



UK Health
Security
Agency

Experiences of the pandemic in Barnsley

A diary study of migrant residents

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Executive summary

This report shares findings from a recent research project undertaken by IPPR to understand how migrant communities living in Barnsley are experiencing the ongoing pandemic, as well as their views on the COVID-19 vaccination programme. This research contributes to our collective understanding of the experiences and concerns of particular migrant communities in one locality, while drawing out lessons more widely for public health officials and others tasked with the health and wellbeing of our communities.

The research follows the Day in the Life Of study which was completed by Barnsley Metropolitan Borough Council (MBC) in 2020. The work sought to better understand residents' concerns about health and wellbeing in light of the pandemic. Given the relatively high proportion of migrant workers working in the borough, this research sought to gain a better understanding of the specific challenges faced by this group.

The research highlights the disproportionate affect that the pandemic has had on the health and wellbeing of migrant groups. Reasons for this include the types of employment that migrant workers are likely to be engaged in, either making them more at risk of suffering financial hardship due to being self-employed or on temporary contracts, or through being more likely to contract COVID-19 due to working in roles which have high exposure to diseases. Overcrowded housing may also have made it more difficult to self-isolate or socially distance, and the increased propensity to rent among this group means they are less likely to have been financially protected. Concerns about access to healthcare, and worries about data sharing with the Home Office, could also have resulted in challenges accessing treatment for those who contracted the virus.

In order to better understand how migrants in Barnsley were experiencing the pandemic, an online survey was employed which asked respondents to write a diary entry, with a number of prompts designed to elicit reflection as to how respondents lives had changed as a result of the pandemic, fears and concerns about the pandemic, how connected they feel to others and things that make them feel positive. The survey was live between 18 October and 15 November 2021, before the emergence of the Omicron variant and when there were no legal restrictions within England, with the exception of self-isolation for confirmed positive cases.

Having conducted the research on a relatively small scale, the findings cannot be applied more broadly to other contexts, nor do they necessarily represent the totality of views among the migrant population in Barnsley. However, they do offer an insight into areas of good practice in working with migrant communities and offer points for reflection and further research.

Overall, the research highlighted the need to build trust when working with migrant groups in order to inspire a sense of confidence about actions taken by the state, either at a local or a national level, and that working with groups and organisations that work directly with these communities is key to improving these relationships. Overwhelmingly, the research indicated

that respondents were continuing to follow COVID-19 restrictions and were, on the whole, getting vaccinated. While in a minority, those who made comments about hesitancy and scepticism in relation to COVID-19 and the vaccination programme cited safety concerns, fear and anxiety caused by conflicting information, mistrust in politicians and authorities and personal beliefs and lay knowledge about illness and the virus.

Another finding from the research highlighted the importance of supporting migrant communities and promoting wellbeing within these communities. This is particularly pertinent given the social isolation faced by many respondents throughout the pandemic. As with the previous point, community groups who work specifically with migrant groups were heralded as a way to bring people together and support them through these difficult times. This point is supported by findings from other research recently conducted by IPPR.

A final theme that emerged from the research was around the need to support migrant communities suffering financial challenges and the associated financial anxiety that this causes. As things appear to return to normal the country is also being plunged into a cost-of-living crisis which is likely to affect many migrant communities – this in addition to the financial stress caused by the pandemic. Alongside supporting these communities to access financial support where possible, local authorities also have a role to play in working with employers to ensure positive working practices are in place which support all workers.

Introduction

This report shares findings from a recent research project undertaken by IPPR to understand how migrant communities living in Barnsley are experiencing the ongoing pandemic, as well as their views on the COVID-19 vaccination programme. This research contributes to our collective understanding of the experiences and concerns of particular migrant communities in one locality, while drawing out lessons more widely for public health officials and others tasked with the health and wellbeing of our communities.

Following the successful roll out of the Day in the Life Of study in 2020, which sought to better understand residents' concerns about health and wellbeing in light of the pandemic, Barnsley Metropolitan Borough Council (MBC) subsequently commissioned IPPR to undertake further research which specifically focused on migrants living in Barnsley. At the time of developing this work, Barnsley was in the top 10% of local authorities with COVID-19 prevalence and vaccination uptake lower than the national average.

Migration Yorkshire indicate that there were almost 1,300 new arrivals to Barnsley in 2019 who applied for a National Insurance number ([1](#)). The majority of these migrants were from Romania or Poland (equating to almost 7 in 10). The number of migrant newcomers to Barnsley in 2019 reflects a 7% increase, or an increase of 81 individuals, compared to 2018 figures. More than half of migrants to Barnsley who arrived in 2019 were male (58%) and the largest age group was 25 to 34 year olds (37% of all newcomers).

Existing literature reveals that COVID-19 had exposed and exacerbated entrenched socioeconomic inequalities in the UK, especially in relation to ethnicity and migration status (whether a person was born in the UK or not) (Hu 2020). Minority ethnic and migrant groups face an increased risk of contracting COVID-19 and experiencing poor health as a result of lockdown measures. This has led one paper to refer to the pandemic as ‘the great unequaliser’ (Devakumar and colleagues 2020). Compared with UK-born white British people, individuals not born in the UK who were also from a minority ethnic background were more likely to lose their job during the lockdown, to suffer a loss of income – and at the same time be less likely to have access to employment protections such as the furlough scheme (Hu 2020). The labour market profile of migrants, their housing situation and their more limited social safety net are key causes of this.

The disproportionate effect of COVID-19 on migrants’ health and wellbeing

The labour market profile of migrants

The labour market profile of some migrant groups makes them more at risk of contracting COVID-19 and experiencing hardship. Migrant workers are more likely than UK-born employees to be self-employed or in temporary work (2), putting them at greater risk of losing their livelihoods during lockdown. Eastern European migrant workers are also disproportionately represented in accommodation and food services (3), which means they are more likely to work in conditions involving high exposure to diseases or come into close contact with other people, facilitating the spread of COVID-19. Workers from central and Eastern EU countries are also over-represented in manual, low-skilled jobs in economic sectors most affected by the impact of the pandemic, including retail and hospitality, passenger transport, childcare, arts and leisure, personal care and domestic services, meaning these workers are more at risk of job and income loss (4).

The Asos distribution centre near Barnsley, employing 4000 people, remained open during the pandemic. Despite working closely with the Council, some employees reported concerns about safety conditions during the early stages of the pandemic, including insufficient protective gear, concerns about crowding and fears that colleagues would come in to work sick because they needed the money (5). Following these reports, investigations were undertaken and further initiatives were implemented such as increasing the number of buses to and from the site at shift times in order to reduce the overcrowding (6). These reports highlight some of the challenges faced by employers and employees during the early stages of the pandemic.

Migrants’ housing situation

Migrants are less likely to own their own home, more likely to rent privately and more likely to live in overcrowded housing than non-migrants (2). This means that they are on average in a less secure financial position than the general population with measures to protect renters from

eviction during the pandemic referred to as inadequate (2). It also means they are more likely to be living in conditions in which self-isolating and social distancing is harder, which imposes heavier mental health pressures (2).

Migrants' social safety net

Many migrants also face a limited social safety net, which made migrants more at risk of serious financial difficulty due to job loss during the pandemic. Some non-EU migrants have visa conditions stipulating 'no recourse to public funds' including universal credit, child benefit and housing assistance (3). This is also the case for EU migrants now that free movement is over. EU citizens with pre-settled status must also have a qualifying 'right to reside' to claim certain benefits and must undergo a Habitual Residence Test to access certain benefits, making them harder to obtain for this group (7).

Barriers to accessing healthcare also exacerbate the already disproportionate effect of COVID-19 and its containment measures on migrants. Hostile environment policies in a healthcare setting refer to NHS charging and data sharing with the Home Office. Concerns about these issues have meant, according to one study, that over half of respondents (characterised as migrants who were reached through convenience sampling through migrant organisations) avoided seeking healthcare during the pandemic due to fears of being charged and concerns over migration enforcement (8), despite treatment for COVID-19 being exempt from NHS charging. Other issues with accessing healthcare include difficulty registering with a GP due to healthcare providers not adhering to guidelines that specify that proof of immigration status is not necessary. More broadly, language barriers, digital exclusion and the temporary closure of support services are all likely to have contributed to challenges in accessing healthcare provision among migrant groups in the UK (8, 9).

Methodology

Through this research we wanted to understand how people that have migrated to live and work in Barnsley have experienced the pandemic, in their own words. To facilitate this, researchers designed a short survey that included space for respondents to write a 'diary entry' about their day, with respondents encouraged to reflect on the day that they were completing the survey. Respondents were offered a number of prompts to guide them to think about the different ways in which their day may have been affected by the pandemic. These included prompts related to:

- ongoing changes due to the pandemic
- fears or concerns about the pandemic
- views on the vaccination rollout
- how connected they are to others
- what in their life makes them feel positive

In addition, we asked respondents to complete a number of demographic questions, such as age, gender, nationality, religion and so on. Respondents were also asked questions related to

their vaccination status. Given the sensitivities surrounding this research, the majority of survey questions included the option to 'prefer not to say'.

The research was designed to primarily target Eastern European migrant workers residing in Barnsley. Accordingly, as well as being available in English the survey was translated into Polish, Romanian and Russian. Information about the research was distributed in a number of physical spaces across Barnsley – such as corner shops, GP surgeries, and community centres. In addition, we partnered with 4 voluntary and community sector organisations that work closely with migrant communities in Barnsley to disseminate the survey among their networks. These partnerships were crucial to the success of the survey, as community groups with existing relationships with local residents were able to support individuals to complete the survey (that is, through the provision of computers and data; hosting workshops at which community members were supported to complete the survey; and through utilising their trusted status in the community to offer further information about the research to respondents).

The survey reached a diverse group of people who had migrated to Barnsley – far beyond the target group of Eastern European migrants. Respondents included individuals from countries in the South West of Europe, as well as non-EU citizens from the Middle East and North African region, South Asia, Africa, and from Central and South America. These respondents answered the survey in English and – though they were not the initial target group – their responses have offered a rich and valuable insight into the range of migrant experiences in Barnsley.

We were mindful of making the survey as accessible as possible, and we sought to achieve this in a number of ways. First, as already mentioned, we translated the survey questions into a number of key community languages enabling some respondents, particularly those from Eastern Europe, to respond in their first language. Second, while the survey was an online only survey, we offered individuals the option to submit diary entries via WhatsApp voice note in order to appeal to those who may prefer speaking over writing. And third, in recognition of the time and energy commitment of respondents, we offered a small gift voucher incentive to all those completing the survey and diary entry.

The diary entries have been analysed using NVivo data analysis software in order to group responses according to common themes. Where relevant or significant, demographic differences apparent in the data are explored (that is, related to nationality, gender and age).

Context for this research

The survey ran for a 4-week period between 18 October and 15 November 2021. During this period there were no restrictions within England following the easing of legal limits on social contact in July 2021. Following a slight increase in case numbers just before fieldwork began, during the period when survey responses were collected, average reported COVID-19 rates ranged between 35,000 and 50,000 cases per day, on average ([10](#)). These figures were largely consistent with the case numbers throughout September. Daily reported cases in Barnsley

specifically followed a similar pattern although case rates started to slowly decline towards the end of the fieldwork period, in contrast to UK-wide figures which saw a very slight incline (10).

On the whole, fieldwork was undertaken prior to detection of the Omicron variant and subsequent restrictions which were brought in. Researchers contacted a number of respondents after the survey had closed offering them an opportunity to add more detail to their diary entries, by which time measures against the Omicron variant had come into effect.

The fieldwork period coincided with the rollout of booster or third jabs for individuals who had received 2 doses of the vaccine. This initiative began on 28 September 2021. During this time vaccination rates for all individuals over 12 years of age were high according to official statistics; over 85% of individuals in the UK had received their first vaccine and approximately 80% had received 2 doses (11). Following the rollout of booster jabs just a few weeks before fieldwork began, 7% of individuals had received their booster or third jab at the start of fieldwork, and this had jumped to 23% by the time fieldwork came to a close. The vaccination rate was slightly lower in Barnsley than it was in the UK overall, with approximately 82% of people having had their first vaccine and 76% having received 2 doses during the fieldwork period. At the beginning of the fieldwork, 8% had received their booster or third jab, while by the end of the fieldwork period this had risen to 22% (11).

Profile of respondents

In total, 76 people completed the survey. We received a further 25 incomplete responses, whereby people clicked the link but did not reach the end of the survey.

Of the 76 responses received, 30 of these were completed by individuals from Eastern European countries. For the purposes of this work we have identified participants as being part of this group if they either listed their national identity as being Eastern European (including Albanian, Romanian, Moldovan or Polish), or if they completed the survey in one of the 3 non-British languages (Polish, Romanian or Russian).

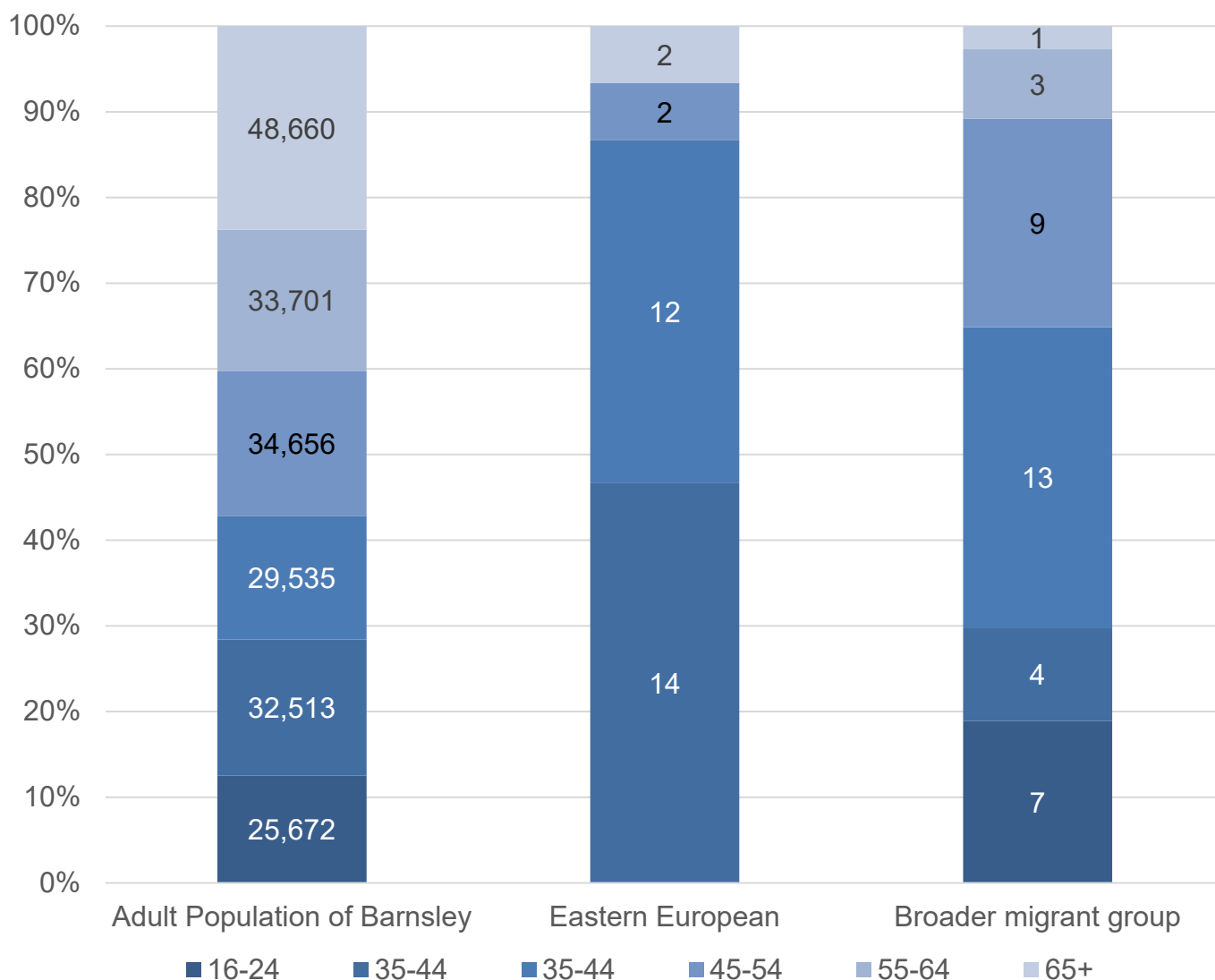
A further 37 respondents indicated that they were from South West Europe or from non-EU countries. Four participants gave no identifying information and a further 5 indicated that they were British or spoke English as their main language at home (and gave no other indication that they identified as being non-British), indicating that they were not the target group for this research. These 9 responses were therefore excluded from the analysis. Where appropriate we have compared responses of Eastern European respondents with non-EU and South Western European respondents. We have referred to non-EU and South Western European respondents as respondents within the broader migrant group within the analysis.

The majority of respondents to the survey were female; 40 respondents were female, compared to 25 who were male. Two respondents opted not to specify their gender. Respondents were

from a broad age range, but Eastern European respondents tended to be 25 to 44, while respondents in the broader migrant group were much more diverse in terms of age.

Figure 1. The broader migrant group is more diverse in terms of age

Age distribution of Eastern European and broader migrant group, alongside distribution of adult population of Barnsley for context



In terms of geography, survey respondents were spread across central wards of Barnsley. All respondents lived in the East of the borough in the wards of Central (12), Kingstone (12) or Old Town (13).

The majority of people who took part in the survey were in employment. 23 of the 30 Eastern European respondents indicated that they were employed. Among responses from the broader migrant group, respondents were most likely to be studying (16) or employed (11). A number of diary entries, as well as conversations with the community groups supporting dissemination of the survey, indicated that a number of respondents were asylum seekers. Accordingly, the higher proportion of individuals who indicated they were studying rather than employed among broader migrant responses may be linked to their migration status and the likelihood that they

are barred from working. However, since the survey did not explicitly ask about migration status it is difficult to draw firm conclusions about this.

Among Eastern European respondents, the majority indicated that their national identity was Polish (18 of the 30 respondents). Seven respondents indicated they were Romanian, 3 were Albanian and one respondent was Moldovan. The remaining one respondent did not provide details of their national identity, but they completed the survey in Russian. Among the broader migrant group of respondents, the largest number of responses were by respondents from MENA countries (Middle East and North Africa), including 6 respondents from Iran, among others from Iraq, Afghanistan and Syria.

As would be expected, the majority of Eastern European respondents stated their ethnicity as white. Respondents in the broader migrant group were more likely to identify as mixed or multiple ethnic groups or Asian.

When asked about religion, the predominant response was Christian, offered by 42 of the 67 respondents. Among Eastern European respondents, this was most likely to be Roman Catholic, while the broader migrant group of respondents were more likely to identify as Protestant. The high propensity of respondents who indicated that they were religious highlights a potential opportunity to engage with migrant groups through established religious congregations in Barnsley.

Unsurprisingly, the most commonly spoken languages among Eastern European respondents were Polish (18 responses) and Romanian (6 responses). Among the broader migrant group, the most commonly spoken language was Spanish, likely due to the number of Latin American respondents, along with Kurdish and Persian (6 respondents each).

The impacts of COVID-19

In this chapter and the next we outline our findings from thematic analysis of 58 completed diary entries. Just under half of these (n=26) were completed by respondents from Eastern European countries, 28 by respondents that had migrated from non-EU and South Western European countries, and 4 that did not share their nationality but who indicated that they had migrated to the UK.

Through the diary entries, we primarily sought to understand how people that have migrated to Barnsley have experienced the pandemic. We wanted to know what challenges people were facing, who and what was supporting them through this period, and what were their hopes for the future.

Below we set out some of the most common ways that people told us their lives had been impacted by COVID-19 and draw out for which of our respondents these issues appeared to be most pressing.

On day-to-day life

A number of respondents told us about the extent to which they felt their lives had changed as a result of the pandemic. A significant number of people felt that their lives had changed a lot and – at the time of the survey in November 2021 – that it continued to be very different than 18 months previous. A similar number of people perceived that while their lives had changed a lot, that things were getting back to normal. A much smaller number of people suggested that their lives had changed barely at all as a result of COVID-19.

The timing of our survey is significant. Conducted in a 4-week window in November 2021, the survey closed shortly before reports of the Omicron variant were prolific and before new restrictions were introduced at the beginning of December. While a number of people welcomed the return to normal, some also noted their concern about the prospect of tighter restrictions coming back into force once more:

“Nowadays, I feel positive that I can go to work normally and do my shopping without much hassle. I feel less positive when I think that restrictions may be imposed again, and we’ll be prisoners in our own home.” (Female, 25 to 34, Polish)

Socialising and connecting with others

A prominent theme reported by respondents from various backgrounds related to the loss of socialising and a feeling of disconnection from family and friends.

“My daily routine has changed as a result of the pandemic – I’ve been having less contact with my grandchildren, family and friends.” (Female, 55 to 64, Polish)

“I’ve started working from home, which I really enjoyed in the first couple of months. However, I’ve started missing people and the social aspect of the working environment.” (Female, 25 to 34, Polish)

“Yes, my day has been affected by changes due to the pandemic, the changes are whether from work life or leisure life not being able to hang out with mates or attend workplace.” (Male, 16 to 24, Kurdish)

Some people had become parents during the pandemic, and this was associated with needing to be particularly cautious about socialising with others.

“I have a few connections these days with some of my friends because I have a one-year baby so I’m more careful about my connection to others than before.” (Male, 35 to 44, Iranian)

“I don’t work because I have a 10 months [old] baby, so I spend most of the time with my baby at home.” (Female, 35 to 44, Iranian)

Children were also reported to have missed out on socialising, with one person reflecting on how the pandemic had reshaped family life:

“I couldn’t meet my friends. My children were not able to go to the park because of the lockdown, I had to make sure they follow their online lessons.” (Female, 25 to 34, Albanian)

“During the first stage of the pandemic, my workplace closed for about 3 months, I was furloughed for that time. Consequently, my life changed a lot – I was forced to stay at home. I have a small child and the COVID-19 restrictions made meeting our friends significantly more difficult, so the children had limited contact with their peers.” (Female, 25 to 33, Polish)

Barriers to international travel

For many, the consequences of being unable to travel easily or affordably caused enormous grief and uncertainty, with a significant number of people describing being separated from their family and loved ones abroad. This was a particularly prevalent theme among people from Eastern European countries.

“There are days when I wonder if this will ever end and whether we’ll be able to live normally. I wonder if we’ll be able to travel without extra costs. Whether I’ll be able to meet my family.” (Female, 25 to 34, Polish)

“My biggest fear currently is visiting my family abroad (in Poland) and fear of having to pay lots of money just to get back to country I consider home (been here for over 7 years and my son is full British citizen!).” (Male, 25 to 34, Polish)

“A very big problem for me is the inability to contact my family freely – I mean travelling from the UK to Poland and back.” (Female, 25 to 34, Polish)

It is evident from the responses that we received that even when restrictions were lifted such that people could technically travel abroad, there were a number of insurmountable barriers to doing so in practice, either due to the complexity and inaccessibility of travel rules and regulations or an inability to afford the increased cost of travel.

Keeping in touch

In light of the above issues, a number of respondents wrote about the contraction of their social world and the increased reliance on keeping in touch with people via online and digital means or by telephone.

“I made friends here in the last year but with some I’ve just been able to chat on a videocall.” (Female, 35 to 44, Spanish)

“I’ve only had online contact with my family; Messenger is my window through which I contact my family.” (Female, 25 to 34, Polish)

While this was evidently a lifeline for many, there was also for some a palpable sense of frustration and a sense that meaningful connection was lacking.

“I have not seen my family for over a year, we’ve only maintained contact online. The restrictions caused by the pandemic have been very frustrating.” (Female, 25 to 34, Polish)

On health and wellbeing

The diary entries contained reference to the way in which respondents were feeling - emotionally, mentally and physically. While many of the entries expressed how challenging individuals were finding, or had found, the pandemic, the entries also demonstrated that there was a great deal of resilience and adaptation among respondents. Some, for instance, wrote about the importance of staying positive and the people and activities that kept them buoyed:

“I’m not afraid of COVID-19 and I’m not thinking about it, because it has already become part of our daily lives throughout the world. I’ve got a more positive attitude to life because I’m alive. Life has been returning to normal; now you can travel and be in contact with nature.” (Male, 35 to 44, Polish)

“What makes life easier is contacting with family and friends via social media (WhatsApp and so on) and thinking positively as much as I can.” (Female, 25 to 35, Syrian)

Fearful

For many however, it was difficult to remain positive, and the pandemic had no doubt instilled fear and anxiety in a significant number of respondents.

“I’m always thinking about the pandemic. Health is the most important thing, and there’s always fear that I or my close ones may become ill.” (Female, 35 to 44, Polish)

For a number of people, this sense of fear was exacerbated or connected to the consumption of media reports about the virus:

“My anxiety level has reduced slightly, but I still feel uncomfortable going outside to overcrowded places. I don’t think too much about the pandemic. However, I start getting anxious when it’s coming up on news, especially hearing about the numbers.” (Female, 25 to 34, Polish)

“Thinking is not positive, because the media are always talking about new virus mutations and vaccines.” (Female, 35 to 44, Polish)

Mental health

Respondents named a number of ways in which the pandemic and associated restrictions had impacted their mental health and wellbeing. Respondents wrote variously about experiencing anxiety, depression, stress and panic.

“I was so stressed, and lost weight. I stayed at home all day because I was scared to meet people and get infected.” (Female, 25 to 34, Albanian)

“At the beginning of the pandemic, I did not care too much because I thought it would pass quickly, but the longer this pandemic lasts, the more I hope it will end. Every day I worry about my health and my family’s life. Despite the fact that I got vaccinated, I am afraid that it will not be enough. I get depressed and anxious. I’m afraid of what will happen tomorrow.” (Male, 35 to 44, Polish)

One person wrote about how the pandemic had exacerbated already existing mental health concerns:

“The time of the pandemic has been extremely difficult for me. I feel scared every time I or my close ones have any symptoms of a disease. For the last few years I’ve had an anxiety disorder and panic attacks and the pandemic has worsened my condition a lot. I feel depressed and anxious almost every day.” (Female, 35 to 44, Polish)

And another spoke about their ongoing fears about their mental health in relation to the pandemic:

“I don’t want another lockdown, it really worried me. It will affect my job and my mental health.” (Female, 35 to 44, Spanish)

Isolation

Some respondents wrote in more detail about the impact of staying apart from others and their perception that they were socially isolated. One person saw that this was having a significant psychological effect on themselves and those around them:

“I think so, directly or indirectly, the pandemic has affected our lives. On a professional level not much in my case because I work in the food industry, but on the personal side quite a bit because of the interaction with other people was scarce and in some cases none. Like all human the mind are [affected] by [the suppression of] human contact.” (Male, 35 to 44, Portuguese)

One respondent also spoke about their fears of returning to lockdown and the impact this would have on her. She – along with a number of other respondents – was given the opportunity to write a more detailed diary entry a couple of weeks after they first responded to the survey. This coincided with the uptick in news about the Omicron variant, which instilled new fear into her:

“A few months I did start to feel safer, but we now been told about the new and more dangerous one of Omicron. I am beginning to feel isolated again; too frightened to go out of the house.” (Female, 35 to 44, unknown)

Physical health

Fewer respondents spoke about the impact on their physical health. One person wrote that they had experienced delays in receiving treatment for a non-COVID-19 related ailment:

“Because of the pandemic, I’ve been waiting for my operation for 2 years and I’m scared that it may not be carried out. I’ve put my life plans on hold... If you’ve been waiting for an operation for 2 years, nothing is positive. When every time you hear that because of the pandemic, everything is being postponed. No one cares about your pain.” (Female, 25 to 34, Polish)

One person also reported that their health had been impacted because they were unable to “make an appointment to see the doctor” (Female, 45 to 54, Nigerian).

On work and finances

A number of those that were, or had been, in work wrote about the impact of COVID-19 on their employment. The issues described were not uniform; instead a breadth of experiences were contained within the diary responses. Three-quarters (23 out of 30) of Eastern European respondents indicated that they were in employment. This compares to almost 3 in 10 respondents in the broader migrant group (11 out of 37).

A small minority of those in work wrote about being able to work from home during the pandemic and were grateful that they were able to do so. But, for most respondents in work, they were employed in roles that were not able to be undertaken from home. This is in keeping with research that suggests EU citizens make up a significant proportion of ‘key workers’ in

sectors such as food manufacturing and distribution, wherein they are more likely to be working out of home and at increased risk of exposure to the virus (3).

Some people wrote about working long hours throughout the pandemic:

“During the pandemic, I’ve been working all the time. For the last year, I have also been working all the tie, but as a truck driver.” (Female, 35 to 44, Polish)

“I have been busy working nights in a care home.” (Female, 35 to 44, Roma)

Some spoke about facing financial challenges, with one respondent indicating that they were in insecure work that did not entitle them to sick pay:

“Both me and my daughter had COVID-19, and I had to stay at home for 2 weeks. As a single mother, it affected us financially.” (Female, 45 to 54, Romanian)

One person told us that they had found it difficult to find work since the pandemic:

“Life has been different, lots of time indoors, jobs [do] not happen. Had to find new work again and wear masks.” (Male, 25 to 34, Romanian)

While a respondent from outside of the EU shared the peaks and troughs of their recent employment experiences:

“Due to pandemic issue my husband and myself had lost our job and we suffered physically, mentally, financially and emotionally. Now I for job [and] the positive thing after COVID-19 I work from home which I never did before.” (Female, 45 to 54, Indian)

One person who was self-employed lamented the impact that the pandemic and the containment measures had had on their business, and cautioned against further restrictions:

“I think most people understood on first lockdown severity of pandemic, they trusted the government and specialists. But the biggest fear for everyday now isn’t COVID anymore. It’s the government changing rules and trying to go back to lockdowns. I feel unsafe not knowing if I will be allowed to run my business or do things I love.” (Male, 25 to 34, Polish)

Finally, on the financial impact of the pandemic, one respondent that indicated that they were seeking asylum spoke about their concerns around the escalating cost of living.

“Because of pandemic and lockdown (about 20 months), the price of food and many things have increased so I think about the cost of living and feeling sad about this problem.” (Male, 35 to 44, Iranian)

Alongside, the same respondent was fearful that the pandemic would have a detrimental impact on the jobs market, meaning they would struggle to find work in the future:

“I had some depression and anxiety during last year because I was more time at home and think about bad things and I thought all the time that maybe because of COVID-19 I can't find good job.” (Male, 35 to 44, Iranian)

Views on COVID-19 precautions and vaccination

In this chapter, we outline the ways in which respondents wrote about COVID-19 precautions (inclusive of general public health guidance and restrictions and rules legislated by government), as well as their views on the COVID-19 vaccination.

On COVID-19 precautions

In the diary entries, many respondents spoke about how they viewed – and how far they adhered to – COVID-19 public health precautions, guidance and legislated restrictions. Overall, just over a quarter of all respondents (n=15) wrote overtly about the precautions they were taking to protect themselves from the virus and to minimise the spread of COVID-19 to others. This included 12 respondents from the broader migrant group and 3 from Eastern European respondents. A key reason that respondents gave for following these precautions was to care for the health and safety of their family.

Individuals from the broader migrant group (that is, from non-EU countries and South West Europe) wrote often about their compliance with COVID-19 precautions. One of the most common themes among the 28 respondents in this group was of strict adherence to the public health guidance and COVID-related rules – with 12 respondents writing explicitly about this.

“I have been thinking about the concerns of COVID-19; I try to protect myself as much as possible and not put others at risk... What matters most to me now is [mine] and my younger brothers health. I have stayed home today. I feel very safe at home from the virus as I keep hygiene at top and no one from outside of household has visited the house.” (Male, 16 to 24, Kurdish)

“I get up at 8am, shower, eat breakfast, organise the things I’m going to bring and take the COVID-19 test before I go out. If its negative, I go out and report the result to the NHS.”
(Female, 16 to 24, unknown)

“Whenever I go on the bus, I use a face cover for my safety and in my work in a charity shop, I also use a face cover. At the end of the day when [I get] home, [I take] a bath and changed clothes to be safer and more calm with my family.” (Male, 45 to 54, Central American)

By contrast, just 3 people from the Eastern European respondents wrote specifically about following precautions. One of the 3, for instance, spoke about being very cautious out of fear of the virus:

“Everything had changed when lockdown was lifted finally. First was the mask and then now everyone is talking about the vaccine. I’ve heard that you can still get COVID even with the vaccine and that is a bit scary. Because of this, I find myself watching what I’m touching out in public and at times I’d rather do as much as possible from home so as not to be outside. I really don’t want to get it. It’s always on the news and they keep saying people are getting it.” (Male, 25 to 34, Romanian)

And similarly:

“Because of this virus, we don’t spend family time in public spaces except when going to school or to the stores, while wearing a mask to protect ourselves.” (Female, 25 to 34, Moldovan)

Caution should be taken in drawing conclusions from this difference between the number of Eastern European respondents writing about COVID-19 precautions as compared to people from the broader migrant group. It does not follow that all of the remaining respondents from Eastern Europe did not follow precautions, but only that they chose not to write about this in their diary entry.

A small number of respondents from Eastern Europe however did express a general ambivalence towards COVID-19 precautions, particularly in relation to barriers to international travel, which – as discussed earlier – was a common concern and source of frustration.

“I’m worried that I can’t fly to Poland freely. I’m afraid there might be another lockdown. I don’t like wearing a face mask at work.” (Female, 35 to 44, Polish)

Some thought that the rules were unclear and confusing:

“It has been very difficult to understand the rules of COVID. Now it is not so much difficult but before a lot of information and rules and difficult to understand because I want to travel but it was not possible.” (Female, 25 to 34, Polish)

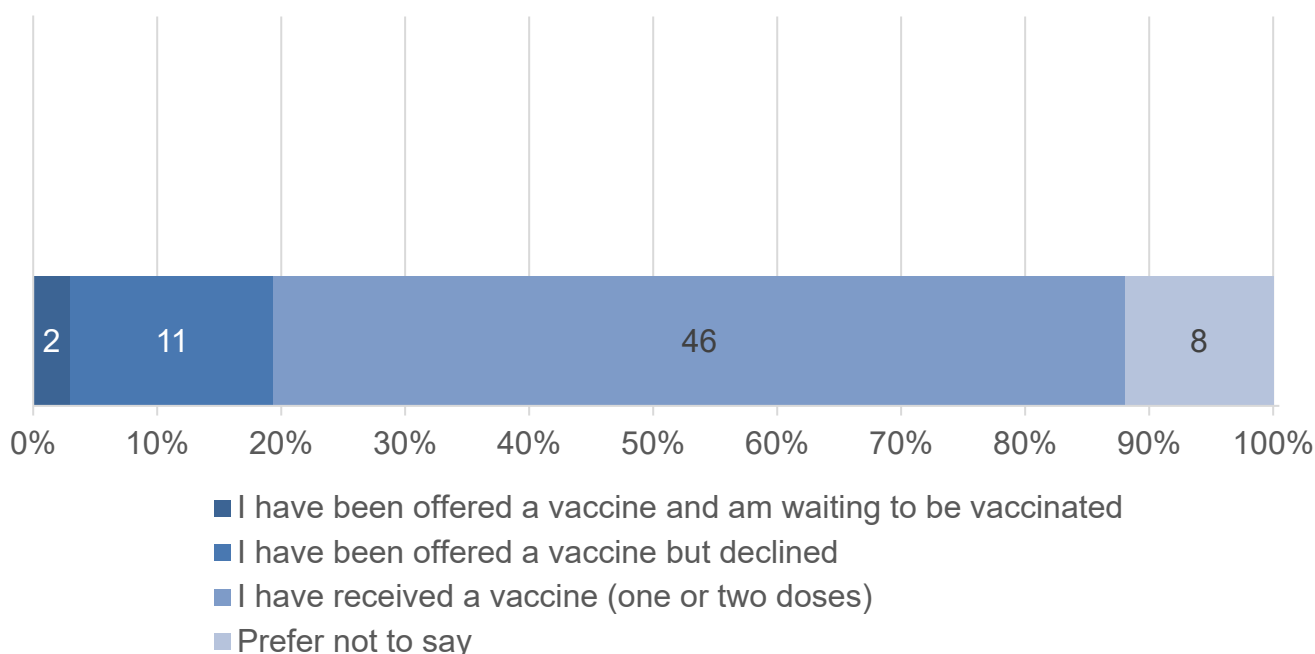
And a couple of respondents also shared the view that precautions and rules – particularly related to lockdown, travel and vaccination - were unnecessary and excessive:

“A very big problem for me is the inability to contact my family freely – I mean travelling from the UK to Poland and back. At the beginning of the pandemic, when nothing was known, of course I was worried about the danger. Now I think perhaps the virus really exists, but the actions taken by the governments are excessive and are intended to scare the population, particularly when we’re being forced to get vaccinated, and no one takes responsibility for the vaccine.” (Female, 25 to 34, Polish)

On vaccination

When asked about vaccination uptake, an overwhelming majority of respondents indicated that they had received one or 2 doses of the COVID-19 vaccination, with just over 7 in 10 respondents indicating that they had received the vaccine or were waiting for their vaccination.

Figure 2. The majority of respondents had been vaccinated



Vaccination uptake among respondents

A significant number of respondents emphasised through their diary entries that the COVID-19 vaccination was something that they viewed as positive. One woman that was breastfeeding, for

instance, wrote about the strength of confidence that she had in the vaccine to protect her and her child:

“When I got [vaccinated] I was feeding my baby, but there was no problem for me and my baby, and after vaccination I felt better than before, I’m safe now.” (Female, 35 to 44, Iranian)

And several others also saw that the vaccination programme offered a sense of hope that normality would once more return

“The program of vaccination make hopeful to have a little normal life [again].” (Male, 35 to 44, Kurdish)

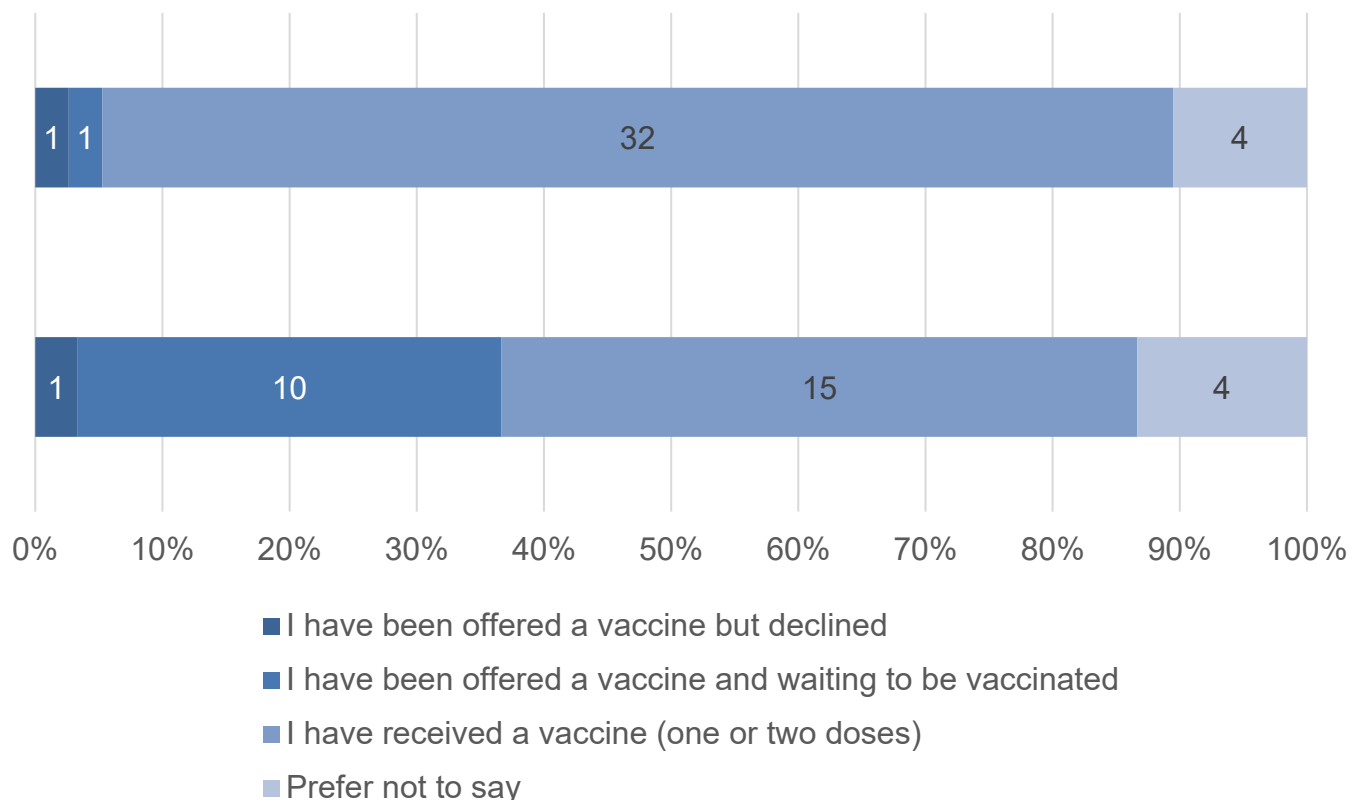
The high rate of vaccination and compliance with COVID-19 guidance appeared to have been reinforced through conversations with the community groups and organisations that respondents were engaging with (and who supported a number of people to complete the survey):

“Today in a group we talk about pandemic and also about vaccination role. Right now I feel good because now... the nation come out and people doing vaccine... When I do vaccination, I will be safe, not just at home, [but] everywhere.” (Female, 25 to 34, Afghani)

Our findings are in keeping with existing research into vaccine hesitancy which suggests that overall in the UK it is low, and that hesitancy is likely to have decreased over time as COVID-19 vaccinations have become widely available and large proportions of the population have taken up the offer of vaccination ([12](#)).

While the overall picture shows that migrant communities in Barnsley are overwhelmingly supportive of the vaccine and are themselves vaccinated, there was also evidence of vaccine hesitancy among a much smaller proportion of respondents. Our study showed that there was a difference in the rate of uptake of the vaccine among the Eastern European respondents as compared to the broader migrant group, with around a third of Eastern European respondents indicating that they were hesitant about receiving the vaccine.

Figure 3. Eastern European respondents are less likely to have been vaccinated (top row East Europeans respondents, bottom row border immigrants)



Vaccination uptake among Eastern European respondents and the broader migrant group

There is very little research into opinions of vaccinations among specific groups, and as mentioned, the reasons for not getting vaccinated among migrant groups as a whole are likely to be complex. However, it may be significant that vaccination rates among Eastern European countries, during the time of data collection, were significantly lower than they were in Western Europe, with the suggestion that this may be due, at least in part, to increased vaccine scepticism in Eastern European countries (13). This can be read alongside other research that has pointed to the ways in which contradictory information about COVID-19 and the vaccine, that is, received by those who have migrated from the UK authorities and from their home country, can contribute to greater uncertainty, confusion and ultimately hesitancy about the vaccine (14).

In the diary entries, some participants elaborated further as to the reasons why they refused the vaccine, and these were often multiple and overlapping. The main concern that respondents raised related to concerns about safety and the potential long-term effects of the vaccine (raised on 4 occasions), followed by a generalised hesitancy, anxiety or fear about the vaccine (raised on 3 occasions).

“I would like to wait few years for long term effects of vaccine on people.” (Male, 25 to 34, Polish)

“I do not do medical experiments on myself.” (Female, 55 to 64, Polish)

Two people cited freedom of choice and a moral opposition to being forced to take the vaccine:

“I am not afraid of vaccines, I just don’t think I need one considering I have been through. I feel strongly against vaccines when they are forced upon people by treating some unequally. I think it’s degrading us as human beings and bringing back times of segregation. For me and people I know this forcing is working against willingness to consider vaccines.” (Male, 25 to 34, Polish)

Indeed, one individual had been compelled to get vaccinated by her employer:

“For me I did not want to have the vaccination, but we were told yes to take it and my work said to take it to keep job because it is safe, so I have had one, but I wait before I go for the other one.” (Female, 25 to 34, Polish)

A further 2 people had not been vaccinated, at least in part, because of concerns around pregnancy or breastfeeding.

“I’m breastfeeding and I’m in no rush because I’m concerned about the effects on my milk and baby as well.” (Female, 35 to 44, Iranian)

“Pregnancy and also government trying to force people to do it. If they would not force it on every step I would do it, but I don’t want to do it because I feel pressed.” (Female, 25 to 34, Polish)

We also received responses that showed a preference for natural immunity or for herbal remedies to the virus. One individual, having already contracted COVID-19, did not think it was necessary to therefore have the vaccine:

“I had COVID already... I am young and healthy person and considering statistics there is littler to none chance for me to be seriously ill, especially considering I already been through it, and it wasn’t something unbearable.” (Male, 25 to 34, Polish)

And similarly, one person thought that viruses were simply a normal part of everyday life, and that measures to mitigate against them were excessive:

“It seems to me that vaccination will not change anything anyway, I got sick with COVID like most of the human population and it is completely normal we have been living with viruses for hundreds of years and there is nothing extraordinary about it, I also believe that more than vaccination, emphasis should be placed on a healthy lifestyle, nutrition, a lot of exercise, less stress...” (Male, 35 to 44, Polish)

One person that had declined the vaccine also shared details about their anxiety disorder – asked why they had refused the vaccine, they simply said that they were afraid.

Importantly, some of our findings showed how hesitancy did not always mean that individuals refused the vaccine and indicated that people’s views can change over time.

“At the beginning of the vaccination I had some fears about it, and I even wondered if I had to vaccinate. Because everything was rush time and even the scientific community did not give answers how long we are [protected] with vaccine, and the damage that can do at long-term.” (Male, 35 to 44, Portuguese)

Another had decided the perceived risks were worth it so that they could travel and visit their family:

“I was hesitant to take the vaccine. However, I’ve decided to get the vaccine to make it easier while travelling back to Poland to visit family.” (Female, 25 to 34, Polish)

As described earlier, there is little research that looks at the extent of vaccine hesitancy among migrant groups in the UK, although there is some evidence to suggest that low vaccine uptake was an issue among some migrant populations prior to the pandemic (Tankawanchi and colleagues, 2021). Ultimately, there are likely to be numerous factors that might contribute to low vaccine uptake among some migrant communities. Of note, existing research points to structural barriers as the most significant explanation for low vaccine uptake, rather than a lack of willingness among individuals. Specifically, barriers experienced by migrant communities in accessing healthcare – such as the hostile environment, language barriers and digital exclusion – present challenges that lead to low vaccine uptake (Tankawanchi and colleagues, 2021).

Given the small sample size of this study and the limitations inherent in conducting research in one location alone, we cannot overstate the significance of our findings in relation to vaccine hesitancy.

However, there are a number of things that might be learned or which merit further reflection from this research. For instance, the diary analysis appears to support the view that contradictory stories and misinformation cause confusion and can deter people from being confident to accept the vaccine. In particular, some respondents expressed concerns about:

- the efficacy or safety of the vaccine
- the proportionality of steps taken to address the virus and the interests of those setting COVID-19 rules and guidance
- the virulence of coronavirus, with a small number of respondents describing this as inflated by politicians and the media

Lockyer and others ([14](#)), in their study of COVID-19 misinformation and vaccine hesitancy note the effect that this ‘mass of contradictory stories’ has – they cause confusion, distress and mistrust – ‘especially when considered together in a cumulative fashion’.

It is probable that mistrust in the government and health authorities, as well as vaccine hesitancy, are likely to have been exacerbated by insufficiently inclusive communications about COVID-19. Without readily accessible information translated into community languages, some people will defer to public health advice from their countries of origin – and where this differs from the UK approach – the risk of misinformation increases ([15](#)).

Finally – and most promisingly – we have seen through this research that where efforts to disseminate accurate public health information have engaged with community groups on the ground, these have been hugely successful in building trust, presenting options to individuals and promoting vaccine uptake and enthusiastic adherence to COVID-19 guidance.

Main lessons

Analysis of survey findings and diary entries have painted a hugely interesting and rich picture of the lives of a number of Barnsley’s migrant population as experienced during the COVID-19 pandemic. The findings from this research point to a number of key lessons and take away points for further consideration and reflection which will be of interest to all those working to enhance the health and wellbeing of communities as we learn to live with COVID-19.

It is important to reiterate that this study reports on findings from a relatively small-scale survey and diary-study. The findings are therefore not likely to be directly generalisable to other contexts – or even to represent the totality of views among the migrant population in Barnsley. However, what they can do, is point to areas for further reflection and research, as well as highlight good practice in engaging with migrant communities. These lessons should therefore be seen as a starting point for discussion, from which further research and action plans may spring.

Building trust and confidence

Overwhelmingly, we heard from our respondents that they were vaccinated and continuing to follow COVID-19 guidance despite restrictions being eased significantly by the time this survey was completed in November 2021. Some of the diary entries, particularly from the broader

migrant group, point to the successful efforts of community groups to provide accurate information and resources for responding safely and effectively to COVID-19. Such groups and organisations appear to support individuals to make informed choices about their own and their families health; to use their trusted position to deliver effective public health messaging; and to build a sense of community and solidarity which displaces and reduces the sense of fear and anxiety that can lead to hesitancy and the spread of misinformation. This lends weight to the argument that working closely with groups and organisations that directly support communities is paramount for promoting universal public health.

Alongside this, it was also evident that among the Eastern European respondents in this study there was a higher tendency to express hesitancy and scepticism about COVID-19 and the vaccination.

Our analysis of these findings has outlined a number of reasons that may explain this hesitancy, including:

- safety concerns, particularly relating to the vaccine
- fear, anxiety and confusion caused by conflicting information
- mistrust in politicians and health authorities
- personal beliefs and lay knowledge about illness and viruses

A number of these findings are in keeping with previous studies which look at COVID-19 compliance and vaccine hesitancy. For instance, results from a qualitative study in Bradford that found that misinformation and fear contributed to and amplified vaccine hesitancy. The researchers in this study found that:

“The more confused, distressed and mistrusting the participants felt during COVID-19, the more likely they were to be hesitant about uptake of the COVID-19 vaccine.” (14)

The authors also suggest that people in places that were subject to significant and long-lasting restrictions (that is, that did not benefit from the easing of restrictions through the tier system), were more likely to feel a constant sense of anxiety and uncertainty – contributing to fear, mistrust and hesitancy. Researchers at IPPR have also identified trust in government and politicians as being associated with levels of compliance with public health measures (16).

Responding to and tackling misinformation and mistrust at the local level is therefore of the utmost importance. Harnessing the connections that communities have already, that is, through community groups, is one of the most effective ways of ensuring that trustworthy and accurate information is disseminated to migrant groups. In addition, a high proportion of respondents indicated that they were religious, and this could present an opportunity for the council to connect with migrant groups through established congregations that exist within the community.

The role of social media must also be considered. For those who have been excluded often from mainstream public health campaigns, social media is likely to be a valuable source of

information. While there are risks associated with social media and the spread of misinformation, its ubiquity means that there are also opportunities for engaging with people – in a personalised and culturally tailored way – to promote public health messaging ([17](#)). A recent study from Germany looking at vaccination uptake among migrant communities found that, as well as in-person outreach, social media may have a role to play in minimising any gap between vaccination rates among the migrant and general population. The researchers found that targeted and translated adverts for vaccinations had the potential to increase vaccine appointments significantly among major migrant populations in the country, by up to 14 percentage points ([18](#)).

Promoting the wellbeing of communities

More generally, our findings pointed to a number of ways in which people who have migrated, and who have made their home in Barnsley, could be supported to recover from the significant emotional, social and economic impacts of the last 2 years.

In our analysis of the diary entries we noted prevalent themes of people feeling disconnected from their loved ones and socially isolated, as well as feeling fearful and anxious about the pandemic. This would suggest that prioritising ways to support people to connect with others in their community, as well as ensuring that mental health and wellbeing activities are accessible to migrant communities, should be a high priority for those responding to the public health needs of the local community.

A recent IPPR report offers suggestions for how councils, working in partnership with community groups and communities themselves, can go about bringing people together following the pandemic. Given the findings in this research, particularly related to the experiences of social isolation and mental health described by many, a number of the recommendations are likely to be relevant to those working with and for migrant communities. In particular, we recommend that:

- councils should adopt principles of sanctuary that – among other things – ensure people who have migrated can access healthcare
- community champions should be utilised to ensure that public health messaging is accessible to migrant populations
- there should be a commitment to joined up working and a proactive approach to trust building between the public sector, third sector and local communities
- councils have a role to play in creating opportunities for diverse groups to come together to reconnect after the pandemic
- in order to build trust and a sense of ownership, public bodies should ensure that decisions made, and actions taken, are codeveloped and coproduced with communities ([19](#))

Financial security and decent work

Promoting the wellbeing of newly arrived communities also means looking at the economic impacts of the last 2 years, as well as new challenges related to the cost-of living crisis. Some respondents, directly or indirectly, also wrote about the increased cost of living and the associated financial anxiety that they were facing. For instance, a number of people seeking asylum completed the survey and indicated their concerns about the increasing cost of essential items. Asylum support payments, for instance, have recently increased by £1.22 per week, a figure that was reached using September 2021's 3.1% CPI rate. That rate now stands at over 5% and – as high-profile campaigns have recently shown – this rate is unlikely to be the true cost for many of those on the lowest incomes. Moreover, some Eastern European respondents wrote about the financial challenges they faced when they were unable to work, either through sickness or job loss.

Just as pandemic restrictions are relaxed, the accelerating cost of living crisis means that financial anxiety is likely to be an area of continued concern for many people. Public bodies should actively monitor and take steps to understand how this impacts their local migrant population, as well as taking measures to mitigate and resolve financial stress. This might include ensuring that welfare advice and local welfare assistance schemes are accessible to local migrant populations (including to people with 'no recourse to public funds'), as well as ensuring that migrant communities are explicitly considered in economic renewal plans.

Ensuring the economic wellbeing of Barnsley's communities will also necessitate an ongoing engagement with employers in those industries that employ migrants. Our survey indicated that, as per the existing literature, many people that migrate to Barnsley for work are employed in roles that mean they cannot work from home. An ongoing commitment to monitoring work conditions, particularly in the context of recent government announcements that will see the end of mandatory isolation and free testing kits, will be important for local authorities looking to see the continued health of their populations.

Connecting both financial security with workplace conditions, Barnsley MBC could look to build on the existing strong relationships they have with large employers in the area to promote and advocate for the principles of 'decent work', as set out in an IPPR North report ([20](#)). These include the right of workers to have a voice at work; the right to fair and decent pay; regular hours; fair treatment and respect; healthy workplace policies; and opportunities for learning and progression. It is important that all workers in Barnsley, inclusive of people who have migrated, have work that is safe and that offers security as we move through the pandemic. Building on the existing work in the borough, taking steps to implement these principles, and ensuring that actions are inclusive of migrant groups will be key to achieving these goals.

In summary, the impact of the pandemic on Barnsley's migrant communities – as with the borough's wider community – has been significant. The views and opinions that people shared

with us were diverse and varied and are indicative of the heterogeneity of the migrant community in Barnsley.

Nevertheless, key themes have stood out. People have been isolated from their family and friends, and - unable to travel home to visit their loved ones – many have felt frustrated and expressed feelings of grief and sadness. This, inevitably, is unlikely to be a finding unique to the individuals we spoke with, but may have been exacerbated in migrant communities where loved ones are dispersed across the globe.

People responding to our study expressed the impact this has had on their mental health and wellbeing, with many describing feeling anxious, fearful, stressed and depressed. At the same time, we also heard about the strength of feeling that many had for their new home, for their community and for their companions – and this urged many to do everything they could do keep themselves and others safe.

There is evidence of challenges related to ongoing vaccine hesitancy for a minority, particularly as some migrant groups may be more likely to come across contradictory and conflicting messaging about COVID-19 and the vaccine.

However, the steps that have already been taken – to work alongside trusted partners via community groups and community champions – ensures that the council are on the right path to addressing these.

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About

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About this paper

The purpose of this paper is to report on new research that contributes to knowledge about the impact of the COVID-19 pandemic on migrant communities and attitudes towards vaccination among migrant groups.

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