Why is change needed?

Covid-19 exposes the UK’s dependence on migrant workers to keep society and the economy running in sectors such as:

- health and social care
- emergency services
- public transport
- food production/sales and product delivery
- justice, religious and mortuary services
- postal services
- cleaning and maintenance of public and communal spaces.

Essential workers (or ‘frontline’/‘key’ workers) in lower- and higher-skilled work risk their own health to tackle the pandemic despite often experiencing insecurity because of restricted citizenship-related rights and precarious employment. This research investigates how Covid-19 impacted on migrant essential workers’ health, finances and social/cultural aspects of daily life. The research is with Polish migrant essential workers, who are the largest non-British nationality in the UK and are overrepresented in essential work.

Key Recommendations

**Immediate action:**
1. Rename online Covid-19 fact sheets and links in target migrant languages.
2. Improve vaccine take-up amongst migrants.

**Top priority:**
3. Make mental health support and services more accessible and improve take-up for migrant populations.
4. Establish a network of community navigators to guide migrants to health services.
5. Protect and raise awareness of migrant essential workers’ employment rights.
6. Make all migrant essential workers eligible for Universal Credit.
RECOMMENDATIONS

1. NHS England/Scotland/Wales, Health and Social Care Northern Ireland and local health authorities should rename online Covid-19 fact sheets and links in target migrant languages.

Language barriers prevent access to essential public health information from reliable sources, including Covid-19 information. Those with limited proficiency in English may not be able to locate online Polish-language guidance because the digital file names are in English, meaning they are not always returned by web searches conducted in Polish.

2. The UK Government and NHS England/Scotland/Wales and Health and Social Care Northern Ireland should improve vaccine take-up amongst migrants by working with migrant communities to:
   - locate mobile vaccination units near places of work, leisure, or worship;
   - co-design messaging and materials for vaccination take-up campaigns.

The Covid-19 pandemic has shown that public health messaging and activities were not effective in reaching specific migrant populations. There is relatively low uptake of Covid-19 vaccinations among the Polish community in the UK. Although 67% of our survey respondents had been vaccinated or intended to be, 12% were not willing to take the vaccine and 18% were unsure (3% - no response). Doubts about vaccination were highest amongst younger respondents who perceived low risks of Covid-19 for their own health, including women of childbearing age, who may have worries over possible vaccine side-effects for fertility. Interview participants largely turned to Polish language sources for vaccination information, especially social media, and family and friends in Poland. This promoted the spread of misinformation as Poland has a strong anti-vaccination movement. Barriers to vaccination include not being able to take time off work, lack of out of hours childcare, and accessibility of vaccination centres.

In the longer term, building trust through relationships with migrant communities can help create conditions for well-informed decisions about vaccination and other health choices. Public health messaging needs to use everyday language and be culturally sensitive.
3. **Make mental health support and services more accessible and improve take-up for migrant populations in the UK:**

- **Local health authorities in England, Scotland, Wales and Northern Ireland** should provide multilingual support, advice and information on service provision in target languages.
- **The UK Government** should fund sustainable community-based support in target languages.

55% of Polish essential workers surveyed said that their mental health had declined during the pandemic, with women and carers particularly affected.

Those seeking support typically turned to private (online) services from Poland as they felt they could not access them in the UK because of language or cultural barriers, lack of understanding of the healthcare system and pathways to mental health support, support being offered during working hours only, or fear of the negative impact of using mental health services on work opportunities.

4. **The Department of Health and Social Care and NHS England/Scotland/Wales and Health and Social Care Northern Ireland should establish a network of community navigators to guide migrants to health services.**

There is a disconnect between migrants and health services. Evidence from the USA and Canada shows that “trained and culturally perceptive” community navigators are effective in connecting migrant communities with health services. In the UK, this role should be played by those who speak target languages.

During the Covid-19 pandemic, many Polish essential workers faced barriers to accessing reliable information about vaccination and health services. Access to trusted individuals who could provide unbiased information and advice about vaccination, such as GPs, was limited. Moreover, some people with lower levels of English struggled to understand correspondence about vaccination or rescheduling appointments. They did not know where to turn for advice and some people fell through the cracks as a result. Community link workers with relevant language skills would be a valuable resource in guiding migrants towards mainstream services.

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5. The Department for Work and Pensions, employers and trade unions should protect and raise awareness of migrant essential workers’ employment rights by:

- investing in services and campaigns aimed at increasing awareness of workers’ rights and rights enforcement mechanisms among migrant populations;
- working with trade unions to raise awareness of workers’ rights and support migrant workers;
- communicating regulations around migrant workers’ rights to employers, especially the changing regulations around EU citizens’ rights.

Priority should be given to educating employers and migrant workers, as well as empowering migrant workers to enforce their rights.

Polish essential workers had differing levels of awareness of employment rights with some participants expressing very little or no understanding of them at all. Participants in the public transport sector expressed good awareness of employment rights and union support while those in the production of food and necessary goods, often on precarious contracts, had limited understanding of their employment rights and entitlements.

6. The Department for Work and Pensions should make all migrant essential workers eligible for Universal Credit.

40.2% of Polish migrant essential workers surveyed became financially worse off during Covid-19. Some participants were in extreme financial hardship, especially those with pre-settled status or those who arrived in the UK during the pandemic. Some were unable to access Universal Credit whilst out of work or to top-up low-waged work (in-work Universal Credit). The Department for Work and Pensions should make an exception to habitual residency eligibility criteria so that migrants with EU citizenship doing essential work can qualify for Universal Credit immediately.

### The Study

<table>
<thead>
<tr>
<th>Method</th>
<th>Participants</th>
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<tbody>
<tr>
<td>Online survey with Polish essential workers</td>
<td>1105</td>
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<tr>
<td>Interviews with Polish essential workers</td>
<td>40</td>
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<tr>
<td>Interviews with support organisations</td>
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Website: www.migrantessentialworkers.com

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