



UK Health
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Impact of a COVID-19 outreach programme delivered by voluntary and community sector organisations (VCSOs) for migrant worker communities

Understanding the role of VCSOs in communicating public health messaging

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Executive summary

Background

Research conducted by the UK Health Security Agency (UKHSA) Evaluation team, alongside existing academic work, highlighted the importance of voluntary and community sector organisations (VCSOs) in supporting 'disproportionately impacted' and 'under-served' communities such as migrant workers. Thus, there is growing policy interest in the role of VCSOs in supporting the delivery of public health messaging these communities.

The VCSO Migrant Worker programme, commissioned by the UKSHA Community and Local Services team, aimed to communicate coronavirus (COVID-19) guidance on testing, self-isolation and vaccination to migrant worker communities to improve understanding and encourage uptake. This evaluation sought to explore its impact and the role of the VCSO in delivering public health information.

Methods

Interviews with 23 service users and 8 staff members recruited from 4 VCSOs were undertaken, alongside a synthesis of findings from activities conducted by the organisations over the course of the programme.

This evaluation project was granted ethical approval from the UKHSA Research and Public Health Practice Ethics and Government Group (REGG) - R&D Number: NR0316.

Findings and conclusions

1. Our evidence supports the utility of involving VCSOs in the dissemination of public health messaging to migrant communities.
2. The VCSO Migrant Worker programme elicited positive feedback and acceptability from migrant worker service users.
3. Our evidence outlines important and key factors in the successful delivery of health messaging (language and the culturally sensitive delivery) and that VCSOs are well equipped to support these needs.
4. Our findings contribute to learnings from the COVID-19 pandemic regarding public health messaging (for example, continuous review of communications and messaging for under-represented groups, as well as the use of imagery or diagrams).

Future considerations

1. Apply this framework of working with VCSOs in other public health areas (for example, smoking cessation, obesity and maternal health).
2. Measure impact of VCSO intervention via outcomes (for example, self-efficacy) using validated outcome measures or a standardised survey.
3. Understand the views of closely linked organisations (for example, NHS health services, the local authority or council) to examine how VCSOs could fit into existing public health networks.
4. Examine the practical barriers for VCSOs in delivering health messaging and health promotion (for example, costs and staffing needs).

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1. Background

'Disproportionately impacted' and 'under-served' groups, such as the migrant worker community, are more likely to face social and health inequalities. These inequalities result in the need for support and resources to access healthcare, housing, education, and employment opportunities. Voluntary and community sector organisations (VCSOs) play an important role in delivering this support and have also been shown to successfully engage with and gain trust from these communities (1). Therefore, there is growing interest in whether VCSO could aid the delivery of public health messaging (2).

The VCSO Migrant Worker programme, led by the UKSHA Community and Local Services team, involved the commissioning of VCSOs to co-design and disseminate COVID-19 guidance on testing, self-isolation and vaccination to migrant communities to improve understanding and encourage uptake. The VCSO Migrant Worker programme ran between 17 January 2022 and 31 March 2022.

The overall aims of the programme were:

- to build networks with the VCSOs
- to understand the role of the VCSOs in engaging with the migrant worker community
- to understand the reach and impact of disseminated COVID-19 guidance on migrant worker's understanding of COVID-19, as well as general health messaging (GP registrations)
- to consider the geographical challenges and experiences between centres in urban and rural locations

The policy need for this project was to understand the role and impact of VCSOs in public health programmes for 'disproportionately impacted' and 'under-served' communities such as migrant workers.

2. Objectives and methods

2.1 Evaluation objectives and research questions

The following objectives were explored by the data and aimed to cover the 5 Evaluation Framework areas: Operational Feasibility, Behavioural Factors, Public Health Effectiveness, Broader Societal Impact and Scientific Knowledge.

To understand the extent to which the VCSO migrant worker programme been successful and what improvements could be made

- What are migrant workers' perceptions of the COVID-19 guidance provided? (acceptability)
- What do stakeholders' report to be the barriers in delivering COVID-19 guidance to migrant workers?
- What are the reported successes and areas for improvement?
- Are there any differences between urban and rural centres in delivering COVID-19 guidance?

To understand the impact and reach of the VCSO migrant worker programme on migrant worker attitudes and adherence to COVID-19 guidance (self-isolation, testing and vaccination)

- What level of understanding and awareness do migrant workers report to have of the COVID-19 guidance?
- What is the reported impact of the programme on the likelihood of following COVID-19 guidance?
- What are the reasons people report for following or not following the COVID-19 guidance?
- What is the reported impact of the programme on vaccination uptake?
- What is the reported impact of the programme on uptake of testing?
- What is the reported number of people reached during the programme period?

To achieve a general understanding of the role of the VCSO in providing support to migrant worker communities

- What do migrant workers and stakeholders report to be the primary reasons people access the service?
- What ways do people become aware of the VCSO?
- What is the most common level of support people need at the first point of contact?
- What other services and organisations do people use or are referred to?

2.2 Methods

Study design

The evaluation deployed multiple methods and a pragmatic design including quantitative and qualitative data which included:

1. Semi-structured one-to-one interviews with voluntary and community sector organisation (VCSO) service users and stakeholders.
2. A synthesis of quantitative and qualitative data collected by the VCSOs during the time of the programme funding (project logbook data, survey data, focus group outputs and case studies)

Quantitative and qualitative data were triangulated to improve understanding of the key themes which emerged from the qualitative interviews.

Service user interviews

Migrant workers who had recently accessed the VCSO and received COVID-19 guidance and support were recruited to participate in a semi-structured interview. These were conducted one-to-one and face-to-face at one agreed point in time. The interviews were conducted in a private room at the VCSO. These interviews aimed to explore:

- service user experiences of receiving COVID-19-related guidance and support from the VCSO
- service users' views and understanding of COVID-19 guidance in relation to testing, self-isolation and vaccination
- the impact of materials or activities provided on service users' views and understanding of COVID-19 guidance
- service user experiences of interacting with the VCSO (for example, how they heard about the organisation, what type of support did they need)

Eligibility criteria

To take part in the interviews, service users needed to:

- be aged 16 and over
- be able to provide informed consent to take part in interviews
- be able to communicate and understand English or use an available translator
- have received support, information and/or guidance related to COVID-19 by the VCSO

Sampling and recruitment

Convenience sampling was used to recruit service users from each of the participating VCSOs. Interpreters were involved during interviews when requested by the participant. In accordance with public involvement guidelines set out by the NIHR (3), participants received an incentive in the form of a £20 shopping voucher (redeemable at a local supermarket) in acknowledgement of their time.

Data collection

The interviews were planned to last no longer than 30 minutes and were audio recorded. A topic guide was used to guide the interview process and questions asked (Appendix A). The topic guide was refined over the interview process and informed by the Theoretical Framework of Acceptability (4) which aimed to assess user acceptability of the COVID-19 guidance provided. Interview recordings were then transcribed verbatim.

Theoretical Framework of Acceptability (TFA)

The Theoretical Framework of Acceptability (TFA) (4) outlines 7 component constructs which affects 'acceptability' of a healthcare intervention or the extent to which people consider the intervention to be appropriate. For this evaluation, the receipt of COVID-19 support and guidance from the voluntary and community sector organisation (VCSO) is the 'intervention'. Table 1 presents the 7 constructs of the TFA and its relation to this evaluation study.

Table 1. Theoretical Framework of Acceptability (TFA) constructs (4)

TFA Construct	Summary in relation to the VCSO migrant worker programme evaluation
Burden	The effort expended by the participant to access and understand the COVID-19 guidance and support received
Ethicality	Participants' values regarding COVID-19 and the guidance
Opportunity costs	The costs and benefits for participants to following the COVID-19 guidance
Coherence	The level of understanding of the COVID-19 information provided
Affective attitudes	Participant attitudes after receiving the COVID-19 guidance
Effectiveness	Perceived impact of the COVID-19 guidance received
Self-efficacy	The reported confidence to perform behaviours outlined in the COVID-19 guidance

Study setting

Four voluntary and community sector organisations (VCSOs) were involved in the programme:

- Great Yarmouth Refugee and Outreach Support (GYROS), Great Yarmouth
- North Manchester Community Partnership (NMCP), Manchester
- Refugee and Migrant Centre (RMC), Wolverhampton
- Rosmini Centre, Wisbech

North Manchester Community Partnership and the Refugee and Migrant Centre in Wolverhampton represented organisations serving communities in urban areas, whilst the Rosmini Centre and GYROS represented organisations serving communities in rural areas.

Voluntary and community sector organisation (VCSO) stakeholder interviews

Members of staff from the participating VCSOs were recruited to participate in a semi-structured interview. These were conducted one-to-one and either face-to-face or video call (Microsoft Teams) at one agreed point in time.

These interviews aimed to explore:

- stakeholder experiences in developing and implementing the programme
- stakeholder experiences in delivering the voluntary and community sector organisation (VCSO) service (for example, most common service user needs, levels of support provided, the role of other organisations in delivering support to migrant workers)

Eligibility

To take part in the interviews, VCSO stakeholders needed to:

- be aged 16 or over
- have been involved in design and/or implementation of the VCSO Migrant Worker programme
- be able to provide informed consent to take part in interviews
- be able to communicate and understand English

Sampling and recruitment

Stakeholders were recruited from each of the participating VCSOs. Purposive sampling was used to recruit members of staff with different roles in the VCSO (project managers, research leads and outreach staff) to get a range of experiences of the programme and working in the VCSO.

Data collection

The interviews were planned to last approximately 30 minutes and were audio recorded. A topic guide was used to guide the interview process and questions asked ([Appendix B](#)). The topic guide was refined over the interview process. Interview recordings were then transcribed verbatim.

Secondary analysis and synthesis of data collected by voluntary and community sector organisations (VCSOs)

Data collated by the participating VCSOs was gathered and synthesised for the evaluation. This was used to add further understanding to the key themes which emerged from the qualitative interviews.

Survey and report data

Available reports produced by the VCSOs provided demographic data on gender, nationality, language or country of origin, age group and employment status. These were used to understand the communities the VCSOs served.

One VCSO implemented a COVID-19 survey which aimed to gather service users' awareness, understanding and attitudes to COVID-19 during the programme. A summary of their findings was provided for the evaluation.

Focus group outputs and case studies

Two VCSOs conducted a series of focus groups and drew together case studies to examine views around COVID-19 health guidance. A summary of emergent themes was provided for the evaluation.

Project logbooks

A project logbook was completed weekly by the participating VCSOs and documented information regarding the delivery and content of the programme. This included a total number of service users involved in order to understand the reach of the programme.

2.3 Data analysis

Qualitative interviews

Transcripts of the interviews were analysed using a combination of framework (5) and thematic analysis (6). A combination of inductive and deductive coding was deployed and were refined throughout the analysis phase. A team approach (2 qualitative researchers) was used.

- a priori codes: initial codes were developed using the topic guides and, for service user interviews, the TFA (4)
- initial deductive coding: codes were first developed through familiarisation with a sample of interview transcripts

Secondary analysis and synthesis of data

Descriptive statistics were used to describe the population during the time of the programme. A narrative synthesis was used to summarise qualitative findings from focus groups and case study examples.

2.4 Ethics and regulatory

Regulatory and indemnity arrangements

Ethics approval was granted from the UKHSA Research and Public Health Practice Ethics and Government Group (REGG) – R&D Number: NR0316. This evaluation is covered by the UKHSA Crown Indemnity.

Consent

Interview participants were provided with an information sheet and consent form before taking part. For the service user interviews, study materials were discussed and completed with an interpreter when needed. Consent for the interviews was taken immediately before the start of the interview. Participants were also asked at the end of the interview whether they were still happy to consent to the study.

Withdrawal

Participants were informed of their rights to withdraw at any stage of the study (for example, prior to, during or after the interview has taken place) and without giving a reason.

Management of risk

It was acknowledged that service users accessing the VCSO were at different points of their migrant worker journey: some could have been accessing services on a routine basis, and some during a times of crises. The VCSO helped researchers in the screening of eligible service users to advise suitability.

The study was led and managed on a day-to-day basis by a senior researcher who has considerable experience of conducting interviews and interviewing about sensitive and emotional issues (JTN). Interviews were conducted by other members of the Evaluation and Social Research Unit at UKHSA (DL and LM). All interviewers were provided with support via debriefing.

For the face-to-face interviews, one member of the evaluation team was on site and was supported by VCSO managers on the day. During this time, a lone worker contact protocol was followed.

Data protection and management

The study complies with General Data Protection Regulation (GDPR), General Data Protection Act 2018 and UKHSA data policies. All data collected remains confidential to the Evaluation and Social Research Unit. Data is stored on secure password protected UKHSA computer devices and networks. Study data is to be kept for 10 years after the end of the evaluation in accordance with the UKHSA data policy.

3. Results

3.1 Service user interviews

Participants

A total of 23 service user participants took part in semi-structured interviews. Most service users were female (74%) and recruited from VCSOs serving rural communities (61%). Most of the interviews involved an interpreter (61%) and their countries of origin varied and included Algeria, Afghanistan, Bulgaria, the Czech Republic, Latvia, Lithuania, Poland, Portugal and Romania. One participant was from the United Kingdom as they had used the lateral flow device testing service offered by the VCSO. Table 2 summarises characteristics of the participants of the service user interviews.

Table 2. Summary of service user interview participants

Participant ID	Nationality	Gender	Interpreter present	VCSO area
SU-01	Czech	Male	No	Urban
SU-02	Unknown	Female	No	Urban
SU-03	Unknown	Female	No	Urban
SU-04	Polish	Female	No	Urban
SU-05	Algerian	Female	No	Urban
SU-06	Bulgarian	Female	Yes	Rural
SU-07	Latvian	Female	Yes	Rural
SU-08	UK	Female	No	Rural
SU-09	Romanian	Female	Yes	Rural
SU-10	Lithuanian	Female	Yes	Rural
SU-11	Lithuanian	Female	Yes	Rural
SU-12	Portuguese	Female	Yes	Rural
SU-13	Portuguese	Male	Yes	Rural
SU-14	Portuguese	Female	Yes	Rural
SU-15	Portuguese	Female	No	Rural
SU-16	Portuguese	Female	Yes	Rural
SU-17	Lithuanian	Female	Yes	Rural
SU-18	Lithuanian	Female	Yes	Rural
SU-19	Lithuanian	Male	Yes	Rural
SU-20	Unknown	Male	Yes	Urban

Participant ID	Nationality	Gender	Interpreter present	VCSO area
SU-21	Afghan	Male	No	Urban
SU-22	Polish	Male	No	Urban
SU-23	Unknown	Female	Yes	Urban

Emergent themes

Overall, 10 themes emerged from the service user interviews. These were organised into 2 overarching topics:

1. 'The VCSO', where themes described experiences of getting support from the VCSO

- a. The support provided
- b. Awareness and reputation of the VCSO
- c. Sentiment to the VCSO

2. 'COVID-19 and the guidance provided', where themes described participant views and experiences of COVID-19 and the guidance provided. These themes were organised to represent the components of the TFA (4)

- a. Experienced burden
- b. Ethicality
- c. Opportunity cost
- d. Coherence
- e. Experienced affective attitude
- f. Experienced effectiveness
- g. Self-efficacy

It is important to note that VCSOs did not highlight the Migrant Worker programme as a 'programme' to service users, rather a continuation to their day-to-day activities. Therefore, interview discussions around COVID-19 guidance and support were not limited to the programme period. Many service user participants also discussed experiences during the COVID-19 pandemic.

Rural and urban location comparisons

When comparing participants by 'urban' and 'rural' VCSOs:

1. There was a higher proportion of service users from 'rural' VCSOs opted to use an interpreter when compared to those from 'urban' VCSOs (22% versus 85%). This was due to 2 factors:
 - a. some participants refused an interpreter despite not being a confident English speaker
 - b. there were different recruitment approaches between sites. For example, one 'urban' VCSO primarily approached confident English speakers whilst a 'rural' VCSO who approached a range of their service user clients. VCSOs were able to provide an interpreter for a range of languages and thus is not an indication of VCSO service

capacity or availability. Overall, it is unlikely that this specific difference was due to the urban or rural characteristic

2. However, all themes emerged from both groups which suggests participants shared similar challenges and experiences despite a difference in VCSO location. Aspects of themes described by participants from a 'rural' or 'urban' VCSO only are outlined.

The voluntary and community sector organisation (VCSO)

The support provided

Participants described the type of help and support sought from the voluntary and community sector organisation (VCSO). These could be categorised into 5 broad functions: (1) advice, liaison, and signposting, (2) translation, (3) the provision of food, (4) organising and hosting social activities and (5) the provision education and coaching.

1. Advice, liaison and signposting

Nearly all service users (n=22) described receiving advice and support on a range of areas including finances (benefits, debts and arrears, council tax, personal independence payments, universal credit), employment (support and rights, national insurance number, applying for jobs), immigration (passport, EU settlement scheme), accommodation (housing-related issues, finding support) and health (GP appointments and registration, prescriptions). Most also described the VCSO aiding them in communicating with organisations or completing forms:

“...You can come here for a chat. If got mental health problems, if you got problems with your forms for pay, housing. Yeah, it's the really hands on. They'll help anybody and they also have like a food bank on a Thursday, for people that need it that they'll come on a Thursday and then you know they'll give them some goodies to take home. So it's, they're really, really good.”

– SU-03 (Female, Unknown nationality, Urban VCSO)

“The main [reason] why she comes when she needs support with any documents, if she needs to complete documents. If she needs an interpreter for any phone calls or even to understand documents, she would come [VCSO] or even now she's coming for food because [VCSO] is providing some food parcels to them. We have, sometimes she comes to meetings or you know local groups and if there's something, these events at [VCSO].”

– SU-11 (Female, Lithuania, Translator present, Rural VCSO)

2. Translation

Language barriers appears to be a key issue for nearly all participants, and some have commented that the translation service provided by the VCSO is vital for their community (n=20):

“For me is very important because they help... those who are really in need with the language barrier.”

– SU-13 (Male, Portugal, Translator present, Rural VCSO)

“Oh, she just she said just about [VCSO] that she thinks that this organisation sorts out people like that, especially for those... who have language barriers... they just wouldn't know what to do [otherwise].”

– SU-18 (Female, Lithuania, Translator present, Rural VCSO)

3. The provision of food

Participants described the VCSO providing of food either through food packages or food vouchers (n=10):

“Helping with the voucher, food voucher and helping with the arrangement with the behind rent payment like and all those things and then employment as well. If the employment didn't pay them and they come to us, we have to contact the employment.”

– SU-12 (Female, Portugal, Translator present, Rural VCSO)

“Like for example food parcel you give it to anyone. In need, in need some people they can't afford. Low, low money like low income.”

– SU-05 (Female, Algeria, Urban VCSO)

4. Organising and hosting social activities

Participants from 2 VCSOs described the VCSO hosting activities and events for their communities (n=7). This included activities for children as well as music groups, art and gardening. Some described events hosted in partnership with other organisations (for example, cancer charities, the local NHS trust) to provide information and awareness.

“She was very happy that she can come here again when some events was organized by [VCSO] and she can get information about NHS.”

– SU-07 (Female, Latvia, Translator present, Rural VCSO)

“She enjoyed as well as just reminded her because I were interpreting in event as well about Cancer Research as well when. Again, she attended this event. And she get lots of information...”

– SU-10 (Female, Lithuania, Translator present, Rural VCSO)

Two participants also described their use of the VCSO to socialise with other people:

“...that's why I found this and they had loads of nice activities for children, for families... They had music, some food, refreshments and arts and crafts. Some calligraphy and everything, so my kids enjoy so much and that's how I came across here and... meet some people as well.”

– SU-04 (Female, Poland, Urban VCSO)

5. The provision of education and coaching

A small number of participants, from VCSOs in the urban regions, discussed the provision of English language classes and employment coaching (n=4):

“Yeah, the first time I come in here on this centre. I coming in this language course ESOL [English to Speakers of Other Languages].”

– SU-01 (Male, Czech Republic, Urban VCSO)

“English is used in the many countries of the world, that's why [VCSO] will provide that classes of English, especially for the ladies, for the you know for the men who, don't know, who doesn't know English. That's why [VCSO] support us. And the many issues of our life, you know.”

– SU-21 (Male, Afghanistan, Urban VCSO)

Awareness and reputation of the VCSO

Most of the respondents reported having no prior knowledge of the VCSO before encountering them for support (n=14). Of those who did report having some knowledge of the VCSO, they described the organisation as having a ‘helpful’ reputation (n=2):

“I know [VCSO] helping people with helping migrant people here regarding benefits, housing and how these things. So with the language barriers, so I know before I came.”

– SU-14 (Female, Portugal, Translator present, Rural VCSO)

Word of mouth and recommendation from friends and family who had previously used the VCSO were the most common methods of discovering the VCSO (n=14):

“From people she knows who had problems and they just refer her.”

– SU-17 (Female, Lithuania, Translator present, Rural VCSO)

“First, it send me my brother. My brother who live here... before me.”

– SU-09 (Female, Romania, Translator present, Rural VCSO)

Other methods included referrals from other organisations (for example, a charity organisation [n=1], the Job Centre [n=2]), an event hosted by the VCSO (n=1) or a direct approach by the VCSO (n=1):

“I come to hear about the [VCSO] from another charity called [local charity]... There was also something on Facebook when COVID was going on that they were giving out help with immunisation, you know, with the first COVID injection and so on. And I only literally live around the corner and I didn't really know it existed, so I was like word of mouth than just social media that I found out about the [VCSO].”

– SU-03 (Female, Unknown nationality, Urban VCSO)

“He was completely unaware. It's just that the job centre referred him and he followed the advice.”

– SU-20 (M, Unknown nationality, Translator present, Urban VCSO)

Sentiment to the VCSO

Participants expressed positive sentiments towards their VCSO. Most respondents expressed their satisfaction with the support they received (n=17) and some highlighted the VCSO staff as an important aspect:

“I think that people think that [VCSO] is good place and at least myself, I'm definitely say that it's very good place.”

– SU-11 (Female, Lithuania, Translator present, Rural VCSO)

“I think it's the people working there... They are friendly. They have time to answer our questions. They have time to look with us from the problems and work with the problems we have and they managed to help us. So I think everything they have, it's useful for all the people here in the community.”

– SU-15 (Female, Portugal, Rural VCSO)

Some participants (n=5) expressed a sense of belonging and a bond with the VCSO (for example, describing them as a friend or a member of the family):

“You just get to know people and it's lovely. And yeah, you know I feel a sense of belonging because then I went through a lot and then in our mental health fibre and stuff and come in here just talking to the ladies. It's lovely, it is. It is nice.”

– SU-03 (Female, Unknown nationality, Urban VCSO)

“So was, I think because atmosphere here is that friendly and family, like a family.”

– SU-04 (Female, Poland, Urban VCSO)

On a sense of belonging, some of the respondents expressed that the VCSO provided a safe place for them and other migrants or vulnerable people (n=5):

“Well, I visited a few weeks ago with them. And I think they do a good work. They help very vulnerable people. I'm not the most vulnerable, but I know there is much more vulnerable people than me and I think they had a good team and a good association.”

– SU-15 (Female, Portugal, Rural VCSO)

“I come here when I start. When I come in in England, I hear [about VCSO] and I like very much because they help to strange stranger. And it's very good. It's very good. This I was in Italia, in Germany and not found this centre, it's very good, is very good for us, for stranger.”

– SU-09 (Female, Romania, Translator present, Rural VCSO)

One participant described how the VCS “community” helped to build their trust in them:

“So I think that's the, the [VCSO] build that trust a lot you know. And it's not just Polish, I'm just saying Polish but there is a different languages different, different community backgrounds here. I mean, like a culture backgrounds as well.”

– SU-04 (Female, Poland, Urban VCSO)

For some participants, they noted that this was their main source of support (n=4):

“For him, it's very important... he said, I have no one to rely on, but [VCSO] to help.”

– SU-13 (M, Portugal, Translator present, Rural VCSO)

“She's very confident because she knows we are here and any problem she have, she will know we will be able to help her sort it out.”

– SU-09 (Female, Romania, Translator present, Rural VCSO)

COVID-19 and the guidance provided

Experienced burden

This theme describes the amount of effort expended by the participant to access and understand information.

Participants described a range of dissemination methods which included leaflets (n=9), word of mouth from friends and family (n=9), social media (n=8), and the media (television or news) (n=6). Most participants recounted receiving the COVID-19 information from their VCSO (n=11):

“Yes, social media. Yeah, what's going on here. So they give you leaflets. They informed me they inform you, what they got, what is wrong in the centre.”

– SU-05 (Female, Algeria, Urban VCSO)

“And yeah, information was by even you could find on Internet in [VCSO] Facebook. Sometimes they will put information about what it is and leaflets was as well.”

– SU-10 (Female, Lithuania, Translator present, Rural VCSO)

Other sources including the local authority, charity organisations, the local radio station, the NHS and information from their country of origin (n=8):

“Yeah, and there was... testing on the site. They've done that, there was people who you know you could have, not testing, vaccination.”

– SU-04 (Female, Poland, Urban VCSO)

“It's a local Asian community radio and they have a helpline there for any kind of advice, general advice and so she called that line and they gave her the information.”

– SU-23 (Female, Unknown nationality, Translator present, Rural VCSO)

In terms of availability of COVID-19 information, participants described that the information was abundant:

“...even in [VCSO] there is everywhere information where you can find even if you can't find information you can ask and there will be people who will try to help you and give information you need.”

– SU-07 (Female, Latvia, Translator present, Rural VCSO)

The high availability of COVID-19 information may largely reflect that the most participants described a passive role in information seeking and clarification (n=7)

“People came so she doesn't see any. At all, she just saw this information everywhere, so she even didn't have to look for it.”

– SU-18 (Female, Lithuania, Translator present, Rural VCSO)

“No, she thinks that it was enough information even you know, sometimes information is on a door, you even doesn't need to go inside.”

– SU-10 (Female, Lithuania, Translator present, Rural VCSO)

A few participants described getting help from family members (n=3):

“So he found out about his partner because his partner actually received information from us. Yes, so it's about testing, about everything.”

– SU-19 (M, Lithuania, Translator present, Rural VCSO)

“Yes OK. And she get quite a lot of information from her daughter who works with NHS. So she even as well get more from 2 sides what she needs to do.”

– SU-07 (Female, Latvia, Translator present, Rural VCSO)

A small number described taking a more active role in seeking and clarifying information (n=3):

“She said she was aware of quite a lot of the information as she made an effort to watch the news and check the phones and things like that, but she said that.”

– SU-23 (Female, Unknown nationality, Translator present, Urban VCSO)

“OK. Regarding the information in English. It's little bit hard to understand, but always showing to someone or come to [VCSO] or kids to know.”

– SU-14 (Female, Portugal, Translator present, Rural VCSO)

Ethicality

This theme describes participants values regarding COVID-19 and the COVID-19 guidance. Most participants reported that they followed or valued the COVID-19 guidelines (n=15):

“It is very important that we have to follow that guideline.”

– SU-16 (Female, Portugal, Translator present, Rural VCSO)

“She says, “Yeah I'm always used face mask if I'm going to shop” and if I would have to self-isolate because I have COVID. She would follow all these rules.”

– SU-11 (Female, Lithuania, Translator present, Rural VCSO)

Regarding beliefs around COVID-19, a couple of participants reported not believing in the COVID-19 pandemic or likened it to flu:

“The information was fine, but if to be honest I never believed in COVID so she had all these her own views. She received information, but she never believed in COVID.”

– SU-11 (Female, Lithuania, Translator present, Rural VCSO)

“OK, so she's saying when first, when first hear about pandemic, she was sceptic, she don't believe it. But after when she had it, she said like she started to believe because it was like more than she imagined. Wasn't like just a simple flu.”

– SU-09 (Female, Romania, Translator present, Rural VCSO)

“Before that I don't knew nothing about COVID. I think it's like a flu. The information I get is like a flu and we're gonna need to live with them with this pandemic. I don't know how long, but I believe we're going to. We need to live with them and get, how can I explain? It's a day-to-day life with the COVID everybody gonna catch it. Everybody needs to be vaccinated. So I think it's gonna be our day to day basis.”

– SU-15 (Female, Portugal, Rural VCSO)

Beliefs around the COVID-19 vaccine was a prominent topic in most of the interviews (n=17). Most reported that they have had a COVID-19 vaccine (n=13), noting its importance and benefits:

“Yeah, so it's through the television and stuff and then she said through her friends and their friends did say that, Look long term, it's gonna benefit you. Yeah, yes, you're gonna have a few mild symptoms, you know, a few side effects and stuff”.

– SU-23 (Female, Unknown nationality, Translator present, Urban VCSO)

“There's a lot because people, some people outside, maybe scaring you don't take the vaccine, it'll turn you into this and that. And then it's also it's good to take the vaccine. Yeah, because it helps you yourself, so I don't know why, so the advice and they thought they teach here make me more confident and even encouraged my grandchildren, they should go for it.”

– SU-02 (Female, Unknown nationality, Urban VCSO)

Whilst other participants expressed their mistrust towards the COVID-19 vaccine (n=8):

“She said she doesn't trust vaccines, vaccination and she will never get. She will never get it.”

– SU-18 (Female, Lithuania, Translator present, Rural VCSO)

“We wasn't sure in that time about the vaccination and now like. We're still not sure and for moment we don't wanna get vaccinated, so we're not interested in that.”

– SU-06 (Female, Bulgaria, Translator present, Rural VCSO)

From those who had not been vaccinated, some expressed their reasons for their decision which included: (1) it would not make a difference to their life, (2) they previously had a negative experience from a vaccine, (3) they had questions around the efficacy of the vaccine, and (4) they had a medical condition were following advice from healthcare professionals:

“They said that [they're] not against the vaccine but because if someday, somehow we will die then we will die. There's nothing, nothing to do with the vaccine. Yeah, there's nothing to do if [they're] vaccinated... She said, I don't care we, we all will die somehow.”

– SU-16 (Female, Portugal, Translator present, Rural VCSO)

“And she knows she believes because of the mask, she got the COVID. And with the vaccine she's saying she doesn't agree because she had this example. So when they all have COVID, it was a nephew with her also vaccinated and day after them, he got COVID and they had the same [symptoms].”

– SU-09 (Female, Romania, Translator present, Rural VCSO)

“OK, so she's saying like because the child was sick and she make a vaccine and didn't went well. She have a problem with all types of vaccines because not only COVID-19. Yeah she made, her child [unintelligible] only until one year she made a vaccination and after she did not made anything.”

– SU-23 (Female, Romania, Translator present, Urban VCSO)

“It's again, even she said no, it will not. Nothing will change my mind just 'cause she has blood illness and even doctors would not recommend for her to have any vaccine, so it's that she doesn't want. It's actually she can't because of advice [from] doctors.”

– SU-11 (Female, Lithuania, Translator present, Rural VCSO)

Opportunity cost

This theme describes the costs and benefits for participants to follow the COVID-19 guidance. The most common reason for following guidelines was for the safety of other people (n=9), in particular family members:

“Because is a sick[ness]. But I don't want to give another person. I stay home and I make [inaudible] and after come back alive.”

– SU-09 (Female, Romania, Translator present, Rural VCSO)

“Just to save the lives of other people.”

– SU-20 (Male, Unknown nationality, Translator present, Urban VCSO)

“She said one of the main reasons was because of her son. She wanted to protect his son, but obviously a lot of the information she received it was that it was going to help protect against the vaccine and stuff like that, so that's why.”

– SU-23 (Female, Unknown nationality, Translator present, Urban VCSO)

Other people noted their own health as a motivation for testing themselves or getting the COVID-19 vaccine (n=5):

“...I realise it that it is my body... It's important the care about my body.”

– SU-01 (Male, Czech Republic, Urban VCSO)

“Because I want to be safe.”

– SU-02 (Female, Unknown nationality, Urban VCSO)

Past experiences of either testing positive for COVID-19 or having someone in the household who had symptoms or tested positive was a reason why some people followed the COVID-19 guidance (n=7):

“Yeah, yeah and my daughter catch... She do the test at home and came positive and at least she go to [her] room. I called the NHS and they told me, send me a text message that she needs to be. She already was isolated because I sent it to the room already. As soon as we saw the test.”

– SU-15 (Female, Portugal, Rural VCSO)

“Yeah, you have that beginning of the COVID at the beginning. Yeah, my doctor, I guess granddaughter, I brought it home. And, and, she said, “Grandma, I tested. Positive.”... Yeah later we tested everything is regular testing, things like that.”

– SU-02 (Female, Unknown nationality, Urban VCSO)

A small number of participants described employment (n=2) or a medical reason for following guidance (n=4):

“He had to do tests because he spent some time in hospital, so they did a test for him.”

– SU-19 (Male, Lithuania, Translator present, Rural VCSO)

“Yeah, she went self-isolating because again she had to have surgery so and she didn't want it to get COVID even straight away from all this information. So self-isolated, just not to get COVID.”

– SU-07 (Female, Latvia, Translator present, Rural VCSO)

“Actually, she doesn't need us because at workplace it's a requirement to do a test.”

– SU-17 (Female, Lithuania, Translator present, Rural VCSO)

Those who reported not testing for COVID-19 (n=2) suggested their stay-at-home lifestyle or the lack of symptoms as reasons:

“It was not relevant for her. She's never been tested positive and she never felt any symptoms, so she, she didn't go for test.”

– SU-18 (Female, Lithuania, Translator present, Rural VCSO)

“It's actually, she never did any test, even flow test because first of all she's not working. She always at home she, she's at home and never felt any symptoms. So actually she hasn't got even reason to do a flow test.”

– SU-11 (Female, Lithuania, Translator present, Rural VCSO)

The practical costs of the COVID-19 pandemic were discussed by some (n=8). Participants described the financial impact due to requiring to self-isolate and, in some cases, the role of the VCSO in supporting them over the course of the pandemic, and how it affected whether they followed guidance or not:

“So when she contacted [VCSO], [VCSO] contacted [town council] for support and [town council] provided food voucher for £50 and some money to top up electricity. She couldn't work. She didn't have any income, so for her it was very useful.”

– SU-17 (Female, Lithuania, Translator present, Rural VCSO)

“The [VCSO] were brilliant. I mean, obviously I knew. We have to have whatever, but there were other stuff that you know like vulnerable people, if they need help with food and stuff, there was numbers on there so I was I did. We didn't need that, but there were people that I knew that could ring that number.”

– SU-03 (Female, Unknown nationality, Urban VCSO)

“...for many who can go to do shopping or something that you know for older people more to stay at home, they still received food as well from [VCSO].”

– SU-07 (Female, Latvia, Translator present, Rural VCSO)

“OK, sometimes this is what happened. Even they have this test positive they have to go to work because they don't have anymore. You know to pay the rent all this thing, it's hard for them to keep at home. You know, for 14 days it's like if you stay 14 days without any pay then you will be on the street and that's what he is mentioning.”

– SU-13 (Male, Portugal, Translator present, Rural VCSO)

Coherence

This theme describes the level of understanding of the COVID-19 information provided.

Most noted they understood the information provided (n=13) and, to demonstrate this, participants recounted examples of COVID-19 measures during the interview (n=20):

“That's what he just mentioned: Whenever I test positive then I will stay home and avoid contacting people.”

– SU-13 (Male, Portugal, Translator present, Rural VCSO)

“So she doesn't see it [as] confusing, she understood. She thinks she understood that she needs to wear masks and other information about vaccination.”

– SU-18 (Female, Lithuania, Translator present, Urban VCSO)

Several participants noted language as an important factor on how well information could be understood (n=11):

“Yes, but these day is the language barrier is big barrier for some people and because of that barrier you've got like this, for the testing, for the information, even you getting from the media, if you don't understand.”

– SU-04 (Female, Poland, Urban VCSO)

“OK, it is easy to understand if it is in Portuguese.”

– SU-13 (Male, Portugal, Translator present, Rural VCSO)

Some participants recounted needing support to translate information for them and that this was often provided by the VCSO, friends or family members:

“OK, she said herself personally, probably, would not always found it easy, but her son explained it to her. But she had friends, as well in the community, that they'd always talk about general, What's the recent most up-to-date guidance and what's most recent? What's the rules and stuff and regulations?”

– SU-23 (Female, Unknown nationality, Translator present, Urban VCSO)

“You can understand what it was. It was translated in her own language, so it wasn't difficult to read or understand and there will be interpreters.”

– SU-07 (Female, Latvia, Translator present, Rural VCSO)

A couple of participants noted the change in policies affected their understanding of the COVID-19 guidance (n=4):

“You have to do this, or you so, so. It was I remember, like once you know, because every time something changed.”

– SU-04 (Female, Poland, Urban VCSO)

Some discussed the effective use of images and figures in posters used by the VCSO to communicate COVID-19 guidance (n=4):

“No, I think they were well done, because with the figures and the letters and the writing. Besides, I think the people understand how can how. Is transmitted the virus. I think it

was for me. It was the figures they, they have on the left. I understand better when the writing how.”

– SU-15 (Female, Portugal, Rural VCSO)

“Exactly, even, you know, you see like a poster “2 metres apart”, so it's, 2 metres, you know it show you the pictures of it even.”

– SU-04 (Female, Poland, Urban VCSO)

“Very easy, very easy. They use like they put on the photos or pictures. They put some text, you know, even some pictures to show it's very easy.”

– SU-06 (Female, Bulgaria, Translator present, Rural VCSO)

Experienced affective attitude

This theme describes participant attitudes after receiving COVID-19 guidance. The majority of respondents noted a commitment to continue following COVID-19 guidelines (n=12):

“Well I change because I don't talk with everybody but like I used to talk now in face to face I have I keep my distance. Changed the way I talk with my daughter and tell her pay attention. Use your mask. There is some risks. We think the COVID gone but still here wash your hands. Be careful at school.”

– SU-15 (Female, Portugal, Rural VCSO)

“So she said like if she would have COVID again, she will still stay home and self-isolate.”

– SU-09 (Female, Romania, Translator present, Rural VCSO)

Some respondents noted this commitment despite changes in advice (n=5):

“She said, regardless of some of the rules by the government and stuff she still wants to take precautions.”

– SU-23 (Female, Unknown nationality, Translator present, Urban VCSO)

Two participants noted their confusion and negative sentiment towards the recent changes in the COVID-19 policy:

“The March now stop speak COVID, yeah?... Prob, it start problem Ukraine, stop COVID why? Yeah, I not understand.”

– SU-22 (Male, Poland, Urban VCSO)

“I said to you, a little, yeah. I mean it is politics, game, international politics... About by me by me. One state won't like the quiet Europe. And give the people. Now it is your government is stupid COVID not exist now using mask, no using testing, no using. And the people are not filtering.”

– SU-01 (Male, Czech Republic, Urban VCSO)

From those who expressed a commitment to continue following COVID-19 guidance, they also acknowledged that COVID-19 is still present (n=7):

“They said that we have to be stealing caution regarding this, although we think it is getting better. But we don't know. It's still somewhere there so we have to be like aware. Be aware that they still somewhere there. It's not gone really gone there so we have to be keep doing what we are doing so be aware of those things.”

– SU-13 (Male, Portugal, Translator present, Rural VCSO)

“Yeah, I have seen this in the TV and everywhere like the information given and many people are still careless about this. So. The COVID is not gone when. When we are still careless in this way, I think we need to do something more.”

– SU-14 (Female, Portugal, Translator present, Rural VCSO)

A few expressed their trust in the source of the information (the VCSO, n=2):

“And I think because these people here you trust them as well. So if they say something you think yeah they not taking this from their fingers just to say it. They've got based on that on info as well. They're getting some advice from people as well, so I think they, they not saying from their own heads. They getting like people you know professionals involved as well to, to get information and pass to people especially loads of old people here.”

– SU-04 (Female, Poland, Urban VCSO)

Experienced effectiveness

This theme describes participant feedback regarding the impact of the COVID-19 guidance provided. From participants who expressed the impact of the information they received (n=6), some noted how it improved their own and others sense of safety:

“As the more info you are getting, I think, I think more info you're getting your knowledge and your awareness is, is, is better and better and is from this place is from other places and you build your own like view about stuff and what, what you know what's safe, what's not and what, what you want to do with life and how you want to get from there is, what, how to protect you and your family and everybody else.”

– SU-04 (Female, Poland, Urban VCSO)

“All information was useful and to keep to guidance. What information you are giving you will follow rules so something just to keep yourself safe.”

– SU-07 (Female, Latvia, Translator present, Rural VCSO)

Most participants (n=11) expressed the overall impact of the COVID-19 guidelines and vaccinations. For instance, some noted its impact on returning to normality:

“I hope now getting better and hopefully we will get rid of this COVID.”

– SU-12 (Female, Portugal, Translator present, Rural VCSO)

“According to him the COVID is getting better, but if we are keeping on still keeping doing what we are doing then it might get better than this.”

– SU-13 (Male, Portugal, Translator present, Rural VCSO)

Self-efficacy

This theme captures the impact of COVID-19 guidance on a person’s confidence to perform behaviours outlined.

Over half of the participants expressed an impact on their confidence to complete COVID-19 guidance tasks themselves or to seek help from others (n=12). Most expressed an increase in confidence to complete tasks on their own (n=10) or to seek help from others, including the VCSO (n=6):

“As the more info you are getting... your knowledge and your awareness is better and better and is from this place, is from other places and you build your own view about stuff and what you know what's safe, what's not and what you want to do with life and how you want to get from there is, how to protect you and your family and everybody else.”

– SU-04 (Female, Poland, Urban VCSO)

“It's made me more confident. We then ordered our own lateral flow tests. Yeah, and then we went on holiday at New Year as well, so that was interesting. With the all the testing and everything that you had to do. Yeah, I think it's made us more independent, shall we say to get them and do the testing ourselves?”

– SU-08 (Female, United Kingdom, Rural VCSO)

“It was for her was very helpful when she got information from [VCSO]. Actually all steps what you need to do if you have got positive flow tests that you need to book appointment to go to do proper test with a test and if it will be positive. But you need isolate and self-isolate for exactly 14 days because it keeps changing. So she was looking for this guidance and it was very helpful to capture this information.”

– SU-10 (Female, Lithuania, Translator present, Rural VCSO)

“So she would come to us just to know further steps.”

– SU-18 (Female, Lithuania, Translator present, Rural VCSO)

3.2 Stakeholder interviews

Participants

Eight members of staff from the participating VCSOs took part in semi-structured interviews. The majority were female (75%) and recruited from VCSOs serving urban communities (63%). Table 3 summarises characteristics of participants from the stakeholder interviews.

Table 3. Summary of stakeholder interview participants

Participant ID	VCSO area	Gender
OS-1	Rural	Male
OS-2	Urban	Female
OS-3	Urban	Female
OS-4	Rural	Female
OS-5	Rural	Female
OS-6	Urban	Female
OS-7	Urban	Female
OS-8	Urban	Male

Emergent themes

Overall, 6 themes emerged from the organisation stakeholder interviews. Similar to the service user themes, there were organised into 2 overarching topics:

1. 'The role of the voluntary and community sector organisation (VCSO)', where themes described the role of the VCSO in providing support to the migrant community, the types of services provided and the role of other organisations

- a. The reasons people access and become aware of the VCSO
- b. Types of services provided and service user needs
- c. Working with other organisations

2. 'COVID-19 support provided', in which themes describes experiences of the support provided by the VCSO during the COVID-19 pandemic

- a. Type of COVID-19 support and information provided
- b. Challenges and barriers in delivering COVID-19 guidance
- c. Service user feedback and perceived impact

Rural and urban location comparisons

Similar to the Service User interviews, comparisons of participants by 'urban' and 'rural' VCSOs suggested that participants shared similar experiences despite a difference in VCSO location.

The role of the voluntary and community sector organisation (VCSO)

The reasons people access and become aware of the VCSO

All participants (n=8) described that the VCSO had a positive reputation amongst service users; most highlighted that they are known to help people from the migrant community (n=5):

"I think I feel like we've had very good feedback because that's why we've had. You know quite a lot of people that come to us."

– OS-2 (Female, Urban VCSO)

“You know, I usually get positive feedback, so it's what I hear from clients. It is very, very good.”

– OS-6 (Female, Urban VSCO)

Similar to service users, most described that the community perceives the VCSO as a place to receive help and support (n=5):

“Most of the local communities they do know about us... we know that the answer of their questions they would come to us.”

– OS-4 (Female, Rural VSCO)

“They will come to us because they know we can help them.”

– OS-5 (Female, Rural VSCO)

All participants described that the VCSO's reputation was primarily spread by word of mouth (for example, friends and family):

“And because obviously [VCSO] has been such a huge service around [town name], everyone is just like, Oh try [VCSO].”

– OS-1 (Male, Rural VSCO)

“You know quite a lot of people that come to us, and there's word of mouth as well because they're like, Oh my friend recommended me to come here and you can help me.”

– OS-2 (Female, Urban VSCO)

“We promote we do marketing but lots of my clients it's actually word of mouth so someone let's say they have a friend who recommended them. They would bring, because they are happy with the service, they will bring their sister, brothers, neighbours and so on.”

– OS-6 (Female, Urban VSCO)

A couple mentioned the use of their online presence on social media (n=2) as a method of engagement:

“But we do have a Facebook page. Again, they like me, my colleagues were all posting in our own languages or visitors.”

– OS-4 (Female, Rural VSCO)

“We have a Facebook group and we share there of course from friends, relatives.”

– OS-5 (Female, Rural VSCO)

Most identified that their translation service was the primary reason people sought help from the VCSO (n=5):

“Well overall reputation is high positive, positive because as I said, we're probably even if like let's say other local agencies they might have, let's say a Russian speaker, but they would not have Bulgarian, they would not have Romanian and these are the main communities, in [local town] especially, I cannot tell in [local area] overall, but for [local town] especially, these are the main languages and we can provide those interpreters, which I think it's really needed. It's really needed because the people they, they don't really speak doesn't matter as it's going to be from the Russian speaker community or Romanian or Bulgarian, they don't really speak English unfortunately, so that is really positive for them, and that's why they're coming to us instead of going to anywhere else.”
– OS-4 (Female, Rural VSCO)

“Because they can get help they need. And they can communicate in their first language if needed. Very often they don't have any English skills or their English is very low... We have interpreters and we have so many services like housing, immigration, employment, training... so they can find everything.”
– OS-6 (Female, Urban VSCO)

Some respondents suggested that having staff who spoke the language, or were members of the community, created a sense of trust and comfort (n=4):

“Well, it's about the barrier language firstly. Most of them they do trust us more than they trust themselves, because obviously they do speak and understand English, but maybe sometimes they're not very confident.”
– OS-5 (Female, Rural VSCO)

“Generally speaking we can rustle up somebody that speaks pretty much any language that we're likely to come across here, and I think that goes a long way to building trust with the communities that we serve.”
– OS-7 (Female, Urban VSCO)

“Polish people who can speak the language, and we've got other languages as well. So obviously they come here, so they feel comfortable coming here.”
– OS-2 (Female, Urban VSCO)

Some stakeholders discussed the point at which service users would access the VCSO services (n=4). All agreed that most service users access the VCSO at a time of emergency and often returned when they were faced with another crisis:

“A bit of both. We give having emergencies as well. So obviously when they don't have a place to stay. And they come here all they've got an emergency, and they haven't got any food as well. So we help them in that way as well.”
– OS-2 (Female, Urban VSCO)

“It's most of the cases will be point of crisis because we do not see these people coming like every week... the usual pattern is like they come for a few weeks until the problem is resolved and then they disappear for sometimes few months but after some time they are coming back if they need something else.”

– OS-3 (Female, Urban VSCO)

Types of services provided and service user needs

Respondents described support provided on a range of areas including translation support (n=7), health (n=6), finance (n=5), employment (n=3), accommodation (n=3), food and clothing (n=3). Some also described hosting social activities and events (n=3), as well as providing educational support (n=2):

“So there is a few advices involved in the organisation and they provide very complex advice on... a lot of issues from, from housing to sometimes like basic immigration or sign posting to someone who can who can help more.”

– OS-3 (Female, Urban VSCO)

“I've been supporting, for example, homeless people. That's of course with employment, but with homeless clients it, it's not just supporting with job search. It's not easy as that, it's everything: Mental health issues, Alcohol abuse, drugs sometimes, problems with accommodation, problems with debts. All sorts of things.”

– OS-6 (Female, Urban VSCO)

Like service user respondents, most stakeholders described aiding participants to complete forms or liaising with other services and organisations on their behalf (n=6), this is likely due to service users' language needs:

“...a lot of people that come to ask for help in regards to like immigration and to apply for British citizenship. And so we obviously help them fill out forms because they obviously don't understand. And then we also like I say, like we also try and enrol them in classes to help them integrate into the community.”

– OS-2 (Female, Urban VSCO)

“All sorts of reasons from school applications to benefit to doctors appointments. Sort out bills, maybe sometimes letters with some information, but they don't understand, so they will just come, we read them and just explain them and they will be happy and go.”

– OS-5 (Female, Rural VSCO)

Support with language was the most common service user need described by stakeholders. However, some described service users' poor IT skills and digital literacy (n=4). One noted that this was a major barrier especially when a lot of the COVID-19 information and guidance was disseminated online:

“They're not really IT aware they don't really have the skills, so that's why we had a phone.”

– OS-4 (Female, Rural VSCO)

“Digital literacy skills.... Most will be able to figure it out. Most will be out to Google it or whatever. We deal with people obviously language being a major problem, not being able to read and write in any language is also another major problem. Most people are clever enough to realize that you can Google so you can then use Google Translate, but of course if you can't speak your own language anyway that's still no good to you things like that.”

– OS-8 (Male, Rural VSCO)

Improving skills so service users could become less dependent on the VCSO was also highlighted by some stakeholders (n=3):

“...so basically what we do is we set up one to one sessions. And we just work around them. So basically for them to feel like they're the ones overcoming those barriers rather than us doing it for him. So it's like they feel like, “oh OK, I've achieved this. By doing so and so,” and normally, we've mostly we put activities to help overcome these barriers.”

– OS-1 (Male, Rural VSCO)

“...Sometimes it's just mentality they don't want to learn because they have us. And, so it's like, for example, they know that they can come to us. We will help them sometimes. For example, I have to motivate them. “No look you have to learn for yourself. Learn English, come for ESOL classes because, you know, in a year time we want to see you independent so you don't need us anymore,” and sometimes they don't really get it.”

– OS-6 (Female, Urban VSCO)

Working with other organisations

Respondents described a range of organisations which their VCSO has worked with. This included charities (for homelessness, drug and substance misuse, mental health, and disabilities), employment agencies and Jobcentres, the NHS, asylum seeker accommodation, and local advice centres.

Unsurprisingly, referrals from other organisations were primarily due to language needs and to help improve engagement (n=3):

“Why they refer someone... Because some of them. Maybe they don't speak English and we have like, like multiple colleagues which speak different languages. And it's very helpful for them.”

– OS-5 (Female, Rural VSCO)

Other organisations also referred service users to VCSOs in order to provide them with basic provisions (that is, food and clothing; n=2):

“Yes, that's what I wanted to say. We work with in partnership with a lot of local organisations, but also with [local city council]. So we are in this particular area of [local area], we are kind of very well known and so people refer their clients to us for sometimes for very basic help because the centre provides help with food and clothing as well.”

– OS-3 (Female, Urban VSCO)

“We do we do sometimes get referrals from social work, from hospitals sometimes trying to discharge somebody will contact us and say, Look, this person is homeless.”

– OS-7 (Female, Urban VSCO)

Most respondents described a working relationship with their local authority or local council (n=6) and that language support was, again, a primary reason for referrals:

“Yeah, as I said, that Jobcentre, definitely Citizen Advice. Even now the local council. We do work like with different social workers. Family workers it's very often most of the time. I would say that we are taking signposting or referrals. It's not that much that we are signposting or referring our clients but it's the opposite... Local authorities and agencies, they're referring in... the main reason is because we can provide the translators and interpreters.”

– OS-4 (Female, Rural VSCO)

Some noted the importance of this relationship as it aided recognition amongst the local community (n=3):

“What's good about it is that obviously we get those referrals from them, so it's good to get some recognition. Obviously from someone high up like the [county council], Jobcentre and such”.

– OS-1 (Male, Rural VSCO)

The COVID-19 support provided

Type of COVID-19 support and information provided

Testing for COVID-19 (n=5), the COVID-19 vaccine (n=5) and financial aid during the COVID-19 pandemic (n=2) were the most common topics described by participants.

COVID-19 messaging was communicated using a range of methods including posters and flyers, and through social media (n=4):

“We did make lots of flyers and explain them. And, as I said, we are sharing on our Facebook page because everyone is using Facebook nowadays. We had lots of flyers outside on the board in the door.”

– OS-5 (Female, Rural VSCO)

“We was preparing the flyers. We was posting flyers. Obviously we have many notice boards. We were putting the flyers with the latest guidance on the notice board.”

– OS-4 (Female, Rural VSCO)

A couple of participants described hosting a multi-agency event focussing on promoting testing and vaccination against COVID-19 (n=2):

“We had an event recently for COVID-19, so we've got people to come if they weren't vaccinated or if they wanted their booster and then we also had a testing centre... a little pop-up area for people who obviously needed help to do it properly.”

– OS-2 (Female, Urban VSCO)

Again, language was prominently discussed, with many describing the need to translate COVID-19 information (n=5):

“We was producing flyers about vaccines again translated into different languages, so we can make sure that the people fully understand.”

– OS-4 (Female, Rural VSCO)

“So, I did a little bit of translation for the flyers that we had for clients because obviously they couldn't understand the rules at the time, the policies, so I did translations.”

– OS-6 (Female, Urban VSCO)

Some described the strength of in-person discussions around COVID-19 information to aid understanding (n=3):

“It may have happened anyway, but because we've carried on the momentum of talking about vaccines... when an opportunity came on to say, “Do you think you'd be able to get some people in to get vaccines?”, it was like, “Well, actually, yeah, we do.” Because we've been asking all these questions and actually got some to say these people aren't vaccinated still, so there is an opportunity to do something about it.”

– OS-8 (Male, Urban VSCO)

A couple of participants noted that using their own experiences helped to improve acceptability towards the COVID-19 vaccine (n=2):

“...Make them aware [COVID-19] is real and it's danger[ous] and with the information we had around and personal examples and this helped that they kind of changed their mind... So after this they realized and we give them this example. They understood, they saw what they go through and they saw is difference [having been vaccinated].”

– OS-5 (Female, Rural VSCO)

“In the personal example I gave them so they do get vaccinated too, which, for me, it's a very good result to change someone's mind.”

– OS-4 (Female, Rural VSCO)

Challenges and barriers in delivering COVID-19 guidance

Long standing beliefs around COVID-19, particularly around the COVID-19 vaccine, were described by most participants as a barrier when disseminating COVID-19 guidance to service users (n=6):

“Everyone was reluctant because there was a new thing and everyone was scared of this vaccine. And I think when they see their other peers doing the same thing, that's when they are obviously get influenced...”

– OS-2 (Female, Urban VSCO)

“Yes, there is [negative beliefs about vaccination]. If I have to be honest, especially from the Bulgarian community, there are not that many people who was willing, and they're still not vaccinated because they have their beliefs and their reasons. So there was people that, even though they've been like explained, they asked their questions that have been answered. They still didn't want it to get vaccinated, but obviously it's their choice.”

– OS-4 (Female, Rural VSCO)

Again, language was a topic of discussion and described as barrier to disseminating COVID-19 guidance (n=3):

“I think the fact that they can talk to people face-to-face. Because it's quite hard really when you look at posters or are just doing stuff online, it's a lot different, so actually seeing people face to face, they can ask the questions that they need to ask... We were referring them to other places, they were asking those questions... So you're not excluding people [who] can't speak or read English.”

– OS-2 (Female, Urban VSCO)

Changes to COVID-19 polices and rules were also noted by many participants as a challenge (n=5):

“If you took us back to 12 months ago, the guidance was changing quite frequently, we were going into different tiers of lockdown and different stages and people... That was difficult to understand. We did find people that were almost giving up on the guidance because... it's a moving target and we worked quite hard to try and keep people informed. From some of them there was an appetite to be informed from others it was, The government can't make its mind up, so why should we bother?”

– OS-7 (Female, Urban VSCO)

In particular, the timing of the programme was a major challenge as COVID-19 rules were being “relaxed” at the time (n=3):

“...they mentioned that they said, “It's a bit too late to ask that those questions,” because the questionnaire was involving a lot of questions regarding COVID-19 and the time for

the project was set just after the government cancelled most of the restrictions. So people were like, “Oh, there is no COVID here anymore, why you ask us those questions?”. That was the feedback that I get a lot.”

– OS-3 (Female, Urban VSCO)

Some participants described how practical financial needs often outweighed health needs and this determined whether or not service users followed COVID-19 guidance (n=2):

“And of course they don't know they won't have to lose their income because when people will have to stay home, they won't get paid. They are not happy with this. And of course they won't follow the guidelines.”

– OS-5 (Female, Rural VSCO)

“I think there's some economics in it that the other people are fearful about losing jobs if they have to have time off sick, even if they may get paid. There's a lot of confusion... within some communities and I think that's then down to the employer themselves. So that's another part of work that we've done over the years is tried to talk to employees about how they present information to employees, especially when it comes to health and safety. And obviously, COVID does fall underneath that.”

– OS-8 (Male, Urban VSCO)

One participant discussed how cultural differences in how evidence and information is perceived by service users was a challenge for them (n=1):

“We were talking informally about the way that the Western understanding of guidance is, you know, we're trying to present evidence that something is a good idea. Whereas that's not necessarily the way that other cultures will perceive things. If I want to convince somebody of my argument, I'll need to put some positive reasons why you need to do A, B or C. And you know, present some at least vaguely scientific evidence as to why this is a good idea, whereas other cultures don't, they just don't work like that.”

– OS-7 (Female, Urban VSCO)

Interestingly, one participant noted that the VCSO was in a unique position as they were able to access the community to present the COVID-19 information:

“Some people might think, “How to reach all these different communities?”. We didn't have a problem with that because we see these people every day. So that was kind of easy for us.”

– OS-3 (Female, Urban VSCO)

Service user feedback and perceived impact

Stakeholder participants who described service user feedback suggested it was largely positive (n=4):

“Was a positive impact for most of them. Like almost most of them, was positive impact because they did realize, and they did listen.”

– OS-4 (Female, Rural VSCO)

“We must have emailed thousands of clients and we got quite a lot of positive responses, you know, “Thank you,” and, “More please.” Those types of responses.”

– OS-7 (Female, Urban VSCO)

However, the perceived impact of COVID-19 guidance was mixed (n=6), with most noting that it did have some impact:

“50/50. I think it's probably, yeah, 50/50.”

– OS-2 (Female, Urban VSCO)

“Just giving out information, even though maybe very basic information in their own language. It makes a difference. You know, it just keeps the conversation going.”

– OS-8 (Male, Urban VSCO)

The challenges described in the previous themes (for example, long standing beliefs) were primarily cited as reasons for low impact:

“I do not think so now, because most of the people, the feedback was that they already set their minds in the way, you know, during all the pandemic and lockdown.”

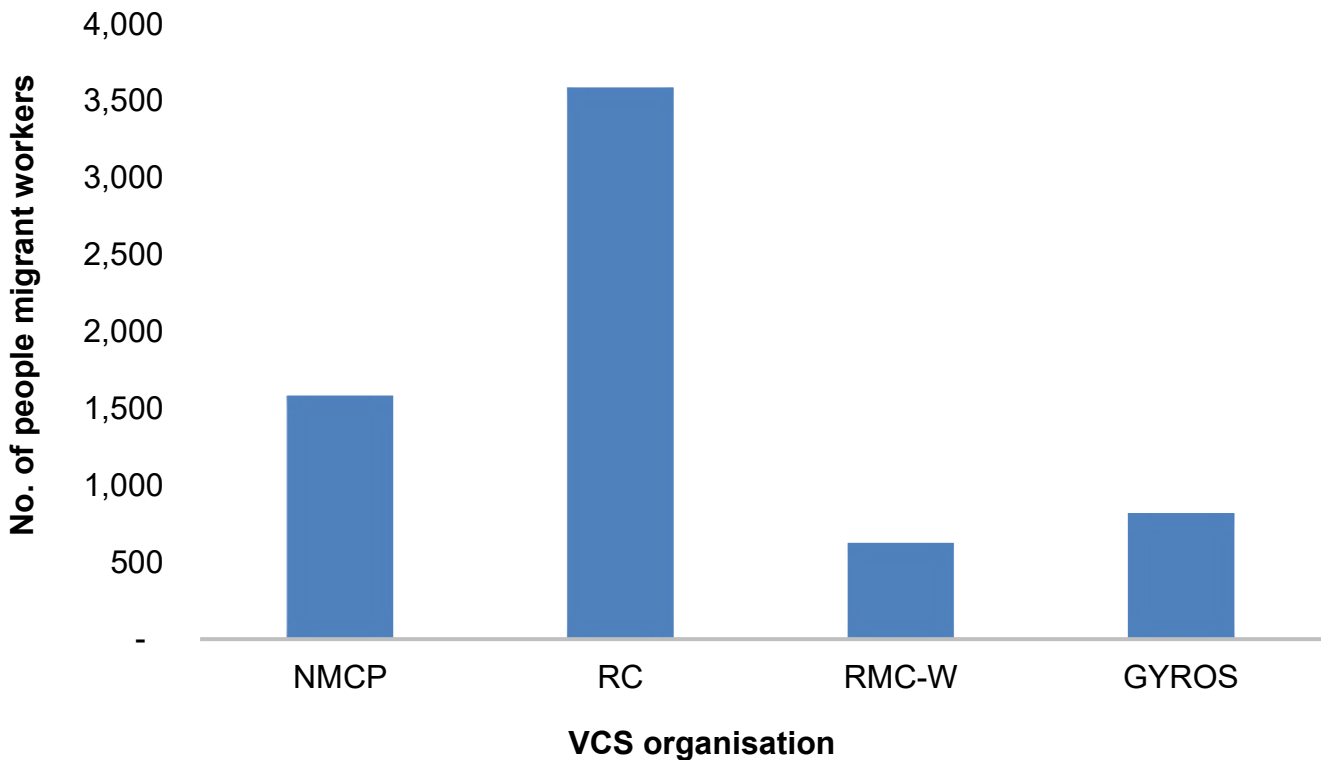
– OS-3 (Female, Urban VSCO)

3.3 Other data sources

Project logbooks

Each VCSO compiled a project logbook detailing activities conducted over the course of the VCSO Migrant Worker programme. Combining figures reported by the 4 VCSOs suggests that 6,619 people from the migrant worker community had been contacted or reached between 17 January 2022 and 31 March 2022. Figure 1 presents the numbers of people contacted or reached by VCSO.

Figure 1. Reported number of people reached during the voluntary and community sector organisation (VCSO) migrant worker programme, by VCSO



Abbreviations: NCMP = North Manchester Community Partnership; RCW = Rosmini Centre, Wisbech; RMC-W = Refugee and Migrant Centre (Wolverhampton); GYROS = Great Yarmouth Refugee Outreach Support)

Three of the 4 VCSOs detailed the COVID-19 topics and guidance discussed which included: general COVID-19 messaging and guidance, misinformation, self-isolation, the COVID-19 vaccine, testing and financial support available.

All VCSOs detailed that they engaged with a variety of people over the programme. This included a range of nationalities and languages, as well as various community groups (including the LGBTQIA+ community, parent groups, community leaders, faith groups) as well as a range of organisations (including the local council, the NHS, Home Office, disability charities, cancer charities, faith and nationality schools). Table 4 summarises the characteristics of people, communities and organisations reach over the course of the Migrant Worker programme by VCSO.

Table 4. Reported characteristics of people, communities and other organisations reached during the Migrant Worker programme, by VCSO

	NMCP	Rosmini Centre Wisbech	RMC - Wolverhampton	GYROS
Nationality	Afghan, Algerian, Cameroonian, Chinese, Czech, Egyptian, Ethiopian, Ghanaian, Greek, Hungarian, Indian, Iranian, Iraqi (including those who identify as Kurdish), Ivorian, Kenyan, Leonean, Liberian, Lithuanian, Malaysian, Nigerian, Pakistani, Polish, Senegalese, Sierra, Slovakian, Swedish, Yemeni	Afghan, Bulgarian, Chinese, Greek, Indian, Indonesian, Italian, Latvian, Lithuanian, Pakistani, Polish, Portuguese, Romanian, Russian, Slovakian, Syrian, Turkish, Ukrainian	Belarussian, Bulgarian, Estonian, Gambian, Indian, Iraqi (including those who identify as Kurdish), Latvian, Lithuanian, Polish, Romanian, Russian, Somali, Sudanese, Syrian	Afghan, Angola, Bahrain, Bulgarian, Cape Verde, Chinese, Czech, Danish, Ethiopian, Guinea Bissau, Hungarian, Iranian, Latvian, Lithuanian, Moldovan, Polish, Romanian, Russian, Sao Tome, Timor, Ukrainian
Language spoken	Arabic, Bengali, Cantonese, Dutch, French, Italian, Spanish, Urdu		Spanish	Arabic, Dari, Farsi, Pastu, Portuguese, Tetum
Community	LGBTQIA+ community, parent group			Community leaders, Women's group, Faith group,
Other organisations	Disability charity, NHS, Sure Start, Mental Health centre, City council, Home Office, welfare, housing and employment support organisations	District council, NHS PCC CCC, Public health organisation	ESOL classes	Local faith and nationality schools, Cancer charity

VCSO-led COVID-19 survey and interviews

The Refugee and Migrant Centre (RMC) in Wolverhampton provided data and results from a survey and one-to-one interviews exploring migrant worker views and thoughts on COVID-19.

COVID-19 survey

There were 539 respondents who completed a self-report survey from the RMC Wolverhampton. There were 4 topics examined:

1. Vaccination: Most respondents had received a first or second dose (76.1% and 70.9%, respectively). Around 56.4% had not had a booster jab. Of those who mentioned thoughts on vaccination (24.3% of the sample), around 18.3% indicated they had some worries about getting the vaccine.
2. Testing: Over half of the respondents (52.7%) used a lateral flow test.
3. Self-isolation: Around 44.2% of the sample answered the question on self-isolation and of those, around 8.2% reported that had self-isolated due to symptoms, contact or positive test. There were no reasons reported regarding why people did or did not follow the self-isolation guidance.
4. Support received: A small number, 6 out of 131 respondents (4.6%), reported receiving advice on COVID-19 related issues (such as vaccinations).

One-to-one interviews

A total of 36 service users took part in a brief discussion about COVID-19.

1. Testing: 56% reported having a PCR test and 58% reported having a lateral flow test.
2. Vaccination: The majority of respondents reported having one dose (69%) and 2 doses (61%). However, only 28% reported having a booster dose.
3. Self-isolation: Fewer than half of respondents isolated after receiving a positive test, contact traced or symptoms (44%).
4. Sentiment to COVID-19: Almost half of respondents described COVID-19 as “over”, whilst almost a quarter suggested it was “scary”.
5. Sentiment to COVID-19 information from the government: Over 75% of respondents suggested information from the government was “easy to understand” or “clear”.
6. Following guidance: 93% reported wearing a mask indoors, 86% reported regularly sanitising their hands and 77% reported keeping a 2-meter distance.

Case studies and focus groups

Tables 5 and 6 present a summary of findings from case studies and focus groups from 2 participating VCSOs (North Manchester Community Partnership and RMC Wolverhampton).

Table 5. Summary of case studies conducted by 2 VCSOs

Case study number	Summary
1	<ul style="list-style-type: none"> • Polish migrant • due to health issues, difficulty finding employment • high anxiety • lives alone • language barrier – reliant on sources which offered translation or from sources not necessarily useful (for example YouTube videos; Polish sites). Polish media; misinformation from other sections for example church (particularly around vaccine) • difference between country of origin and UK government policies
2	<ul style="list-style-type: none"> • Lithuanian migrant • experienced homelessness • experienced difficulty registering with a gp during the pandemic • used other means of getting medication • does not want to be vaccinated due to underlying health condition • believes there has not been enough information around the COVID-19 vaccine • language barrier – often sought information from Lithuanian government • believes messaging around the COVID-19 vaccine should centre on choice
3	<ul style="list-style-type: none"> • Iraqi or Kurdish refugee • against the COVID-19 vaccine but did not know anyone in their community who were vaccinated • believes that the vaccine was harmful to health and ineffective • mistrust towards the UK government, suggesting it was propaganda
4	<ul style="list-style-type: none"> • Russian migrant • had multiple chronic conditions • mistrust towards emphasis on vaccination • belief that the vaccine was harmful (for example, side effects) • relied on a “strong immune system” and “know how to look after self” • did not follow social distancing or mask wearing

Table 6. Summary of focus groups conducted by 2 VCSOs

Focus group number	Summary
1	<ul style="list-style-type: none"> • African community • concerns over the impact of COVID-19 on work and families

Focus group number	Summary
	<ul style="list-style-type: none"> • conflicting messages from the government, NHS and local council • some messaging were unclear • felt there was a lack of consideration towards the BAME community • availability of information in a range of languages was discussed • those who chose not to get vaccinated gave reasons likely to be due to misinformation (that is, microchips, that it could lead to infertility and so on), as well as religion grounds • messaging should centre on “you must vaccinate” rather than “why vaccinate”
3	<ul style="list-style-type: none"> • mixed group of migrants • felt vaccination roll out was rushed • concerns over the number of doses • felt the government does not care about people getting COVID despite a high infection rate • if you are clinically extremely vulnerable it is going to limit how confident you feel to go out and about
4	<ul style="list-style-type: none"> • Eastern European LGBT group • all vaccinated • fear from exclusion if they did not take up the vaccination • there was main drive to avoid liberties being taken or to have rights to travel taken away
5	<ul style="list-style-type: none"> • ESOL class involving a South Asian population • deciding factor to get the COVID-19 vaccine was that the local Sikh temple, a very key part of that community had been a longstanding walk-in vaccination site. • much of the population of that area follow the Sikh religion, and the fact that the most trusted place in their community was offering the vaccine had become the deciding factor for them to be vaccinated. • uptake was not about understanding scientific facts about the vaccine but getting information from who you trust

Characteristics of sites

The purpose of this section is to provide background information on the 4 participating voluntary and community sector organisations (VCSOs). This can help to contextualise our interview findings. VCSOs do not routinely collect data on service users and so the information presented are either taken from previous studies conducted the VCSOs or from their websites. These sources have their own set of limitations (for example, the time frame the studies were

conducted in, sampling, and so on.) but can offer some useful information about the VCSOs services and the communities they serve.

Great Yarmouth Refugee and Outreach Support (GYROS)

The GYROS website details the areas of support provided: Immigration, EU settlement scheme, employment rights, employment, school and education, housing and accommodation, Universal Credit, debt management, health, Rights in the UK, translation and interpretation services, as well as hosting pre-ESOL (English Language course) classes, cultural sensitivity training, and a wellbeing group (7).

GYROS has worked with a range of organisations including other VCSOs in the local area, charities for migrants and refugees, charities for mental health, other volunteer services, community groups and businesses, the local library, local colleges, and government departments (for example, Department of Energy and Climate Change). Some projects had been funded by National Lottery Grants (7).

Data provided by GYROS to the Evaluation team provided the following service user demographic information:

- the 3 most common nationalities and languages of service users accessing GYROS were: Portugal (17.2%); Lithuania (16.7%) and Romania (11.8%)
- over 56% were female

Service user demographics in 2015 reported the following [8], N=370:

- over 48% had a dependent (child aged under 18 years)
- over 30% of service users were aged between 26 and 35 years and 25% of service users were aged between 36 and 45 years
- most service users were in work (74%)
- the levels of English amongst service users varied but around 28% were reported to speak little English

North Manchester Community Partnership (NMCP)

The mission statement for NMCP is “The partnership and its members work to help those in impoverished and deprived areas to become empowered and learn new skills, to gain employment and training opportunities and helps with the most basic of life skills” (9).

The NMCP website (9) details areas of support provided: providing education and learning for essential skills (for example IT skills); advice (housing support, benefits) and helping with employment (for example, advice on writing CVs, coaching and providing mock interviews, and so on).

The NMCP has partnered with a range of organisations including Manchester City Council, the Department for Work and Pensions, other national and local charities, as well as academic partners (9).

Recent service user demographics from 2020 to 2021 (10), N=1,943:

- over 58% of service users were female
- the most common age group of service users were those aged between 40 and 64 years (47%), followed by those aged 26 and 39 years (34%)
- around a third of service users were unemployed (34%)
- the 3 most common communities of service users accessing NMCP were Black African (24%). As NMCP have outlined in data provided to the Evaluation team, this includes countries such as Nigeria, Ghana, Senegal, Congo, Ivory Coast, Sierra Leone, Algeria, Libya, Morocco, Egypt, Tanzania, Sudan, Ethiopia, Somalia, Eritrea and Liberia. The next most common community included were those of Pakistani, Afghani, Bangladeshi and Indian nationality (21%). Around 18% of service users reported to be of White (English, Welsh, Scottish, Northern Ireland, British) ethnicity

Refugee and Migrant Centre (RMC), Wolverhampton

The mission statement for the RMC is: “To assist refugees and migrants through crisis and disadvantage, by removing barriers to their integration and enabling them to become equal citizens” (11).

The RMC website (11) outlines the type of support available including: Immigration casework, housing (including destitution and homelessness), citizenship preparation, employment, education and training, health services, asylum support, the vulnerable persons resettlement scheme (VPRS) for Syrian refugees, welfare and benefits, EU settlement, and Windrush support.

The RMC has partnered with a range of organisations including the Home Office, National Lottery, city councils (Wolverhampton, Walsall), NHS England (Safeguarding), Wolverhampton Clinical Commissioning Group (CCG), and other local and national charities (for example, charities for domestic violence) (11).

Demographic information was not available for RMC.

Rosmini Centre, Wisbech

The Rosmini Centre website (12) outlines the type of support available including: information and guidance on National Insurance Numbers, school registration, childcare, employment, translation, hate crime reporting and food poverty. The Rosmini Centre also hosts events (including sports events).

The Rosmini Centre has partnered with a range of organisations including: Department for Communities and Local Government, Fenland District council, charitable organisations and local sports clubs.

Service user demographics from a survey in 2019 reported ([13](#)), N=220:

- the 3 most common nationalities were Lithuanian (37%), Romanian (24%) and Bulgarian (21%)
- over half of service users were female (53%)
- forty percent of service users have dependents (those aged under 18)
- the most common age group of service users were those aged between 18 and 30 years (32%), followed by those aged 31 and 40 years (25%)
- most service users were in some form of employment (71%)

4. Evaluation framework and lessons learnt

The findings from the qualitative interviews and other data sources have been organised into the 5 areas of the evaluation framework that has been used in UKHSA during the COVID-19 pandemic.

4.1 Operational feasibility

Reach and sample demographics

Over the programme period, over 6,600 people from the migrant worker community were reported to have engaged with VCSOs during the time that Migrant Worker programme was in operation. This included being provided with information or attending an activity aimed to improve understanding and engagement towards COVID-19 guidance. In addition, voluntary and VCSOs reported engaging with range of nationalities and community groups over the programme (including an LGBT group, parent groups, faith groups, and so on.), as well as working with a range of other organisations (for example, the NHS and local councils).

It should be noted that there are some caveats to this figure. First, it is unknown if reported activities involved the same people more than once. Second, around 1,500 people are reported social media (Facebook) followers (Rosmini Centre) and around 500 people were reached via leaflet canvassing exercise across the local community (North Manchester Community Partnership) – thus figures could be considered to be inflated. There is no data available before the start of the VCSO Migrant worker programme to examine whether these are ‘typical’ service user reach figures as some VCSOs do not routinely collect data.

When comparing the demographics of the service users recruited to the evaluation and data provided by VCSO sites [8, 10, 13], the overall make up suggests a good representation of service users expected at these sites. For instance, as VCSOs have reported, there is a higher proportion of females accessing their services. Furthermore, the nationalities recruited represent the most common nationalities (countries of origin or ethnicities) reported by VCSOs (for example, Portuguese, Polish, Lithuanian, Romanian, Bulgarian and North African).

Information acceptability

The Theoretical Framework of Acceptability (TFA) (4) was used to examine acceptability of information and factors which could affect this. Overall, themes from the service user interviews suggests good acceptability.

1. COVID-19 guidance was readily available and easy to access. However, practical costs of following COVID-19 guidelines were noted to be issues for some service users [Burden and Opportunity Cost]

2. COVID-19 guidance was easy to understand, although considerations to language and alternative ways of conveying the message (for example, figures and symbols), as well as confusion arising from changing policies were highlighted [Coherence]
3. There is an overall positive reception towards the COVID-19 guidelines, many noting the value of the guidelines and a commitment to continuing following the guidelines despite changes to rules [Ethicality and Affective Attitude]
4. This has resulted in increased feelings of safety as well as an increase in the confidence to follow guidelines [Effectiveness and Self-Efficacy]

Findings by TFA construct:

1. Experienced Burden: participants described a range of dissemination methods (for example, flyers, social media posts) during the programme period. Most service users described the abundance of information which resulted in taking a more passive role to receiving information. Of those who did require additional support, they reported seeking help from family and friends, as well as the voluntary and community sector organisation (VCSO). Overall, this suggests that service users expended little effort to access COVID-19 guidance.
2. Ethicality: most service users reported following, as well as valuing, the COVID-19 guidelines and the importance of following guidance. However, several service users discussed their concerns around the COVID-19 vaccine.
3. Opportunity Cost: the safety of others (for example, family members) as well as their own health were primary motivations for following COVID-19 guidelines and receiving the COVID-19 vaccine. The practical costs of following COVID-19 guidelines were also noted by participants.
4. Coherence: most service user participants reported understanding the COVID-19 guidance provided. Language and the need for translation was a prominent subject across the interview themes from both service users and stakeholders. To resolve this, service users described accessing language resources from the VCSO, as well as getting help from friends and family. VCSO stakeholders highlighted the efforts required to translate guidance and update these regularly. Some service users described the effective use of images and figures in posters which were used by VCSOs. For example, Figure 2 from North Manchester Community Partnership. Changes to COVID-19 policies were also noted to affect their understanding.

Figure 2. Example poster graphic from North Manchester Community Partnership encouraging vaccine uptake



1. Experienced Affective Attitude: service users reported a commitment to continuing following COVID-19 guidelines. With some acknowledging that COVID-19 is still present in society, despite the changes in policy (that is, the relaxation of rules in the first quarter of 2022).
2. Experienced Effectiveness and Self-Efficacy: participants expressed a positive outlook such as increased feelings of safety. Some expressed that following the COVID-19 guidelines would aid in a faster return towards pre-COVID-19 pandemic society. Over half of service user participants expressed an increase in confidence to following COVID-19 guidelines on their own or seeking help from others.

Service user feedback

VCSO stakeholders reported positive feedback from service users regarding VCSO providing support during the COVID-19 pandemic, as well as the COVID-19 guidance disseminated. Some service users described a positive sentiment towards the VCSO and highlighted their trust in the information received when the source was the VCSO.

Differences between VCSOs serving urban and rural communities

Overall, participants from VCSOs serving urban and rural communities reported similar views. Emergent themes were shared equally when examining this participant characteristics. Although, the communities served by each VCSO differs by nationality or ethnicity [8, 10, 13], our emergent themes suggest they have similar needs.

4.2 Behavioural factors

The interviews highlighted a range of barriers in terms of understanding and following COVID-19 guidance.

Understanding the guidance

As previously described, language and the need for translation is a prominent issue expressed by service users and VCSO stakeholders. VCSO case studies and focus groups also agree that language is a key aspect, particularly when some service users seek to use less reliable sources (for example, third party websites or social media sites) as they produce content in their native language. The use of figures and images were noted to be useful for some service users.

Following guidance

Alongside the need to protect themselves and others, previous experiences of testing positive for COVID-19 or having someone in the household testing positive, employer requirements and medical reasons contributed to following guidelines. For those who expressed that they did not follow guidelines (for example, testing), they cited their stay-at-home lifestyle and not experiencing COVID-19 symptoms as reasons. Stakeholder participants described how practical and financial needs (that is, the need to go to work versus self-isolating) outweighed health needs and determined whether they did or did not follow COVID-19 guidance.

The COVID-19 vaccine was a major topic for discussion across our interviews. Service user reasons for not getting a vaccine included: views on vaccine efficacy, their overall approach to health and wellbeing, past negative experiences with vaccines, as well as having a medical condition. Service user mistrust towards the vaccine was also noted by stakeholders. VCSO focus groups and case studies highlighted a mistrust of the government's vaccination agenda and believed it was "propaganda".

One VCSO stakeholder highlighted the need to consider cultural differences in terms of messaging and persuading people to follow guidance. They noted that scientific evidence should not always be the focus. For example, a finding from a VCSO focus group noted that messaging should reflect reasons why people should vaccinate rather than the more directive messaging they were given ('why should I vaccinate?' versus 'you must vaccinate'). Two VCSO stakeholders suggested that using their own experiences to justify why someone should get vaccinated improved acceptability to the COVID-19 vaccine for some of their service user clients. They proposed that this may be because of their built relationship with their clients. This can be further supported by findings from a VCSO focus group where they noted that the primary reason for vaccine uptake was getting information from "a place you trust" and for this group it was their place of worship.

Service users who reported having the COVID-19 vaccine suggested that protecting their own or other peoples' health were primary motivations. One interesting finding from a VCSO focus group suggested that the threat social exclusion from an event or activity due to vaccination status was one of the reasons they were vaccinated.

Overall, stakeholders described beliefs about COVID-19 and the COVID-19 vaccine as barriers when disseminating COVID-19 guidance to service users. This is supported by some of our service user participants likening COVID-19 to flu or "not believing" in COVID-19. The VCS Migrant Worker programme ran in early 2022 and so these beliefs are likely to be long standing and less amenable to change. This highlights the need to produce translated and culturally sensitive materials as early as possible to combat misinformation from less reliable sources and word of mouth.

The changes COVID-19 policy also resulted in confusion and misunderstanding which was shared across the interviews. Furthermore, the timing of the VCS Migrant Worker programme period was also highlighted major challenge by stakeholders. The programme ran when COVID-19 restrictions were being relaxed and so perceptions around COVID-19 guidance was likely changing. Respondents of a VCSO COVID-19 survey reported that a high proportion of participants viewed COVID-19 as "over". However, some stakeholders noted that "keeping the conversation going" was equally important to highlight that continued presence of COVID-19 in society.

4.3 Public health effectiveness

Revisiting the findings under 'Operational Feasibility', it was found that:

- the COVID-19 guidance disseminated was understood well and was acceptable amongst the service user participants
- service users reported a commitment to continue following COVID-19
- service users described a positive impact of the COVID-19 guidance including improved feelings of safety, increased the likelihood of returning to normalcy and an increased confidence to following guidance

Although service users expressed an overall positive impact, stakeholders appeared to present a more mixed view. As discussed, most stakeholders cited COVID-19 beliefs as reasons for a reduced impact in following COVID-19 guidance. This is especially relevant to the uptake of COVID-19 vaccines. Findings from COVID-19 surveys and interviews hosted by a VCSO found reasonable uptake for the first and second doses, although there appeared to be greater hesitancy in receiving a third dose (booster). One VCSO focus group questioned the need for multiple doses of the COVID-19 vaccine.

4.4 Broader societal impact

For this aspect of the evaluation, the primary objective was to achieve a general understanding of the role of the voluntary and community sector organisation (VCSO) in providing support to migrant worker communities as well as their role in disseminating public health messaging.

What do migrant workers and stakeholders report to be the primary reasons people access the service?

1. Service users and VCSO stakeholders described a range of services including: (1) advice, liaison and signposting, (2) translation, (3) the provision of food, (4) organising and hosting social activities and (5) the provision education and coaching.
2. Language and translation have emerged to be one of the most important needs for service users.
3. VCSO stakeholders also identified that their translation service is the primary reason why service users access the VCSO.
4. Some stakeholders noted other needs including IT skills and digital literacy which may be important, especially the prominence of delivering information online.

What ways do people become aware of the VCSO?

1. Word of mouth (for example, recommendation from friends and family) appears to be the most common route people become aware of the VCSO.
2. VCSOs appear to have built a 'helpful' reputation amongst the migrant community.

3. Other ways of raising awareness include an online presence (for example, social media) and referrals from other organisation (for example, the Jobcentre, local authority or council, other charity organisations).
4. The point in the 'migrant worker journey' where migrant workers are likely to access VCSO support remains unclear. VCSO stakeholders noted that service users were more likely to access their services a time of crisis and emergency. However, some service users suggest regular use (for example, form filling or organising appointment).

What is the most common level of support people need at the first point of contact?

1. Across the interviews, it appears that service users are highly dependent on the VCSO. This can be illustrated by the role of VCSOs in completing forms or contacting other organisations on behalf of the service user.
2. Language needs appear to be the primary reason for this.
3. Some stakeholders have described their goals to help improve skills (for example, language skills) so service users can become less dependent on the VCSO.

What other services and organisations do people use or are referred to?

1. Some service users consider the VCSO as their primary source of support.
2. Across the interviews, a range of organisations have been described including other charities (for homelessness, drug and substance misuse, mental health, and disabilities), employment agencies or Jobcentre, NHS trusts, Asylum Seeker Accommodation, and local advice centres.
3. However, VCSO stakeholders highlighted referrals from other organisations (for example, the local authority or local council) were driven by the need for their translation services and that they could provide basic provisions (for example, food and clothing).
4. Information gleaned from the VCSO websites suggests working relationships with a range of government departments (for example, the Home Office, Department of Energy and Climate Change, Department for Communities and Local Government, Department for Work and Pensions) ([7](#), [9](#), [11](#), [12](#)).

The VCSO builds a 'sense of community' and trust

Overall, a broader societal impact of engaging with 'disproportionately impacted' and 'under-served' groups through VCSOs is their ability to build trust and positive relationships with these communities.

1. All service users expressed a positive view of their VCSO.
2. A sense of safety and belonging and sentiments of friendship were expressed by service users, one noted that this helped to build trust.

3. VCSO stakeholders also shared a similar view as those who worked at the VCSO could communicate in the languages of the community or were already part of the community; this reinforced the sense of trust and belonging.

4.5 Scientific knowledge

Previous research by the UKHSA Evaluation and Social Research Unit has highlighted the importance of the voluntary and community sector in migrant communities (including refugee and asylum seeker populations). This is illustrated from our interview participants noting the important role of the VCSO throughout their lives including times of crisis (for example, destitution) and in day-to-day activities (for example, form filling).

Academic studies suggest a growing interest in understanding the impact and role of voluntary and community sector organisations (VCSO) in public health messaging and healthcare but there is still a dearth of evidence ([1](#), [2](#), [14 to 18](#)).

Our emergent themes highlighted VCSOs' unique relationship with 'disproportionately impacted' and 'under-served' communities by having the ability to foster a positive and trustworthy relationship which is likely built on shared identity (a 'sense of belonging'), fulfilling the community's language needs and acknowledging the different needs across cultures. These findings support previous academic work noting the importance of identity to build trust and close relationships ([1](#), [17](#)).

5. Conclusions and considerations

5.1 Conclusions

Our evidence supports the utility of involving voluntary and community organisations (VCSOs) the dissemination of public health messaging to migrant communities.

Our findings demonstrated that the VCSO Migrant Worker programme elicited positive feedback and acceptability as reported by migrant service users and VCSO stakeholders.

VCSOs were able to demonstrate they could deliver the information to a variety of communities alongside their existing catalogue of support services.

A major and unique characteristic of VCSOs is their ability to build trust amongst the migrant community.

Language is a vital aspect to consider when delivering health messaging and VCSOs are well equipped to support these needs.

The delivery of health messaging in a culturally sensitive and meaningful way may also be important to consider and the VCSOs relationship with the migrant community may provide valuable insight.

Participants from VCSOs serving urban and rural communities shared similar views and needs.

Our findings also contribute to learnings regarding public health messaging throughout the COVID-19 pandemic, for instance:

- the importance of using diagrammatic aids in communications to improve coherence to a range of communities
- the importance of routinely evaluating communications and tailoring messaging for under-represented groups (which SAGE have previously advised on ([19](#))), especially during times when COVID-19 policy changed frequently

5.2 Strengths and limitations

This evaluation provides in-depth qualitative data from members of communities usually under-represented in research, particularly non-English speakers.

This work adds evidence to the growing academic field of understanding the role of the VCSOs in health promotion and public health messaging.

Unfortunately, there is no routine data or admin data sources for this community available to examine impact quantitatively (for example, vaccination data was not available at a local level, there were no routine data collected regarding testing from the VCSOs).

The time frame of the evaluation could be considered limiting as some participants expressed a loss of interest in discussing COVID-19 at a time when policy and restrictions were changing (March 2022), and this may have affected the quality of qualitative data.

On reflection, one or 2 participants may have been motivated by the study incentives and this was reflected by the quality of their interview data.

In qualitative research, there is no rule of thumb regarding sample sizes. However, there is an aim to achieve 'saturation' whereby additional data does not result new themes emerging. There have been attempts in calculating appropriate sample sizes to achieve a high level of saturation including 6 to 40 participants ([20](#)). It is noted recruitment of VCSO stakeholders did not meet the planned recruitment number and so saturation may not have been achieved.

Each VCSO approached COVID-19 guidance differently and so comparisons of the 'programme' by VCSO site was not feasible.

5.3 Considerations for future work

Future work could explore the role of VCSOs in delivering other forms of public health messaging (for example, smoking cessation, maternal health, obesity, and so on.). The high visibility of COVID-19 over the past 2 years may have resulted in acceptability of the information provided.

Future work could quantitatively measure impact of VCSO intervention through outcomes (such as self-efficacy) using validated outcome measures or to capture views using a standardised survey from a large sample of service user participants.

Undertake qualitative research with members of linked organisations (for example, NHS trusts, the local authority or council) to explore how VCSOs may fit within existing health promotion or information-giving services.

Examine the needs of the migrant community who may not regularly interact or access the VCSOs to understand whether VCSOs could address these needs, their role for these members of the community or identify other suitable organisations to partner with.

One aspect which was not explored in depth in this evaluation was the practical challenges for VCSOs to deliver these types of services. Earlier academic work suggested funding and acquiring resources, as well as relying on a volunteer workforce, are key challenges to consider (especially if roles require upskilling – training costs; capacity to upskill and so on.) ([2](#), [16](#), [15](#), [18](#)).

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Appendix A. Service user interview topic guide

This is intended as a guide and offers broad questions to be covered along with suggested ways of asking. The exact way questions are asked may differ to explore and probe individuals' experiences. Sections will outline which domains of the Theoretical Framework of Acceptability (TFA) are being captured.

Introduction to the interview

I am a researcher from the UKHSA, and we are interested in views on how <VCSO> has given you information about COVID-19 health guidance. This interview should take no longer than 30 minutes, depending on how much you would like to say.

Consent

1. Before we start, please can I check that you have read the information sheet and understand it?
2. Are you happy to take part in the study?
3. If yes, have you signed the consent form? (leave them a copy to keep).
4. I would like to remind you that you can ask to stop the interview at any time and that your answers will be confidential.
5. Would you like to ask any questions before we begin?

Start audio recorder - I will now start the audio recorder [check that it is recording].

Interview questions

General questions about the voluntary and community organisation

I would like to start with some questions about your experiences of getting support from <VCSO>.

How did you come to hear about <VCSO>?

Prompt: Were you referred to them by someone else or another organisation, and if so by who or which organisation?

What did you know about <VCSO> before coming here?

What type of support did you need from <VCSO>?

Prompt: Support with something related to COVID-19? Your health? Getting a job?

How helpful have you found people at <VCSO> during your visit?

Prompt: Did you get what you needed done?

Experience of outreach programme (TFA: Experience, Burden, Affective Attitude, Ethicality, Coherence, Intention)

I would now like to talk about the COVID-19 health guidance you were given by <VCSO>.

Can you tell me how you were given COVID-19 health guidance?

Prompts: What type of information did you get? Was it a leaflet, as part of a group activity, or a chat with someone?

Overall, what did you think of the information given to you?

Prompts: How easy was it to understand? Did you have to ask a lot of questions? What was good about the information? What did you not like about the information given? How appropriate did you feel the information was?

Since being given the information, has it changed what you know about testing yourself for COVID-19?

Prompt: Could you help me to understand why or why not? Has it changed the number of times you've tested yourself? Has it changed how often you test yourself? Are you more confident that you know what to do when you get a positive result or test positive for COVID-19?

Since being given the information, has it changed what you know about needing to self-isolate, quarantine or stay at home after testing positive for COVID-19?

Prompt: Could you help me to understand why or why not?

Since being given the information, has it changed your views on getting the COVID-19 vaccine?

Prompt: Could you help me to understand why or why not?

Could you tell me what was the most useful, important or interesting thing you've learnt from the information you were given?

Experience of using the on-site lateral flow testing service (only ask if there is on-site testing available) (TFA: Experience, Intention)

Have you used <VCSO>'s lateral flow (the 30-minute test) testing service?

If yes:

What were your reasons for using the testing service?

Can you tell me about your experience of using the testing service?

Prompt: What did you like about it? What did you not like about it? What would you do to change it? Would you use it again in the future? Would you now use other testing services?

Ending the interview

Thank the participant for their time and turn off audio recorder.

Ask if they have any further questions about the study and are happy with the interview
If necessary, sign post them to the VCSO should they raise something that might require additional support.

If appropriate, finish the interaction with an unrelated question for example, asking about what they have planned for the rest of the day.

Appendix B. Stakeholder interview topic guide

This is intended as a guide and offers broad questions to be covered along with suggested ways of asking. The exact way questions are asked may differ to explore and probe individuals' experiences

Introduction to the interview

I am a researcher from the UKHSA, and we are interested in your experiences of working on the COVID-19 outreach programme with the migrant worker community. This interview should take around 30 minutes, depending on how much you would like to say.

Consent

Before we start, please can I check that you have read the Information Sheet and understand it?

Are you happy to take part in the study?

If yes, have you signed the consent form? (leave them a copy to keep).

I would like to remind you that you can ask to stop the interview at any time and that your answers will be confidential.

Would you like to ask any questions before we begin?

Start audio recorder - I will now start the audio recorder [check that it is recording].

Interview questions

Role in the organisation and general questions about the organisation

I would like to start with some questions about your experiences of working in <VCSO>

Please can you tell me a bit about yourself and your role in the <organisation name>

In general, why do most people come to <VCSO>?

Prompts: What do you think is its reputation amongst the migrant worker community?

What are the most common reasons people come to <VCSO> for support?

Prompt: Where are people in their journeys when they come to you? Is it during a time of crisis or a day-to-day query?

What type of services do you find people are most in need of?

Prompt: What is the most people service you refer people onto?

How do most people become aware of <VCSO>?

Prompt: Are people most referred to <VCSO>? If so, from who is the most common referrer: for example, local authority, employer, family or friends, and so on.

Can you help me to understand the role of the local authority or local employers in working with <VCSO> to support the migrant worker community?

Prompt: Do you work closely together? Could you help me to understand why or why not?

Role in the outreach programme

Can you tell me about your role as part the outreach programme?

Prompt: ask if they took part in the design (for example, planning, organising) and/or the delivery (for example, going to employers, delivering workshops and so on) of the programme.

Designing the outreach programme (only ask if they were involved in the design)

Can you talk me through what happened during the planning stage?

Prompt: Who was involved? What information sources did you use? How long did it take? What needs did you anticipate meeting or not being able to meet?

What were the most important things you thought about when planning the outreach programme?

What has been the most challenging part of planning the outreach programme?

Prompt: What would you do differently? Was there anything you had to re-think or re-design from the programme?

What has been the least challenging part of planning the outreach programme?

Prompt: What components of the programme would you keep using for other projects?

Delivering the outreach programme (only ask if they were involved in the design)

How do you think service users have received the outreach programme?

Prompt: What type of feedback have you received? Did you notice what might have encouraged or prevented some from engaging? From this feedback, what have been the main learning points?

What did you think was the most effective thing you presented?

Prompt: What worked well?

What were the biggest challenges when working on the outreach programme?

Prompt: What didn't work so well?

Thoughts on the impact of the outreach programme

What kind of impact do you think the outreach programme has had on service users' views and understanding of COVID-19 and the guidance?

Prompts: explore impact on testing, self-isolation and vaccination

What was its impact on:

- awareness of COVID-19 guidance?
- knowledge of where to find information about COVID-19?
- the number of people getting tested?
- the frequency of people testing?
- their response to a positive result? Do they know what is required (for example, self-isolation, confirmatory PCRs, and so on.)?
- following the self-isolation guidance?
- their views on vaccines and getting vaccinated?

Wrapping up

Finally, is there anything I haven't thought of asking you that you think would be useful for us to know?

Ending the interview

Thank the participant for their time and turn off audio recorder.

Ask if they have any further questions about the study and are happy with the interview.

If appropriate, finish the interaction with an unrelated question, for example asking about what they have planned for the rest of the day.

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