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Building Bridges: Let's Do It for Pendle

Investigating Vaccine Hesitancy in Pendle

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Contents

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Particular thanks go to the people of Pendle who volunteered their time to participate in this research project. Their involvement in a series of focus groups has given us valuable insights into their communities' understanding of and response to the global Covid-19 pandemic and the rollout of the vaccination programme in the UK.

Thanks also go to Building Bridges Pendle who facilitated the study by identifying and recruiting participants for the focus groups.

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EXECUTIVE SUMMARY

Introduction

Early in the outbreak of the COVID-19 (SARS-CoV-2) pandemic it was recognised in the UK that the virus was disproportionately affecting people from Black, Asian and minority ethnic (BAME) communities[1], for reasons including occupational exposure, economic vulnerability, and underlying health conditions. Ethnic disparities were later recognised in an official report by Public Health England (2020).

The experience of lockdown was more difficult for minority ethnic communities. Bangladeshi men were four times as likely as white men to be in shut-down industries and Pakistanis and Bangladeshis have a higher than average rate of self-employment. Lower employment rates among Pakistani and Bangladeshi women, alongside low levels of savings among Bangladeshis meant there was less potential for buffering incomes.
A recent survey of adults in Great Britain showed the highest vaccine hesitancy was shown among Black British people (30%), with 10% vaccine hesitancy among Asian or Asian British communities and 6% among white communities (ONS, 2021b).

The World Health Organisation (WHO) and others called attention to the damaging consequences of "the COVID-19 infodemic". Understanding how information spreads, whether from reliable or questionable sources, can help authorities design epidemic models that more effectively account for social behaviour and tailor communication strategies appropriately.

Methodology

Seven online community conversations were conducted in April 2021 with: first generation older men of Pakistani heritage; second generation, British-born Pakistanis (men and women); first and second generation Pakistanis (women); Syrians (men and women); Eastern Europeans (men and women); a mixed group of Pakistanis, Syrians and Eastern Europeans; white British (men and women).

Summary of findings

Government policy

Participants felt the government took action to control the pandemic later than they should have done.

[1] We have this terminology in this report, although we recognise that there are issues about the efficacy of the 'BAME' categorisation and acknowledge the ongoing debate about suitable alternatives (Singh, 2021)

Pakistani first and second generation participants felt they were treated like ‘second class citizens’ by government, due to the disproportionate deaths in their community and the cancellation of Eid al-Adha at such a late stage.

Participants felt that government messaging was unclear, especially related to school closures and openings, and that there had been conflicting messages from the government, NHS, WHO, and GPs.

Some participants felt there was no assessment of people’s mental health and that this needed to be given higher priority.

Vaccine concerns

There were concerns about potential side effects of the vaccine, but most participants were eager to take the vaccine. Some wanted a choice and were worried their second dose might be different to their first. Specifically, they were worried about the implications of mixing vaccines.

Several Pakistani first-generation participants were worried that the appointment for their second dose would come during Ramadan, while they were fasting, and wanted appointments to be shifted to sundown after *Iftar.*

Only two people expressed some hesitancy due to the fact that the vaccine had been ‘developed quickly’, but both said they would eventually take it.

Sources of information

Participants sourced information from a range of sources, including the media, from their country of origin, the NHS, friends, neighbours, professional groups, medical people on social media, alternative news sources, government websites and extended family members.

Some had heard rumours about the vaccine including that it can change DNA, and is connected to 5G but none believed this. Some participants understood these rumours to be damaging to whole communities.

There was a sense that social media was rife with scaremongering. Some older participants thought rumours were more prevalent among younger people since they tend to use social media more frequently.

Many participants believed that it was a very small percentage of people in the population who are ‘anti-science’.

Vaccine uptake and vaccine campaigns

The majority of participants had already received their first vaccination and were eagerly awaiting their second one.

Pakistani first- and second-generation participants were surprised at survey results showing that vaccine uptake was low among ethnic minorities given that there was a

disproportionate number of people who were affected by deaths. Many felt this was a form of racism. They wanted the government to show people lining up to take the vaccine. Some felt that when white people chose not to take the vaccine, they were thought of exercising their democratic rights, whereas if non-white minorities chose not to take it then they were labelled as ‘anti-vaxxers.’

There was a fear of hospitals amongst the elderly generation, but not necessarily a fear of vaccines.
One person said they would not take the vaccine because he was healthy and fit. Others felt it should be an individual’s choice and that young and healthy people should be able to choose not to take the vaccine.

One white British woman was very hesitant but said that she would take it as she felt that she had no choice. Her son was opposed to taking it.

Some participants knew people who were hesitant to take the vaccine because of fear of possible side effects.

Vaccine rollout

There was a degree of scepticism about whether the vaccine rollout would enable people to get back the freedoms they had previously. A common view was that it would be necessary to continue to wear masks and maintain social distancing.

Many people understood that after taking the vaccination themselves they could still pass the virus on to other people who had not taken the vaccine.

Some felt that the vaccine would create a two-tiered society with people who had received the vaccine having greater freedoms than those who did not take it. They felt that taking the vaccine could become a requirement in the workplace, leaving people with no choice. Many felt that because the government has successfully rolled out the vaccination programme, it was better to take the vaccine. Some felt it was not the government but the NHS that had rolled out the programme successfully.

The first-generation Pakistani group (men) wanted adjustments to the rollout of the second dose so they could be vaccinated before Ramadan. This elderly group of men did not wish to take the vaccine during their fasts.

Recommendations for policy and practice

The study recommends that messaging at all levels needs to be clear and consistent and information should be made more relevant to the needs of each community. Policymakers and practitioners should not hide from difficult issues such as side effects of vaccines. They should avoid the scapegoating of people from ethnic minorities. It further recommends that local authorities, health services and representatives of local communities need to consult on measures to make services more accessible, and there is

a need to make use of a range of local community representatives and professionals to communicate issues effectively. Potential actions to consider include partnering with mental health charities and support groups, particularly those that are able to connect well with BAME communities, and engaging with ongoing research and monitoring.

1. INTRODUCTION

1.1. Background and Context

Early in the outbreak of the COVID-19 (SARS-CoV-2) pandemic it was recognised in the UK that the virus was disproportionately affecting people from Black, Asian and minority ethnic (BAME) communities. An analysis by three leading clinicians as early as April 2020 suggested that 63% of COVID-19 deaths among healthcare workers at that stage were from BAME communities, including 17 out of the 18 fatalities among doctors (Cook, Kursumovic & Lennane, 2020; Kursumovic, Lennane & Cook, 2020). A report published in May 2020 showed that, after adjusting for the age, gender and geographical profiles of different ethnic groups, fatalities from COVID-19 were significantly higher for most minority groups that they were for the white British population, with hospital fatalities 3.7 times as high among Black Africans, 2.9 times as high among Pakistanis and twice as high among Bangladeshis. The explanations for these disparities ranged from occupational exposure, economic vulnerability, and underlying health conditions, among other factors (Platt & Warwick, 2020). Ethnic disparities in COVID-19 outcomes were later recognised in an official report by Public Health England (2020).

Evidence on ethnic disparities in COVID-19 incidence by the ethnicity sub-group of the Scientific Advisory Group for Emergencies (SAGE) from September 2020 is striking. The paper identifies multiple reasons for the higher incidence of COVID-19 infection, disease and mortality among ethnic minority groups, concluding that inequalities are driven by structural racism (SAGE, 2020b). The Department of Health and Social Care (DHSC), in its submission to the Commission on Race and Ethnic Disparities, described the SAGE paper as “the strongest evidence of unexplained racial and ethnic differences in health outcomes”, yet the paper is not cited in the Commission’s report (Rea, 2021). Instead, the Commission talked about the need to reject the “pessimism” about what had been achieved. In its foreword, it argued that there is “a new story about the Caribbean experience which speaks to the slave period not only being about profit and suffering but how culturally African people transformed themselves into a re-modelled African/Britain” (Sewell, Aderin-Pocock, Chughtai, et al. (2021). The report was described as “superficial and misleading” (Gopal & Rao, 2021) and criticised for acknowledging ethnic health disparities but explaining these as the “risk of infection” rather than more deep-rooted inequalities and structural racism (Iacobucci, 2021).

The evidence of health disparities is only part of the context. It is also clear that the experience of lockdown was more difficult for minority ethnic communities for a variety of reasons. Bangladeshi men were four times as likely as white men to be in shut-down industries and there is a higher than average rate of self-employment amongst Pakistanis and Bangladeshis. Other factors include lower employment rates for Pakistani and Bangladeshi women, meaning that there was less potential for buffering incomes, and low levels of savings among Bangladeshis, Black Caribbeans and Black Africans (Platt & Warwick, 2020).

Despite such disparities in the incidence of infection and the ability to cope with the lockdown, the evidence suggests that concerns about vaccination for COVID-19 — a potential route out of the pandemic — were evident among BAME communities. At around the time that COVID-19 vaccines started to become available in the UK, in December 2020, the Royal Society for Public Health (RSPH) commissioned a poll on confidence in the vaccine. It found that 76% of the UK public would be willing to take a COVID-19 vaccine if advised to do so by their GP or a health professional, suggesting a high level of confidence in the vaccine. However, the figure was just 57% among BAME respondents, with the lowest level of willingness being among Asian respondents (55%) (RSPH, 2020). A small-scale study in Bradford, with 20 people from different ethnic groups, found that vaccine hesitancy appeared to be related to safety concerns, negative

stories and personal knowledge (Lockyer, Islam, Rahman, et al., 2020). In a large-scale study of UK adults, a higher rate of negative attitudes towards vaccination was found among ethnic minorities (Paul, Steptoe & Fancourt, 2021). Similarly, a large-scale cross-sectional study on the likelihood of vaccine uptake and the reasons for hesitancy in 2020, before the vaccine was available, found that 71.8% of Black of Black British, 42.3% of Asian or Asian British and 32.4% of mixed ethnicity people were "unlikely" or "very unlikely" to have the vaccine, compared with only 15.6% of White British or Irish people (Robertson, Reeve, Niedzwiedz, et al., 2021).

Although there has been a degree of vaccine hesitancy among BAME communities, it should be noted that studies using fieldwork data from before the vaccine rollout, or in the early stages of the rollout, do not necessarily reflect current attitudes. It is also the case that peer pressure, knowledge of others receiving the vaccine and better information may have a significant impact on the ultimate rates of vaccine uptake. In the most recent government survey of adults in Great Britain, between 31 March to 25 April 2021, the highest vaccine hesitancy was shown among Black British people (30%), with 10% vaccine hesitancy among Asian or Asian British communities and 6% among white communities (Office for National Statistics (ONS), 2021). Thus, while there are still ethnic differences in vaccine hesitancy, and still a relatively high level among Black British people, the overall levels of hesitancy appear to have fallen. Nevertheless, there is still significant misinformation in the public sphere — including social media — which may yet prove damaging as the UK and other countries seek to roll out the vaccine.

1.2. Public Policy and Messaging

More than a year into the pandemic it was noted that whilst "developing and implementing culturally appropriate, targeted interventions to mitigate the impact of COVID-19 on ethnic minority communities are considered important, they have not been forthcoming" (Ala, Edge, Zumla, & Shafi, 2021). A statement on public health messaging for BAME communities was produced by the Scientific Pandemic Influenza Group on Behaviours (SPI-B) in July 2020 and published by SAGE in September 2020. It provides important background on the higher risk among ethnic minorities, but also issues around health messaging, cultural sensitivity, the use of language and mistrust of government. The paper acknowledges that mistrust of government means that health messages need to be conveyed by those who are trusted within BAME communities, including "faith groups, community leaders and lay health educators such as shop workers and taxi drivers." It goes on to note that, "Multiple credible sources should be utilised as not all members of BAME communities are responsive to faith leaders" (SAGE, 2020a). Nevertheless, faith groups have played an important role in this work. A mosque in Hall Green, Birmingham, was the first in the UK to open as a Covid vaccination centre in January 2021 (BBC News, 2021).

Such work being undertaken at different levels of government does not necessarily translate into culturally sensitive government announcements. At the end of July 2020, large parts of northern England were placed into new restrictions on social gatherings just a matter of hours before the Muslim festival of Eid al-Adha, leading to widespread dismay. The Member of Parliament for Calder Valley, Craig Whittaker, even suggested on LBC radio that BAME and Muslim communities were not "taking this pandemic seriously enough" (Khan, 2020). Examples such as these may have helped to reinforce the idea that the government was indifferent to the concerns of BAME communities.

1.3. Representations in the Media

A joint statement by the World Health Organisation (WHO) and other leading international bodies in September 2020 called attention to the damaging consequences of what it called "the COVID-19 infodemic". It defined an infodemic as,

> "an overabundance of information, both online and offline. It includes deliberate attempts to disseminate wrong information to undermine the public health response and advance alternative agendas of groups or individuals. Mis- and disinformation can be harmful to

> people's physical and mental health; increase stigmatisation; threaten precious health gains; and lead to poor observance of public health measures, thus reducing their effectiveness and endangering countries' ability to stop the pandemic." (World Health Organisation, 2020)

Social media is an increasingly important source of information across the world, including health information. Studies of Twitter have shown the ways in which information easily spreads (Memon & Carley, 2020; Sharma, Seo, Meng, Rambhatla, & Liu, 2020), but it is also worth noting that social media can play an important role in distributing valid information too (Singh, Bansal, Bode, et al., 2020).

Researchers have suggested that an understanding of how information spreads — whether from reliable or questionable sources — can help public authorities design epidemic models that more effectively account for social behaviour and tailor communication strategies appropriately (Cinelli et al., 2020).

Reports about online conspiracy theories included stories that the vaccine would change people's DNA, or that a microchip would be injected into people. The BBC reported that such rumours were being shared through groups on WhatsApp, the messaging platform (Coughlan, 2020).

A number of celebrities appeared in mainstream and social media to counter vaccine hesitancy, with some taking part in a widely shared video. It was reported in The Guardian that the celebrity campaign aimed to counter COVID-19 misinformation (Siddique, 2021).

1.4 Local Context

We note that although national policy on COVID-19, lockdown and vaccination defines the scope and possibilities for what is done locally, we need to respond to local needs and concerns, particularly taking into account the diverse needs of different ethnic communities. Population estimates as at 1 April 2020 show that 18.8% of Pendle's population is Asian or Asian British. In the context of the North West region, this is the highest of any local authority except Oldham (19.2%) and Blackburn with Darwen (28.1%) (ONS, 2021a). Responding to the needs of ethnic minority populations is a key consideration for all local authorities. This is particularly so in the case of COVID-19, given the disproportionate impact on BAME communities noted above.

The case numbers for COVID-19 show that the situation is currently largely stable (see Fig. 1 below), but the recent upsurges in Bolton and, to a lesser extent, in Blackburn with Darwen, demonstrate the need for public health authorities to ensure an efficient rollout of the vaccine across all age groups and ethnic communities.

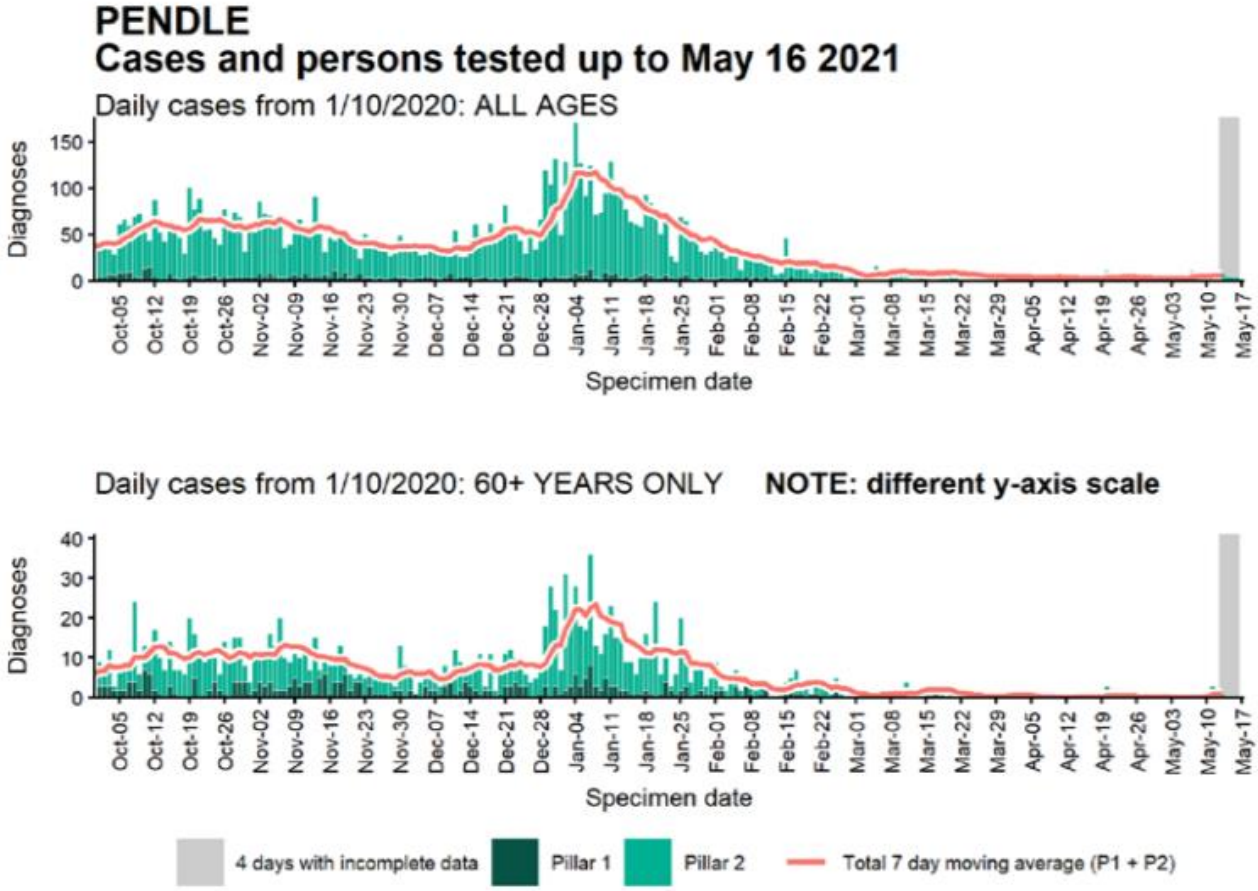

Fig. 1: COVID-19 case numbers in Pendle, 1 October 2020 to 16 May 2021. Source: Outbreak Surveillance Team, Public Health England

1.5 Summary

A survey of the media indicates that, even though members of BAME communities have been disproportionately affected by COVID-19, the same communities are hesitant to take the vaccine and are mistrustful of the vaccine. Media reports suggest this may be compounded by rumours and conspiracy theories about the vaccine including a microchip or changing the DNA of recipients. There have been efforts on the part of the government to change this mindset by producing videos showing celebrities taking the vaccine. This may also be related to social exclusion and mistrust of authority amongst BAME communities

The report is structured as follows. Chapter two sets out the methodology employed. Chapter three provides a detailed analysis of the findings from the community conversations in relation to government policy, vaccine concerns, sources of information, vaccine update and vaccine campaigns, and vaccine rollout. Chapter four provides a summary of the conclusions and chapter five sets out the key recommendations. A list of the references used throughout the report is provided in chapter six. An annex provides a selection of direct quotes taken from the community conversations.

2. METHODOLOGY

Building Bridges Pendle received a grant from the Ministry of Housing, Communities and Local Government (MHCLG) via Pendle Borough Council to run a 'Community Champions' project to:

- support a range of interventions to build upon, increase or improve existing activities to work with residents who are most at risk of Covid-19 - helping to build trust and empower at-risk groups to protect themselves and their families.
- deliver initiatives that will promote a reduction in the impact of the virus on all communities across Pendle.

As part of this work the University of Central Lancashire was commissioned to conduct a piece of primary research to address the following research questions:

- To explore understanding of Covid 19 in the BAME population in Pendle.
- To identify sources of information about Covid and the vaccine circulating within Pendle, as well as the national level and evaluate the influence these sources have on beliefs about the pandemic and the vaccine programme.
- To identify sources of information about Covid and the vaccine within the religious sphere the communities might be associated with.
- To identify sources of information about Covid and the vaccine within their countries of origins.
- To identify barriers to uptake of the Covid vaccine in BAME population in Pendle.
- To identify sources of trust within the BAME community in relation to Covid and the vaccine.

A series of online focus groups were held with people from a range of backgrounds across Pendle. The study has helped to gain an understanding of the BAME community in the Pendle Borough with respect to their perspectives on the COVID-19 vaccination programme, their reasons for hesitation towards the vaccine, their sources of information about the vaccine and their views of developing trust in the vaccine.

2.1 Online Community Conversations

A focus group is a method that elicits the experiences, opinions and attitudes of people with similar characteristics and is different from interviews where the focus is on individuals. Usually a focus group has between 6 and 10 participants and is run by a facilitator using a topic schedule to guide the conversation. Focus groups have been used to explore difficult-to-access experiential knowledges, opinions and meanings (Hopkins, 2007) and are particularly useful in situations where other methods might shut down awkward and politicised experiences and encounters (Hopkins, 2007; Koch, 2013; Browne, 2016).

A focus group discussion is particularly beneficial for drawing out more reflective participants who are less comfortable with immediate verbal responses and need extra time for thinking or prefer to sketch out their ideas (Colucci, 2007). Colucci asserts that 'such exercises help to focus the attention of the group on the core topic of the study and also to make subsequent comparative analysis and more straightforward and activity-oriented questions can also be appropriate for talking about sensitive topics, which might look less threatening when discussed through practical and enjoyable tasks' (p. 1423).

Many researchers have been more creative in their design of focus groups, drawing on the mixed-methods often used with interviews such as photo-elicitation (Harper, 2002), autophotography

(Moore et al., 2008), and mobile methods (Clark, 2017), rather than simply relying on a series of questions to prompt discussion. Photo-elicitation entails showing participants photos and providing the space for them to talk about their feelings, beliefs and understandings about particular practices and activities (Hurworth, 2003).

The inclusion of visual methods in the research process has the potential to generate new insights, to 'bring to the fore memories, ideas or social worlds that may easily be missed, misinterpreted or seen as unimportant' (Leonard & McKnight, 2015). Usually, the facilitator will pre-select a set of photographs relevant to the research topic and will interview the participant to understand their knowledge, emotions and responses to the photos.

Advances in digital technologies have made incorporating the visual into research much easier. Videos, media clips, photographs and other images can all be included as prompts and discussion points. However, the inclusion of visual material is subjective and care must be taken when selecting the images to be used. Images are open to interpretation, and different viewers will have different responses (Leonard & McKnight, 2015). As Pink (2007, 67) says,

> 'the meanings of photographs are arbitrary and subjective; they depend on who is looking. The same photographic image may have a variety of (perhaps conflicting) meanings…as it is viewed by different eyes and audiences in diverse temporal historical, spatial and cultural contexts.…'.

This is a feature that makes them very pertinent for the purposes of this study and the community conversations that we have devised for this study are an informal form of focus group designed to bring a small group of people together to talk about issues relating to their lives and those of their community (Morgan, 1988; Kitzinger, 1994).

During a community conversation, participants are encouraged to talk about their own lives, experiences and concerns and those of their wider community. Community conversations are useful for developing productive conversations among people with different views and lifestyles as they encourage people to listen and respond to alternative perspectives to their own. They provide a framework through which a range of topics can be raised for discussion.

Given the sensitivity of the topic of Covid vaccination, and the ongoing global pandemic the method was adapted to consist of *online* community conversations. Scholars have demonstrated that online focus groups tend to work slightly better than face to face conversations. Reid and Reid (2007) found that, after controlling for the greater number of contributions made by participants in face to face discussions, more ideas and answers were generated in computer mediated conversations than in face to face discussions. Their results therefore suggest that online focus groups are a viable alternative to face to face focus groups for certain purposes, including for discussing sensitive topics. As such, online community conversations were a viable and appropriate tool to understand the context of vaccine hesitation among primarily BAME community and East Europeans in Pendle.

In our implementation of the approach, we used a series or video clips from news reports, broadcast interviews and Covid-related health campaigns, organised around the key themes that had been identified, to provide participants with a connection into their thoughts and memories of events stretching back to the first lockdown. The selected video images helped provoke responses that enabled the researcher to identify and clarify underlying attitudes, doubts and questions. This approach was derived partly from the work of the educationalist Paulo Freire, whose work has been particularly appropriate for engaging and empowering marginalised groups (Taylor, 1993; Freire, 2013; Ledwith, 2015). However, the limitations of the study meant that we were unable to do an initial in-depth thematic investigation through which to identify the themes, as would be common in a Freirean process, and the scope for a fully problem-posing approach was limited by time.

One potential problem is that group discussions can be dominated by one participant. A key role of the facilitator is to ensure all participants have the opportunity to speak and that all topics are covered.

2.2 Data Collection

Seven online community conversations were conducted in April 2021 using Microsoft Teams with various groups of participants, as follows:

1. first generation older men of Pakistani heritage.
2. second generation, British-born Pakistanis (men and women).
3. first and second generation Pakistanis (women)
4. Syrians (men and women)
5. Eastern Europeans (men and women)
6. a mixed group of Pakistanis, Syrians and Eastern Europeans (men and women)
7. white British (men and women).

In order to adhere to national Covid-19 regulations and guidelines there was no physical face to face data collection. Each conversation lasted two hours with between five and ten people per conversation. They were recorded in Microsoft Teams and transcribed using the closed caption function within the software. Where translation or interpreting was required, as was the case with Arabic and Latvian speakers, it was provided by Building Bridges Pendle.

Building Bridges Pendle was responsible for recruiting members of the public to participate in the online conversations.

2.3 Themes for Online Community Conversations

The community conversations in this study were structured around images and video clips that acted as problem-posing tools to connect with the experience of participants. The images and video clips were selected through an iterative process. A long-list was created using an overview of the media and academic literature and this was presented to Building Bridges Pendle who highlighted the key issues they believed to be most relevant in the local context. These were then condensed thematically, to produce a list of topics that would allow participants greatest scope to reveal their beliefs and knowledge about Covid-19 vaccination.

Indicative topics used in the online community conversations were:

- Understanding of Covid-19 – what it is, perspectives on Covid-19 measures such as lockdown, facemasks, social distancing
- Understanding of vaccination – what it is, perspectives on need, rollout, uptake, barriers
- Trust - trust in science and other sources; trust in vaccination programmes, trust in government and other authorities
- Family and own (ethnic, cultural) community – where they obtain information, influences, behaviour
- Wider community – relationships with dominant society, inclusiveness

Each community conversation followed the same format. Members of the community were shown 30-60 second clips followed by open-ended questions related to the indicative topics identified above. The selected clips included news items related to government policy and COVID-19, vaccine campaigns, and interviews on attitude towards vaccine uptake.

2.4 Research Ethics

Ethics approval was obtained from the University of Central Lancashire's Ethics Committee.

All participants were provided with an information sheet providing full details about the study and an electronic consent form which they signed in advance indicating their consent to participate. At the beginning of the online conversation people were reminded of their right to withdraw from the project.

All interviews were conducted in the English language. The interviewer was fluent in Urdu, and Building Bridges Pendle provided translation and interpretation where needed for each focus group.

No payments or incentives were provided for participation. Participants will receive a copy of the final report once it is approved by the funder. All participants are anonymised in this report.

2.5 Research Limitations

Recruitment for the focus groups was conducted by Building Bridges Pendle. The approach chosen relies on small group discussion and thus a limited sample size. While every effort was made to identify participants with a range of views, the focus groups should not be considered as statistically significant.

The themes were chosen by the researchers in consultation with Building Bridges Pendle to reflect the key concerns of the funders. There was no scope, in terms of time and budget, for an initial thematic investigation which might have elicited additional themes for the research.

3. FINDINGS

This section focuses on the findings related to government policy, vaccine concerns, sources of information, vaccine uptake and campaigns and the vaccine rollout. Some direct quotes are provided to illustrate the range and depth of discussion during the community conversations, with additional selected quotes in the Annex. The responses are organised into the five thematic areas previously identified.

3.1 Government Policy

As we have noted, there have been significantly higher levels of infection, morbidity and mortality among BAME communities during the pandemic. This was reflected in our focus groups, where there was personal knowledge of people who had lost their lives.

The majority of the people in most groups were of the view that the government took actions very late.

> *It has taken some time for the government to take serious action. (Participant, First Generation Pakistani Group)*

> *They didn't make their plans clear. People didn't know what to do. (Participant, First Generation Pakistani Group)*

The Pakistani first and second generation felt that they were treated like 'second class citizens' by government, due to the disproportionate death in the community, the cancellation of Eid al-Adha at such a late stage, as well as the current categorisation of Pakistan in the red list. At the time of the focus groups, India had not been put on the government's 'red list', and several of the participants took the view that putting Pakistan on the red list was discriminatory, given the relatively low rate of infections compared to India and France.

> *There are so many other countries, whose infection rate is more than Pakistan, but Pakistan has been put on the red list. There is some political issue with that why they have put Pakistan in the red list. It's all political. The countries they don't like are treated in a different way. How can a family 5 who wants to return to the U.K. can afford to pay £15,000 to £20,000. How can they afford it? The government is trying to make money out of poor people. (Participant, First Generation Pakistani Group)*

The cost of testing associated with travel was also a big concern.

> *I am trying to push this matter. If there is an empty house. They should not have to stay in a hotel. They pay council tax. This is the argument I am having in the last two weeks to ease the condition and anybody coming from Pakistan should not have to stay in a hotel. And another thing, that the charge what they are doing for testing £210 is unnecessary. People with low income cannot afford to pay this. I think they should abolish this. (Participant, First Generation Pakistani Group)*

Several of the participants also felt that there was some stigmatisation of Asian families and structural issues remained unaddressed. The participants were of the view that because they lived in terraced houses and in extended family situations, they were being blamed for the spread of COVID-19.

> *There has been **scapegoating** for a variety of various reasons. I think that's fairly definitive and that scapegoating has been around ethnic minorities. Asian communities. (Participant, Second Generation Pakistani Group)*

Most of the participants were sympathetic towards the NHS and believed that the government should have protected NHS workers with PPE earlier on and improved their employment conditions, instead of clapping for them every Thursday.

Some of the participants who were parents felt that the government was especially unclear about school closures and openings. Participants felt that there had been conflicting messages from the government, NHS, WHO, and the GPs.

> *With the government saying one thing and then doing another thing has made a massive impact. From my personal opinion, the government doesn't know what it's doing. (Participant, Second Generation Pakistani Group)*

Eastern European groups were sympathetic towards the BAME community and were of the view that given the disproportionate impact of COVID-19, they should have been among the first group to have been vaccinated.

Some participants also felt that there was no assessment of people's mental health which they felt to be an important factor.

3.2 Vaccine Concerns

While there were concerns about the potential side effects of the vaccine, most participants were eager to take the vaccine. Some of the people preferred to take Pfizer as opposed to AstraZeneca and were worried that their second dose might consist of AstraZeneca and were worried about the implications of mixing vaccines.

Several of the Pakistani first-generation participants were also worried that they would get their appointments for their second dose while they were fasting and wished for their appointments to be shifted to sundown after *Iftar.* Although a common belief, leading Muslim scholars have stated that the vaccine is permissible during Ramadan without breaking the fast (Ali, Hanif, Patel, & Khunti, K., 2021).

> *It's not that the BAME community is hesitant as such but many people including white Britons are selective about the vaccines. Some. People want Pfizer and others AstraZeneca. So, if on the day, I only have AstraZeneca, they may walk away. And it is their right to do so. It's difficult when can't provide that choice. And it's a difficult question to answer. (Participant, Pakistani and Syrian Group)*

There were two people, one from the white British group and one individual from the second generation Pakistani group, who were somewhat hesitant because of the fact that the vaccine had been 'developed quickly', but said they would eventually take it.

There were concerns and worries about the quick delivery and turnaround of the vaccine but given rumours about the enforcement of the vaccine, such as vaccine passports, people felt that they had no choice about the vaccine. Many of the participants believed that vaccines will be required for them to travel and to go to work, but several people felt that this was a dangerous route to take because people's right to choose and democratic rights were being taken away. Many people believed that life would become very difficult if they didn't take the vaccine. Several participants believed that there was a lot of pressure to take the vaccine, and therefore they didn't have a choice but to take it.

Some people felt that there was much media manipulation and there was no trust left with the government. One participant was of the view that there was complete disregard for the lived experience of Pakistani communities in Pendle and there was much finger pointing and blaming for the low uptake of vaccines. One participant had also received hate mail.

> *I think that the Asian community have been demonised in the media and have come to have known as anti-vaxxers. Who are against the vaccine and who are not taking the vaccine. Who are refusing to take the vaccine and who don't care etc. and from my perspective and what I see on the ground that isn't the case. Most people I know are taking the vaccine. (Participant, Second Generation Pakistani Group)*

3.3 Sources of Information

The majority of the participants relied on various sources including the media, news from their own country of origin, the NHS, doctors from their country of origin, friends, neighbours, professional groups, medical people on social media, alternative news sources, as well as government websites. Elderly people often got their information from their children, and extended family members. None of people in the community conversations admitted that they relied on rumours or social media.

> *I think it's who you are. If you are a social media person, then that's where you are going to get your information from. Some people might dig a bit deeper in the government websites. It depends on the kind of person you are…Let's not forget that a huge white community who don't want to take the vaccine. There was large demonstration of 10,000 in London with the slogan, 'You can shove your vaccine etc.'…' but it's always directed at the BAME community. (Participant, Second Generation Pakistani Group)*

There was some evidence of distrust of mainstream broadcasters, however,

> *I get my information from a variety of sources. But not the BBC. I don't trust the BBC for sure… I don't think that they give me the world view. It's a very tame news. I am excited in things outside England. I don't think they give good coverage on England. What's happening in N.I. in the past few weeks, I've seen very little about that. And that's a concern to me. How do we manage that? There has been nothing about Brexit. They have been very tame about how they spent money. I think that the BBC has been more entrenched in the system. (Participant, White British Group)*

Some of the participants had heard rumours such as the vaccine can change DNA, and about 5G but thought it was absurd and did not believe it. Some of the participants understood these rumours to be quite damaging.

> *I am not worried about the rumours, but I am worried about the scaremongering about the Asian community on social media and the media. You have lots of people everywhere and no groups of people should be labelled as anti-vaxxers. (Participant, Pakistani Women's Group)*

One participant thought that the language on the government website needed to be simpler in order to align with the language of the social media. This participant recognised the influence and significance of social media. Some felt that social media was rife with scaremongering, but that no one paid any serious attention to it. Some of the older participants thought such rumours were more prevalent among younger people since they tended to use social media more frequently.

On the other hand, many people felt that could not trust the government either and were of the view that they 'chop and hide the figures'. The two participants who were hesitant to take the vaccine did not also rely on social media. The majority of Pakistanis thought it was patronising on the part of the government to target ethnic minorities and have a 'go' at them. Many of the participants believed that it was a very small percentage of people who are 'anti-science'.

3.4 Vaccine Uptake and Vaccine Campaigns

In the next part of our focus group sessions, we concentrated on vaccine uptake and campaigns. Some of the campaigns targeted at BAME communities had shown celebrities endorsing the vaccine and also saying how their parents had taken it. This type of messaging did not go down well with some.

> *I am so happy for their parents having the vaccine, but their parents aren't my parents. (Participant, Second Generation Pakistani Group)*

The Pakistani first and second generation were astonished and surprised at the survey results which showed that vaccine uptake was low among ethnic minorities given that there was a disproportionate number of people who were affected by deaths. Many felt it was a form of racism

and the first-generation Pakistanis felt that they were being treated like second class citizens. They wanted the government to show people lining up to take the vaccine. They felt that Pakistani Muslims were being targeted unfairly.

> *There is a propaganda going on that the Asian Community is not taking the vaccine. I don't think that this is true. As far as I know everyone has taken the vaccine. No one has not taken the vaccine. There is propaganda going on that the Asian community has not taken the vaccine. (Participant, First Generation Pakistani Group)*

Some identified a difference in how people who did not take the vaccine were seen, such that when white people chose not to take the vaccine, they were thought of exercising their democratic rights, whereas if non-white minorities chose not to take it then were understood as 'anti-vaxxers.'

Some felt it had been a horrendous time for elderly Pakistanis whereas second generation and younger people were more equipped and had access to more resources. There was also a fear of hospitals amongst the elderly generation, but not necessarily fear of vaccines.

> *My mum doesn't go out anymore. She is so scared of COVID. I think it will take years for some people to get back to normal. (Participant, Second Generation Pakistani Group)*

The majority of participants had already received their first vaccination and were eagerly waiting for their second one. A few of the participants displayed hesitation and some worried about side-effects but said that they would take it but not advocate other people to take it.

> *The question you ask, 'have you had to convince anyone to take the vaccine?' is problematic because it implies that we are under some kind of duty and obligation to convince people to take the vaccine. I don't think that's a fair question, because taking the vaccine is someone's personal choice. The relevant information is out there. If you want to take it. Then take it. If you don't want to take it, then don't take it. So, for me personally, I would not convince anyone. (Participant, Second Generation Pakistani Group)*

> *If you have to convince someone to take the vaccine, then you are saying that your view is more intelligent than theirs which isn't clearly the case. (Participant, Second Generation Pakistani Group)*

Of all the interview participants only one person from the Pakistani second-generation group stated that they would not take the vaccine because he felt that he was healthy and fit. Others thought that it is down to the individual and if you are young and healthy you may choose not to take the vaccine.

> *I personally won't be taking the vaccine because I am healthy and fit. (Participant, Second Generation Pakistani Group)*

> *In the Pendle community a lot of people have died, there have been funerals and people realise that they have to take the vaccine. There is no choice. It's down to the individual and their freedom to do so. If you are young and health maybe you don't need to take but if you are elderly then it's best to take it to protect yourself. (Participant, Second Generation Pakistani Group)*

Similarly, an Eastern European woman displayed hesitation for the same reasons but said she would take it eventually. Her father had yet to take the vaccine even though he was eligible. Finally, a white British woman displayed strong hesitation, but said that she would take it as she felt that she had no choice. Her son was opposed to taking it, but she said she was thinking about it.

Some of the participants mentioned that they knew people who were hesitant to take the vaccine because of fear of possible side effects. This was found to be one of the major issues in previous research on vaccine hesitancy (Razai, Osama, McKechnie, & Majeed, 2021).

There was also some discussion of mental health. Some people felt that the government was putting all this emphasis on the uptake of vaccine to the detriment of other issues such as mental health.

There are more people suffering from mental health now. I work in a school. I see all the impact now that lockdowns and COVID has had on mental health of children. There are children in my class which are dealing with depression and anxiety. And these are just 7- and 8-year-olds that are having to deal with anxiety. (Participant, Second Generation Pakistani Group)

Some of the participants were also of the view that the government had this stereotypical view that the Pakistani elderly generation were anti-science which they thought was false because they trusted their doctors and followed their instructions and formed good relationships with them.

Most people were disappointed with the campaign and felt that they could not rely on the people employed for the campaign. They thought it was a joke and that the celebrities employed were probably there to make money.

They (campaigners) get thousands and thousands of pounds for saying it. It says it all doesn't it? (Participant, Second Generation Pakistani Group)

Campaigns are important but some people will think that these celebrities will just pretend to have the vaccine just for advertisement and to get money. So, they will not believe them. (Participant, Syrian Group)

So now they are saying that we should trust celebrities in our decisions! Stupid idiots! (Participant, Second Generation Pakistani Group)

Participants in the white British group did not comment on the campaign but generally sympathised with the BAME communities, recognising the fact that many were working in frontline jobs and had been disproportionately affected.

3.5 Vaccine Rollout

We noted a degree of scepticism about whether the vaccine rollout would enable people to get back the freedoms they had previously. A common view was that it would be necessary to continue to wear masks and maintain social distancing. People did not see an end to restrictions and felt that it would roll on and on. Several of the participants did not believe that this was the last lockdown, that the virus would last six to twelve months and living with the virus would become part of their lives.

This did not necessarily mean that freedom as such had been lost, with more pragmatic views prevailing.

I really don't like when people say if we will get our freedom back. Nobody has taken away our freedom. We are just taking precautions to save lives. We're not imprisoned. We are not locked in a house. Yes. We are limited. But no one is bombing your streets. I disagree with this phrase. Our normal wasn't that great either. It's a breath of fresh air that our planet needed. We need to concentrate on positives rather than thinking of the negative side of things. (Participant, East European Group)

Several people understood that even after taking the vaccination themselves they could continue to pass the virus on to other people who had not taken the vaccine. The participants believed that individuals would need to be careful just like one is during the 'flu.

Despite a generally positive welcome for the vaccine, not everyone took this view. Some people felt that the vaccine may create a two-tiered society and people who had received the vaccine would have greater freedoms than those who decided not to take it. Taking the vaccine would effectively become a requirement at their workplace so they will not be left with a choice.

There was also a view among some, though not all, that more attention needed to be paid to local concerns and the specific issues of each area.

I saw it in the news that Northern Ireland had the lowest percent of uptake. It was only 60%. I think because of Brexit and current unrest there is a lot mistrust in the government. So, it's up to the people in N.I. to encourage uptake. They know what is going on in their

local communities. The local areas need to have more say in how things go. (Participant, White British Group)

The majority of the participants had lost faith in the government, given the contradictory messages and failure to deliver on promises. However, many of the participants felt that because the government has successfully rolled out the vaccination programme, it was better to take the vaccine. Several of the participants were of the view that people didn't have a choice whether to take it or not.

There has been a success in the rollout but the government should not take credit. It's the NHS which was successful in the roll out and the people who work for the NHS. The government made a complete balls out of everything else. Had it been for Boris Johnson, Mat Hancock to sort out the vaccine, it would have been all over the place. It's down to frontline that's doing it but not because of the government. You don't read about it that way. Do you? (Participant, Pakistani/Syrian Group)

The first-generation Pakistani group (men) wanted adjustments with respect to the rollout of the second dose given that, at the time, Ramadan was only a few days away. They felt that the government should be able to give the second dose to them before Ramadan and they were of the view that the government had enough supplies to roll it out. This elderly group of men did not wish to take the vaccine during their fasts. They had fears that if they waited too long after the month of Ramadan then perhaps supplies of the Pfizer vaccine would not be available and they were concerned about mixing doses.

Some participants questioned whether the vaccine rollout was really a success for the government, given the number of people who have already died during the pandemic.

I don't think the vaccine roll out is a success because so many people have already died. The older generation is gone. The founding fathers, people who built the community, died. They were the ones who set it up. So, I don't think that the vaccine roll out is a success as such. But we are lucky we live in a developed country and there are countries don't have systems in place. So, it's a success at a loss. (Participant, Pakistani/Syrian Group)

In the end, the vaccine could not replace a sense of loss.

It's been an emotional journey for all of us. People have lost loved ones. (Participant, Pakistani/Syrian Group)

4. SUMMARY

There were no significant differences amongst the seven focus groups with respect to vaccine hesitation and uptake. Across all groups only one person (who was in the Pakistani second-generation group) stated that he would not take the vaccine because he believed that he was healthy and fit. Others expressed worries regarding the vaccine mainly because of potential side effects and the current news about possible clotting from the AstraZeneca, but nevertheless said they would receive the vaccine.

The participants were of the view that there were only a small minority of people who did not wish to take the vaccine, but it was not limited or confined to any particular group. In general, participants felt there needed to be a basic level of information disseminated about the vaccine, but that it was individuals' personal decision and people should be allowed to make informed decisions. They felt that people should be informed but not be overly influenced. People also felt that they were being forced into receiving vaccines and that in some instances it was not a personal choice.

Many participants in the BAME groups felt that the campaigns were futile and without substantive information. Several of the participants from Pakistani first and second generations could not comprehend why they were being targeted by such messages from people whom they could not necessarily identify with since they did not appear to be from working class backgrounds. They were of the view that rather than spending money on such propaganda the government could have better invested money in making vaccines widely available in places like East Lancashire. Furthermore, these participants were of the view that the campaign was much more effective when they heard about the vaccine programme from their local imams whom they trusted, rather than celebrities whom they had no trust in.

Many of the participants felt that there needed to be a real grassroots effort at a community level to educate people about the vaccine. They felt GPs and community members needed to meet up with people who were hesitant and that by meeting them face-to-face they could educate people and make them aware of the benefits of the vaccine. Several participants mentioned that local mosques should play a role in educating people. But most people believed that the majority of people of colour were taking the vaccine and that only a small minority remained to be informed about it.

There was mistrust of government, particularly among the Pakistani first and second generation. This was principally due to the disproportionate number of deaths of minority populations from COVID-19. They believed that COVID-19 had exposed the inequalities in the system. They were also frustrated about the fact that, at the time of the interviews, the infection rate in Pakistan was much lower than India and France and yet it was Pakistan which had been put on the red list and not India. The Pakistani first generation felt that they were treated by the government as second-class citizens, while the Pakistani second generation felt that they were subject to racism and treated unfairly, given the unevenness in the lockdowns and the last-minute restrictions imposed immediately prior to Eid in 2020. The white and Eastern European groups generally expressed solidarity with the minority groups and the Eastern Europeans were of the view that the BAME communities should have been among the first group of people to be vaccinated.

The Syrian group were less critical of the government's policies and felt that compared to the Syrian government it was still substantially better in the UK. However, they did express frustration when preparations for Eid al-Adha were suddenly upset by last-minute restrictions.

The participants relied on a number of sources of information about the pandemic and vaccine uptake. None of the participants said that they relied exclusively on social media, and they mocked and made fun of the rumours circulating on social media. No one relied exclusively on government

websites either. One individual of Lithuanian origin relied exclusively on news from Lithuania and accessed news about Britain from this source.

The majority of participants felt that the government had done little initially to combat the vaccine and were deeply disappointed about the fact that so many people had unnecessarily lost their lives. Among the participants, there were some people whose family members had passed away due to COVID-19.

In sum, there was a consensus that local communications, surveys of local needs, and local campaigning worked better and instilled more trust. The participants did not trust the outcome of a large-scale survey which demonstrated that minority populations were less likely to take the vaccine and thought it was just propaganda since the majority of the people they knew were ready to take the vaccine or had already taken the vaccine. In order to improve the lives of Pakistani migrants in the U.K., some individuals were of the view that the Pakistanis in Britain needed to act collectively rather than looking after themselves. Some of the participants were of the opinion that Eastern Europeans were the least likely to take the vaccine.

There was a strong view that returnees from other countries such as Pakistan should not have to pay high sums for quarantine and testing.

5. RECOMMENDATIONS

Messaging at all levels needs to be clear and consistent

Our study demonstrated the need for clear and consistent messaging from government, and for the need for government to respond quickly to emerging situations before it is too late. This is not without problems, however, and the controversy about placing new restrictions on gatherings the day before Eid al-Adha shows the need to sensitivity in how measures are applied.

Make information relevant to each community

Information needs to be tailored to be relevant to the local area, including provision for multiple languages where appropriate. Local communications, surveys of local needs and locally-based campaigns are important to underpin public health messaging.

Don't hide from difficult issues

Honesty and clarity is important in messaging. If assurances about the vaccine are seen to be patronising or omitting key information, there will be some resistance. Clarity about the side effects of the vaccine is important, and issues such as blood clots need to be addressed and put into perspective.

Avoid the scapegoating of BAME communities

Scapegoating and stigmatisation through the media is a significant problem, but this is sometimes reinforced by politicians pointing to issues such as households with several generations and the density of housing, while failing to recognise social inequalities and structural racism.

Local authorities, health services and representatives of local communities need to consult on measures to make services more accessible

We noted a need to provide vaccine appointments after sundown during the month of Ramadan, and to be flexible about appointments at other times such as during Eid al-Fitr. Services need to be opened in local areas with after-hours and convenient timing.

Partner with mental health support groups

There are major concerns around mental health coming out of the pandemic, and we would recommend that Pendle Borough Council gives a priority to work with mental health charities and support groups, especially those that can connect with ethnic minority communities.

Make use of a range of local community representatives and professionals to communicate issues effectively

There is a need to identify those who are best placed to inspire trust and credibility in BAME communities, and not simply to fall back on a lazy assumption that it is only faith leaders who represent the communities. Others, such as medical professionals or community workers, may in many instances be better placed to give appropriate information.

Provide for ongoing study and monitoring

Our research has covered a limited range of ethnic groups and would benefit from additional insights into communities from African, Chinese and Indian backgrounds, for example. We could learn more from age-related insights into behaviour and attitudes, particularly with the tensions between the concerns for 'freedom' (from lockdown) and public health. We would also see a benefit in monitoring ongoing attitudes, especially given the risks associated with new variants and local surges in infection rates.

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ANNEX: SELECTED QUOTES

These quotes are provided to illustrate the range of discussion in our focus groups. We have not identified individual participants.

Government Policy

First Generation Pakistani

They didn't make their plans clear. People didn't know what to do.

It has taken some time for the government to take serious action.

I agree that the government didn't take this at all seriously in the beginning. They spoilt the whole issue. When matters got out of hand, then they started to implement some plans. They should have at first started to take some precautions. For example, when people used to first come to the country there were no checks. There were no house checks. People were going to shops, there were no policies implemented with regard to masks. I think all of this was deliberately left out. Now we have to take personal responsibility. It was known all over our community and it was within our mindset and we were convinced that whoever goes to the hospital does not come out. Everyone was made to feel scared that anyone who goes to the hospital will not return. Thus, it was the government's responsibility to alert the public in the first place about what was going on or how to handle. If the government had acted responsibly in the first place then, this would not have happened in the first place. Now they are putting unnecessary pressure on the people. Some people losing their jobs. Now the kids are stuck and they have to go to school. They are not allowed to come in. (Referring to current situation with respect to Pakistan being put on the red list). Now the airport is saying that we cannot handle them. This is nonsense. The airport is empty.

There are so many other countries, whose infection rate is more than Pakistan, but Pakistan has been put on the red list. There is some political issue with that why they have put Pakistan in the red list. It's all political. The countries they don't like are treated in a different way. How can a family 5 who wants to return to the U.K. can afford to pay £15,000 to £20,000. How can they afford it? The government is trying to make money out of poor people.

I am trying to push this matter. If there is an empty house. They should not have to stay in a hotel. They pay council tax. This is the argument I am having in the last two weeks to ease the condition and anybody coming from Pakistan should not have to stay in a hotel. And another thing, that the charge what they are doing for testing £210 is unnecessary. People with low income cannot afford to pay this. I think they should abolish this.

Second Generation Pakistani

*There has been **scapegoating** for a variety of various reasons. I think that's fairly definitive and that scapegoating has been around ethnic minorities. Asian communities.*

With the government saying one thing and then doing another thing has made a massive impact. From my personal opinion, the government doesn't know what it's doing.

It all started with Boris not going to the stakeholder's meetings. It was all retrospective. The Chinese were giving some good information. The Italians were giving some excellent information because they got whacked first. Not going to the stakeholders' meetings was a mistake. I don't know where Boris Johnson's mindset was. If you are going to miss a meeting that has to do with the Pandemic, it tells you a lot.

First and Second Generation Pakistani Women

I feel really let down by the government. A lot could have been done to tackle the situation a lot better. I feel that the media and the government has put COVID in a confusing light. You know you hear about the conspiracy theories, where you have your classes of people where certain people have to abide by the law and as soon as it goes up it's okay to break the law. There is a lot of stuff which needs to be reflected and raise as well. You know the politician who broke the law. The media shows us these things but none of it was acted upon. I think we are a fragile society now because of Black Lives Matter and the way the government has highlighted certain different wards where it is higher or lower. There are minorities which are not abiding by the law. At the end of the day only about 25% is ethnic minority. What about the rest of 75?For me things and stats don't match up. I feel as if though there is a lack of communication in the Parliament. People need to have equal say. We have been getting one message from the WHO, another message from the government and another message from the NHS and another message from the GPs. It's been a nightmare.

Syrian

If the government had taken the first step from the beginning then this problem would not have occurred. We would not have been in this position. We will not be here today.

Compared to the Middle East there was less control in the beginning in the U.K. If there had been more control in the beginning like the Middle East it would have been better. When he wanted to do this herd community in the beginning it was a bad idea. But after that things got better. Because the government didn't control in the beginning the cases became more and more.

Eastern European (Ukraine and Lithuania)

Hindsight is a very good thing. Isn't it? The government made the best decisions with the knowledge they had at the time.

I remember that Lithuania went into lockdown when it had 4 deaths. Like literally 4. At the same time I was hearing about what was happening in the U.K. and the amount of people who died from it. And to me it was very weird that how come the U.K. is not doing anything about it?. Lithuania closed everything with just 4 deaths.

White British

The government handled the situation abysmally in one simple word. They threw the book through the window. They didn't follow the rules. In terms of management, media and control it was also abysmal. Because you had the dual messages coming out. Don't do what we do. Do what we say. It was difficult to manage from a community point of view from where you are working.

The lockdown before Eid was not good. It had a massive impact on what people were doing. And the perception was that certain areas were being targeted because they were from certain communities. And that was when restrictions was loosened slightly because we could sit outside the pub. And from the conversations, it seemed like what was going on was that there is a particular community that is making it worse for us. That wasn't the case, that wasn't the fact. But the way the government treated it was that they were stepping in and not allowing local decisions to be made. When you have local decisions, then it's nearer to the ground.

And after what happened with Christmas, it must have seemed unfair to the Asian Community.

Vaccine Concerns

First Generation Pakistani

There is a propaganda going on that the Asian Community is not taking the vaccine. I don't think that this is true. As far as I know everyone has taken the vaccine. No one has not taken the vaccine. There is propaganda going on that the Asian community has not taken the vaccine.

I was begging everyone to give the second dose council, GP practioners to give the second dose before Ramazan but they did not do that. We don't want the injection during Ramzan because it

breaks our Roza, but some sectors they say we don't break it. But those who don't want it during Ramazan, give them now. There is no help and communication for us. After Ramazan there is no guarantee that we get the same dose.

Why are they targeting our areas? We are British as well? In other areas, there is more flexibility about timing. They are not bothered about this area about giving the vaccination.

I disagree with the fact that the uptake of the vaccine is low in the BAME community. All propaganda. All false figures. Even Pakistan going into the red. Look at the figures of France, India and other countries. Why are they not in the red??I disagree with 99% of the things that the government is doing even though I am a community council. What's wrong is wrong.

Second Generation Pakistani

I think that the Asian community have been demonised in the media and have come to have known as anti-vaxxers. Who are against the vaccine and who are not taking the vaccine. Who are refusing to take the vaccine and who don't care etc. and from my perspective and what I see on the ground that isn't the case. Most people I know are taking the vaccine.

I personally won't be taking the vaccine because I am healthy and fit.

In the Pendle community a lot of people have died, there have been funerals and people realise that they have to take the vaccine. There is no choice. It's down to the individual and their freedom to do so. If you are young and health maybe you don't need to take but if you are elderly then it's best to take it to protect yourself.

The government has shone the spotlight on us. We are an abiding company and we have done what we can. But we have been blamed, we have been blamed for living in overcrowded conditions, we were the ones for causing the highest death rates, we were the ones who were not adhering to social distancing and now we are being blamed for not taking the vaccine. My personal experience is the opposite. We assess our own risks. I cannot tell you how hard we have tried. We have seen our elders die and therefore we are very willing to take the vaccine. But we are now the ones who are obstructing and not taking the vaccine. It's just manipulation. The mosque has been on board. We have made sacrifices and now we are told that we are the community that are not adhered.

Pakistani Women

Everyone worries about the vaccine. It would not be normal to worry about a vaccine. I think it's very natural to have those questions.

Worry is natural. Even more now, because of this blood clotting report now. Some sections of the community are really worried. Nobody has a real answer as to how to alleviate this worry. Only time will tell. Because so many things are new to everyone.

It's quite to normal to have the worries, but majority of the people I have spoken to are quite willing to have the vaccine.

I think there is just discrimination against the BAME community. I think the consensus is like everyone else, it's your own choice- it's a personal choice. I work in the NHS and I don't want as a health professional to pass on the vaccine to someone else because they could sue me. Because I have not had the vaccination and protected the population. That's my reason. Everybody has their own reasons. I have worked in the immunisation field for a long, long time. I have been in the NHS for a long time. I have been here for 20 years.

We created this NHS Muslim group which is so great because we are going to speak up. We are not going to be oppressed. There are doctors, midwives, dentists, nurses have joined this group and they object against this labelling of BAME because it's wrong.

It's a racist system to put it bluntly. It is. At my organisation we don't even use the term BAME anymore because we find it super offensive. We now call it people who may experience racism.

The advantages of the vaccine far outweigh the disadvantages and we are seeing good results. Of course more lives have been lost because of COVID among ethnic minorities and we have to think

why. Why did our people have to die compared to others? They are poor, they are illiterate and they live in unhealthy surroundings.

Syrian

I heard different views that people don't trust the vaccine because they change DNAs. It's not my opinion that just what I heard. They just use it to experiment on humans. So, this is why people don't trust the vaccine. I think many people are more concerned about the vaccines because they don't know what will happen to them in a few months' time. This vaccine could have unknown results. Instead of all the advertisements about the vaccine, the government should make the people feel rest and safe. I trust this vaccine and don't believe that there is any conspiracy behind it. I want to have this vaccine because I want to feel safe and to this duration of the vaccine for not so long.

Eastern European

I am not against the vaccine. But I don't understand why people who have had COVID need to get vaccinated. I would like to get a vaccine but I have not received a letter inviting me to get a vaccine.

I can explain that. Because you can get COVID more than once. It's not like chicken pox.

I worry about the vaccine but it's because I don't have enough understanding and things I don't know. I also thought about how this vaccine was developed so quickly compared to other vaccines. I am partially against the vaccine, because in a perfect world when you are totally fine and healthy, there is no need to be vaccinated. But I will go and get that vaccine. I will be really scared because there are some things I don't like about that. But I have to chose between two bad things-to get vaccinated or get COVID which could be worse. When you need to choose you do.

White British

I was ill with COVID for six weeks, so I didn't have any worries or hesitancy about taking the vaccine. I know that there are a lot of projects going on to encourage people from different backgrounds to have the vaccine. I believe that the funding has come from the government. I personally don't know what the take up is like in Nelson.

I am a great proponent of vaccines but I don't feel 100% sure about this one. I know in our head it's right to have it. But because I have already had COVID and I have a friend who definitely won't take it. I am glad that I have had it. But what else have I got because it seems so fast to me. So I am not 100% behind it. I cannot say to people that they should have it.

For me to put something into your body to sort you out doesn't feel natural. I have asthma. Something that isn't natural is a bit of challenge to be.

Sources of Information

Second Generation Pakistani

There is certainly in our community that is anti-science. And their concept of healing which I get prayer works and everything. The lord helps and everything. We Muslims, we pray. God looks after us. But there also has to be a certain amount of self-help. So what if you break a leg? You go to the doctor. So some of these beliefs can be dismantled. But the establishment is having a go at ethnic minorities. But why are you surprised? They are having a go at your education. They are having a go at your fashion. Your prayers. Your life style. So all of a sudden they question your medical views. Because they have had a 'go' at us for 100 years. They are a little bit more scientific about us now. You know what I mean. If it's in the white community, then it's a kind of 'public health democracy situation' and if it's in the black community then it's like they are 'anti-vaxxers' they don't believe in the vaccine, they are non-conformists. That narrative has already been there. But we shouldn't be shocked honest.

I think it's who you are. If you are a social media person, then that's where you are going to get your information from. Some people might dig a bit deeper in the government websites. It depends

on the kind of person you are…Let's not forget that a huge white community who don't want to take the vaccine. There was large demonstration of 10,000 in London with the slogan, 'You can shove your vaccine etc.'…' but it's always directed at the BAME community.

Pakistani Women

I am not worried about the rumours, but I am worried about the scaremongering about the Asian community on social media and the media. You have lots of people everywhere and no groups of people should be labelled as anti-vaxxers.

Pakistani and Syrian

I have had COVID. I didn't want to take the vaccine. But, I was put under a lot pressure to take the vaccine by my family and co-workers. People told me that If I didn't take the vaccine I would lose my support bubble and may even lose my employment. I took the vaccine and I was absolutely floored. And then I had COVID again. So, I don't know if the vaccine works for me.

White British

I get my information from a variety of sources. But not the BBC. I don't trust the BBC for sure… I don't think that they give me the world view. It's a very tame news. I am excited in things outside England. I don't think they give good coverage on England. What's happening in N.I. in the past few weeks, I've seen very little about that. And that's a concern to me. How do we manage that? There has been nothing about Brexit. They have been very tame about how they spent money. I think that the BBC has been more entrenched in the system.

I would rather look at the Sky news than the BBC.

I am more likely to find things. I do like watching a lot of documentaries which are made by different countries as well on stuff that I am interested in. I don't really engage in FB. I don't use it as a source. The older I get the more sceptical I get about this newsfeed. I think social media doesn't give young people an opportunity to debate. It's good to watch Al-Jazeera because you get a different point of view.

Vaccine Uptake and Vaccine Campaigns

Second Generation Pakistani

My mum doesn't go out anymore. She is so scared of COVID. I think it will take years for some people to get back to normal.

There are more people suffering from mental health now. I work in a school. I see all the impact now that lockdowns and COVID has had on mental health of children. There are children in my class which are dealing with depression and anxiety. And these are just 7 and 8 year olds that are having to deal with anxiety

They (campaigners) get thousands and thousands of pounds for saying it. It says it all doesn't it?

So now they are saying that we should trust celebrities in our decisions! Stupid idiots!

I don't understand why we need our own minority to tell us to take the vaccination?

I wonder how many of their parents are living in multi-generational terraced housing in an East Lancashire mill town? Probably not many of them. But then again, it's just weird to hear this that this is an Asian problem. That this is an Ethnic minority problem. And that simply isn't the case.

I am so happy for their parents having the vaccine, but their parents aren't my parents.

We have more trust in our local imams and it's not just some celebrity on tele telling us to take the vaccine and putting information out there because he is being paid thousands of pounds. We trust our Imams who lead us on a daily basis.

The question you ask, 'have you had to convince anyone to take the vaccine?' is problematic because it implies that we are under some kind of duty and obligation to convince people to take the vaccine. I don't think that's a fair question, because taking the vaccine is someone's personal

choice. The relevant information is out there. If you want to take it. Then take it. If you don't want to take it, then don't take it. So, for me personally, I would not convince anyone.

If you have to convince someone to take the vaccine, then you are saying that your view is more intelligent than theirs which isn't clearly the case.

Syrian

For some people the campaign should have been subtitled in multiple languages so that it could reach Arabic people who don't speak the language and posted on social media.

Campaigns are important but some people will think that these celebrities will just pretend to have the vaccine just for advertisement and to get money. So, they will not believe them.

Eastern European

I think that if you need to encourage people to take the vaccine then you need to put some information out there rather than saying, 'My mom got the vaccine.' If you really want to change someone's mind then give them information and not confirmation of 20 other people about, 'Oh I had the vaccine.' If 20 people tell you that they had the vaccine. Does that give you information? No it doesn't. So, I am like, 'What is that?' I didn't really like this clip. It's as if it's for people who aren't wise. Like people who want to follow like sheep. I personally need to have information about what I am doing and why am I doing it.

My husband's granddad didn't have the vaccine. I think it's because he thinks he is too old and thinks it's just wasted on him. Because he has lost his wife a couple of years ago and they had been together for half a century. So, in a way it's a more emotional decision. So, I think he is thinking, whatever happens, happens. In a way it's very sad, because he wants to be with grand ma.

In the U.K. I didn't hear people refusing the vaccines. But I have heard mostly older people refusing the vaccines mostly because of mistrust because they heard that there are side effects of the vaccine.

Pakistani Women

Most people I know have had the vaccine. There is some resistance amongst some people to the vaccine simply because it's a new vaccine. You know now it's a new vaccine with not enough research on it. With AstraZeneca now, there is a whole discussion around blood clots. So I think that there is that fear there. I think also some people think that they are health enough, and if they are doing everything else to keep themselves healthy-like good food for their immune system- then they do not want to take vaccine. They think it's not a cure, so they don't understand why they want to have it.

I know people who had a first dose and have had side effects and are reluctant to take the second dose. My friend's husband and he ended up in hospital and then ended up having a heart attack. We don't know if it's because of the vaccine, but he himself has become a bit scared and his family has been a bit worried. Like one kind of negative, this vaccine has had. If people are reluctant that's the reason for being reluctant because of fear of side effects. I think that's what putting a lot of people off because of the side effects.

Pakistani and Syrian

It's not that the BAME community is hesitant as such but many people including white Britons are selective about the vaccines. Some. People want Pfizer and others AstraZeneca. So, if on the day, I only have AstraZeneca, they may walk away. And it is their right to do so. It's difficult when can't provide that choice. And it's a difficult question to answer.

Vaccine Rollout

Eastern European

I really don't like when people say if we will get our freedom back. Nobody has taken away our freedom. We are just taking precautions to save lives. We're not imprisoned. We are not locked in a house. Yes. We are limited. But no one is bombing your streets. I disagree with this phrase. Our normal wasn't that great either. It's a breath of fresh air that our planet needed. We need to concentrate on positives rather than thinking of the negative side of things.

Pakistani and Syrian

There has been a success in the rollout but the government should not take credit. It's the NHS which was successful in the roll out and the people who work for the NHS. The government made a complete balls out of everything else. Had it been for Boris Johnson, Mat Hancock to sort out the vaccine, it would have been all over the place. It's down to frontline that's doing it but not because of the government. You don't read about it that way. Do you?

I don't think the vaccine roll out is a success because so many people have already died. The older generation is gone. The founding fathers- people who built the community died. They were the ones who set it up. So I don't think that the vaccine roll out is a success as such. But we are lucky we live in a developed country and there are countries don't have systems in place. So it's a success at a loss.

It's been an emotional journey for all of us. People have lost loved ones.

White British

I saw it in the news that Northern Ireland had the lowest percent of uptake. It was only 60%. I think because of Brexit and current unrest there is a lot mistrust in the government. So, it's up to the people in N.I. to encourage uptake. They know what is going on in their local communities. The local areas need to have more say in how things go.