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# RESEARCH AND CURRICULUM DEVELOPMENT IMPACT ANALYSIS

## EMPLOYMENT AND YOUNG MIGRANTS IN THE UK

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## INTRODUCTION

This report mainly aims to discuss the analysis of COVID-19 impact on young migrants and professionals working towards migrants in the UK. As a part of the YOUNGMIG project, the report elaborates on the ‘employment and the young migrants in the UK’ which addresses the following research questions:

- How are migrant populations impacted by the COVID-19 pandemic?
- To what extent COVID-19 pandemic affected migrants’ accessing public services?
- What are the key challenges that migrant populations face in accessing public services before and during the pandemic?
- What are the key challenges that young professionals working towards/engaging with migrant populations face in providing public services to migrant populations before and during the pandemic?
- How far does digitalisation process play a role in accessing and providing public services and how COVID-19 pandemic affect this process?

Through an investigation of these questions, the report dissects into the issues around young migrants within labour force in the UK, the impact of the COVID-19 pandemic on their sector, legal and employment statuses, the key challenges for migrants in accessing public services, the key challenges for professionals providing services to migrants, and the role of digitalisation in this process. The subsections of the report include the literature review, methodology, discussion of findings, and conclusion with recommendations.

## METHODOLOGY

### Rationale and Key Aims of the Project

This research project recognises the economic, social, and structural challenges that the world states are currently going through during the COVID-19 pandemic where many governments, including the UK, have introduced strict measures including national lockdowns to slow down the spread of the COVID-19 infections within their territories. These national measures included the closing of schools, businesses, companies, cancelling of public events, moreover, companies have cut down production and jobs because of shrinking demand and cash flow constraints. This research project claims that the existing vulnerabilities associated with people from the migrant population within host countries exacerbated during this global health crisis which needs to be addressed and analysed further. These challenges are not only related to the migrant populations but also the professionals and experts who are in interaction with migrants and who may not have adequate knowledge of the mother tongue or socio-cultural differences of the migrant groups. This situation may prevent people who are dealing with the migration sector and other related sectors in public services and NGOs from identifying the problems and needs of immigrants effectively.

The UK side of the research project addresses the concerns around young migrants in particular, who can be more disadvantaged in labour market and job losses. Young migrants who may not have adequate human resources can lack opportunities to improve their lives within the society. During the pandemic, we witnessed further challenges such as disrupted health services, job, and income losses interrupted access to school, and travel restrictions which impacted the well-being of young people who are already marked by insecurity will be affected even more seriously. Therefore, it is important to make sense of the hardships and vulnerabilities of young migrants during the pandemic, migrant perspective needs to be collected and reported with a research project like this. As a result, key stakeholders, public services, community organisations, and overall society, in general, shall be aware of the risks and hardships most non-citizens could face more in non-normal circumstances.

The UK side of the Project focuses on the topic ‘employment’ within which explores the case of young migrant workers, the challenges they face within the UK labour market during the pandemic, their access to public services,

the degree of their communication with professionals working towards migrants, creation of dialogue between these two groups through a design of a module on ‘employment and migrant workers in the UK’ to raise awareness and enable training to the key stakeholders in the UK. Thus, the impact analysis at this stage asks the key research questions (see introduction).

## **Data Collection Methods**

### **Literature Review**

The literature review is conducted on COVID-19 impact on the UK labour market, public services, migrant workers in the UK, key challenges that potentially prevent migrant workers from accessing the public services. The key topics that this section focused on are as follows: key definitions; migrants and UK labour market; COVID-19 impact on the UK labour market and sectors; migrants as ‘key workers’ during the COVID-19 pandemic; the impact of digitalisation on work and services in different sectors in the UK.

The key sources that are reviewed are migration studies literature for the definitions section; UK Government reports which are publicly available on government institution websites such as Department of Health; Home Office; UK Council for International Student Affairs; UK Government; literature on the labour market in the UK; most recent studies on COVID-19, its impact on UK labour market, on migrants and migrant workers; studies on digitalisation of public services.

### **Secondary Analysis and Official Statistics**

The secondary analysis looked into the data available on the Office for National Statistics which focused on the most recent data on COVID-19 impact on the labour market and migrant populations and other related issues. The researcher has not been involved in the data collection process (Bryman, 2012) when analysing the Official Documents on ONS or Labour Force Survey (LFS), however, the advantages of the secondary data enabled the researcher to access good quality data collected by experts in the field who uses rigorous sampling procedure which can be representative of the population; and to the analysis of quantitative data (Dale et al., 1988) and qualitative data (Corti et al., 1995). The sample usually includes a wide range of regions in the UK which is important for seeing the issue from a wider perspective.

### **Survey**

A self-completion questionnaire (Appendix 1) is designed and administered online without the presence of the researcher with the participant during the completion process. The questionnaire is designed using the JISC Online Surveys system embedded in the University of Lincoln (UoL) system available for the academic staff.

Before the distribution process, the research team discussed the key aims of the survey and decided on an approach that fits into the research questions of the project. Then, each partner designed their questionnaires focusing on their research topics, country-specific conditions/contexts and participants in their country. In line with this, a questionnaire has been designed which focuses on ‘employment and migrant workers in the UK’, that had three key parts, one on the brief information page on the survey aims and the research project and the researcher; two on demographic information of the participants; three on the specific questions on the topic (see Appendix 1). After receiving approval from the PI, the questionnaire went through an ethical approval process from the UK institution (UoL), through the ethics panel. After institutional ethical approval, the survey is distributed using the JISC system.

The selection of the participants for the survey has been non-random (quasi-experiment) (Creswell, 2014), which enabled the researcher to purposefully select the sample group for the research. As this research method did not follow a random selection process, the sample group does not represent the population. However, the convenience sample enabled the researcher to focus on some institutions, sectors, and groups of migrant workers. As a result, an

impact analysis could be carried out in general thus, the researcher could make sense of the COVID-19 impact on the migrant workers in the UK.

Online distribution methods are used such as emails, social media, word of mouth to distribute the survey link. As the project team, we also decided to carry out online data collection methods due to pandemic restrictions where we still have constraints in many countries which led researchers to change their data collection methodology. This method also has been advantageous, which allowed the researcher to analyse the impact of digitalisation on the participants and capabilities in the labour market and within the society. As mentioned above, convenience sampling is used and the researcher focused on the sectors that recruit high numbers of migrant workers, and the institutions which provide public services to migrant populations in the UK. The key sectors focused on are health, education, service sector. The survey link is distributed using the researcher's networks within Higher Education in the UK, NGOs, TUs, the platforms within the UoL institution, LinkedIn network and other research networks. Through the key gatekeepers, snowballing method is also used to recruit further participants.

In total, 72 responses are received to the survey, however, 26 respondents are excluded mainly because they exceeded the age bracket the research focuses on. The analysis section will elaborate on the demographics of the survey participants.

## Focus Groups

The qualitative data collection method enabled the research to elaborate on the key themes of the 'impact analysis' of the 'employment and migrant workers in the UK'. The focus group discussions allowed the researcher to analyse the research themes through individual as well as group perspectives.

The researcher acted as a moderator during the focus group meeting and directed the participants to the key themes by asking key questions in the crucial points where they are allowed to express their opinions and knowledge on each theme.

The participants are selected from the survey participants who answered question number 43 as 'yes' which invited them to the focus group discussion. The research aimed to have both young migrant workers and professionals in the discussion. It can be argued that smaller groups of 4-5 are more effective where the participants will have more chances to express their opinion about the topic. Thus, a maximum of 6 participants are aimed to be in the meeting and 8 participants are invited in case of non-participation based on unforeseen circumstances. The research included two focus group discussions, the first one had 4 participants, one professional (education) and three workers from migrant backgrounds (from education, healthcare, and NGO sectors); the second discussion included 2 participants (as other invited participants could not attend due to unforeseen circumstances) from migrant backgrounds (from education sector).

Microsoft Teams online platform is used for the focus group discussion which has been useful for the researcher to record and transcribe the discussion. The participants were asked to give their consent for the recording, then the recording commenced.

Thematic analysis is carried out using the key themes that the participants are probed to focus on during the discussion which is as follows; COVID-19 impact on migrant workers in the UK; participants' experiences on the challenges accessing public services; COVID-19 impact on their sectors and employment statuses; the role of the usage of digital tools in accessing public services and overcoming challenges or having barriers etc. The discussion section will elaborate on the focus group analysis and include some excerpts from the discussion.

## Limitations

The key limitations can be relevant to time, data collection, analysis process, sample age subgroup selection, and sampling bias.

Time has been a major limitation for the data collection process as this is a multi-partner research project, each



Partner Project Lead has to follow the time frame set by the Principle Investigator. This, in turn, created country-specific limitations, for instance, the UK Project Lead started distributing the survey link at the end of July 2021 which is the time when people usually take time off from work and are on holiday. It slowed down the data collection and caused a few follow-up emailing processes and an extension of the survey time. The researcher overcame this limitation by sending a couple of follow-up emails to the participants and extending the survey date further so that the participants could fill it after the summer holidays. To use the time more efficiently, the focus group discussions are conducted at the same time as the online survey data collection and literature review analysis.

The self-completion questionnaire is designed which included 43 questions in total (see Appendix 1), some of which were interlinked. The limitation is recognised to be related to the risk of ‘missing data’ with the absence of the researcher with the participant when completion of the survey. Some questions might have been left unanswered purely because the participant does not know the answer. There may also be a terminological confusion on the definitions, and the way in which the participant defines his/her/their status legally, which in turn may affect his/her/their response. In this survey, respondents answered the majority or all questions.

There is also sampling bias which might be the limitation as the sampling procedure has not followed the randomised selection of participants. In this research, a convenient sample is used (Creswell, 2014) and the participants for the survey are purposefully selected which means the sample does not represent the population. This limitation occurred as a result of the time frame and the nature of the research analysis that this data will be used, which is an ‘impact analysis’. This limitation is overcome through the inclusion of other analysis methods, which are secondary data analysis that includes large national data which represents the population, and focus group discussions that enabled the researcher an in-depth analysis of the issues raised in the other methods.

Another limitation that is encountered has been the age group of the participants which created some confusion among the Group B participants who are professionals working towards migrants. In the research project methodology, all partners decided on the sample group aged 18-40 from migrants and professionals. This is due to the key objective of this research which aims to analyse the impact of the pandemic on ‘young’ migrants and professionals. This age limit set a limitation for this research topic of ‘employment’ which officially includes the young individuals aged 16+ in the UK, thus, the researcher could not include migrant workers aged 16 and 17. Another limitation is linked to the age of professionals, which has been a challenge for professionals in some public sectors, such as education, which has led the researcher to problematise the age bracket for professionals, where the maximum age could have been higher than 40. As a result, 26 respondents are excluded from the data analysis for this project.

One of the limitations of the analysis process has been relevant to the secondary data analysis. The reports of the ONS and LFS on the topic offered useful data for this project, however, some challenges have been concerning varying approaches to the definition and terminology used for migrants and migrant workers which is discussed in the definition section in the literature review. This limitation is recognised and a discussion section is included detailing these approaches. The researcher turned this limitation into an advantage where the key terminology used in the datasets is problematised and the possible confusion they may create when the statistics go into the mainstream media.

## LITERATURE REVIEW

### COVID-19 Impact on UK Labour Market and Sectors

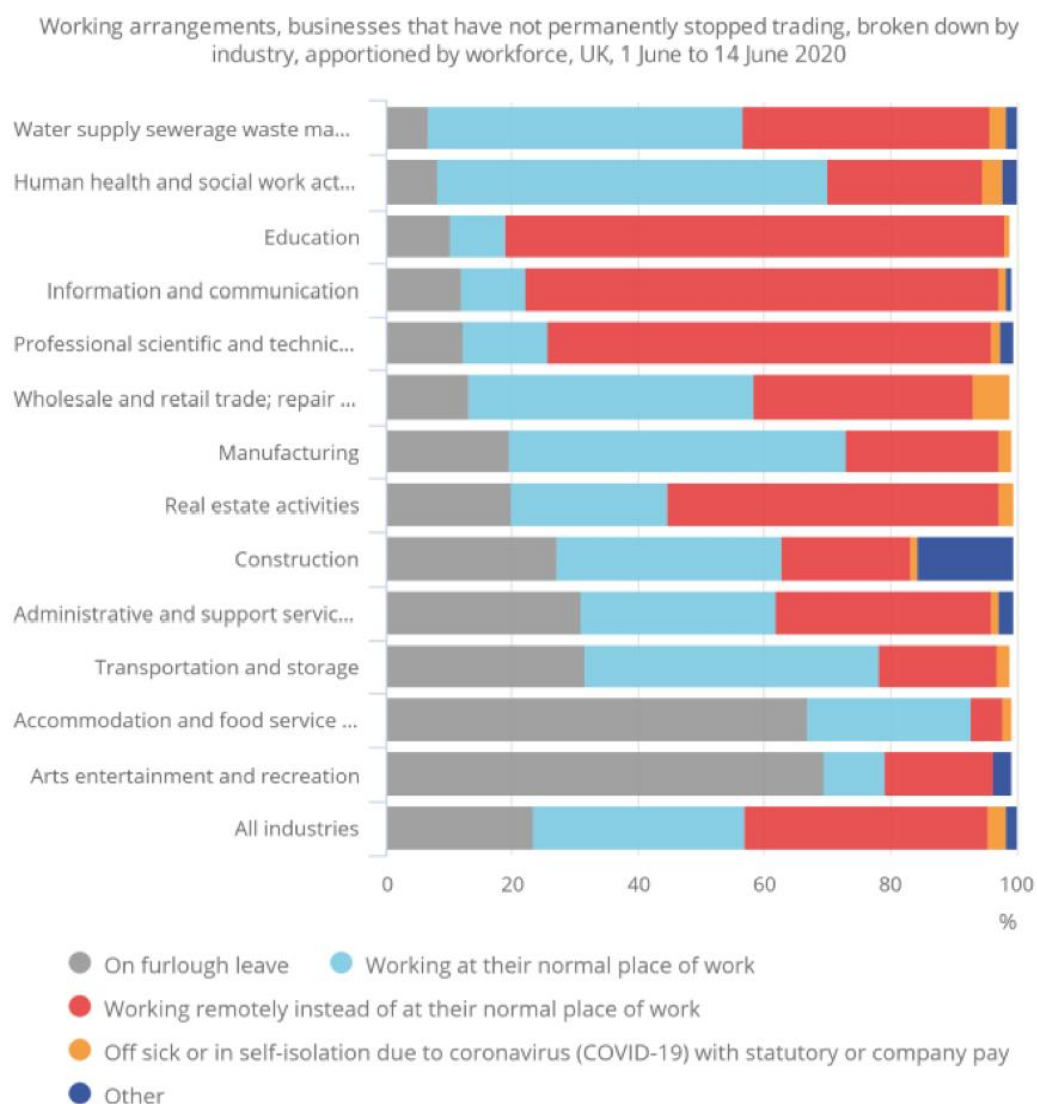
The key sectors that are impacted negatively by the COVID-19 pandemic in the UK are the arts, entertainment and recreation, accommodation and food service activities, and the construction sectors (ONS, 2020c). The sectors that their businesses are unchanged during the pandemic are the human health and social work activities, and the information and communication sectors (ibid). Overall, 65% of businesses reported a decrease in turnover during the lockdowns (ibid). The sectors that are the most affected directly by national lockdowns are hospitality, non-food and non-pharmaceutical retail, restaurants and hotels, passenger transport, accommodation and food, childcare,



personal care except funeral related activities, arts and leisure except artistic creation, and domestic services (Joyce and Xu, 2020).

The UK government's Coronavirus Job Retention Scheme (CJRS) introduced a furlough scheme that was practised across industries. The table below illustrates that some industries had to take advantage of this scheme more than others depending on the COVID-19 impact on their workforce.

**Table 1:** Working arrangements, businesses that have not permanently stopped trading during the pandemic



Source: Office for National Statistics – Business Impact of Coronavirus (COVID-19) Survey

Notes:

According to the table above, the workers in arts, entertainment and recreation; and accommodation and food services have the highest proportion of the furloughed workforce (70% and 67% respectively) (ONS, 2020c). Education; and information and communication sectors have the largest proportion of the workers who are homeworking (79% and 75% respectively (ibid). The businesses that made the most applications to CJRS are the accommodation and food service sector (96%) and the construction sector (90%) (ibid). This data can tell us how far migrant workers are impacted by the pandemic in these sectors considering the percentage of the employment of the migrants in the most affected sectors and whether they are high-skilled or low-skilled workers.

In 2020, more than half of the working-age adults (52%) stated that the pandemic had a grave impact on their work (ONS, 2020d). The top issues were 'being furloughed; a decrease in hours worked and being worried about

health and safety at work’ (ibid). Workers under the age of 25 were hit the hardest by the lockdowns as young workers usually are employed in the sectors mentioned above, they are usually on temporary or zero-hours contracts and within lower paid salary bracket (Joyce and Xu, 2020).

Self-employment also has been hit hard by the pandemic as nearly three quarters report less work than usual (Blundell and Muchin, 2020), and further national lockdowns severely affected businesses further. The UK government offered businesses ‘safety net measures’ such as the Coronavirus Self-employment Income Support Scheme during the lockdowns, however, 40 percent of those who applied to this scheme were not sure whether they were eligible (ibid). Moreover, some workers in this sector hit hardest than others such as the ones in lower-income, older, and solo self-employed workers are affected the most (ibid).

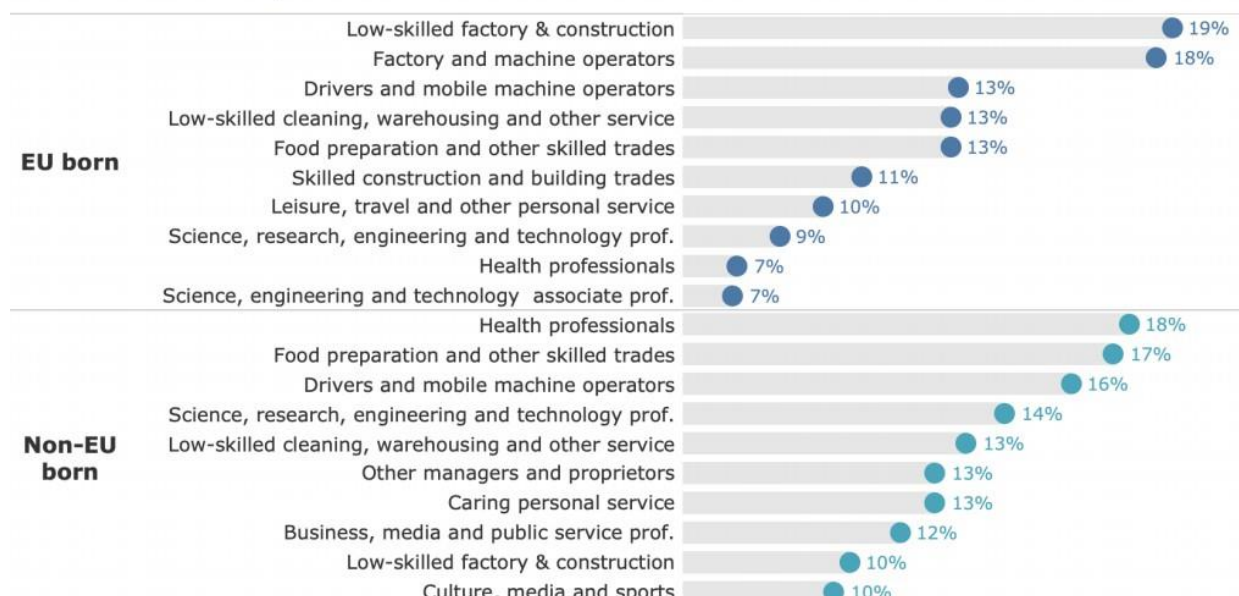
The pandemic affected the nature of employment and the concept of ‘homeworking’ has become more prevalent. ‘Homeworking’ refers to ‘someone doing some work from home’ (the Labour Market Survey) (ONS, 2020). In April 2020, 46,6% of people in employment did some homeworking, 86,0% did so due to the pandemic (ONS, 2020b). If we compare this data with pre-pandemic times, 8,7 million people which is less than 30% of the workforce worked from home in 12 months period of 2019 (ONS, 2020a). People in occupations requiring higher qualification, skill, and experience (managers, directors, senior officials, professional occupations, scientific and technical activities, financial services, information and communication, and so on) are more likely to have the opportunity for home working than the ones who are employed in industrial sectors, low-skilled jobs and other jobs in the industrial sectors such as transportation and storage, hospitality sector, food services and wholesale, retail and repair (ONS, 2020a, and 2020b). The nature of the occupation in some sectors makes it difficult for homeworking, for instance, in 2019 only around 10% of people report ever working from home in transportation, storage, accommodation, foodservice sectors (ONS 2020a). This reflected on the people on the furlough scheme during the pandemic. It is important to stress out the fact that young workers aged 30 and under are much less likely to work from home than older workers which are reflected on the data both pre-pandemic and during the pandemic times (ONS, 2020a and 2020b).

## COVID-19 Impact on Migrant Populations in the UK

COVID-19 pandemic highly likely impacts migrant groups worse as they are overrepresented in the sectors that incorporate key work, are affected by national lockdown measures, have limited home-working options (Fernandes-Reinos and McNeil, 2020). The table below illustrates the key sectors where migrant workers in the UK predominantly work which reflects an overview of their abilities for home-working during the pandemic.

**Table 2:** Top 10 occupations with the highest share of foreign-born workers

Top 10 occupations with highest share of EU-born and non-EU born workers,  
2019  
Age 16 to 64



Source: Migration Observatory analysis of the Annual Population Survey 2019

Note: based on current occupation using two-digit occupational coding. Occupation names have been adapted to facilitate understanding.



There is an overrepresentation of migrant workers in some sectors in the UK such as the hospitality sector (30%), transport and storage (28%), information, communication and IT (24%), and health and social work (20%) (Fernandez-Reino and Rienzo, 2021).

According to a study, some sectors, such as food preparation and service and personal care and service are more prone to job losses during the pandemic (Adams-Prassl et al. 2020). Hospitality and non-food or pharmaceutical retail sectors are affected gravely by the shutdowns (Joyce and Xu, 2020) where migrant workers represent 28% of the accommodation and food sectors and 17% retail sector (Fernandes-Reinos and McNeil, 2020).

There are variations on data about homeworking among ethnic minorities as before pandemic, people from Pakistani and Bangladeshi ethnicities were least likely to work from home as a large proportion of people from these ethnic backgrounds in the wholesale, retail and repair, transport and storage, and hospitality sectors (ONS, 2020a). However, the data collected during the pandemic suggests that both white and ethnic minority groups had broadly the same proportions of doing some work from home (ONS, 2020b). When considering the overrepresentation of the ethnic minorities in some sectors such as healthcare, retail, wholesale, food, and agriculture sectors, the smaller proportion of people from ethnic minorities would have the opportunity to work from home during the pandemic.

The Labour Force Survey (LFS) data suggests that migrants are more likely affected by the COVID-19 pandemic because they are more likely to be self-employed, low-income workers, older workers, in temporary work, and working in the industries impacted by the crisis such as accommodation and food production putting them at particular risk of losing their jobs or prevent them accessing government support (IPPR, 2020; Adams-Prassl et al. 2020; Blunder and Machin, 2020). Migrant workers already face particular restrictions on accessing welfare and public services as a result of their immigration status, any additional risks as a result of the COVID-19 pandemic can have grave implications for their standard of living (ibid). Migrant workers are also less likely to be unionised which is also an important indicator for them not being aware of their working rights.

According to the Migration Exchange COVID-19 impact analysis in the UK, four key risks associated with people within the UK's immigration system; 'of contracting COVID-19; of having worse clinical outcomes following COVID-19 infection; of facing indirect health impacts due to the pandemic; and of facing more severe socio-economic consequences as a result of the pandemic' (Burns et al., 2020). The types of the migrant cohort that have been facing the risks mentioned above are asylum seekers residing in overcrowded and poorly managed detention centres; people within the immigration system who are categorised as 'key worker' roles and Tier 2 workers (also EU citizens) working in health care and food manufacturing; migrant workers working in informal sectors; people without legal immigration status; people who are subject to trafficking and modern slavery; domestic workers; and people on family visas are more likely face hardships as a result of the pandemic (ibid).

Migrants' legal status is one of the key determinants for accessing public services like healthcare, therefore, immigrants with precarious statuses face challenges in accessing these services during the pandemic, in particular, during the lockdowns. The Migration Exchange report suggests that people without immigration status are pushed into poverty as they are not eligible for or legal right to work, thus could not benefit from the furlough schemes (ibid). Moreover, the irregular migrants could not access the community networks or charity organisations due to their limited or no work during the national lockdowns.

Older people are more susceptible to the disease and vulnerable in terms of health implications. In this research, one of the demographic characteristics that we focus on is ethnicity and race which is relevant to our study to see the impact of the pandemic on migrant populations from different ethnic or racial backgrounds in the UK. According to Runnymede Trust (Haque, 2020) and the Race Equality Foundation (2021), people from BAME groups are disproportionately represented in lower socioeconomic deciles who are prone to the pandemic with special health needs. In this context, it is important to emphasise the intersectionality between the racial identity of the migrants and socioeconomic inequalities, discrimination, experiences and access to health care (Burns et al. 2020).

Other factors that may impact the COVID-19 risks on people from migrant groups are as follows; language capability, health literacy, accommodation type, number of people in the household, number of generations living in a household, agency of members of a household, agency of members of a household, occupational exposure, travel and geographic location (ibid). The pandemic times have been challenging in terms of lack of availability of key guidance from Public Health England in languages other than English which has been delayed, and as a result, non-governmental organisations filled the gap to provide this service such as Doctors of the World (2020). The pandemic restrictions added an extra layer of challenge for people who speak other languages in accessing language support classes which had already had a 60 percent cut in funding (Metro, 2019).

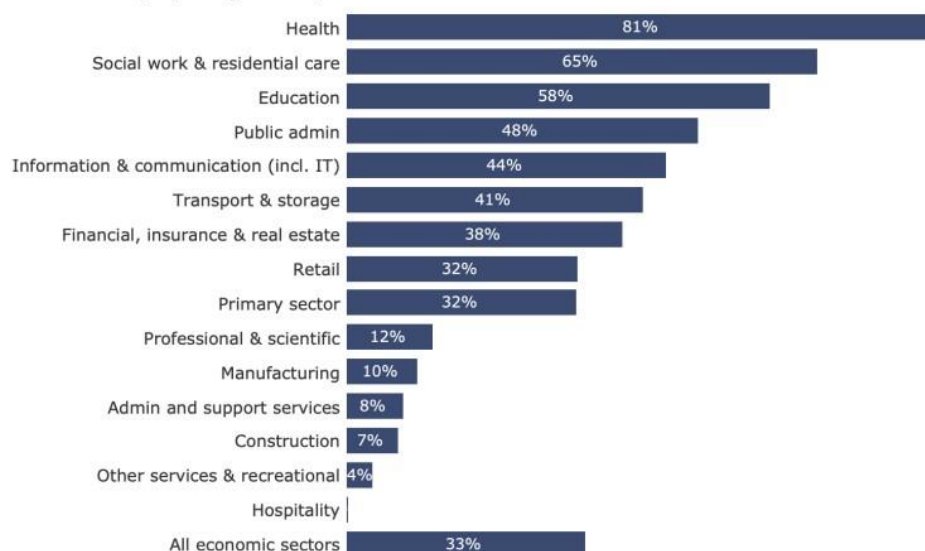
## **Migrants as Key Workers During the COVID-19 Pandemic**

The concept of 'key worker' has become prominent in literature during the COVID-19 pandemic. In many countries, the terms 'key' or essential' workers are defined as workers central to maintaining basic economic and health infrastructure during the pandemic (Fernandes-Reinos and Kierans, 2020). The list of industries that incorporate workers who are identified as key workers are health and social care (doctors, nurses, midwives, social workers, home carers, paramedics), education and childcare (pre-school and teaching staff who remain active during the pandemic), public safety and national security (civilians and officers in the police, fire and rescue services, prison and other national security roles), transport (air, water, road, and rail transport), utilities and communication (oil, gas, electricity and water), essential financial services, food and other necessary goods (food production, processing, distribution and sale), food retail, other key public services (e.g. national crime agency) (Department of Health, 2020).

According to the ONS, 33% of the workers of the UK workforce are classified as key workers. The table below shows the breakdown of the share of key workers in sectors.

**Table 3:** The share of 'key workers' in each economic sector in the UK

**What is the share of key workers in each economic sector?**  
Employees and self-employed aged 16+, 2019



Source: Migration Observatory analysis of the Labour Force Survey 2019 (average of 4 quarters)  
Note: key workers identified following ONS interpretation of UK government guidelines.

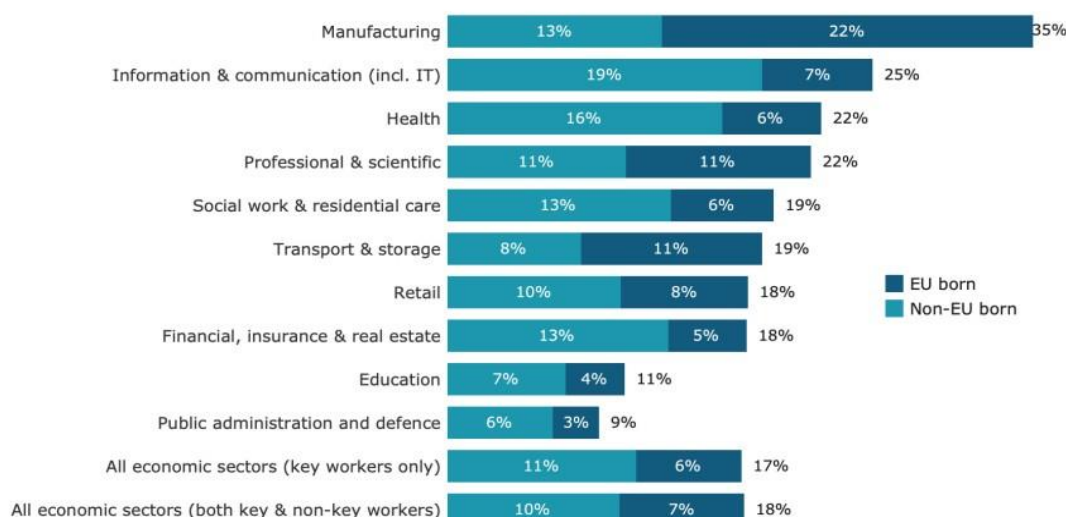


As it can be observed in the figure the health sector, social and residential care and education have the highest share and include workforce that is considered as 'key' or 'essential' workers during the COVID-19 pandemic.

Migrant workers share 17% of the key workforce which is the same figure as their representation in the total UK workforce (Fernandes-Reinos and Kierans, 2020).

**Table 4:** the share of migrants among key workers in each industry

**What is the share of migrants among key workers in each industry?**  
Employees and self-employed aged 16+, 2019



Source: Migration Observatory analysis of the Labour Force Survey 2019 (average of 4 quarters)  
Note: key workers identified following ONS interpretation of UK government guidelines. Numbers may not sum to total due to rounding.



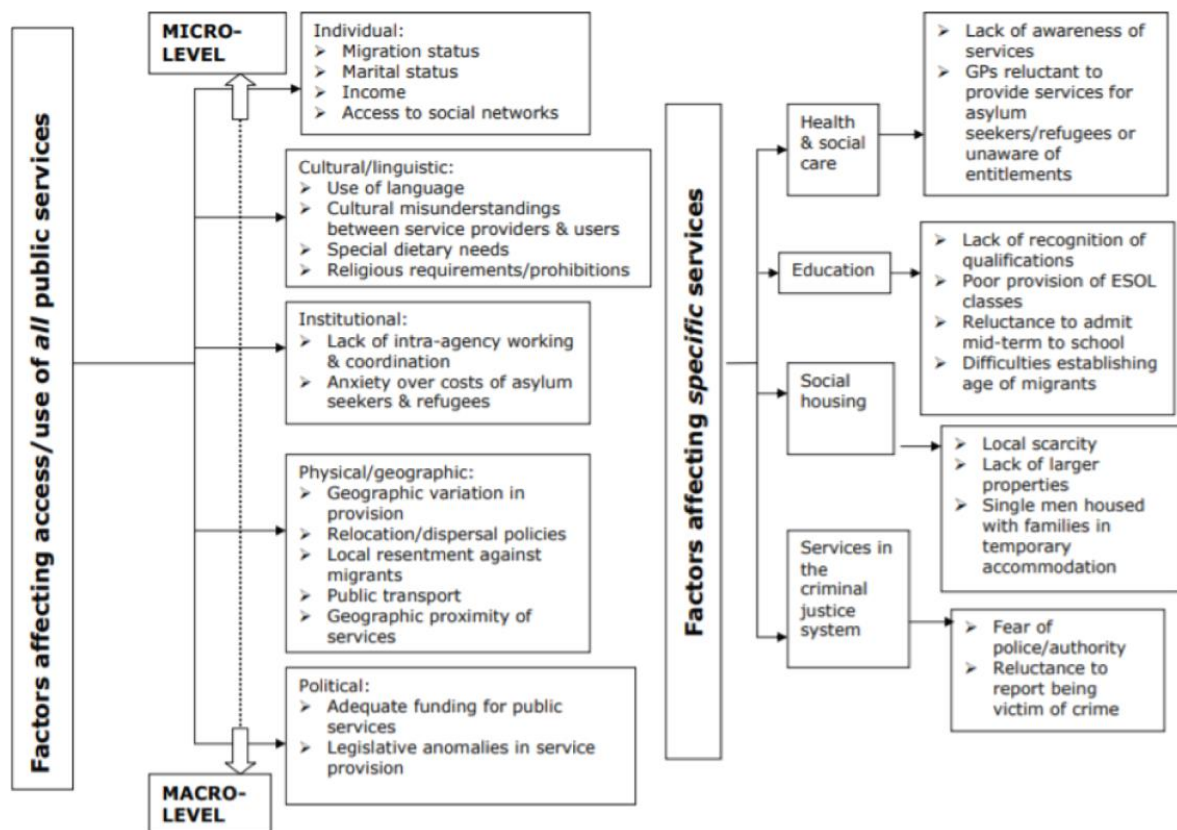


According to a report, non-UK-born workers in the health sector are overrepresented, such as health professionals (23%), nurses and midwives (19%), and care jobs (16%) (Sumption and Kierans, 2020). We need to stress out that this data uses the criterion of ‘country of birth’ for the statistics, thus, these figures would most probably increase when we include the migrants with UK nationality who work in this sector.

## Migrants’ Accessing Public Services

The literature suggests that migrants’ accessing services in the UK is understudied in literature (Arai, 2005; Mosca, 2019) and many studies focus on health (Brandenberger et al., 2019; Suphanchaimat et al., 2015). The diagram below illustrates the macro and micro level impediments for migrants accessing services:

**Diagram 1: Factors affecting service access/use**



**Source:** Arai, L. (2005). *Migrants and public services in the UK: a review of the recent literature*. Centre on Migration, Policy, and Society (COMPAS), p.17.

A more recent study suggests that the central factors that pose impediments for migrants accessing health services are arguably ‘a lack of common definitions and understanding around migration dynamics; lack of adequate data systems to support an evidence-based dynamics; difficulties influencing laws; restrictions and discriminations affecting health; financial constraints and conflicting priorities’ (Mosca, 2019).

A key denominator for migrants’ accessing public services is their legal status which determines their entitlements to some services including labour market, housing, education, and health. A study suggests five key factors that impact migrants’ accessing public services which are as follows; ‘complex and poorly understood rules’, ‘procedural delays’, ‘a shortage of places for training, education and housing’, ‘negative effect of ‘no recourse to public funds (NRPF) rule’, and ‘training and education regulations as impediments to entry into the job market’ (UKRI, 2013). Studies suggest that NRPF impacts on recent migrant families’ and foreign-born parents’ children (Children’s Society, 2020; Vizard et. al, 2018) who are at a higher risk of (Hughes & Kenway, 2016) and experience poverty/destitution

as a result of restrictive immigration policies in the UK to migrants accessing to mainstream benefits and vital support and services, (Crawley, 2009; Dexter et. al, 2016; Dickson, 2019; Jolly, 2018; Price & Spencer, 2015; Sigona & Hughes, 2012; Woolley, 2019). Children on irregular status (estimated 120,000) are in a more precarious position as a result of minimum or no access to public services (Sigona and Hughes, 2012),

Equality and Human Rights Report (2018) highlights barriers for asylum seekers to accessing healthcare at policy and practice levels. The practical barriers are identified to be ‘lack of money; limited support for people struggling to communicate because of language barriers; and a general lack of information about rights, entitlements, and the healthcare system itself. People also reported that healthcare providers, including non-clinical staff, lacked knowledge and understanding which resulted in them being wrongly denied healthcare, discriminatory attitudes’ (ibid). The ‘upfront charging’ introduced in NHS in 2017 for migrants seeking treatment further created a ‘hostile environment’ for migrants (ibid).

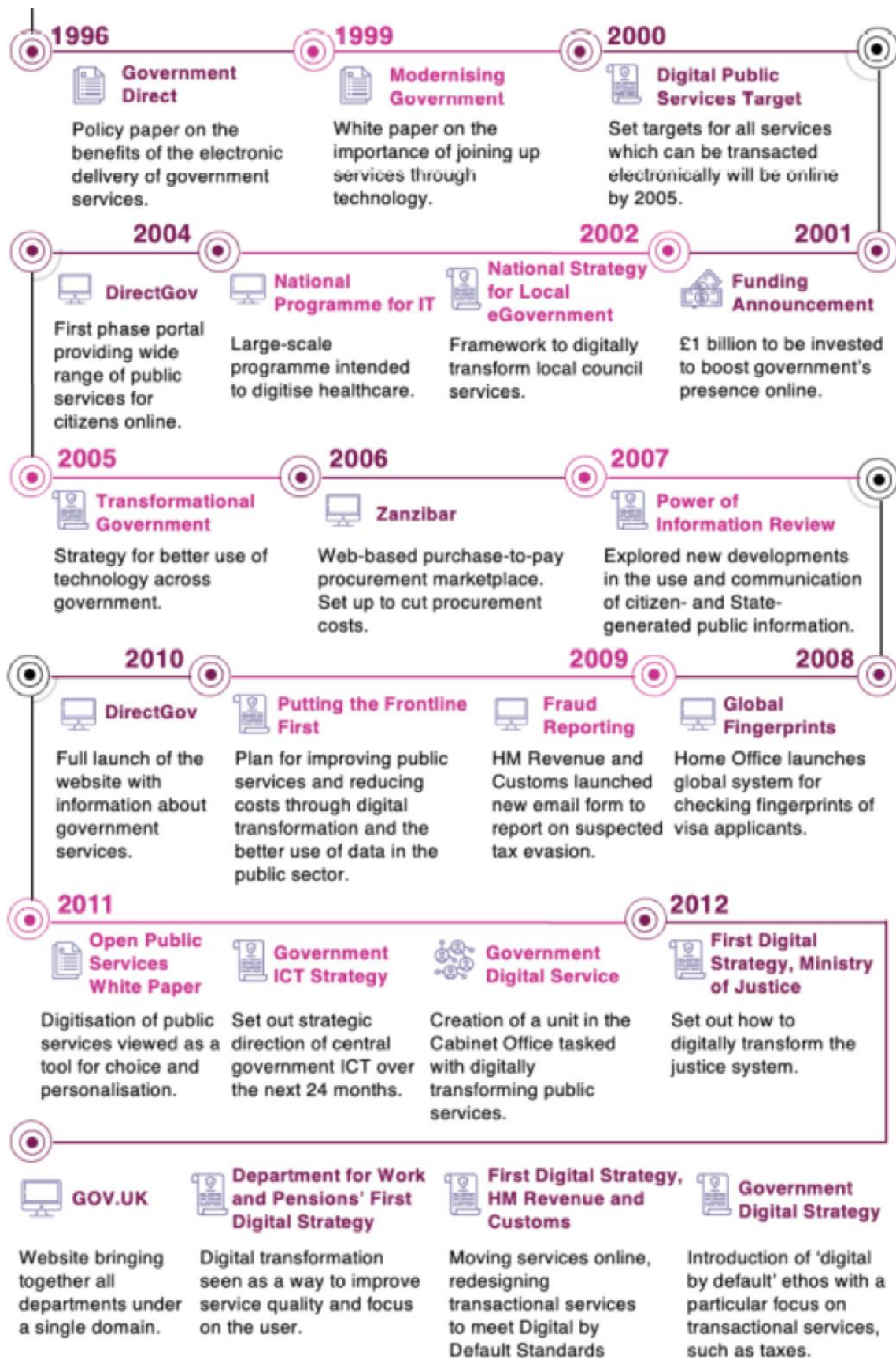
## **The impact of digitalisation on work and services in different sectors in the UK**

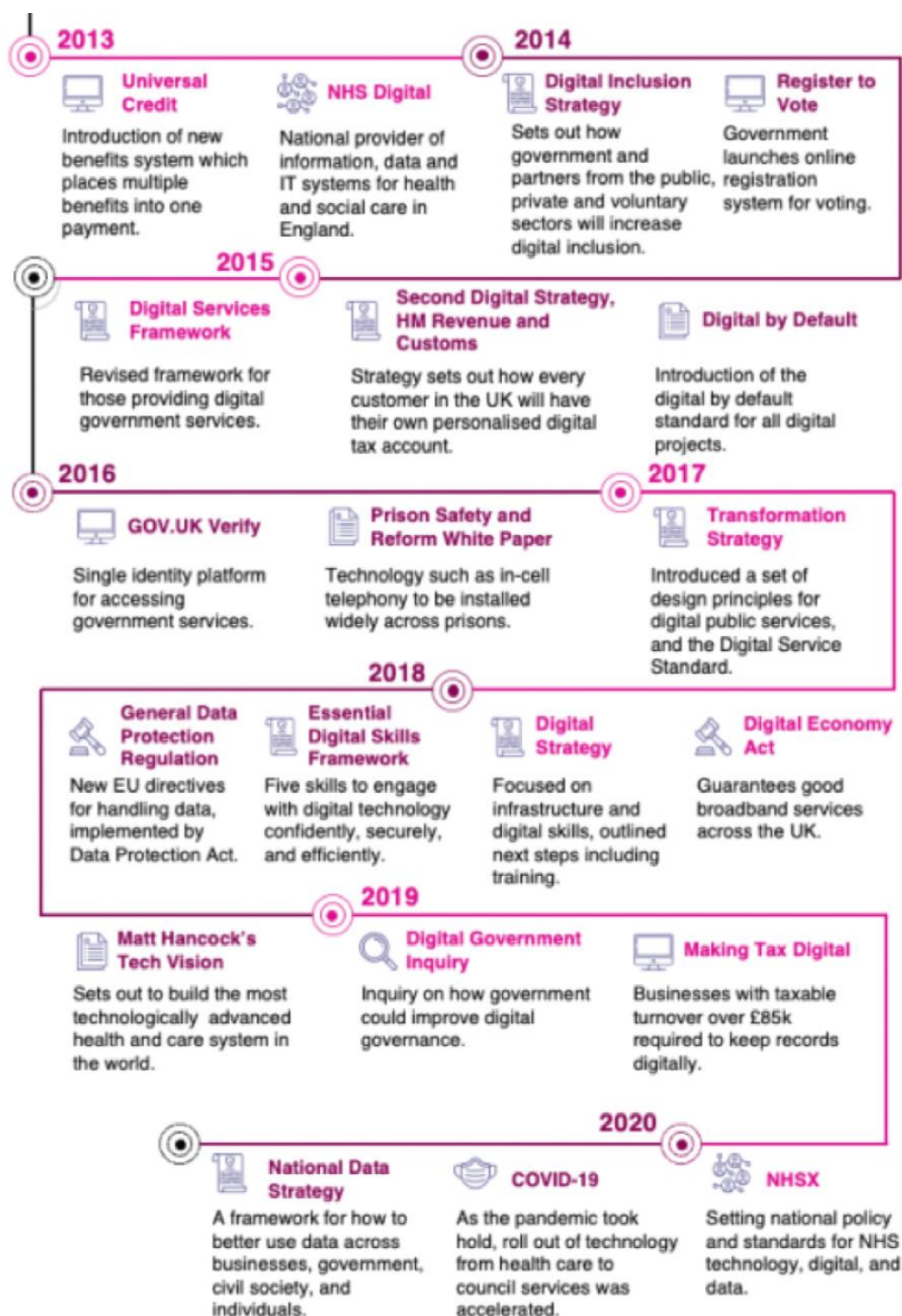
Digital technology undeniably has had an unprecedented impact on work across industries in especially last few decades. The COVID-19 pandemic brought the significance of technology as an enabler of homeworking in many industries worldwide. Digitalisation has entered almost all aspects of our lives where we use new terminology to describe digitalisation process embedded in our social and work lives, such as ‘homeworking’, ‘distance learning’, ‘remote access’, ‘webinar’, ‘microlearning, or segmented learning’, ‘digital access’, ‘digital literacy’, digital platform’, ‘vodcast’, ‘podcast’ and so on. Digitalisation process has impacted all individuals in the UK from different segments of society.

Four elements are central to digitalisation process that impact work, ‘accessibility, usage, skills, and impact’. The diagram below illustrates the successive governments’ attempts to influence citizens’ ways of interacting with public services with the better use of digital technologies (Fetzer and Harwich, 2021).



**Diagram 2:** Twenty-five years of the public sector of digital transformation.

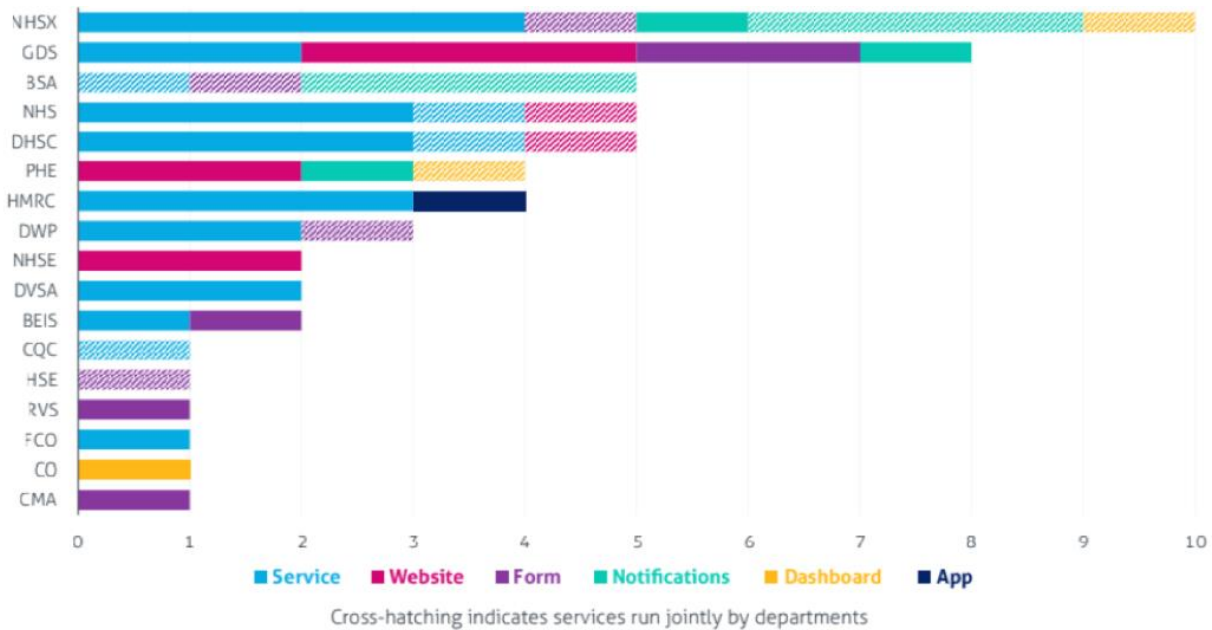




**Source:** Reform Research. The timeline presented is intended to show key policy developments over the last 25 years. It is not meant to be an exhaustive list.

A study suggests that the digital government agenda lost its momentum (HTCSC, 2019) before the pandemic (Fetzer and Harwich, 2021). COVID-19 pandemic gave renewed impetus to digitalisation of public services as providing a catalyst change (Tang, 2020; Freeguard et al. 2020; OPS, 2021) which is crucial for the government approach to digital public services. The table below (Freeguard et al. 2020) also illustrates the digitalisation of public services in the UK during the pandemic:

**Table 5:** New digital services built as part of the government's coronavirus response



Source: List of new digital services provided to the Institute for Government by the Government Digital Service.  
Key: NHSX = NHS digital innovation unit; GDS = Government Digital Service; BSA = NHS Business Services Authority; NHS = National Health Service; DHSC = Department of Health & Social Care; PHE = Public Health England; HMRC = Her Majesty's Revenue & Customs; DWP = Department for Work & Pensions; NHSE = NHS England; DVSA = Driver & Vehicle Standards Agency; BEIS = Department for Business, Energy & Industrial Strategy; CQC = Care Quality Commission; HSE = Health & Safety Executive; RVS = Royal Voluntary Service; FCO = Foreign & Commonwealth Office; CO = Cabinet Office; CMA = Competition & Markets Authority.

As discussed in the previous sections, digitalisation is felt in some sectors more than the others, where remote working/homeworking has been a common practice in some sectors such as information and communication; health, and education. A study emphasises the issue of the digital divide during the COVID-19 pandemic where some people in the UK are digitally excluded from accessing public services due to lack of access to the required infrastructure and/or devices, lack of skills, or lack of motivation to use technology (UK Parliament, 2020). Key factors that cause digital exclusion are age (those 65+ have less access and skills to digital platforms), disability (the disabled use digital platform less), region, socioeconomic status (ibid), and immigration status (Independent, 2021). Migrants from Asylum Seeker and Refugee statuses are more prone to digital exclusion, especially during the pandemic as they are on limited funds, not being able to work or work on a low wage and live in unstable accommodation (ACH, 2021). Moreover, ESOL classes turned online during the pandemic where the digital divide further pushed these migrants into a disadvantageous position where refugee NGOs have filled the gap to support vulnerable migrants.



## DISCUSSION OF THE FINDINGS

### Survey Data Analysis

#### Demographics

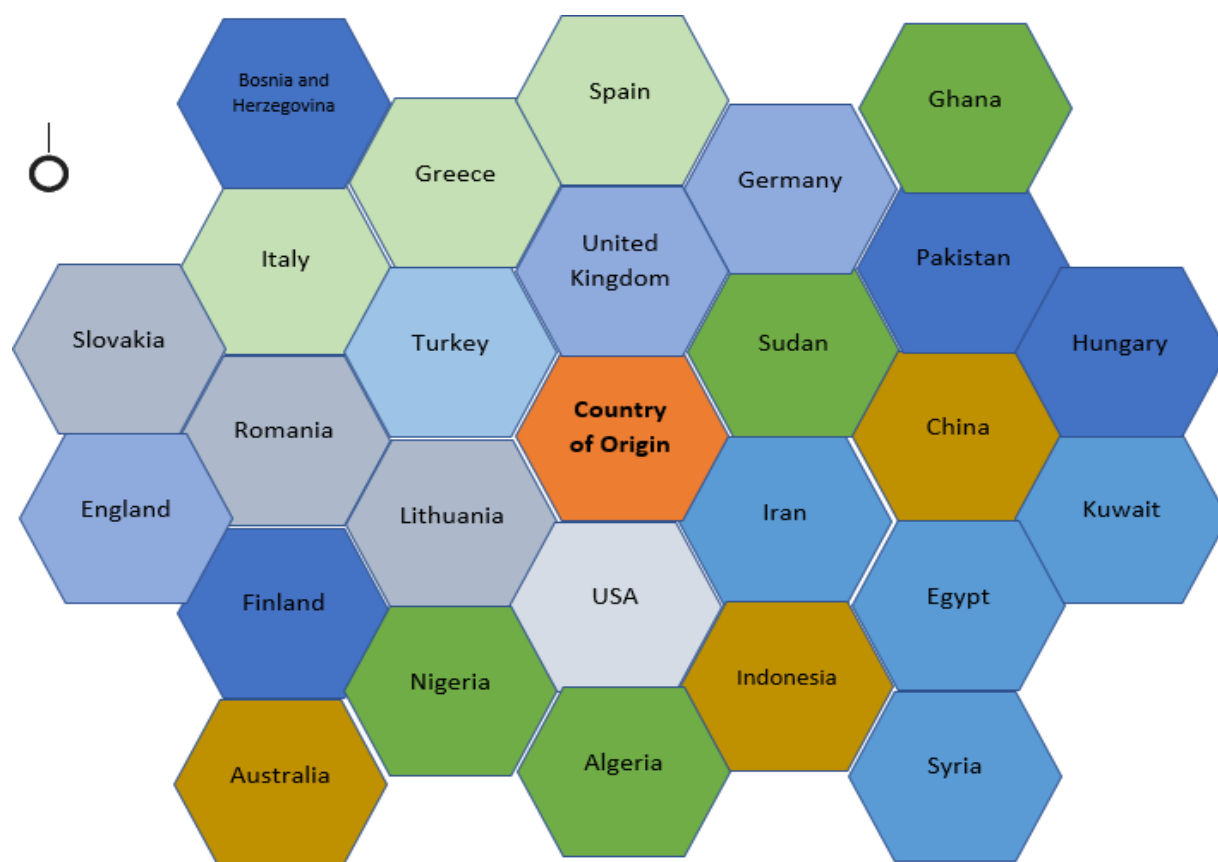
The participants in this study are grouped as **Group A** (workers from migrant backgrounds) and **Group B** (professionals working towards migrants who provide public services to migrants).

The key demographical variables that the survey focused on are as follows; age (18-40), gender, education, job/profession, income bracket, marital status, country of origin, ethnicity, mother tongue, city of residence, legal status, employment status, employment sector.

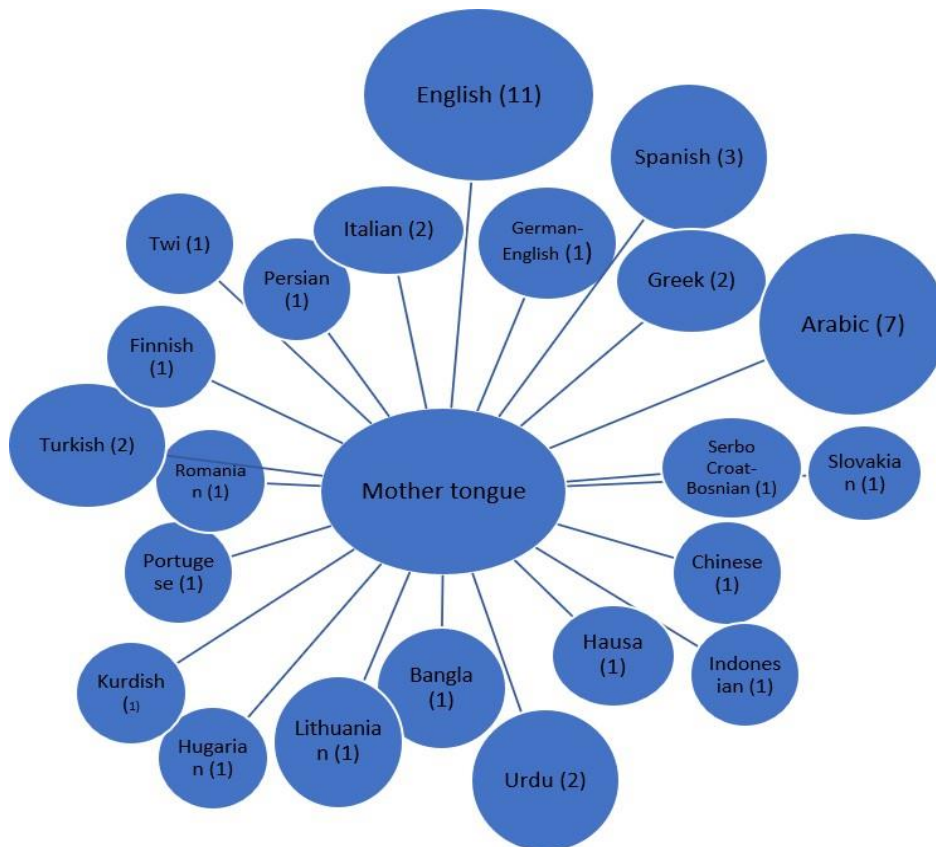
Overall, the report incorporated data from 46 participants who responded to the survey, of those 31 (69.9%) are classified themselves as group A and 14 (31.1) classified themselves within group B, 1 participant did not categorise himself/herself/themselves with any category. Overall, 30 respondents are female and 16 are male. 26 participants who did not match the age criterion are excluded from the analysis.

The diagrams below show three variables, country of origin, ethnicity, and mother tongue which are interlinked. As Vertovec (2007) suggests, it can be argued that we are living in a superdiverse Britain which is also evident from the data for impact analysis of labour market. Diagram 3 shows the country of origin of the participants which suggests the complexity of migrant sub-groups.

**Diagram 3:** Survey Participants' Countries of Origin.



**Diagram 4: Survey Participants' Mother Tongue**



**Diagram 5: Survey Participants' Ethnicity**

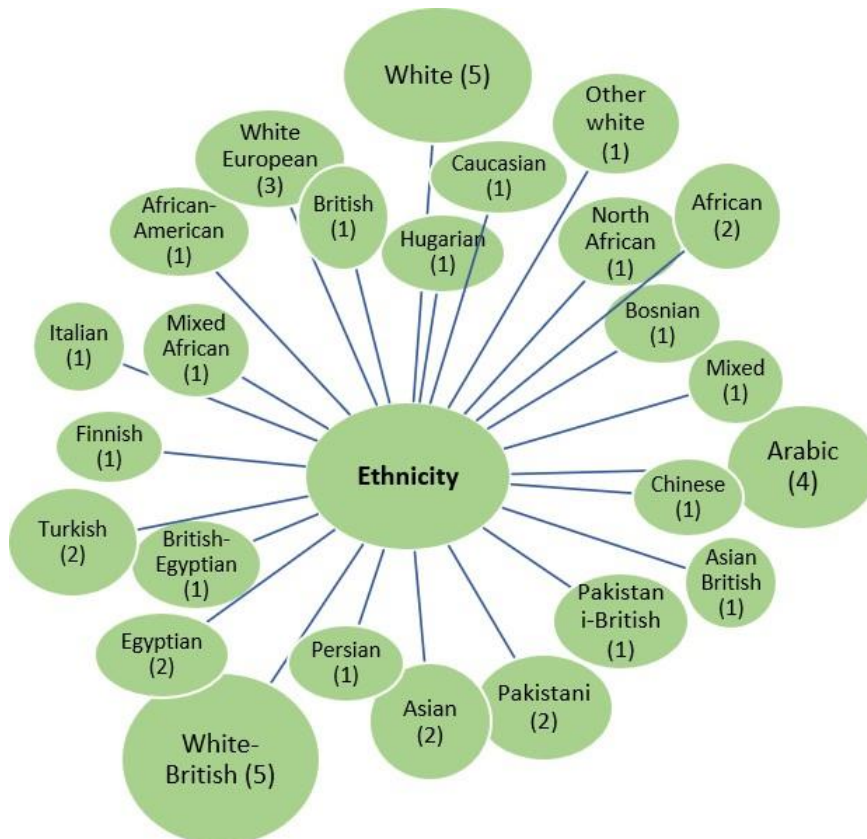


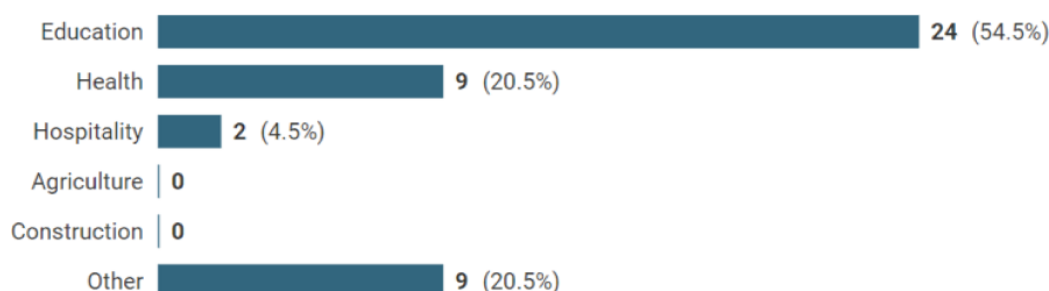
Diagram 4 illustrates that the majority of respondents' mother tongue is other than English. None of the participants had difficulty in completing the online survey, which suggests their level of English is good that may mean that they are bi-lingual or multilingual. Diagram 5 shows that some respondents describe their ethnicity with hyphenated description which incorporates the country of origin and legal membership to the host country. The participants who have been long-term residents/citizens in Britain use hyphenated identity to describe their ethnicity and mother tongue which has also been brought during the focus group discussions. The data also suggests the ethnic categories set by British standards are followed by the participants, for instance, respondents from the European region define their ethnicity as 'White European'. Although the majority of respondents from Group B identified themselves as 'White-British', they have also diverse ethnic backgrounds. The data in these diagrams are valuable for making sense of the ways in which participants define their 'identities', 'sense of belonging', 'legal membership', and 'integration' in Britain.

The participants are from various educational backgrounds, occupations, and income groups. As the ratio of respondents from higher education and health care, the level of education of most participants is higher than undergraduate level. The respondents are from various income categories; 30.4% medium, 30.4% Medium-high, 15.2% Low-medium, 13% Low and 10.9% no income. The majority of the participants from Group B are from medium and medium-high income levels.

## COVID-19 Impact on Sectors in the UK

The participants are from various sectors which are indicated in the table below. The majority of respondents are from education and health sectors, 2 respondents from hospitality, and the participants are categorised as 'other' work at architecture, cinema/game/tv, commercial art sectors.

**Table 6:** Sectors where survey respondents are employed.



65.1% of respondents suggest that the COVID-19 pandemic has a negative impact on their sector in terms of job losses; 18.6% respondents neither agree nor disagree; 16.3% respondents did not think the negative impact on their sector and 2 participants didn't answer this question. Similarly, the majority of respondents disagreed with the statements of 'COVID-19 pandemic did not change anything in my sector' and 'COVID-19 pandemic had a positive impact on their sectors'.

## Trust in Government and Institution during COVID-19 pandemic

The participants are asked about their trust in the UK government in terms of taking appropriate measures to protect jobs in their sectors. Overall, 31.8% of respondents agreed that the appropriate measures are taken, whereas 40.9% disagreed, the remaining 27.3% neither agreed nor disagreed. When we analysed this question based on sectoral variation, the majority of respondents from education did not think that the government took appropriate measures, whereas there was a slightly positive view on government measures among the ones from the health sector.

Similarly, the participants are asked if their institution acted to support them during the pandemic, and the majority agreed and strongly agreed which is overall 48.8%. 18.6% of respondents did not think their institution/ employer supported them, and 32.6% remained neutral to this question. The answers had a similar ratio on the sec-

tors where participants were employed in.

The survey data suggest that the majority of respondents from both groups feel that their institution values their work which is 60%, 13.3% disagreed and 26.7% remained neutral to this question. Similarly, the majority of respondents feel that their institution/employer appreciates their work which is 57.1%, and the proportion of responses across the participant groups are similar.

## Rights of (Migrant) Workers

The survey explored the workers' rights and asked 3 questions concerning employees' rights in their workplaces. 79.1% of respondents stated that they have rights that safeguard their health and safety at work, compared to 4.7% who disagreed. The table below shows that the proportion of workers from migrant backgrounds who were neutral to the question indicated is significantly higher than the professionals. It also indicates that all 4.35% of respondents who do not think they have rights at work are from Group A.

**Table 7:** How far respondents feel that they have rights that safeguard their health and safety at work

I have rights that safeguard my health and safety at work	Which category best describes your status in the context of this research:		No answer	Totals
	An employee/worker from a migrant background (students fall into this category) (group A)	A professional working towards migrants (group B)		
Strongly agree	6.52%	8.70%	0.00%	15.22%
Agree	41.30%	15.22%	2.17%	58.70%
Neither agree nor disagree	10.87%	4.35%	0.00%	15.22%
Disagree	4.35%	0.00%	0.00%	4.35%
Strongly disagree	0.00%	0.00%	0.00%	0.00%
No answer	4.35%	2.17%	0.00%	6.52%
Totals	67.39%	30.43%	2.17%	100.00%

The percentage of the respondents from Group A who are neutral and disagree with the statement 'my institution/ employer fully informed me about my rights' is significantly higher than the professionals (Group B). Having said that the majority of respondents from both groups agree and strongly agree that they are informed of their rights. However, the data suggests that 19.1% of respondents say that they are not aware of their employment rights, 33.3% remain neutral to this question and 47.6% disagree which is reflected from the answers given in question 33 which may be related to the uncertainties as a result of the impact of COVID-19 pandemic and Brexit in the UK. The excerpts from the participants below show the views on the impact of the COVID-19 pandemic on employment and rights:

*'Brexit and Covid have and will lead to the erosion of workers rights.'* (SP-1, education)

*'The expectation of working overtime, weekends and during holidays has increased despite our contract hours/ duties not changing.'* (SP-5, education)

*'Formal employment rights are very flexible and light touch in UK. Nothing prevented my employer from significantly restructuring workload and related expectations, and without any meaningful consultation. Even Unions seem to have very little power on these dynamics.'* (SP-6, education)

*'Despite cases rising at the beginning of the academic year, we were forced to face to face teaching. Lots of colleagues were very concerned but didn't hear us or give us the opportunity to speak.'* (SP-9, education)



*'High reliance on compliance from the employer to make sure all boxes are ticked.'* (SP-10, education)

*'During the pandemic health and safety was taken very seriously in my workplace. The policy was updated several times etc. The Unions were supportive as well. I feel I have got to know my rights better during this time.'* (SP-11, education)

*'My institution has been taking advantage of precarious teaching staff for a long time before the pandemic. However, these conditions were exacerbated during the pandemic.'* (SP-17, education)

*'Mental health awareness has increased over the course of the pandemic in my sector, but there are no long-lasting provisions for support with this.'* (SP-20, health)

*'I am aware that I have been very fortunate to be able to work from home during the pandemic. There is now a push for people to return to the office and some feel uncomfortable with that. There seems to be a bit of confusion around what is expected and mixed feelings about steps to return to the office.'* (SP-22, education)

*'There has not been any significant change in these procedures as employees hope for the luck of job continuity to being furloughed.'* (SP-34, education)

*'The pandemic offered a very confusing time. Therefore, I was waiting around to hear what my company was going to do in terms of staff pay and how furlough was going to work. Before this, I was always informed and confident about company procedures.'* (SP-44, retail)

*'Gotten a bit better.'* (SP-26, education)

*'It makes me double check what my rights are at work.'* (SP-31, education)

The responses suggest the mixture of knowledge and feelings on employment rights which emphasise these key themes: the confusion on implementation of new measures; increase of working hours; increase in the precariousness of employment status for some; coercion of the transformed work patterns; more awareness of rights; less knowledge of rights; and uncertainties.

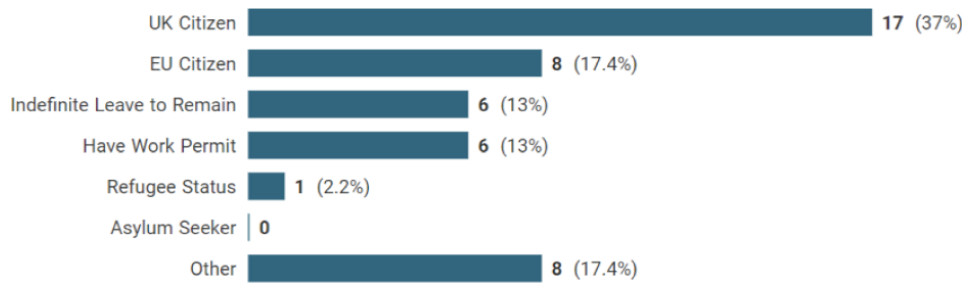
17 out of 32 respondents who answered this question stated that their view has not changed about employment rights during the pandemic. The sectors these respondents work in are education (9), health (2), architecture/construction (1), hospitality (2), marketing (1), and NGO (1).

The participants are asked about the extent to which their employment rights are implemented by their institution/ employer and 51.2% strongly agreed and agreed, 12.2% disagreed and 36.6% remained neutral. The respondents who are neutral to this question can be interpreted as the prevailing confusion in this area which is also reflected in some of the responses to the question of whether COVID-19 changed their opinion on their rights at the workplace.

## COVID-19 Impact on Migrant Worker's Statuses and Working Conditions in the UK

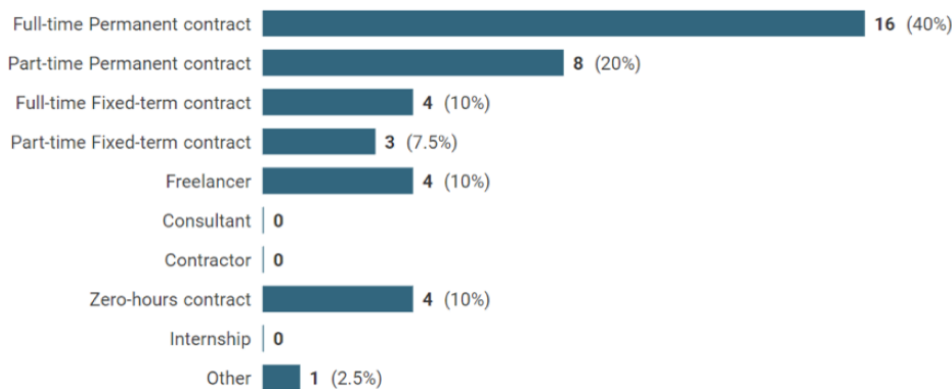
Table 8 indicates 37% of the respondents have full legal membership to the UK, and the remaining 63% of respondents are of other types of legal statuses that are EU citizenship, indefinite leave to remain, work permit, dual/ joint citizenship, Tier 4 student visa, family visa, and student visa. All 40 respondents said 'no' to the question that asks whether their legal status has changed as a result of the COVID-19 pandemic.

**Table 8: Legal status of the survey respondents**



The survey data also suggests that the majority of the respondents who has work permit visa are skilled workers visa, health care worker visa, businessperson visa (ECAA), student work visa (20 hours a week), Tier 4 visa, and dependant. The contract types are quite diverse which is indicated in Table 9 below which also suggests that the majority of respondents (60%) do not have full-time permanent contracts.

**Table 9: The types of contracts that participants currently are employed on.**



COVID-19 pandemic had an impact on some participants' employment status, for instance, 3 respondents were furloughed, 1 respondent said his/her/their working hours are reduced, 5 participants said their working hours are increased. The excerpts below show that the remaining respondents answered as employment status has become precarious during the COVID-19 pandemic:

*'I could only work 5 months in 2020. It's 2 months were from abroad. Job offers in the UK are decreased by 90 per cent' (SP13, from cinema/game/tv sector).*

*'...did not work under any company' (SP14, from the commercial sector).*

*'I was offered my first Research Fellow job (after PhD and having a baby) early March 2020 but it was withdrawn shortly after due to the pandemic. I was then unemployed until I was able to get another job in November 2020' (SP22, from the education sector).*

However, the majority of respondents (69%) said that their employment status has not changed during the pandemic.

47.8% of the respondents stated that they mainly worked from home during the pandemic, and 19.6% said they worked both from home and in the work environment. 26.1% of participants stated that they continued working in their work environment. The majority of respondents (45.65%) from the education sector said they either work from home or both from home and work environment; whereas the majority of respondents from health and other sectors (26.09%) said they continue working in the work environment. One respondent from the education sector stated the negative impact of blended working nature which is evident from the statement below:

*'Workload has become highly uncertain; universities have pushed staff to deliver F2F sessions in unsafe conditions; students' pastoral care has increased; all aspects of work have become more difficult.'* (SP-6)

Another respondent from the health sector states the positive side of the blended working nature where they say, *'Work in the work environment, but greater flexibility about working from home when I've had to self-isolate'* (SP-15). A respondent from the health sector states how pandemic impacted his sector in terms of registration and recruitment of new health professionals:

*'...in the COVID19 pandemic and due to postponing qualification exams of the IMG doctors, that reflects negatively on recruiting new doctors'* (SP-38).

The respondents who have full-time permanent contracts had more flexibility of working from home and adopting blended working nature. Whereas the respondents from the fixed-term contract or other types of contracts had to continue working in the work environment during the pandemic.

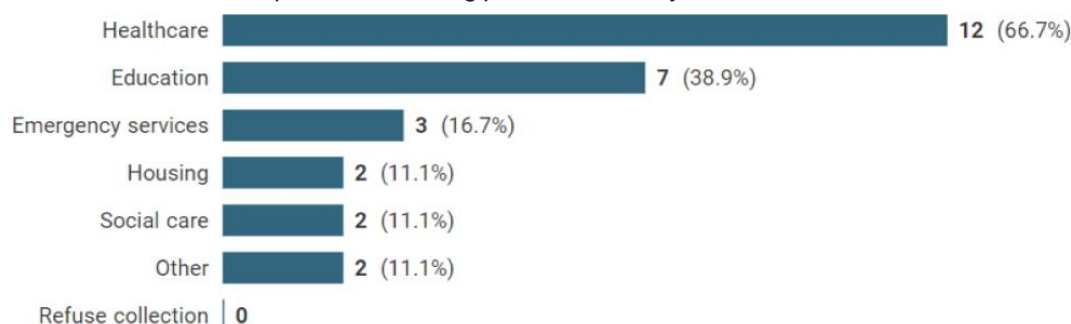
16 participants classify themselves as 'key worker' in the context of the pandemic, whereas 28 participants do not. The number of respondents who classify themselves as key worker is higher among workers from migrant backgrounds (13) as opposed to professionals (3). The respondents define themselves as key worker depending on their economic sector, for instance, all health workers categorise themselves as key worker status (19.57%), whereas 15.22% out of 52.17% workers in the education sector classify themselves as such. The respondents from hospitality and other sectors do not group themselves with key workers.

## COVID-19 Impact on migrants in accessing public services in the UK

The respondents from Group A are asked if they had difficulty in accessing public services during the pandemic and 46.2% responded as 'yes' whereas 53.8% said 'no'.

The survey data suggests that the key public service that the migrants have difficulty in accessing is healthcare which is 66.7%. The participants who answered this question as 'other' also answered this question as 'hospital appointment' and 'healthcare'. The table below illustrates that education is the second area where migrants had difficulty accessing.

**Table 10: COVID-19 impact on accessing public services by area**



Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

Migrant workers are asked about the key barriers that prevented them from accessing public services and the findings are collated in the table below.

**Table 11:** The key barriers that impact migrant workers in accessing public services (rated from most important (1) to least important (5))

	1	2	3	4	5
Language skills	5%	10%	0	15%	70%
Lack of knowledge of rights	10%	0	20%	15%	55%
Employment status	0	5%	10%	15%	70%
Legal status	0	10%	5%	15%	70%
Cultural barriers	0	10%	25%	15%	50%
Lack of digital skills	0	5%	10%	25%	60%
Lack of access to internet	0	0	15%	20%	65%

The table shows the answers from 20 respondents from Group A. The remaining 10 participants answered this question as ‘other’ and nearly all focused on pandemic restrictions related to health care as a challenge which are quoted below:

*‘Overwhelmed healthcare system.’ (SP-5)*

*‘Limitations in appointments and new patients.’ (SP-7)*

*‘...during this time, they were busier than before. GP did not have time and hospital appointment usually got cancelled’ (SP-8)*

*‘The appointments were significantly reduced which made it very difficult to see a health professional’ (SP-11)*

*‘...waiting list is too long because of the lockdown and covid restrictions toward hospital appointments.’ (SP-12)*

*‘The pandemic has made it riskier health-wise to access certain services.’ (SP-21)*

*‘The lack of access and availability to public services due to the pandemic, not anything else.’ (SP-27)*

*‘Getting medical appointments at the hospital.’ (SP-34)*

*‘Lack of access to university services/face-to-face teaching.’ (SP-42)*

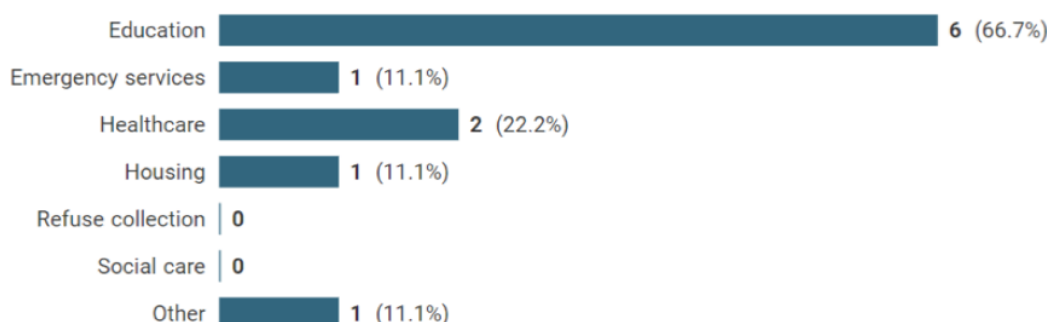
*‘The issue was how COVID-19 affected people as a whole not everyone could reach out for help. The answers stated above are part of this however it could also be more of a personal issue which people might not find easy to ask for help.’ (SP-46)*

The comments point at the ‘pandemic restrictions’ as being a barrier for migrants accessing public services.

## COVID-19 Impact on professionals providing public services in the UK

The questions related to this topic aimed at an analysis of professionals who work towards migrants and provide public services to all individuals including migrant workers. The survey data suggests that overall, 27 participants answered this question (some of whom categorise themselves as Group A and are also professionals providing public services) and 21 suggest that they do not face challenges in providing public services whereas 6 participants stated that they do. Questions 40 and 41 aim to explore the key areas of challenges and sectoral differences (10 participants answered these questions). The table below illustrates the perspectives of public service workers in providing services during the pandemic where education is the most challenging one:

**Table 12: COVID-19 impact on providing public services by area**



Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

The table below shows the breakdown of the key areas of challenges in this category.

**Table 13: The key barriers that impact professionals in providing public services (rated from most important (1) to least important (5))**

	1	2	3	4	5
Communication barriers	15.4%	23.1%	23.1%	0	38.5%
Cultural barriers	0	15.4%	30.8%	7.7%	46.2%
COVID-19 pandemic lockdowns	42.9%	14.3%	28.6%	0	14.3%
Legal status/legal barriers	0	25%	16.7%	0	58.3%
Lack of digital skills of recipient	7.7%	15.4%	23.1%	15.4%	38.5%
My lack of digital skills	0	0	30.8%	7.7%	61.5%
Lack of access to internet	0	15.4%	23.1%	7.7%	53.8%
Institutional problems with digitalisation	0	7.7%	38.5%	7.7%	46.2%

The data suggest that communication barriers and pandemic lockdowns are significant challenges for professionals in providing public services. Legal status/legal barriers stand out as another challenge. Lack of digital skills of recipients also is stated as a hindrance for providing services.

## The Role of Digitalisation during COVID-19 Pandemic

The survey data suggests that 91.3% of respondents use online digital platforms, such as the Internet, Zoom, MS Teams, Skype, Webex for work purposes (e.g. meetings, teaching, correspondence) during the COVID-19 pandemic. All respondents from the education and health sectors and most of the respondents from other sectors use digital platforms for work purposes. Two respondents from the hospitality sector do not use digital platforms for work purposes.

The survey data also suggests that the usage of digital platforms for work purposes has become crucial during the pandemic. Overall, 95.7% of respondents answered strongly agree or agree on the significance of digital platforms in their jobs during the pandemic. The participants are asked if digital platforms have always been important even before the pandemic; 46.7% of respondents answered it as 'strongly agree or agree' whereas 26.6% disagreed, and 26.7% respondents remained neutral.

Participants are asked to rate their confidence using digital platforms for work purposes and 91.1% said they are very confident and confident. The survey data explored the degree of support and training that the workers were offered by their employers and 54.3% said they have not received support whereas 45.7% said they have. When the data of participant groups is cross-tabulated with the digital support question, we found out that Group A respondents were offered less support (28.26% out of 67.39%) than Group B respondents (17.39% out of 30.43%).



## Focus Group Data Analysis

### Demographics

The first focus group discussion (FG1) included participants from migrant backgrounds from health and education sectors who have diverse legal statuses such as UK citizens and Tier 4 visas with 20 hours a week work permit. They are all highly educated, one an MA student, another a PhD candidate, and two PhD holders (coded as FGP4, FGP1, FGP2, FGP3). The second focus group (FG2) included two participants (coded as FGP5 and FGP6) who are in the process of education to degree level, and from low-medium income. The income levels of all participants range from medium-high, medium, and low. The participants are from diverse ethnic backgrounds (British, European, African, Middle Eastern, Asian), which enables us to make sense of the themes through their experience and own understanding of the issues. For anonymity purposes, the participants' ethnic backgrounds or country of origin are not specified, instead, we indicated the region where they are originally come from. The first focus group discussion participants are from the age bracket of 18-40 and three participants are male and one is female; the second group is within the same age group, and both are female.

### COVID-19 impact on sectors in the UK

All respondents were complementary about the pandemic's grave impact on the sectors in the UK, in terms of closures during lockdowns, increase in working hours, decrease in working hours in some sectors, the flexibility of working hours, shifts in the nature of the work.

The participants agree on the 'overrepresentation of migrant workers in some sectors such as NHS, construction, agriculture, and hospitality. A participant from migrant background emphasised Brexit as being important in analysing key barriers as it legally came into effect during the pandemic which further increased the hostilities against the migrant workers from Eastern Europe. The impact of Brexit on economic sectors is still unfolding, such as the recent issue of the lack of lorry drivers who used to be recruited from EU countries, thus, it is predicted that Brexit will continue the impact the sectors in the UK.

### COVID-19 impact on migrant workers' statuses and working conditions in the UK

Many studies show that workers from migrant/immigrant backgrounds usually occupy a disadvantaged position in the labour market compared to UK citizens/natives. Some reports suggest that workers from BAME groups have been impacted further during the COVID-19 pandemic. Some of the challenges they may face are difficulty finding jobs suitable to their qualifications, unequal pay, being treated differently from natives such as discrimination, being overrepresented in some sectors (such as health) during the pandemic, etc. The participants are asked how far they agree with these statements and the challenges and whether they can share their own experiences.

A participant from migrant background emphasised (FGP2) on the ethnic background of migrant workers affect their employment and job opportunities in the UK, who stated that being European or having a European surname does not affect opportunities for these migrants. He also highlights the common trend of the employment of Eastern Europeans employment in the care sector and farms.

Another participant (FGP4) emphasises the barriers to the recruitment of migrant workers with 'foreign-sounding names' which is stated to be a structural issue in the recruitment process in the labour market in the UK. The social hierarchies determined from one's legal status, ethnic and racial background are argued to be a result of 'racist approaches' to the recruitment of workers. The participant illustrates this issue with his personal experience and states that short-term visas and foreign-sounding names of migrant workers can be a barrier to reaching even to shortlisting stage of the employment process. From this case, we cannot suggest that this is an impact of the COVID-19 pandemic where migrant workers are discriminated against during the recruitment process in some sectors, however, we can hypothesise that migrant workers who are already vulnerable in the labour market in terms of lacking equal opportunities fell into more precarious position during the pandemic which raises these barriers even higher.

A participant from the migrant background (FGP1) highlights that migrant workers can be in an advantageous position in terms of recruitment in high profile jobs, such as health and legal professions. This positive comment also complements the fact identified in the literature review that is an overrepresentation of migrant workers in the health sector in the context of the pandemic as the participant emphasised the high number of doctors working in NHS which she sees as positive in terms of job opportunities. It is also stressed that the COVID-19 pandemic affected migrants in the UK which is due to their lack of knowledge on legal remedies when their shops are closed during the lockdowns for instance. In this case, rather than the status of migrants, the lack of knowledge of rights becomes a barrier for migrants for seeking assistance from the government. The professional (FGP3) agrees on this issue, however, he stressed this as ‘an indirect reason’. He highlights the interaction of the COVID-19 pandemic with other existing issues in the host countries who views the ‘mistrust towards migrants’ and migrants ‘continuous struggle to prove their status and that they are willing to work’ as key challenges. As a result, migrants can have challenges in the host country’s labour market in terms of having to go through the legal forms in every aspect of their social lives, such as renting a house, opening a bank account, and so on.

The government’s restrictive policy approach is mentioned to be creating this ‘hostile environment’ for migrant workers, such as extra payment to NHS by immigrants who are willing to stay more than 6 months in the UK called ‘immigration health surcharge’. A participant from the migrant background also stressed on health surcharge being a ‘huge burden on migrant workers with low income working in construction, farming...hospitality’ (FGP2). The health surcharge is considered as a type of discrimination and mistrust towards migrants who contribute to taxes and community with their work (FGP3).

## COVID-19 impact on migrants accessing public services in the UK

The biggest impact of the pandemic on public services is suggested to be on health care, education, and anything related to the Council, such as housing, council tax collection, due to lack of staff in the councils and remote working nature during the lockdowns.

There is consensus among participants from both focus groups on ‘national lockdowns’ as a challenge for accessing public services. A participant (FGP6) gave an example of her close friend who has severe diabetes on insulin treatment and could not receive a check-up and much-needed treatment during the lockdowns.

The prevailing ‘hostile environment’ is emphasised by the professional (FGP 3) that affects migrant workers, who are highly educated and on high income, negatively even though they do not have any language barriers in terms of accessing public services. However, the lockdowns exacerbated the existing ‘hostile environment’ for migrants who entered the UK during the pandemic.

The participants are asked to rate the biggest barrier for migrant workers in accessing public services, in particular, during the pandemic. A participant from migrant background answered as ‘language’ (FGP1). Another participant from the migrant background (FGP2) highlighted that migrants’ foreign-sounding names also can be a barrier for accessing public services and being treated with hostility and discrimination. The participant expressed his own experience of his child’s legal status having been questioned by a receptionist at an A&E for basic health care because of the child’s non-British-sounding surname. This case illustrates three issues the struggle for migrants accessing hospital treatment, the ‘lack of knowledge of the receptionist in NHS about migrant statuses, legal entitlements, one’s right to health care regardless of legal status’, and ‘unconscious bias and discrimination’. The professional gives a similar example and further emphasises this barrier as being against official policy about accessing emergency services regardless of legal status (FGP3). In other words, in this case, health care recipients are deprived of emergency care which is against one of the basic rights ‘to health’ that ought to be granted to everyone regardless of their legal status.

Another participant stressed the lack of training on the awareness of cultural needs of patients from minority ethnic backgrounds which can lead to further discrimination based on ethnicity and culture. She gives a personal example at her GP practice:



*'I don't think when it comes to medication, you should really be worrying about whether you're a vegan or vegetarian...obviously I wearing hijab so she can tell I'm Muslim...you have to respect everybody else's choices and as a doctor as a person who works in the health sector...She just assumed that I was either a vegan ora vegetarian and...I said...I just can't take it because I'm a Muslim. She's like, oh, right...but that wasn't promising with it all right?' (FGP6).*

This example illustrates the cultural barrier from the professional's side as creating prejudice towards the patient from the migrant background that prevents healthcare.

Discrimination and mistreatment towards migrants in the education sector are also emphasised by a participant who states that she had been given a lack of guidance and mistreatment because of her migrant background (FGP6); instead of having professional guidance for her further education, she was questioned on her family background, language proficiency, and legal status which illustrates a lack of training and unconscious bias. The example is also about 'hostile environment' in the education sector which raises questions on to what extent 'educational institutions are safe spaces for all children and young adults' regardless of their legal backgrounds. Here we need to differentiate the intention of the teacher which could be supporting the student if she is bilingual which might be affecting her learning progress, however, the question about her legal status is irrelevant in the context which shows a clear 'hostile attitude' to the learner from a migrant background.

The hostility towards migrants can be a wider societal issue which is illustrated by a participant who was verbally abused in a shop which had a grave psychological impact as a result of the 'othering' of people from migrant backgrounds. The issue of the 'othering' happens in any societal setting including shops, streets, and institutions. However, the same participant (FGP6) also stressed the seminars at the university and describes them as a 'safe space' for her to express herself freely who can talk about issues that she cannot otherwise. This shows how institutions can become an enabler to break the boundaries between communities and create dialogue.

Cultural barriers between migrants and professionals are pointed out by a learner from a university (FGP5) who stated that in the language classes these barriers are not addressed, so, the political culture and societal differences can be disruptive for the learning experience besides language barriers. The participant overcame this handicap through her interaction with the migrant community in her institution who are from the same legal background and share difficulties on integration. The participant illustrates her involvement in this community with the phrase 'comfort zone' which enabled her to overcome technical hurdles related to her registration and much-needed accessing institution facilities.

A participant (FGP6) also stated that she feels comfortable when interacting with 'ethnic people' (her description) in the educational setting which might also indicate an indirect implication of the cultural barriers with thenative British people who share the same social public settings. She views the university as having a multicultural social setting and an enabler for cultural interaction and dialogue between native British and learners from migrant backgrounds. This can be a result of the cultural barriers discussed above and/or the sense of 'familiarity' among ethnic minorities in Britain reinforces more interaction among migrants with similar backgrounds. Ethnic minorities in Britain cannot be categorised as a homogeneous group, which is evident from the participants' diverse backgrounds in this research which is described with Vertovec's (2007) concept of superdiversity which is raised by the participant (FGP6) who emphasised ideological differences in her community as a denominator for her choice of interaction. The points raised in the context of cultural barriers are arguably existing issues in Britain even before the pandemic.

A participant from the migrant background (FGP2) raised other issues, such as some types of crimes and a disproportionate number of migrants; homelessness among migrant groups in some regions, and mistreatment of them in the magistrates during the court cases simply because of their legal status. COVID-19 exacerbated the mistreatment of temporary migrants who come from countries where the pandemic emerged (FGP5).

The legal status of migrants is suggested to be a challenge for accessing public services such as education which

is linked to the UK education system and the attitudes to the attendance recording of the students from short-term student visas (FGP3). The issue with legal status for students and the registration within the education system has not been linked to the COVID-19 pandemic directly.

A participant (FGP4) addressed the discrimination towards migrants in terms of ‘skill wastage’ and ‘lack of equal opportunities in the labour market’ in the UK where some overseas qualifications are not recognised by the host country institutions which leads to ‘skill wastage and exploitation’ of migrant workers, thus, migrant workers end up working lower-skilled jobs than their skills and experience in sectors. Moreover, migrants are required to take an English proficiency test before coming to the UK to be eligible for study or work which can pose a challenge for migrants who are already competent with language skills, thus, end up spending time and money to prove their language skills.

Furthermore, a participant (FGP4) stated that the temporary legal status of migrant workers creates discrimination during the recruitment process. Based on his experience, he stated that the British citizens or the EU nationals (before Brexit) have more opportunities in securing permanent contracts due to having more rights than the third-country nationals. The huge discrepancy between the home student and overseas student fees emphasised to be a hurdle that further creates difficulty for migrant workers on student visas to make the ends meet. The financial burden, high student loans, lack of recognition of the qualifications and the lack of job opportunities in the labour market are argued to be factors that make international students vulnerable, push them to become ‘illegal’ in the labour market as they cannot go back straight after their studies, and further compel them to work in the jobs such as car wash, or in the industries that natives do not prefer to work in.

This discussion is connected to the national approach to employment procedures which promotes ‘jobs for British nationals first’ and a participant finds this as contradictory with the country’s economic aspirations in the context of globalisation where a country should create an ‘enabling environment’ for the inclusive recruitment process. In other words, this shows the clash between the national policies that aim to protect jobs and opportunities for UK citizens and the global aspirations.

There is consensus among the participants that there should be a discussion and conversation around these issues which leads us to one of the key barriers that we identified in this research ‘lack of communication between migrants and professionals’. The lack of communication within the community and barriers to social mobility for migrants is argued to be an important aspect of the dialogue. The need for constructive dialogue is about the structural needs to create inclusion through training, education, and mentoring on equality and diversity at workplaces. The participant (FGP4) used a metaphor to describe the lack of communication:

*‘We all come to the same classroom, and we are talking then nobody’s understanding each other.’*

The issues raised about migrants face in the UK labour market are the challenges that prevailed before COVID-19, which we can hypothesise, are exacerbated during the pandemic.

## COVID-19 impact on professionals providing public services in the UK

‘Lack of training of the professionals who are providing health care services to all including migrants and their ‘lack of understanding of migrants’ legal entitlements and rights’ are emphasised in the previous sections. Thus, the participants are asked if they could elaborate on these points and the professional (FGP3) noted the issue of ‘mis-training’ of professionals similar to the media misrepresentation of migrants which has a stereotypical approach and ‘labels’ them as being a burden to the British welfare system. The participant also emphasised the ‘migrants’ lack of knowledge of their rights’ as they should be aware of the fact that the health care professionals should not be asking questions related to their legal status at an emergency service which he finds as discriminatory treatment of migrants.

All participants stressed the discrimination towards migrant workers in the UK and the type of questions that migrants endure when receiving public services which are found problematic. Moreover, one participant pointed out that this attitude is leading to a ‘low level of racism’ which was exacerbated after the Brexit who, originally from

Europe, tells his own experience of discriminatory language by a student in his class as:

*'... well, why are you here? You know we just voted out why you still here...?' (FGP2)*

Two participants (FGP1, FGP4) raised the issue of legal discrimination towards migrants who want to open a bank account which is connected to a lack of understanding of the regulations and rights, and discriminatory attitude which deprives the migrants of information. A participant linked this issue to the law on prevention of money laundering and restrictions and how they can go wrong for some people who connected his view to 'moral panic' or 'elite panic' which creates pseudo frustrations about some minority groups in the country (FGP3).

Almost all participants stressed the urgent need for the training to eliminate legal loopholes depriving migrants of their rights as a participant (FGP3) describes 'to avoid mis-training and discrimination' of migrant workers. It is pointed out that the training could include sections on legal statuses, visa types, new EU regulations, and the rights of migrants. The legal documents can be complex for the professionals to go through, so, the training module is argued to be useful if it incorporated a simplified edition of these legal complexities with equality and diversity elements and the information about the migrant communities and their needs and rights.

### The role of digitalisation on this issue during the pandemic

In this research, we claim that digital platforms and tools became crucial for creating a dialogue between youth and young professionals and accessing public services. There is a consensus among the participants on the need for 'training on equality and diversity within institutions, thus, a module on employment and migrant workers is argued to contribute to this aim, where, digital platforms will be useful for delivery of the module and connecting people. It is also pointed out that the focus group discussion had been taking place on a digital platform which has become an important aspect of work in the UK.

The participants are asked how they feel about the extent of using digital tools and platforms in creating dialogue among migrants and professionals. The professional (FGP3) emphasised the 'accessibility' and the number of 'different modalities' for reaching out to people and sharing essential information across networks. Another participant (FGP6) mentioned the practicality of the remote consultations with GP during the COVID-19 pandemic where she stated that she received the same treatment as if she were in practice. However, the lack of digital accessibility to NHS practices is also raised, especially for vulnerable and disadvantaged populations such as older generations and lone people who have to self-isolate during the pandemic which may have a grave impact on their wellbeing.

The advantages and disadvantages of digitalisation in education were the focal points of the FG2. The participants agreed on the advantages of using digital platforms for learning that enable flexibility of using one's own time with distance learning; practicality of pre-recorded sessions; the versatility of digital platforms in terms of various teaching methods; and being able to catch up with the subjects. The participants emphasised the preference of 'hybrid or blended learning' which could incorporate both digital platforms and conventional face-to-face learning methods. The disadvantages of digitalisation in learning were stated to be more significant some of which are lack of interaction with other students; lack of student participation through microphone or camera; increase in screen time and health implications.

A participant (FGP2) raised the role of the key actors from policymakers in the debate of new digital platforms for sharing information and delivery of training programmes/materials. In terms of creating dialogue and change 'political leadership' and a 'top-down approach' is argued to be denominators for the creation of an 'open change'. In other words, there is a consensus among the participants on the need for a change in attitudes of policymakers who would be interested in these training programmes. In this context, the issue of minority groups' lack of representation in senior management and decision process is raised to be an issue in the UK.

The role of 'digital skills' and the existing 'digital gap' among some segments of the society are argued to be crucial where youth need digital skills to be able to benefit from the programmes such as 'virtual internships' (FGP4). It is

argued that the need for ‘authentic and accountable intervention’ for improving digital skills and soft skills of migrant workers becomes essential for their inclusion in the labour market fairly. This is linked to the need for employers behaviour towards the issue of the digital divide in labour force to generate opportunities for all through inclusion.

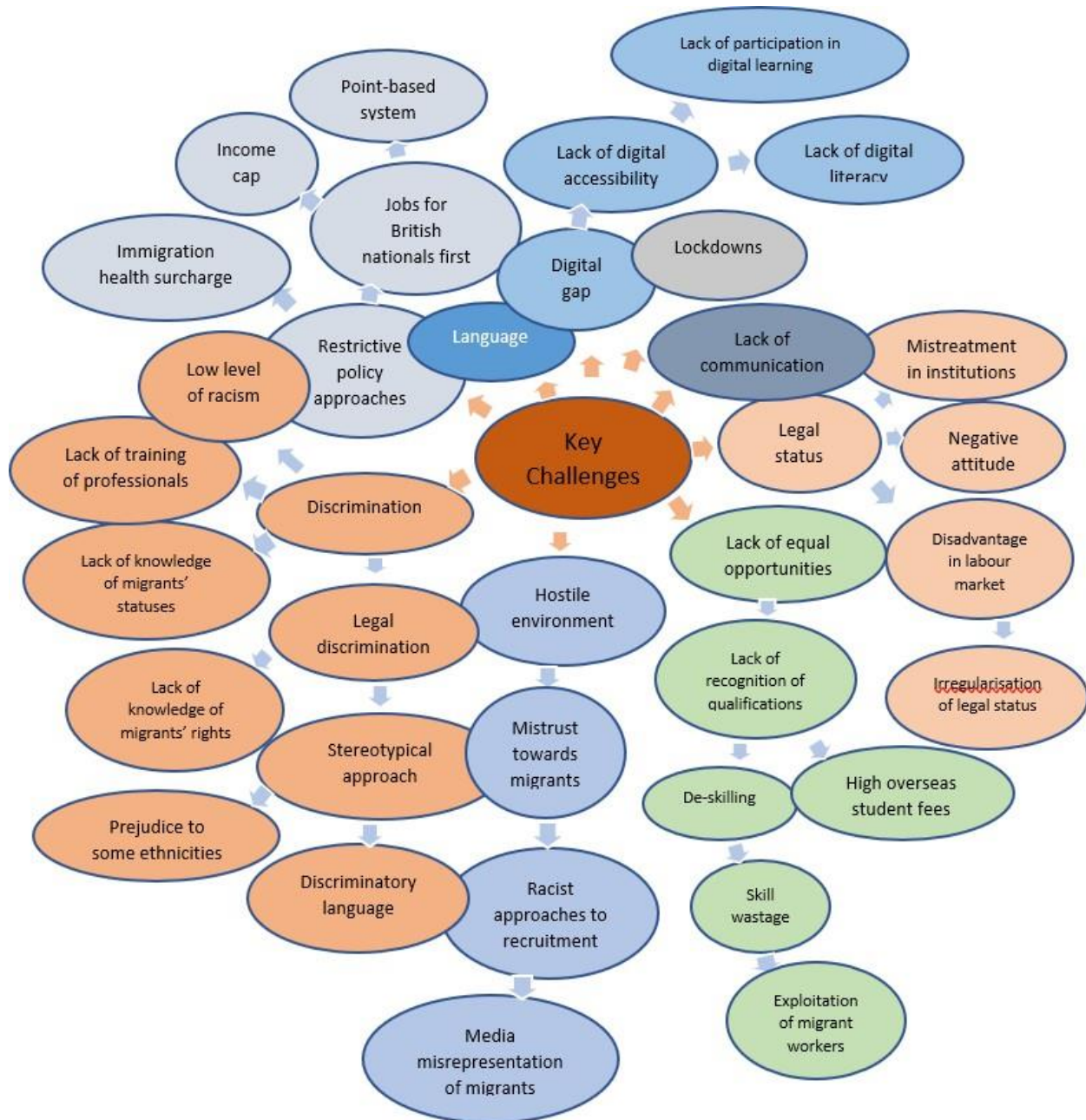
## CONCLUSION AND RECOMMENDATIONS

The data from literature review, secondary data analysis, survey and focus group discussion suggest that the COVID-19 pandemic had an unprecedented impact on economic sectors in the UK which surfaced further vulnerabilities of migrant workers in the labour market. The report can conclude that there are continuities of prevailing issues related to migrant workers’ economic status and rights, such as ‘discrimination’, ‘lack of opportunities’, and ‘skill westage’; as well as additional challenges pandemic brought about such as ‘overrepresentation of migrant workers in sectors categorised as key work’, ‘precarious employment status’. The pandemic is argued to have exacerbated existing cleavages among the migrant and non-migrant communities.

The survey data analysis suggests that there is confusion on workers’ rights both among the young migrants and professionals providing public services. This issue is argued to be exacerbated during the pandemic as a result of the concerns over uncertainties of the COVID-19 pandemic and Brexit on economic sectors and employment statuses. Migrant workers’ legal statuses and employment contracts affect their economic and social well-being during the pandemic. The top two public services that migrants have difficulty accessing are healthcare and education which is followed by housing and social care. The other key barriers that challenge migrants accessing public services respectively are pandemic restrictions and cultural barriers followed by ‘lack of knowledge of rights’, ‘language skills’, ‘legal status’, ‘employment status’, ‘lack of digital skills’ and ‘lack of access to internet’. The key barriers for professionals providing public services are ‘communication’ and ‘national lockdowns’. The focus group data complement the survey data as the diagram below summarises the data that emerged from focus group discussions on the key challenges that migrants (workers) encounter when accessing public services.



**Diagram 6:** Key themes on 'key challenges that migrants/migrant workers encounter in accessing public services



The report can conclude that the underlying causes of these issues are multidimensional which can be linked to the UK's recent restrictive immigration policies that promote skilled migration, the introduction of hefty immigration rules such as immigration health surcharge and income caps, the shortcomings within the community cohesion programmes and the recent reports that focus on groups of migrants who are suggested to be living parallel lives in the UK, lack of contact and communication between migrant and non-migrant communities in the UK, language barriers, Brexit process and immigration as being one of the prime campaign issues which were predominantly negative towards migrants; and media representation of migrants with labels and stereotypes. These issues are not the direct result of the pandemic, however, we can conclude that some existing challenges have become more prominent during the pandemic.

The report can also conclude that the role of digitalisation in providing public services has become more crucial than ever during the pandemic. The report suggests the knowledge on the key challenges discussed above and on

migrants' legal entitlements are important areas that young professionals lack which needs to be addressed in an open dialogue. Thus, the report proposes the following recommendations:

- The need for awareness-raising among key stakeholders from government institutions, public services, NGOs on research findings of this study.
- The need for a democratic (digital and conventional) platform to create a transparent dialogue among young migrants and professionals to discuss the challenges identified in the report.
- The need for training programmes/curriculum towards young migrant workers and professionals to educate them on the legal status and rights of migrant workers, the employment market, legal and administrative issues, societal issues within the communities, and to provide new dialogue channels in improving governance in migration sectors in the UK.
- An emphasis on a hybrid approach for dialogue using both face-to-face and digital tools to include people from all segments of the society to overcome exclusion.

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## APPENDICES

### Appendix 1

#### Survey on “The Impact Assessment of COVID-19 on Young Migrants and Professionals Working towards Migrants”

Dear respondents,

This Survey aims to analyse the opinions of the distinguished participants (employees/workers from migrant backgrounds and young professionals working towards migrants) about the impact of the COVID-19 pandemic on the labour market in their sector, their employment status, their access to public sectors and the role of digitalisation in public services. The views are expected to provide a valuable contribution to developing learning programmes and policies for the ongoing multi-partner project supported by the EU's programme, Erasmus+ that aims to support education, training, youth and sport in Europe. The purpose of this Survey is to address the key challenges faced during the COVID-19 pandemic and create contact between young migrants and professionals working towards migrant populations.

Your answers to the questions in the Survey will be kept confidential and will be used purely for scientific purposes. In the questionnaire, the name of the persons and the institution they work for will not be specified. Therefore, please do not specify your name in any part of the Survey (except in the first two questions, which is optional and for contacting you for pure research purposes). By filling this questionnaire you consent to participate in this survey, however, your participation is voluntary and you are free to withdraw at any time without giving any reason.

This Survey consists of two parts. The first part includes questions prepared to obtain descriptive information about the respondent; the second part consists of questions directed to determine your views and opinions about the research topic. Some questions are relevant to employees/workers from migrant backgrounds (Group A), some relevant to young professionals working towards migrants (Group B) and some address both groups. You will have signposts if the question addresses participants from a particular group mentioned above.

Thank you for your contribution in advance.

Dr Sureyya Sonmez Efe

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1. Do you consent to participate in this survey? (required\*)

I consent to take part in this survey and agree with how my data will be managed.

#### A. DESCRIPTIVE INFORMATION

1. What is your full name? (optional):
2. What is your contact number/email? (optional):
3. What is your age?
4. What is your gender?  
Male: Female: Other:
5. What best describes the level of your education (lastly finished degree)?
6. Which category best describes your status in the context of this research:

- a. An employee/worker from a migrant background (students fall into this category) (**group A**)

- b. A professional working towards migrants (**group B**)
7. Job title (please indicate what best describes your current or previous job/profession. If you are a student or unemployed, please also indicate here):
8. Which income group do you think you are in?
- Low
  - Low-medium
  - Medium
  - Medium-high
  - High
  - None of the above (if currently not on remunerated work)
9. Marital status:  
Married: Single: Partnership: Other:
10. What is your country of origin?
11. What best describes your ethnicity?
12. What is your mother tongue:
13. How long have you been living in the UK?
14. Where (country and city) do you live in the UK?
15. With whom do you live together?
16. What is your current legal status? (If you have answered this question as 'UK Citizen', please go to question number 20).
- UK Citizen
  - EU Citizen
  - Indefinite Leave to Remain
  - Have Work Permit
  - Refugee Status
  - Asylum Seeker
  - Other (please specify)
17. If you answered question 17 as 'Have Work Permit', what type of work visa do you have?
- Skilled Worker visa
  - Health and Care Worker visa
  - Intra-company visa
  - Investor, business development and talent visa (Tier 1)
  - Minister of Religion visa (Tier 2)
  - Sportsperson visa (Tier 2)
  - Temporary Worker visa (Tier 5)
  - Other (please specify if you have a visa different than listed above or if you would like to detail the nature of a visa mentioned above)
18. Has your legal status changed as a result of the COVID-19 pandemic?





(e.g. meetings, teaching, correspondence) during the COVID-19 pandemic?

- a. Yes
- b. No

25. Please rate how you agree with the following statements about the usage of digital online platforms for work purposes during the COVID-19 pandemic. (from strongly agree to strongly disagree)

- a. I think digital online platforms have become crucial during the pandemic
- b. I think digital online platforms have been essential all the time, even before the pandemic
- c. I don't think digital online platforms have been critical at all

26. How confident are you when using online digital platforms for work purposes? (scale from +2 to -2).

- a. Confident
- b. Not confident

27. Were you offered training for using online digital platforms by your employer?

- a. Yes
- b. No

28. Which of the following would you use to describe the impact of the COVID-19 pandemic on your employment status?

- a. My employment status has not changed
- b. I was furloughed
- c. My working hours are reduced
- d. My working hours are increased
- e. I was made redundant
- f. Other (please specify if your answer is different than listed above)

29. Please state your opinion on the following statements about the protection of jobs during the COVID-19 pandemic. (from strongly agree to strongly disagree)

- a. I think the government in my resident country has introduced appropriate measures to protect jobs in my sector?
- b. I think that my institution/employer has acted to support me during the COVID-19 pandemic?

30. Please rate how you agree with the following statements about recognition of your work. (from strongly agree to strongly disagree)

- a. I feel my institution/employer values my work
- b. I feel my institution/employer does not appreciate my work

31. Please rate how do you agree with the following statements about your employment rights in the UK. (from strongly agree to strongly disagree)

- a. I have rights that safeguard my health and safety at work
- b. My institution/employer fully informed me about my rights
- c. My institution/employer makes sure to implement employment rights
- d. I am not aware of my employment rights

32. Please state how far your response to question 32 has changed during the COVID-19 pandemic.
33. Please rate how you agree with the following statements about the treatment of employees/workers in your institution/sector in the UK. (from strongly agree to strongly disagree)
- All employees/workers are treated equally fair in my institution/sector.
  - My institution/sector is inclusive of employees/workers from migrant/immigrant backgrounds.
  - Employees/workers from migrant/immigrant backgrounds are treated unfairly in my institution/sector.
34. Did you face challenges in accessing public services during the COVID-19 pandemic? (please answer if you are in Group A) If your answer is 'no', you do not need to proceed to the remaining questions.
- Yes
  - No
35. Which one of the following public services did you have difficulty accessing? (please answer if you are in Group A)
- Education
  - Emergency services
  - Healthcare
  - Housing
  - Refuse collection
  - Social care
  - Other (please specify if your answer is different than the ones listed above)
36. What are the main factors that prevented you from accessing public services?
- Please rank the following factors in order of importance, where 1 is most important, and 5 is least important. (please answer if you are in Group A)
- Level of my language skills
  - Lack of knowledge of my rights in the UK
  - My employment status
  - My legal status (type of visa)
  - Cultural barriers
  - Lack of digital literacy skills
  - Lack of access to the internet
37. If you think other main challenges prevented you from accessing public services during the COVID-19 pandemic, please state below. (please answer if you are in Group A)
38. Did you face challenges in providing public services to employees/workers/students from migrant backgrounds during the COVID-19 pandemic? (please answer if you are in Group B) ) If your answer is 'no', you do not need to proceed to the remaining questions.
- Yes
  - No
39. Which one of the following public services did you have difficulty providing? (please answer if you are in Group B)

- a. Education
- b. Emergency services
- c. Healthcare
- d. Housing
- e. Refuse collection
- f. Social care
- g. Other (please specify if your answer is different than the ones listed above)

40. What are the main factors that prevented you from providing public services?

Please rank the following factors in order of importance, where 1 is most important, and 5 is least important.  
(please answer if you are in Group B)

- a. Communication barriers with the recipient
- b. Cultural barriers
- c. COVID-19 pandemic lockdowns
- d. The legal status of the recipient/legal barriers
- e. Lack of digital literacy skills of the recipient
- f. My lack of digital literacy skills
- g. Lack of access to the internet
- h. Institutional problems with digitalisation

41. If you think other main challenges prevented you from providing public services during the COVID-19 pandemic, please state below. (please answer if you are in Group B)

42. Would you like to participate in the focus group discussion (which will be held online)? If your answer is yes, could you please indicate here and include your name and contact details in the first two questions in this questionnaire. If you know anyone else who you think is eligible to fill this survey, could you please let us know?

## Appendix 2

### “The Impact Assessment of COVID-19 on Young Migrants and Professionals Working towards Migrants” Focus Group Topic Guide

Dear participants,

This Focus Group Meeting aims to analyse the opinions of the distinguished participants (employees/workers from migrant backgrounds and young professionals working towards migrants) about the impact of the COVID-19 pandemic on the labour market in their sector, their employment status, their access to public sectors and the role of digitalisation in public services. The views are expected to provide a valuable contribution to developing learning programmes and policies for the ongoing multi-partner project supported by the EU's programme, Erasmus+ that aims to support education, training, youth and sport in Europe. This discussion seeks to address and evaluate some themes/questions developed in the survey in more detail.

Your comments during the Focus Group Meeting will be kept confidential (however, the anonymous excerpts can be utilised for scientific purposes with your consent) and will be used purely for scientific purposes.

Thank you for your contribution in advance.

Dr Sureyya Sonmez Efe

\*If you have any inquiries, please do not hesitate to contact me.

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#### A. CONSENT

Do you consent to participate in this survey?

#### B. DESCRIPTIVE INFORMATION

1. Your name (optional):
2. Your contact number/email (optional):
3. Your age:
4. Gender:  
Male: Female: Other:
5. Education (lastly finished degree):
6. Job title (please indicate what best describes your current or previous job/profession) and sector:
7. Which category best describes your status in the context of this research:
  - a. An employee/worker from a migrant background (students fall into this category) (**group A**)
  - b. A professional working towards migrants (**group B**)
8. What is your country of origin?

#### THE FOCUS GROUP TOPIC GUIDE

##### Groups A and B:

9. Many studies show that workers from migrant/immigrant backgrounds usually occupy a disadvantaged position in the labour market compared to UK citizens/natives. Some reports suggest that workers from BAME

groups have been impacted further during the COVID-19 pandemic. Some of the challenges they may face are; difficulty finding jobs suitable to their qualifications, unequal pay, being treated differently from natives such as discrimination, being overrepresented in some sectors (such as health) during the pandemic, etc. How far do you agree with this statement and the challenges? Does your own experience support this or disapprove of it? Are there any examples that you could tell us?

### Group A:

10. Can you tell us whether you experienced any challenges accessing public services such as education, emergency services, healthcare, housing, social care during the COVID-19 pandemic? How has this challenge(s) affected your life? What did you do to overcome these challenges? What do you think are the key barriers that prevented you from overcoming these challenges?
11. COVID-19 pandemic impacted people's employment status and the nature of work differently depending on their profession and the sector. How has the pandemic affected your work and employment status in your industry? Have you experienced any problems/setbacks at work during the COVID-19 pandemic? Have you discussed these challenges with your manager/employer? Do you think your concerns are listened to? If yes, how? If not, why not?
12. Are you using digital online tools, such as the Internet, Zoom, MS Teams, Skype, Webex for work purposes (e.g. meetings, teaching, correspondence) during the COVID-19 pandemic? How far do you think digital online tools are utilised in accessing public services during the COVID-19 pandemic? Were you familiar with these platforms before the COVID-19 pandemic? If not, how far were you supported by your institution/ employer to improve your digital literacy skills?

### Group B:

13. Can you tell us whether you experienced any challenges that prevented you from providing public services such as education, emergency services, healthcare, housing, social care to migrant communities in your industry during the COVID-19 pandemic? What do you think are the key factors that prevented you? What have you done to address and overcome these challenges?
14. COVID-19 pandemic impacted people's employment status and the nature of work differently depending on their profession and the sector. Have you witnessed any employee/worker affected by the pandemic in the context of their employment status in your industry? How did you communicate to them to address/overcoming these issues? Do you think the actions that are taken were effective to address/overcoming these challenges? If yes, how? If not, why not?
15. Are you using digital online tools, such as Zoom, MS Teams, Skype, Webex for work purposes (e.g. meetings, teaching, correspondence) during the COVID-19 pandemic? How far do you think digital online tools are utilised in providing public services during the COVID-19 pandemic? Do you think the lack of digitalisation of services or staff's skills prevented the provision of services in your industry? Why? Why not?