

## Introduction

Recent research has found that people from refugee and migrant communities have been disproportionately affected by the COVID-19 pandemic (Jalja et al., 2022). Several barriers, which were faced by these communities, have been identified, such as digital access, language, and others (Finlay et al., 2021). Refugee and migrant communities also had existing problems magnified by the pandemic and faced issues particular to their experience (Blundell et al., 2020). People from these communities experienced a decline of mental and physical health, and increased isolation, among other things (Christie & Baillet, 2020).

This project aimed to investigate the impact of the pandemic on refugee and migrant communities specifically in Southwark. Members of a diverse range of communities were consulted, as refugee and migrant communities in Southwark are made up of a vast array of different cultures and backgrounds. Conducting the research with these different communities provided a more detailed representation of the experience of refugee and migrant communities in Southwark.



## Methodology & Methods

A mixed methods approach was used for the research, as this could provide a rich insight into the experience of refugee and migrant communities during the COVID-19 pandemic (Cresswell, 2009). Both qualitative and quantitative data were collected to contribute to the analysis of the communities' experiences, accessed via both primary and secondary research.

Participants were recruited by snowball sampling (Parker et al., 2019). Community representatives were initially invited to take part in the research, and then recruited members of their communities to participate.

A combination of focus groups and small-group or one-to-one interviews as well as community events were used to gather information on communities' experience during the pandemic. The aim for the focus groups was to encourage participants to have conversations with fellow members of their community regarding their experience of the pandemic. Having several people together in one room would facilitate participants' recall of the past two years, with participants reminding or prompting each other to reflect on different aspects of their experience (Freitas et al., 1998). This provided important qualitative data, which was collated and analysed for it to be reported back to the local authority. During some focus groups, quantitative data was also collected, via short survey handouts.

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The responses provided some insight into the types of issues faced by the participants during the pandemic, for example, relating to their mental health or finances. Participants were able to tick on subjects on the handouts that were a problem for them, such as experiencing depression or an increase in the cost of living.

Small-group and individual interviews were conducted in situations where participants did not all have a common language between them. In some interviews, an interpreter was used and in others, participants and interviewers used translation software to better communicate. The interviews were semi-structured, to allow a natural flow of conversation, while aiming to cover particular subjects (Braun & Clarke, 2013).

Additionally, some previous research on the impact of the pandemic, particularly on Refugee Community Organisations, was consulted.

Ethical implications of this project were considered, as the experience of recalling the events of the pandemic could be distressing for the participants. It was decided that participants would be in the company of others from their community, around whom they would feel comfortable sharing their experiences, and with whom they would have had several experiences in common. Community leaders were present during the focus groups and interviews, to provide support for the participants if needed. Participants were also compensated for their participation in the project, as they were viewed and treated as experts on their own and others' experience during the last two years.

Thematic analysis was used to analyse the data collected, as it was a useful tool to observe patterns that occurred within the qualitative data (Braun & Clarke, 2006). Notes were taken during the focus groups and interviews, which were typed and analysed afterwards. Recurring themes were noted and used to summarise participants' responses.

## Results

Over 100 participants took part in the focus groups, interviews and community events. Survey responses were collected from between 10-18 people, depending on the subject matter. Survey responses were useful in gauging the attitudes of participants, but were not taken as exhaustive, as some participants were not able to complete surveys due to a language barrier. Several themes were identified relating to the participants' experience of the COVID-19 pandemic. The findings from the project are outlined under headings that refer to these themes: digital access; mental and physical health; living conditions; finances; government guidance; community and social isolation; staying safe; vaccination; community organisations.

### Digital Access

One recurring theme was the impact of digital service delivery and communication on participants. Several participants were not confident using technology and found this was a barrier to communicating with others as well as accessing services, such as healthcare, financial aid and others. Some digital services were not sufficient, such as language classes, which participants felt were more effective in-person.

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## Mental & Physical Health

Another theme identified was the pandemic's impact on participants' and their communities' mental health. Participants expressed that they experienced issues such as depression, anxiety, stress, and changes in their sleep patterns and appetite. 100% of participants, who completed a survey reported experiencing anxiety, with 92% experiencing depression, and 85% experiencing stress and change in energy and motivation. Several are still experiencing these. Stress and anxiety were linked to things such as the media coverage of the pandemic, which was distressing, as well as the helplessness of not being able to support family members or friends in the UK and abroad. Participants reported feeling waves of hope and then disappointment as restrictions changed. Many people were not able to attend hospital appointments, due to delays, as well as being fearful of the prospect of contracting COVID-19 in the hospital environment. When accessing healthcare appointments remotely, some participants found it difficult to adequately communicate their health concerns due to language confidence. Others viewed remote appointments as an advantage, due to the distance of their GP from their home.

## Living Conditions

Contributing to people's decline in mental and physical health were their living conditions. Many participants reported that the size of their home and lack of outdoor space was an issue during the pandemic. 85% of participants surveyed reported lack of outdoor space as a problem. People could not move their bodies or exercise and were overeating due to stress and sometimes boredom. 85% of those surveyed said they had difficulty exercising, with 77% reporting a change in weight. Sleep patterns were affected due to the lack of clear boundaries between day and night, work and home, etc., with 85% of respondents reporting problems with sleep. Having to isolate in a small space was a trigger for several participants, who had to relive traumatic experiences from their past. Some participants with disabilities were and still are living in housing that is not sufficiently accessible for their needs, and during the pandemic, adaptations that could have been made were delayed or not done at all.

## Finances

Concerns regarding finance and cost of living were apparent from participants' responses. The cost of living for many increased, as well as their income decreasing, with 100% of survey respondents reporting cost of living as a problem during the pandemic. One issue highlighted was the need to heat the home more during cold months while windows were open for ventilation to reduce transmission of COVID-19. For asylum seekers in particular, finances were a large concern, as some had children, who were not in school, and could not afford technology for them to access educational resources from home, as well as for leisure purposes when other avenues were not available.

## Government Guidance

Regarding the government guidance during the pandemic, several participants recalled it as being confusing and changing often. Participants reported that while most of the information publicised was in English, they were able to access information in their mother tongue via television channels, and community members and leaders.

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## Community & Social Isolation

People's religious and cultural participation were impacted during the pandemic. Several participants found it difficult being unable to attend religious services and celebrations. 100% of those, who completed a survey, said that their desire to maintain their religious practices made it difficult to follow the guidance, as religious gatherings and celebrations were previously a large part of their life and the basis of their social network. Grieving and bereavement were difficult and isolating for people, as they could not gather with their community for funerals or mourning. They could not be there for the loved ones of people who died during the pandemic, and this was very hard to deal with. With regards to their community, many people found it difficult to provide the support for others that they once could, as they were dealing with their own problems.

When it's passed, it's easy to talk. But at the time, if one man was affected you had to pass food like a dog or leave it outside. Cannot bathe the body, cannot officiate. Very difficult to remember.

## Staying Safe



Protecting themselves and others during the pandemic was difficult for some but doable for other participants, with most of those who were surveyed stating that they were able to stay safe. Some participants were able to isolate when they were ill, but others lived in small homes with families, and could not always isolate. Participants were very anxious about the virus and were cleaning and disinfecting themselves and items brought in from outside. PPE and tests were also hard to come by, or expensive. Some participants requested a demonstration of how to use a lateral flow device to test themselves for COVID-19.

## Vaccination

Another topic that was discussed was vaccination. There was a range of opinions, although many participants had been eager to receive the vaccine. Some parents were conflicted about vaccinating their children and had different views to each other. Others saw vaccinating their children as their best defence against the virus, due to the children's inability to protect themselves in other ways. Several participants acted as ambassadors for the vaccine in their communities, sharing their experiences of being vaccinated to encourage others to receive it. Many participants experienced side effects from the vaccine, but for many this wasn't enough to prevent them getting another. For those with precarious immigration status, it was difficult to tell if their decision to be vaccinated would impact their status. Some participants said that the vaccine letters and Home Office letters looked similar, which worried them. Some participants reported the concerns in their communities about the vaccine regarding religion, such as what the vaccine contained and whether it was allowed. Some also reported that disinformation was spread surrounding this, but others were reassured by community members and leaders that the vaccination was permitted.

I made a video about vaccination for my friends and Facebook groups.

### Community Organisations

Community organisations were also impacted hugely by the pandemic, in terms of the support they were able to provide, as well as their ability to continue operating at all. As with community members, staff and leaders of organisations and communities had decreased capacity to support others, due to their own struggles during this time, with 70% of those surveyed stating that service delivery was impacted. Staff felt that there was a lack of financial support from the government to help them deliver services, and they also experienced the digital barrier in working and being able to support service users not confident using technology.

## **Discussion**

A wide range of responses were collected from participants regarding their experiences of the COVID-19 pandemic. Many of the participants from refugee and migrant backgrounds struggled and are still struggling in many ways. Some aspects of these struggles are related to the pandemic, but others are more general and systemic within the UK context.

There were several barriers to accessing support during the pandemic, such as digital and language barriers. Both organisations and community members faced these. This highlights the need for education or support around this for organisations and communities, to empower them to participate more fully in society and access what they need to thrive.

Mental and physical health were profoundly impacted during the pandemic, and the participants consulted are still feeling the effects of this. Several participants were effectively retraumatized during the pandemic and did not have the social network or professional support to deal with this.

The results of this project correspond to existing research on the impact of the pandemic on refugee and migrant communities and provide a more local contextual outlook of the communities located in Southwark. Several issues have been highlighted by this project, which will be crucial for the local authority to note, in order to improve current and future provision for these communities in general, and in the event of a similar crisis.

It is evident that members of refugee and migrant communities are experts in the experiences of themselves and others in their communities and are a valuable resource to be consulted in the development and implementation of policies and services. It is important that these connections are maintained, so that members of these communities can be part of bigger change in their area of residence as well as in their own lives.

## **Conclusion**

This project aimed to investigate the impact of the pandemic on refugee and migrant communities in Southwark. Based on the analysis of focus groups and interviews conducted with a range of members of different migrant communities, it is clear that the pandemic has had a profound and persisting impact on them. These communities face similar struggles to others, but with additional compounding problems due to their immigration status,

A blue speech bubble with a white border and a tail pointing towards the bottom left. It contains the text: "Covid is not finished, but getting better, maybe."

Covid is not finished, but getting better, maybe.

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language, and social networks, and access to and confidence with technology, among others. Based on the experiences reported during the project, additional and tailored support is needed from the government and local authorities to safeguard and empower these communities.

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