COVID-19



Source: data from sample categories A and B.

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2 To analyse minorities’ access to basic and public social resources in receiving countries (including both migrants’ perceptions/experiences and service providers’ needs) is one of the goals of the research project *PPEACE (Public Policies and Reception of Foreign Citizens Project)*, co-financed by the Asylum, Migration, and Integration Fund (AMIF) and the Portuguese Government. It started in 2020, before COVID-19 spread across the World, changing day by day ways of life and behaviours, and will last in April 2023.

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