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'They made bets that I'd die': Impacts of COVID-19 on Polish essential workers in the UK

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ABSTRACT

The Covid-19 pandemic exposed the UK's socio-economic dependence on a chronically insecure migrant essential workforce. While risking their lives to offset the devastating effects of the pandemic, many migrant workers found themselves in precarious professional and personal circumstances (e.g. temporary zero-hours contracts, work exploitation, limited access to health and social services). This article explores the health, social, economic, and cultural impacts of the pandemic on migrant essential workers in the UK. It focuses on one of the largest non-British nationalities, the Polish community, who – while employed across a range of roles and sectors – are overrepresented in lower-paid essential jobs. The article discusses variegated and interconnected impacts of the pandemic on these workers. It illustrates how Covid-19 affects them in very uneven and sometimes contrasting ways depending on their individual positionalities. Methodologically, the article draws upon 1105 responses to an online survey, 40 interviews with Polish essential workers in the UK and 10 expert interviews with key stakeholders providing support to migrant workers in the country. It is based on the first major research project investigating lived experiences of migrant essential workers in the context of the Covid-19 pandemic funded by the UK Economic and Social Research Council.

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Introduction

COVID-19 exposed existing vulnerabilities globally. While we are only beginning to understand its longer-term impacts, there is consensus that pandemic impacts are intertwined with and exacerbated by pre-existing health, social, economic, and legal inequalities (Kallio et al. 2020). Growing evidence across a range of disciplines shows that the pandemic hit hardest those who were already structurally disadvantaged or otherwise disenfranchised (Napier 2020; Patel et al. 2020; Sam 2020). This is perhaps unsurprising

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given the long history of health, economic and political crises primarily affecting the most vulnerable and underprivileged (Ruel et al. 2010).

Migration adds another important layer to those debates. While scholarship on human mobility during the pandemic is only starting to emerge, migrant status has been identified as one of the defining features of the pandemic experience (Finlay, Hopkins, and Benwell 2021; Kumar et al. 2020; Ullah, Nawaz, and Chatteraj 2021). Despite triggering a global lockdown, internal and external borders were kept open to selected migrant workers who were asked to keep the global economy going (Aradau and Tazzioli 2021). Many migrant – and racialized – workers whose labour was already undervalued, exploited and invisible were further stretched to provide essential services, be it in care work or agriculture (Chatzidakis and Littler 2022; Rogaly 2021). In India, for example, migrant workers experienced severe challenges due to loss of income, accommodation, and impacts on mental health (Suresh, James, and RSJ 2020). In Europe, planes with workers from Bulgaria and Romania were chartered to keep the British and German food sectors going while risking migrants' health (Bejan 2020).

In this article, we look at the impacts of COVID-19 on a subset of the migrant worker population that is critical from the pandemic point of view but has remained largely overlooked in existing migration scholarship, i.e. migrant essential workers. To afford the adequate level of nuance and detail, we explore a single case study of Polish essential workers in the UK. In doing so, we advance the emerging global literature on the impacts on COVID-19 on international migration and labour (Fiałkowska, Matuszczyk, and Szulecka 2022; Heindlmaier and Kobler 2022; Tagliacozzo, Pisacane, and Kilkey 2021) by providing empirical qualitative insights into the health, economic, social, and cultural impacts.

While the term 'essential workers' has gained currency only recently, migrants have historically accounted for a substantial proportion of those doing essential work (Anderson, Poeschel, and Ruhs 2021; Fernández-Reino, Sumption, and Vargas-Silva 2020). In commonsensical view, essential workers, also referred to as 'frontline workers' or 'key workers', deliver pivotal services such as health care, public transport, or food production. However, defining essential work is far from straightforward. Understandings of what it covers vary across countries and have changed throughout the pandemic (McNicholas and Poydock 2020). In our study, we adopted the UK Government (2020) definition of essential work as: *the type of work that is essential for keeping British society and economy running during the pandemic*. We have been further guided by the UK and Scottish Government (2020) and the European Union (2020 OJ C 102I) guidelines in identifying the following as essential work sectors: (1) health and social care, (2) food and necessary goods (including production, processing, sales and delivery), (3) utility services (e.g. cleaning, postal, energy), (4) transport, (5) public safety and national security (e.g. police), (6) key public services (e.g. justice, mortuary, broadcasting), (7) teaching and childcare, (8) local and national government, and (9) communication and financial services.

We carefully selected Polish essential workers for this research. Polish is one of the most numerous non-British nationalities in the UK with around 743,000 people in England and Wales, making up around 7.5% of their foreign-born population (ONS 2020). Polish has been the most common non-UK nationality since 2007 and Poland

is currently the second most common country of birth (ONS 2020). Importantly, Polish migrants are heavily represented in essential work roles and sectors across the UK, in particular in food and necessary goods, and health and social care (Piekut 2021b), including nearly 11,000 workers in the National Health Service (NHS) (Baker 2022). As such, Polish essential workers constitute a large and varied group for statistical and qualitative analyses. This population is also interesting in the context of precarity (Duda-Mikulin 2022). Previous research shows that Poles face increased uncertainty about their lives in the UK due to being racialised as ‘white but not quite’, and experience socio-economic vulnerability in the context of Brexit (Kalmar 2022; Narkowicz 2023; Rzepnikowska 2019). COVID-19 is likely to amplify these concerns alongside adding new distinctive challenges (Heindlmaier and Kobler 2022; Narkowicz and Piekut 2022).

The focus on the UK is also important. Indeed, experiences of the pandemic cannot be separated from the experience *of* and *in* place as COVID-19 has unfolded differently in distinct national, regional, and local contexts (Kallio et al. 2020). The UK’s Covid response was one of the toughest in the world in the early stages of the pandemic (Hale et al. 2021), with lockdown and travel restrictions introduced for as long as nine months in some cities (McCool 2021). The pandemic has been described as ‘the biggest crisis that the country has faced in generations’ (UK Government 2022, 4) with daily COVID-19 cases per million people in excess of those in many European societies (Mathieu et al. 2020). Simultaneously, the UK has had severe essential work shortages. For instance, in 2021–2022, the number of vacant posts in the care sector in England increased by 52% and reached 165,000 (Workforce Intelligence 2022).

In the remainder of this article, we first look at the scholarship on the impacts of COVID-19 on migrant workers, followed by a discussion of our methodological approach. We then explore key findings by focusing on health, economic, social, cultural as well as positive impacts of the pandemic on Polish essential workers. We conclude by reflecting on future research and policy recommendations.

The impacts of COVID-19 on migrant workers

While we are only beginning to understand the nature of COVID-19 impacts on migrant workers, a few important points are already clear. Firstly, the long-evidenced vulnerability of migrant workers continues throughout the pandemic (Fasani and Mazza 2020). Whether in terms of employment (e.g. inadequate pay, predominance of zero hours contracts, threat of being fired or having work permit discontinued), housing (e.g. greater likelihood of living in overcrowded and substandard accommodation), access to healthcare and social security (e.g. restrictions in access, extra health charges, no recourse to public funds, ineligibility for benefits), violation of labour and social rights or exposure to physical or sexual violence, this precariousness remains closely tied to the structurally disadvantaged position of migrant workers (Heindlmaier and Kobler 2022; Kallio et al. 2020; Nivorozhkin and Poeschel 2021; Ullah, Nawaz, and Chat-toraj 2021).

Naturally, this comes with the caveat that there are significant differences in rights and privileges among migrant populations. Lower-paid migrants in lower-skilled jobs are more prone to be affected by the pandemic as they typically do not have the choice to work from home and are at greater risk of contracting COVID-19 (Ullah, Nawaz, and

Chattoraj 2021). Meanwhile, their higher-paid counterparts are not only more likely to work from home but have disproportionately greater access to information and resources because of their income levels, social capital, and networks. Gender and race, of course, cannot be taken out of this equation with a well-documented history of disadvantage and abuse experienced by migrant women and migrant workers that are racialized (Kawar 2004; Rogaly 2021). Migrant workers can also enjoy different levels of entitlement given wider political arrangements including visa free or other preferential agreements (e.g. EU migrants in pre-Brexit UK).

Individual positionalities of migrant workers can vary dramatically depending on their nationality, legal status, type of job, gender, age, sexuality, ethnicity, socio-economic circumstances, and their intersections. In the context of the pandemic, Crenshaw (2020) applied her framework of intersectionality to the structural disparities laid bare by the pandemic in the USA. Focusing specifically on Central and Eastern European workers, Bejan (2020) and Tudor (2020) have powerfully spoken of intersectional inequalities by reflecting on the vulnerability of Romanian seasonal workers flown to the UK and Germany during the lockdown to work under exploitative conditions amid labour shortages.

The precarity of migrant workers not only continues throughout the pandemic but has been repeatedly shown to be exacerbated by it (Foley and Piper 2021; Guadagno 2020). Under COVID-19, migrant workers are at high risk of job loss (ILO 2020; Jones, Mudaliar, and Piper 2021), non-payment (Foley and Piper 2021), exploitation (Paul 2020; Tudor 2020), negative health impacts (Guadagno 2020; Liem et al. 2020), vulnerability to infection in poor housing (Dutta 2021; Koh 2020), destitution and homelessness (Barbu, Barranco, and Silk 2021; Stewart and Sanders 2023). There is growing evidence that they are distinctively affected by the pandemic given their migrant status and what it entails in practice (Fasani and Mazza 2020).

Migrants are also disproportionately affected in terms of mental health throughout the pandemic (Chander et al. 2021; Greenaway et al. 2020; Kumar et al. 2020). Pre-pandemic scholarship showed that migrants faced distinctive biopsychosocial stress factors (Engert, Grant, and Strauss 2020), with greater risks of experiencing precarity, discrimination, institutional barriers, and tenuous support networks. For example, Central and Eastern European migrants are known to face mental health difficulties related to work and family stress, isolation and loneliness (Chojnacki 2020; Kozłowska, Dallah, and Galasiński 2008; Maciagowska and Hanley 2018). There are also long-standing concerns about poverty, depression, and suicide amongst Polish workers in the UK (Gorman et al. 2018; Lakasing and Mirza 2009; Shields 2008). Barriers to accessing support include language difficulties, time constraints, distrust, and shame (Gondek and Kirkbride 2018). Those stress factors and barriers were exacerbated during the pandemic due to international travel restrictions, social distancing measures, increased isolation, limited awareness of the changes to the provision of health services or digital literacy, among others, leaving migrant workers with either heavily restricted or no access to mental health support (Trevena, Gawlewicz, and Wright 2022).

Finally, COVID-19 presents a challenge to immigration policies and the overall socio-legal position of migrant workers. The state of emergency associated with the pandemic has been claimed to intensify racist immigration policies (Ullah, Nawaz, and Chattoraj 2021) and 'nationalistic locking-up' under the guise of building togetherness (van

Uden and van Houtum 2020). COVID-19 ‘has given a leeway to the nationalists to use migrants as scapegoats in order to make their anti-migration stance stronger’ (Ullah, Nawaz, and Chatteraj 2021, 1). Populist leaders normalised ‘our nation first approach’ instead of global cooperation (van Uden and van Houtum 2020). Neoliberal and authoritarian governmentality, including surveillance, also flourished in some countries, legitimising the exploitation of low-wage migrant workers (Dutta 2021).

However, despite these profoundly detrimental impacts, the pandemic also created circumstances for migrant labour to be more visible to policymakers and the public (Anderson, Poeschel, and Ruhs 2021; Fernández-Reino, Sumption, and Vargas-Silva 2020). Against this backdrop, there is a potential to raise awareness of the significance of migrant work, particularly in the lower-skilled and lower-paid labour in key sectors (Isaac and Elrick 2021). In the UK, this may open up opportunities to redesign immigration policy post-Brexit (Fernández-Reino, Sumption, and Vargas-Silva 2020), while in the EU the first signs of a more people-centred and humanitarian discourse to migration have emerged (Panebianco 2021). Whether this translates to positive systemic change remains to be seen.

With this in mind, insights into migrant essential work and evidence-based policy recommendations are now needed more than ever. However, many gaps remain. Systematic qualitative insights into the lived experience of migrant essential workers, especially in societies depending on migrant labour such as the UK or Germany (Bejan 2020), are particularly urgent. These insights need to take account of the distinctiveness of migrant essential workers’ positionality not only in terms of intersecting migrant and essential worker statuses but also individual socio-economic and legal circumstances and associated structural insecurities. To that end, they also need to be empirically grounded to further theorise the complex and messy relationship between migration, essential work, and COVID-19.

The study

In this article, we report findings from the first major mixed method research project on the *Health, social, economic and cultural impacts of COVID-19 on migrant essential workers in the UK*. The study was funded by the UK Research and Innovation (UKRI) via the Economic and Social Research Council (2020–2023, grant ES/V0158771) and was conducted by researchers at the universities of Glasgow, Middlesex, and Sheffield. It consisted of an online survey ($n = 1,105$) of Polish migrant workers in the UK and qualitative interviews with 40 Polish essential workers and 10 representatives of support organisations (including both migrant and worker support). Data was collected online between January and August 2021, which coincided with a series of COVID-19 lockdowns and other social distancing interventions in the UK. We used a sequential explanatory approach, where the quantitative stage informed sampling and the results were expanded (Plano Clark and Creswell 2008). First, we conducted an online survey (via Qualtrics) with Polish essential workers including respondents from England, Scotland, Wales and Northern Ireland (see Piekut 2021a). This was followed by qualitative interviewing. Both the survey and interviews explored health, economic, social and cultural impacts of COVID-19 on migrant essential workers, everyday experiences of work during the pandemic, and plans concerning remaining in the UK (although from

different perspectives, i.e. quantitative and qualitative, support organisations' and migrant workers'). Ethics approval was granted by the College of Social Sciences Research Ethics Committee at the University of Glasgow (application ref. 400200070) and the University of Sheffield Ethics (application ref. 037633).

Existing networks and chain referral were used to recruit representatives of support organisations, directly recruiting pre-identified individuals via email and/or phone. Polish essential workers are a hard-to-reach population given their migrant status and employment in specific sectors. Respondents were recruited online using Polish Facebook Ads to target Poles in the UK (see also Pötzschke and Braun 2017), and social media promotion via project, partner organisation and individual researchers' channels. Facebook Ads were particularly successful, accounting for 66% of survey respondents ($n = 735$). While the survey was anonymous, it allowed respondents to leave their contact details (dissociated from their responses) to take part in an online interview. Nearly 500 respondents left their name and/or email address, which we used to randomly recruit 20 interviewees. This resulted in a relatively balanced sample in terms of gender but not in terms of sector of employment, job type (lower – and higher-skilled) and location in the UK, which we were also prioritising. To address these imbalances, we reached out to the remaining respondents and asked to provide additional socio-economic details via a short online questionnaire. We then selected additional 20 participants in the essential work sectors/roles and UK countries that were underrepresented in the first round. This phased approach allowed us to diversify the sample and capture the richness of experience across gender, essential work sector, job type and location in the UK. Overall, it included 15 participants in foods and necessary goods, 10 in health and social care, 5 in utility services, 4 in transport, 4 in teaching and childcare and 2 in public safety/national security with around a third having a part-time job and a few having multiple jobs. These numbers were broadly reflective of the survey sample where 34.5% were in food and necessary products, 28.5% in health and social care, 7% in utility services, 9.6% in transport and 7% in teaching and childcare with 18.1% having a part time job and 7.9% having multiple jobs.

All participants came to the UK before the end of the Brexit transition period (31 December 2020) with the option to apply to the European Union (EU) Settlement Scheme. Across interview participants, 6 had pre-settled status and 30 settled status¹ under this scheme with 4 having British citizenship. Correspondingly, 18.7% of survey respondents had pre-settled status and 62.5% settled status with 9.2% having British citizenship (and 3.5% no status or unsure).

Financial incentives consisted of an opt-in prize draw for survey participants with six awards randomly allocated (two £100 and four £50 shopping vouchers). We also offered a £20 voucher to each migrant interview participant as a token of gratitude for their time. The survey was available in Polish and English, with 90% of respondents opting for Polish. We conducted the interviews with support organisations primarily in English (with a few exceptions) while the interviews with Polish essential workers were primarily in Polish. The extracts from interviews originally in English are quoted verbatim. Other quotes have been translated for this article. The research team conducted all interviews as most of us are bi-lingual across English and Polish. In doing so, we were wary of our complicated individual and team positionalities, comprising migrant and non-migrant researchers (Gawlewicz 2016).

We processed and/or analysed the collected material via Stata and R (quantitative dataset) and NVivo (qualitative datasets). The latter involved team-coding of qualitative datasets and then employing thematic analysis to explore the lived experience of the COVID-19 impacts. With this focus in mind, in this article, we primarily look at the qualitative material and only contextualise it by referring to key quantitative findings where possible.²

Impacts of COVID-19 on Polish migrant essential workers in the UK

Health impacts

Health impacts were the most striking in our study and spanned both physical and mental health (Guadagno 2020; Liem et al. 2020). Physically, Polish essential workers were exposed to coronavirus through their work in sectors and roles that require physical contact as well as commuting. Nine out of 10 survey respondents declared to have close physical contact (up to 2 metres) at work or while travelling. Unsurprisingly, some contracted COVID-19 at work, with a few cases involving hospitalisation and/or long Covid. One of those participants was Zbigniew, a man in his early 60s working in a fish factory.

[Got infected] At work for sure. (...) I have a lot of contact with people at work. (...) It was very bad. I had 30% chances to live. (...) [At hospital] They gave me a document to sign saying that if I was to die, they wouldn't resuscitate me, they wouldn't touch me, that they would just leave me there if I stopped breathing. (...) The nurse – a Polish woman – told me (...) that they made bets that I'd die. (Zbigniew³, M, 60s, food production, fish factory worker)

At the time of contracting COVID-19, Zbigniew was employed in a low-paid but physically demanding role (e.g. low temperatures). His basic English meant that his promotion opportunities had been limited over the years. The nature of his role required him to work in close proximity with others. While he and his co-workers were committed to observing social distancing, this was not possible at all times, resulting in Zbigniew falling ill. His pre-existing health conditions reduced his survival chances during his hospital stay. Zbigniew was taken care of by a Polish nurse who translated for him and made aware of the bets that the hospital staff made about his survival: a shocking and deeply isolating realisation for someone in Zbigniew's circumstances. While he eventually recovered, his overall health deteriorated substantially. When we interviewed him a few months later, he was still unable to return to work and his benefit application had been rejected. The 'ad hoc' support that he received from a local council was very welcome but insufficient to cover all expenses. At the time of the interview, he was making ends meet thanks to food boxes from a local charity and financial support from his adult daughter.

While most of our research participants were not affected by Covid to such a degree, Zbigniew's case is a powerful reminder that the pandemic disproportionately affects the most vulnerable migrant workers (Guadagno 2020; Kallio et al. 2020). Although Zbigniew showed exceptional resilience, including in terms of mental health, this was not the case across the board.

Indeed, more than half of our survey participants reported that their mental health declined during the pandemic, although there was also polarisation with one third reporting their wellbeing improved in some ways (see later in the article). 85% of the

141 survey respondents who mentioned mental health in their answer to an open text question about the impacts of COVID-19 reported only negatives. For example:

I have seen too much suffering and death due to Covid in my job. I suffer from PTSD because of it. (F, 20s, health and social care)

Since a year ago I am struggling with depression and an overwhelming sense of isolation. (M, 30s, food and other necessary goods)

My anxiety and panic attacks got so much worse. This whole situation has impacted badly on my mental health. (F, 20s, health and social care)

My mental health is very bad. I have problems with eating and sleep ... My suicidal thoughts have returned. (M, 30s, communication and financial services)

As we explored these outcomes in interviews, we realised that what drove the overall worsening of mental health among our participants was the complicated position of migrant essential workers as those who deliver critical work in difficult times on the one hand and are experiencing multiple insecurities and isolation from support networks on the other (see also Kumar et al. 2020). This is captured in Kamila's quote below.

I didn't fly home for Christmas and am very close with my family, my brother who just had a baby boy who I haven't seen yet. (...) So, it was tough. I spent Easter in my pyjamas; I didn't leave my room and hardly ate anything. I wanted to cry, perhaps I cried. Mum would get in touch, but I tried not to worry her. (...) I do have friends but they didn't let me [visit] so I wouldn't go anywhere. (Kamila, F, 30s, police officer)

Kamila, a female police officer in her 30s, working in an English city, spoke at length of the emotional load of isolation from her Poland-based family involving a baby nephew that she had not seen yet. A series of UK lockdowns and travel restrictions meant that she was unable to visit her parents and siblings for key family holidays, which she would normally do in pre-pandemic times. Stringent social distancing measures further meant that she could not spend quality time with locally based friends. This left her emotionally drained and depressed.

The stories of Zbigniew and Kamila illustrate the uniquely fragile position of migrant essential workers in the context of COVID-19. This position is linked to the combined status of essential worker on the one hand and migrant worker one on the other. Given their designated, state-sanctioned role in keeping the society and economy going in times of crisis, essential workers are exposed to greater physical risks and psychological distress than their non-essential counterparts (Williamson, Murphy, and Greenberg 2020). Migrant status, marked by structural precarity and transnational living, means that they are additionally exposed to a distinct set of vulnerabilities and structural barriers. This makes the health impacts of the pandemic particularly pronounced in case of migrant essential workers. What further comes to the fore, especially in Zbigniew's case, is the experience of intersectional inequalities (Tudor 2020). It is clear that the intersection of his individual circumstances and structurally disadvantaged position contributed to and amplified his tragic situation. We continue exploring this in the following sections.

Economic impacts

We also noted severe economic impacts with almost four out of 10 survey respondents reporting that they were worse off financially. These impacts had various forms including

redundancies, pay cuts, reduced hours, quitting (e.g. due to childcare), unpaid sick leave and/or quarantine, no furlough opportunities, rejected social support (oftentimes unlawfully) and, in a few cases, no recourse to public funds. Some participants were in extreme financial hardship, especially those with pre-settled status or those who arrived in the UK just before the pandemic. This was captured in interviews with both Polish essential workers and migrant support organisations as evidenced below.

[Precarious work] Arrangements really impacted them [migrant workers] when things started to shut down. When there was an outbreak at the [name of factory] (...) there were 1,200 workers, about 900 of them are migrant workers, and of those about a third were agency staff (...) on zero hour contracts (...) [They] weren't [paid] and were reliant on support from ourselves and the local authority. (Migrant support organisation)

I had to isolate for two weeks. (...) In the meantime, my partner got sick (...) and then everyone at home tested positive. So, I had to stay in for another two weeks. (...) Of course, they [the employer] were supposed to pay for that time but they didn't. (Adrianna, F, 20s, care worker)

The above testimonies are chilling illustrations of the vulnerable economic situation of migrant workers under COVID-19. Non-payment, as in Adrianna's case, or job loss among agency workers have been reported not only in the UK but in other national contexts and remain persistent structural challenges whether pandemic-driven or not (Foley and Piper 2021; ILO 2020; Jones, Mudaliar, and Piper 2021; Nivorozhkin and Poeschel 2021). Adrianna herself is an agency worker and after the experience of non-payment was reluctant to report her condition next time she felt unwell. Likewise, a few other participants admitted that they felt compelled to continue working when experiencing COVID-19 symptoms. The fear of losing a job or income and not being able to provide for family outweighed social distancing concerns, although that left those participants deeply conflicted about their choices.

Despite these severe impacts, it is important to add that almost a half of our interviewees did not report experiencing significant change to their financial situation and a few mentioned positive outcomes including bonuses at work and savings. However, these interviewees were usually in a more comfortable employment situation. They typically had full-time permanent contracts with mid-range to high salaries. Many of them had savings or were homeowners and had an overall longer history of working for the same employer and of residency in the UK. Importantly, these economic impacts were interconnected with health impacts as well as individual legal status, gender and/or carer responsibilities. We find the analogy of a 'chain reaction' reflective of this interconnectedness. A chain reaction involves a sequence of processes one leading to or depending on the other, which overall may have further (combined) outcomes. This is precisely how COVID-19 impacted on our participants. For example, initial economic impacts (e.g. a job loss) often led to the worsening of mental health, which was exacerbated by the complicated legal status (e.g. rejected benefit claim). Some of our participants were additionally caught into a vicious circle. For instance, health impacts (e.g. contracting COVID-19) led to economic impacts (e.g. income loss), leading to social impacts (e.g. inability to visit family in Poland when travel was possible), reinforcing health impacts (e.g. deteriorating mental health), and leading to further economic impacts (e.g. reduced hours). This vicious circle was impossible to break in a few cases.

Social impacts

In exploring social impacts, we looked at family relations and social networks, and whether and how they changed during the pandemic. One striking pattern concerned difficulties in combining paid work with childcare and home-schooling. This largely affected women and single parents (although not exclusively). Because of the time spent providing care, women respondents were more likely to reduce hours of paid work (56% men and 65% women of those providing care, $n = 432$), adapt their work schedule (16% men versus 24% women) or resign from work (1% men versus 7% women). Although schooling provision was available to children of some essential workers throughout the lockdowns (UK Government 2020), many of our participants did not qualify for that. This led to family dilemmas: while some interviewees gave up jobs or found unorthodox ways to provide childcare (e.g. parents working interchangeable shifts), we heard of instances of children being left unsupervised as captured below.

We've had a few people tell us they've given up work, all women, to home-school. (...) Also had cases through social work where children have been left at home for long periods of time (...) and the reason would seem to be (...) they have to put food on the table. (...) When the guidance allows a family member to come and care for your child if your child's granny lives in Poland how does that work? (...) Where I could just ask my mum to come over for half an hour that's not an option for a lot of the folk. (Migrant support organisation)

This quote illustrates the gendered nature of migrant care, with care-related challenges primarily affecting women (Krzyżowski and Mucha 2014; Zontini 2004). Given the relatively recent nature of Polish migration to the UK (largely mid-2000s onwards), most participants in our study had immediate family members back in Poland. They could not count on their help with childcare due to restrictions and the cost of international travel. While this form of transnational care (Kilkey 2013; Ryan et al. 2009) was already quite common and is well documented in migration scholarship (Bojarczuk 2023; Zontini 2004), the COVID-19 lockdown effectively paused it.

A telling example is Renata's story. As a technician responsible for maintaining stock for one of the key train operators, Renata works different hours including night shifts. As a single mum, before the pandemic she relied on her Poland-based relatives with childcare. This was put to a halt when COVID-19 struck. She was able to continue working only because the father of the child, normally not co-parenting, found himself stranded locally during lockdown and agreed to help.

I used to bring my sister every 3 weeks to help out [with a little kid]. Let's be realistic, Poland's not that far. (...) My sister, mum, friend (...) we helped each other [with childcare]. And then the pandemic struck. (Renata, F, 40s, rolling stock technician)

Inability to reconnect with family in Poland was another theme that participants reflected on extensively. As much as 84% of survey respondents said they felt cut off from family and friends in Poland because of the pandemic. Although in line with UK government guidelines international travel was possible at certain points throughout 2020–2021, some participants were unable to visit Poland given the requirement to quarantine or the high cost of travel (including testing and quarantine hotels). There were also instances of employers not allowing annual leave longer than two-three weeks, which

in the light of the self-isolation/quarantine requirement prevented people from travelling to Poland in the first place.

Above all, participants spoke of the psychological stress of being separated from loved ones as in Kamila's case (Chander et al. 2021; Kumar et al. 2020), omnipresent worries about relatives (in particular ageing, disabled or ill parents) and a sense of helplessness and disrupted grief (e.g. due to inability to attend a funeral). These added up to a crippling sense of isolation and loneliness in some cases. Unsurprisingly, they particularly affected the participants who had moved to the UK not long before the pandemic and had not had strong support networks (Ryan 2011), again attesting to the uneven and intersectional impacts of COVID-19.

Cultural impacts

In exploring cultural impacts, we looked at access to Polish migrant infrastructures *in* the UK and *across* the UK and Poland. 37% of survey respondents reported they felt cut off from Polish culture because of the pandemic. However, the interviews revealed that the community adapted to the changing circumstances of COVID-19, for example, Polish shops remained open in lockdowns and Saturday Schools moved online. What did change more widely, however, was contact with *Polishness* in Poland, i.e. Polish traditions, and cultural life in the country. This was seen as severely limited due to lockdowns and travel restrictions. Before the pandemic, most participants maintained that contact through visiting family for holidays, birthdays or celebrations, via enjoying city and cultural life as well as using various services there (e.g. GP, dentist, hairdresser). Below, Borys, a junior doctor in his late 20s, reflects on the importance of this connectedness, and how it became impossible to maintain it during COVID-19.

For me, one of the most important connections with Polishness ... and maintaining this connection ... is through visiting Poland, going there to see my grandparents, my friends and [my] city ... I haven't had a chance to maintain this connection for a very long time now. (Borys, M, 20s, doctor)

The importance of cultivating socio-cultural ties through visiting the country of origin has been acknowledged in migration literature (Mason 2004). While information and communication technologies are key in maintaining ties over long distances, physical travel and interaction play a symbolic role in reaffirming a sense of emotional belonging. As Mason (2004, 424) put it, 'visiting in this sense [is] a fundamental act of kinship in itself'. In the case of Polish migrants, access to low-cost airlines alongside short duration of flights between Poland and the UK, mobilised a frequent travel culture in pre-pandemic times (Burrell 2011) and created opportunities to cultivate ties with Polish cultural life (Ignatowicz 2011) as in Borys' case. This was put to a dramatic halt as COVID-19 struck.

As part of exploring cultural impacts, we also looked at how Polish essential workers accessed information about the pandemic. We noted that Poles with high levels of English proficiency and strong social capital were likely to use British or the mix of British and Polish media. However, a notable number of participants, and especially those with weaker English skills and tenuous local networks, relied exclusively on Polish media including social media and the 'word of mouth' from relatives in Poland.

This was particularly relevant in the context of COVID-19 vaccination attitudes and led to instances of hesitancy given the relatively stronger anti-vaccination movement in Poland (Raciborski et al. 2021).

I didn't search on my own [for information about vaccination] until my sister started pushing me ... I used to read mostly mainstream sources. But, when she started telling me [things], sending links, I started reading this. (...) I believe in what she's shown me. I mean, I trust, I agree with this, right? (Mira, F, 40s, charity worker and furloughed waitress)

While there are many reasons for vaccine hesitancy among migrants (Paul, Steptoe, and Fancourt 2021) including Poles in the UK (Trevena and Grzymkowska 2021), it is crucial to acknowledge that these attitudes circulate internationally between migrants and their significant others in the country of origin or elsewhere (Gawlewicz 2015).

Positive impacts

While the material presented so far suggests profound negative impacts of COVID-19 on migrants, just under a third of survey respondents reported some positive wellbeing impacts, including health-related benefits. Some essential workers were impacted both negatively and positively in different areas of their lives. 21 survey respondents mentioned improved wellbeing in their answer to an open question about the impacts of COVID-19. For example:

My relationship with my boyfriend became stronger and we got engaged. (F, 30s, health and social care)

I got much sportier, move more, cycle and spend more time in the fresh air than ever before. (M, 30s, health and social care)

In the interviews, some migrant workers spoke about having more quality time for themselves and their family, healthier living and more savings.

I've managed to pay off my credit card [laughs]. (...) All the shops were closed, everything was closed (...) you wouldn't go out. (...) So, I've managed to save a little ... and did overtime at work as well. (Artur, M, 40s, machine operator)

I've been worrying about them [family in Poland] ... and I think we've become closer because ... we called each other more frequently. (...) I might have started to think of visiting them more often, being with them more often, helping them. (Mira, F, 40s, charity worker and furloughed waitress)

The second quote deserves particular attention here. Mira, a lesbian in her 40s, had a poor relationship with her ageing parents before the pandemic. They did not accept her sexual identity and a long-standing British partner. Indeed, homophobic attitudes in her immediate environment contributed to Mira's decision to migrate to the UK in the first place (Stella, Flynn, and Gawlewicz 2018). But the fear of COVID-19 turned out to be stronger than pre-existing prejudices and mobilised Mira and her parents to renew contact, which gradually led to greater understanding of Mira's sexuality by her parents and warmer feelings on both sides. At the time of interview, Mira was actively considering being more present in her parent's lives through visiting and helping out with family matters.

Conclusions

In this article, we have advanced emerging debates on international migration, labour, and COVID-19 by exploring original findings from a study on Polish migrant essential workers in the UK. We found that they were most affected in terms of health and financially, with many being further affected socially and culturally. These impacts were primarily negative although a minority reported positive outcomes. While many of those impacts are likely to affect wider migrant communities (e.g. transnational families), and some may affect long-settled populations too, migrant essential workers' situation during COVID-19 was distinctive as it was compounded by their combined essential *and* migrant worker status. This status exposes them to double disadvantage as fragile workers in a precarious migration situation.

Crucially, we found that COVID-19 impacts migrant essential workers in very different and uneven ways depending on their individual positionalities. Unique intersections of gender, age, sector of employment, type of job, legal status, family circumstances, and pre-existing health and socio-economic conditions lead to different experiences of COVID-19. Unsurprisingly, migrant workers in the most precarious circumstances are being affected to the greatest degree. We have also established that COVID-19 impacts are closely interconnected and interdependent with one outcome leading to the other. Economic and health impacts are particularly interlinked, as evidenced by stories of our participants, and are oftentimes amplified by legal status and gender.

Although a minority of participants thrived during the extreme adversity of the pandemic, and it is important to learn more about how and why this was possible, our findings point to systemic flaws that neglect the basic physical, psychological, financial, social, and cultural needs of migrant workers. Living through the COVID-19 crisis with unmet needs impacted on some participants' survival and their ability to do their essential jobs. The consequences of multi-faceted precarity are potentially life-altering, including increased risks of destitution, homelessness, and even potential suicides (Gorman et al. 2018).

Our study suggests that health and employment interventions are needed to support migrant populations, especially those doing essential work. This includes expanding culturally sensitive and language-specific community health services and mental health support as well raising awareness of employment rights and improving social security support (refer to Trevena, Gawlewicz, and Wright, Piekut et al. 2022). We concur with Anderson, Poeschel, and Ruhs (2021) that the role of migrant essential workers should be considered in the design of policy recommendations.

There are serious consequences in both the short- and long-term for migrants, the sectors they work in and the UK economy as a whole. In the era of COVID-19 societal reconstruction, industrial unrest is apparent in health services, the social care sector, education, transport, and the food supply chain. Extra pressure from high energy prices, the cost-of-living crisis and rising inflation has a particular character in the UK, where Brexit has contributed to a hostile environment that may drive away the European workers that it most needs (Gawlewicz, Narkowicz, and Wright 2023). The UK labour market is struggling to adapt post-Covid and there are critical shortages of essential workers in multiple sectors. There is an urgent need to better understand how these changes affect migrant

essential workers' decisions about leaving or remaining in the UK. Without Polish essential workers, the UK may very well be less equipped to deal with future crises.

Notes

1. Settled status indicates a continuous period of residence in the UK exceeding five years from 31 December 2020. Pre-settled status is available to those EU/EFTA citizens who started living in the UK before or on 31 December 2020 but do not have five years of continuous residence when applying.
2. Presented data was weighted proportionally by the size of Polish population across UK countries based on Annual Population Survey (ONS 2020).
3. We use pseudonyms in the article.

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