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## 'I am afraid to fly there': informal care in Polish migrants' families immobilised by COVID-19

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### **ABSTRACT**

This paper discusses the COVID-19 pandemic as a new external challenge to transnational family life that can undermine the care arrangements and intentions developed by the families of Polish migrants following the 2004 EU enlargement. The pandemic, associated lockdowns and travel restrictions raise questions about assumed transnationalism, building upon earlier concerns about taking for granted migrants' cross-national mobility. Based on focus group discussions with Polish grandparents conducted in July 2020 and March 2021, we analyse the pandemic's impact on intergenerational relations with both geographically close and distant kin. We point to perceptions of risks of COVID-19 associated with ethnicised stereotypes and evolving with time. While the pandemic caused temporary restrictions to mobility, it shows the immobilising side of "unsettling events"], the consequences of which, for privileged EU migrants, will unfold in time as their parents' age and require personal care.

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### Introduction

Focusing on the Polish parents of post-accession migrants, this paper explores how the COVID-19 pandemic as an "unsettling event", has challenged their transnational family life and undermined care arrangements and intentions, which had taken for granted their capability to move into the EU freedom of movement area. Kilkey and Ryan (2021) define unsettling events as geopolitical episodes at the structural level that have implications on the individual level in ways that can provoke re-evaluations of migration projects. Of course, such geopolitical events impact on everyone (including all societal residents) but, as Kilkey and Ryan (2021) point out, such events

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may be especially unsettling for migrants and provoke questions about continued stay in the destination society, return to the origin country or moving on elsewhere. Moreover, these unsettling events need to be understood within the context of the life-course and linked lives of particular family members (Elder 1994). Thus, the ways in which a structural transformation impacts on people may differ according to where they are in their lifecourse. For example, a young, single migrant may be impacted differently to a middle-aged couple with school-age children or a retired, older person with specific care needs. We draw upon this notion of unsettling events, through a life-course lens, throughout this paper.

Using the lens of unsettling events, our paper contributes towards complicating understandings of transnational practices within migrant families (Amelina, Barglowski, and Bilecen 2024). Contrary to the assumed easy transnationalism associated with EU freedom of movement and cheap travel, we examine the enduring relevance of policies and restrictions imposed at the level of the nation-state especially in the context of the pandemic. As Dahinden (2017) notes, since the inception of the transnational lens, there has been an emphasis upon "the perceived proliferation of transnational activities among migrants." (1477). She highlights the tendency, within studies of transnationalism, to focus on the ease of movement (Dahinden 2017). Of course, a transnational perspective helps to avoid methodological nationalism and to understand how migrants negotiate their long-distance relationships, including caring roles across borders (Ryan 2011). Nonetheless, as Dahinden notes, more attention is needed to the conditions that may support or hinder transnational practices. Not all migrants have access to this ease of movement and indeed huge numbers of people, including asylum seekers and undocumented migrants, have very restricted opportunities to engage in transnational travel (López and Ryan 2023), which affects how they fulfil intergenerational family obligations (Brandhorst, Baldassar, and Wilding 2020). Hence, transnationalism cannot be severed from wider structural contexts and power relations. This reminder is especially pertinent to understanding the pandemic restrictions imposed at the level of individual nation-states, with travel bans targeting specific nationalities and ethnic and racialised minorities (Yu and Keralis 2020). These travel restrictions challenged many taken-for-granted assumptions about ease of movement and altered migrants' sense of distance (Simola et al. 2023). Beyond the national rules and restrictions, we also show how cultural perceptions, attitudes to superdiversity and self-positioning of Poles in the ethnic hierarchy of the host countries (Fiałkowska 2019; Gawlewicz 2015a) became significant in how migrants and their families in Poland understood risks and mitigations across these different geographical sites.

Moreover, in the UK context, Brexit continues to redefine mobility rights across national borders (Godin and Sigona 2022). Post EU accession migrants

and their families relied heavily on the easiness of travel, offered by the lack of legal barriers to both short and long visits and the cheap airline services catering to intra-EU travellers. Brexit has undermined the freedom to travel to spend longer, care needs-related visits in the UK, but also outside the UK for the EU-citizens with pre-settled status (Kloc-Nowak and Ryan 2023; Radziwinowiczówna, Kloc-Nowak, and Rosińska 2020). The coincidence of the UK's exit from the EU and COVID-19 pandemic has created a confluence of unsettling events but it also makes it more challenging to unpick the specific impact of Brexit. In this paper, while acknowledging the wider context of Brexit, which was already unsettling migrants and calling into question their hitherto taken-for-granted transnational family caring practice, we focus primarily on the impact of the pandemic and the associated national lockdowns and travel restrictions during 2020 and 2021.

Our data, gathered at two different time points in 2020 and 2021, demonstrate how different national contexts, COVID restrictions, rules and safequards in Poland and destination countries shaped and limited transnational family practices. Focusing on temporality informed by a lifecourse perspective, we argue that the meeting and caring practices of the transnational families of Polish post-accession migrants have been evolving due to the intertwining aging of particular family members and macrolevel changes and crises, such as COVID-19. While so far migrants talk about care intentions (Radziwinowiczówna, Kloc-Nowak, and Rosińska 2020) and their (grand)parents worry about being able to continue meeting in person [this article], we emphasise that members of different generations are concerned about the future limitations to mobility.

The data have been gathered through focus group discussions (FGs) conducted in the framework of a project aimed to explore how, in the context of Polish family care culture (Radziwinowiczówna, Rosińska, and Kloc-Nowak 2018), the experience of grandparenthood is affected by having grandchildren abroad or in the same country but at a large distance (>25 km), in comparison to a traditional grandparenting in spatial proximity, which allows for frequent visits, easy childcare and intergenerational assistance. While the literature on transnational families of European migrants includes many studies based on interviews with migrants themselves (e.g. Ryan 2011), including migrant grandparents (Nedelcu 2007) and on matched samples of family members (Radziwinowiczówna, Rosińska, and Kloc-Nowak 2018), in this study, we intended to centre the voices of the "left behind" and identify the specificity of their transnational family experience through systematic comparison with grandparents with local and domestically mobile descendants.

In the following section, we briefly explain how COVID restrictions unfolded differently in the UK, as the most popular destination country, and Poland. Then we present our study and outline the research methods



used. In the analysis sections, we consider how the Polish grandparents perceived risks in the context of changing restrictions and how this impacted upon care arrangements locally and transnationally. We also briefly consider the ways in which ICTs were increasingly used by some grandparents but failed to fill the emotional and practical care needs across distance. In the conclusion, we highlight the overall contribution of our paper.

### **COVID-19: pandemic restrictions on mobility**

The possibility and condition of travel during the pandemic depended on the regulations in both the country of origin (in our case Poland) and destination. While in this section, we present the UK as an example of a Polish migrant family members' place of residence, some participants also had relatives in other European countries and those specific contexts become important later in the analysis section.

The World Health Organisation declared the novel coronavirus outbreak as a global pandemic on 11 March 2020.

Polish authorities' reaction to COVID-19 followed the call of the European Council in March 2020. Since 12th March, schools, kindergartens and crèches were closed (accompanied with an 80 per cent salary replacement for carers of children aged up to 8). Subsequently, most public places were closed and gatherings of over 50 persons, including for religious service - banned. Between 24 March and 11 April 2020, all non-essential mobility was restricted. In an attempt to enable the elderly persons do essential shopping with less risk, "seniors' only hours" were introduced in retail. Since early May 2020, certain caring facilities, such as crèches, kindergartens and rehabilitation clinics resumed activity. The sanitary regime allowed the economy and public activities to continue, with a limited scale of infections over the summer of 2020. In autumn, faced with the second wave of the COVID-19 pandemic, regional differentiation of restrictions was introduced, yet soon restrictions covered the whole country. Between November 2020 and January 2021, all pupils had remote schooling. Vaccinations against COVID-19, introduced in Poland on 27th December 2020, were first offered to medical personnel, armed forces and seniors, starting from the oldest cohorts. Despite it, in spring 2021 a third wave of infections emerged, which, importantly for families, caused kindergartens and all schools to be closed in the last days of March and in April 2021. Since the beginning of the pandemic, a 10-day-long quarantine was applied to people who had a prolonged contact with an infected person, which resulted in repeated and unpredictable kindergarten and school class closures in other periods as well.

International passenger flights and trains to/from Poland were suspended on 15th March 2020, only governmentally chartered return flights and road traffic remained allowed at this phase. While on 29th May domestic passenger flights were allowed again, under severe restrictions (especially limiting the number of passengers to half of the places, measuring temperature, and filling in location cards), international passenger flights remained cancelled until 30th June 2020. In the summer of 2020 there was some revival of the passenger traffic, yet the autumn wave of the COVID-19 pandemic, with much more infections, reduced the interest in flying. A major barrier in international travel was also the requirement for multiple SARS-Cov-2 testing and quarantine reaching 14 days for passengers from outside Schengen zone. As an effect, despite the lack of an absolute ban, the number of passengers in Poland dropped by 84 per cent in Q4 of 2020, compared to the analogous period of 2019 (ULC 2021). In the period preceding Christmas of 2020, Poland banned the flights from the UK a few days later than many other European countries, allowing around 40 thousand people to return from the UK for holidays, despite the growing concern about the mutation of the virus spreading there (Cedro, Źółciak, and Osiecki 2020). Between July 2021 and Spring 2022, travel possibility was governed by the EU Digital COVID Certificate documenting that the holder has tested negative, recovered from COVID-19 or been vaccinated. Poland suffered another wave of infections in the winter 2021/2022. Most pandemic restrictions in Poland were only lifted from 1 March 2022, when the public services and society have become much more concerned by another crisis – the reception of the hundreds of thousands of war refugees arriving from the neighbouring Ukraine.

Meanwhile, in the UK, on 23 March 2020, the Prime Minister announced the first national lockdown with people forbidden to leave their homes except for medical care, grocery shopping and one hour of exercise per day. All but essential local travel was prohibited and airports were closed. Restrictions eased in the summer of 2020 when air travel also resumed but with specific requirements such as quarantine. Restrictions were reimposed again in November 2020, with more restrictions on air travel, following a winter surge in the virus. The third national lockdown began in January 2021 and eased in April 2021 when non-essential services including hospitality and gyms began to reopen. By summer 2021, following 6 months of the widespread roll out of vaccination programmes across the UK, most restrictions were finally lifted including restrictions on air travel though many countries retained requirements on proof of vaccination and some quarantine requirements remained.

We presented that level of detail here because, as we show in the later sections of the paper, the varied pandemic regimes in Poland and destination countries, especially the UK where most of their migrant relatives resided, impacted on what kinds of family visits were allowed but also on how risks were perceived in the different contexts and at the period preceding each of the rounds of data collection.

In the next section, we briefly describe our study and analysis.



### Methods and data

Data analysed in this article have been collected during eight FGs conducted with Polish grandmothers and grandfathers aged 50 or over. Discussion in a peer group was chosen as a format enabling the participants to comment on and inspire each other to share their similar or contrasting experiences, for example, when one participant's opinion about London where her family lives prompted another participant's contrasting account of the situation in a different region of the UK. Interaction between participants was expected to bring up a more varied, including a critical assessment of the social norms regarding "proper" grandmothering/grandfathering and the younger generations' expectations towards the aging parents than individual indepth interviews with a researcher perceived as their adult children's peer.

The first round of FGs included four discussions held in-person in July 2020. At that date, the organisation of in-person meetings, under strict safety precautions, was possible due to the relaxing of the pandemic regime and the opening of the economy. As in autumn 2020, the pandemic situation aggravated, the organisation of subsequent groups was postponed, and eventually moved online. Four synchronous online FGs (Tuttas 2015) with new participants were held as videoconferences on Zoom platform in March 2021. This was a period of the third wave of increasing infections and three months since the introduction of the vaccination against COVID-19.

For both forms of discussions, participants had been recruited by subcontracted social and market research agencies active in particular regions, based on the defined profiles. The assistance of well-networked local recruiters was crucial, as due to COVID-19 public events such as picnics, fairs or regular senior meetings were suspended and the researcher would not have opportunities to approach and invite older generation members otherwise than online, which would bias towards the ones using the social media. Reliance on market research agencies means the participants could be "regular respondents" with a history of attending FGs, yet the non-commercial topic of the discussion and the preceding period of a break resulting from the lockdown in our opinion reduced the effect of a routine approach to being in the interview situation.

The participants ranged from 50 to 81 years of age and used the videoconference tool independently or with an initial assistance. In each group there were people with similarly varying confidence with ICT, but without any systematic difference along the gender or age dimension. Nevertheless, the online format possibly biased the recruitment for the second round in favour of the persons possessing an Internet-connected device and feeling comfortable enough online.

The discussants included 30 women and 18 men, recruited in a mediumsized town and its surrounding administrative area in south-eastern Poland (2020) and two neighbouring regions in south-eastern Poland (2021). In each discussion, the participants were relatively homogenous in terms of social

background (small- or medium-sized towns and large villages in their proximity) and education level (majority with secondary education), to reduce the inequality of statuses which could affect the position of participants in the discussion. The groups varied by gender (five composed only of women and three of men), age group 50-64/65 and 65 + and grandchildren's location. In six groups, the criterion was to have at least one grandchild living at a 25 + km distance (for younger groups – specifically abroad), while two FGs were composed of those with only local grandchildren (living within one town and its county, approximately 25 km radius). In practice, in six groups the participants had either only one grandchild or all their grandchildren abroad or a combination of different situations. Detailed composition of the groups is presented in the annex. All discussants agreed to participate in the research based on the informed consent form, consenting to the recording and personal data processing by the University of Warsaw and authorised processors. The research design and its subsequent modifications in response to the pandemic situation have been approved by the Research Ethics Committee at Centre of Migration Research, University of Warsaw.

The interview guidelines covered the topics of social norms and family expectations related to grandparental role. The participants were also invited to discuss their socialising and caring arrangements in relation to the local and distant grandchildren and share their communication practices, prompted by the icons representing Internet communicators and social media platforms. To capture the perception and consequences of the COVID-19 pandemic for families, the theme of coronavirus and lockdown experiences was added to the scenario. The discussions have been transcribed and subject to thematic analysis (Lochmiller 2021). By drawing upon data gathered over two different points in time, 2020 and 2021, when the pandemic and national restrictions were unfolding in particular ways across various countries, our paper makes a unique contribution to the literature on transnational care about the evolution of the perception of risks and restrictive measures regarding international mobility and transnational caring practices.

### **Empirical results**

### Perceptions of COVID-19 related risks and regimes: differences between countries and phases of the pandemic

The COVID-19 pandemic was first of all an unknown disease, threatening people's health. Given fears about physical survival, it was quite natural to be concerned about the health of family members, including the ones abroad. During the first round of FGs, in July 2020, the participants observed that the situation in the United Kingdom, where some of them had children



and grandchildren, seemed much more serious than during the same period in Poland. Hence a way of caring for the family abroad was to provide them with materials helping to protect against the infection such as personal protection equipment or medication which the grandparents found different from the approach to treatment in their children's country of residence. One of the grandmothers recalled:

We sent them face masks for children in a package. There wasn't a woman or a man who would not stop them and ask where they had bought it, because there no child had a face mask. And my children make effort to have the masks, gloves, because there is a crowd of unknown people.

### FG3 Women, 65+, with at least one grandchild abroad/distant, 2020

A man, whose daughter and her family live in South of England, was convinced that the situation had been dramatic in that country in the first wave of the pandemic:

In England it was very bad in the beginning, we laughed, because there was no hand sanitiser, one couldn't even buy plain soap. It was a massacre.

### FG4 Men, 50+, mixed grandchildren location, 2020

Notably, in the same period, the Polish participants made comments linking ethnic diversity in London to lower discipline and higher risk of infection than in the regions of England perceived as more homogenous.

My daughter lives near Scotland, far in the North, there all [rules] are respected. But there isn't such a mix of nationalities, there are very few strangers, compared to London. So, it is very restrictive up there, everyone distances themselves in front of shops, in shops [there are] masks, gloves, everything is different than in London.

### FG3 Women, 65+, with at least one grandchild abroad/distant, 2020

Speaking about the restrictions – where they live, practically everyone masks outside. And when you look at London it is a massacre, the whole world is there and they pay no attention. And that is why so many of them die.

### FG4 Men, 50+, mixed grandchildren location, 2020

Notably, these participants do not use a language openly stigmatising any ethnic group, but rather general terms referring to a large number of diverse "Others" (see also Fiałkowska 2019) increasing the threat of infection by their origin and behaviour. While these were not first-hand observations, as the participants could not travel to the UK themselves in spring 2020, these could be invented diagnoses based on racial stereotypes formed during earlier visits to London or repeated opinions learnt from their migrant children (cf. Gawlewicz 2015b).

These FGs point to the salience of cultural perceptions in how risk is understood and articulated. In many countries across the world, migrants were blamed for introducing and spreading COVID-19 (Murji and Picker 2021; Pickup et al. 2021). For example, the Chinese government blamed African

migrants and students as a source of spreading the infection (Xun and Gilman 2021). In the UK, the high mortality rates among ethnic minorities fed into some negative stereotypes about particular cultural practices rather than structural inequalities as the cause of disproportionate infections (Andrews 2021). Interestingly, in the UK sources suggested that Eastern and Central European migrants had higher levels of vaccine hesitancy and hence were less likely to be vaccinated against COVID-19 than the general population (Crawshaw et al. 2022). The complex interplay of distrust in authority, lack of reliable information, language barriers, as well as structural inequality and lack of access to appropriate services, may explain, at least in part, why migrants are less likely to be vaccinated and more likely to suffer the ill-effects of the virus.

In the policies around the spread of COVID-19 and foreigners' status, regional and racialised hierarchies can be seen, such as prolonged bans for visitors from non-EU countries (Skovgaard-Smith 2023) or flexible treatment of neighbouring countries as in the below example:

My son was surprised by the behaviour of Norwegians. Because Swedish people worked [with him] in Norway. And they were completely at ease, although many people got ill there. They were not subject to quarantine. My son returned [to Norway] by coach, as there were no flights, and he had to guarantine in the apartment for 14 days, fortunately the company paid him for that time. [...] And the Swedes had no quarantine. The Norwegians treated them differently, despite the fact they could bring it, as they went home every Friday.

### FG4 Men, 50+, mixed grandchildren location, 2020

In the FGs with Polish grandparents, there were some ambiguous attitudes to the relationship between migrants and the spread of infection. For example, some participants associated the high level of infections in the UK with prevalence of migrants and suggested that people of migrant origin did not obey the rules and restrictions. However, on the other hand, as seen in the quote about Norway, when restrictions were imposed on Polish migrants, such as guarantine in Norway, some grandparents felt this was unfair and even discriminatory. This echoes observations made in earlier research by Ryan (2010), whereby Polish migrants in London often regarded themselves as well behaved, hardworking, model migrants, in contrast to other migrants groups who were criticised for bad, anti-social behaviour. Perceptions of specific cultural practices, behaviour and compliance with the rules, impacted on how people interpreted risk and hence how they made decisions about what kind of transnational activity, including visits, was acceptable and safe.

An example of the awareness of difference in pandemic rules and practices between the countries which affected family members abroad was found in the following observation by a FG discussant in March 2021. The participant used to live in Italy, while her mother, daughter and grandchild still resided there.



They live 40 km away from each other. But the situation there is different. Let's say they have a red alert zone: one cannot visit another, because they live in different communes. If my daughter went to see my mother, she would get a fine on the way because there is a ban on moving. There is simply a ban. Not as here, if today I wanted to go to the mountains I could go, even if it is a red zone. Because nobody would stop me and issue a fine. It is different there. There, if Italians are in lockdown, they obey it and don't travel.

### FG6 Women, 50-64, with grandchildren abroad, 2021

Rather than seeing the attitudes to the pandemic regulations as static and fixed, it is important to analyse how perceptions of risk changed over time during the evolution of the pandemic. In the 2020 discussions most participants had not experienced the coronavirus but they admitted obedience to the regime and limiting contacts even with the local family, often giving priority to caring for their eldest parents at the cost of not seeing their grandchildren. As in the later phase of the pandemic Poland was hit harder, in the 2021 round of FGs, there were already accounts of COVID-19 in the family in consequence of foreign travel or as cause for delaying travel to visit family abroad. However locally, grandparents started to meet with their children, sometimes even stayed with the preschoolers in quarantine. In 2021, one of the older group participants summarised how her family practices evolved in the pandemic:

My son was afraid to infect me. For some three weeks they did not come at all. Then slowly, slowly, first in the garden ... Me and my granddaughter did not come close to each other, no hugging, only walking together in the garden, at some distance, talking. And nowadays we visit each other. As a grandma I miss the grandchildren too much to not see each other.

### FG5 Women, 65+, with at least one grandchild abroad/distant, 2021

This way, they exposed themselves to a much higher risk of contracting COVID-19 than in the first lockdown period in spring 2020 when the level of infections was much lower. In fact, another discussant responded, she believed she and her husband caught COVID-19 after they once visited their son and grandchildren in their garden in another town. These examples show how in relation to children and grandchildren living in Poland, the participants made the choice to meet despite the pandemic, sometimes admitting that this brought them infection. In contrast, the contacts with family abroad were limited as they remained governed by external regulations, such as obligatory tests, lengthy quarantine or passenger locator cards.

The health risk-related topic that stood out in the 2021 round of FGs was vaccination. In March 2021, the COVID-19 vaccine in Poland was still in the phase of gradual introduction first to medical personnel, then to the people with certain medical conditions and the oldest cohorts. The age difference was visible between the participants. One of the older grandmothers observed that once vaccinated she could travel more easily to her grandson abroad:



If [he can]not, then maybe I will go, as I will be vaccinated, so I will be able to travel. I have the vaccination promised, so we will see.

FG5 Women, 65+, with at least one grandchild abroad/distant, 2021

In the group of 50–64 year-old participants vaccinating was still awaited, as an important safety measure before visiting family:

We have to get vaccinated, this is the crucial matter now ... so that we could travel, visit each other and not spread the virus to our contacts. I cannot imagine the situation in which my desire to visit my daughter would be above any other concerns and I would go there to infect her.

FG7 Men, 50-64, with grandchildren abroad, 2021

The access to vaccination became important for short family visits, as earlier guarantine was a deterrent for travelling once air travel resumed in summer 2020.

### The consequences of hindered international mobility

A significant group among the Polish families researched by us (Radziwinowiczówna, Rosińska, and Kloc-Nowak 2018; Ryan 2011; 2023) and other researchers (e.g. Moskal and Sime 2016), before the pandemic, had talked about precise schedules of travel between the two countries to provide care for infants or older children during the summer holidays. With the onset of the coronavirus pandemic and the introduction of travel restrictions these family visit schedules and peace of mind based on flight availability eroded immediately. According to Polish grandparents participating in the FGs in July 2020, the COVID-19 pandemic meant that all previously planned family visits had to be cancelled, including grandparents' trips to the UK or Ireland as well as migrants' visits to Poland related to Easter and scheduled family events such as baptisms or weddings. A female participant recalled how she had taken care of her two grandchildren in Ireland an earlier summer, as it was not allowed to leave children under 12 home alone there, yet in July 2020 she could not go there as planned. While family celebrations could be postponed, the impossibility of providing grandparents' personal care during school holidays definitely caused a problem for those migrant parents who could not work from home.

Informal childcare from grandparents, especially grandmothers, is a well institutionalised part of the Polish care culture. Family members' mutual expectations include not only meeting and bonding with the newborn grandchild but also caring for the new mother, assisting her in nurturing the baby and relieving her from household chores – usually by her mother (Radziwinowiczówna, Rosińska, and Kloc-Nowak 2018, 167). Migrant parents cherish the help they receive from visiting grandparents and regret not having easy access to grandmothers in everyday childcare needs (Barglowski, Krzyżowski, and Świątek 2015). During the pandemic, functional



solidarity practices towards the new mothers in Polish families were delayed and reduced but not abandoned (Pustulka and Buler 2022). The parents of migrants, who were expecting the birth of their first grandchild abroad during the pandemic, had their plans affected:

The annual leave was taken, everything was planned, almost with suitcases, and we were supposed to arrive a week before the birth, everything was planned ... but ... the current situation thwarted everything.

### FG6 Women, 50-64, at least one grandchild abroad, 2021

This first-time grandmother was among a few of the 2021 FG participants who had not been able to meet their grandchild in person for many months due to the travel restrictions. Not only had their adult children to manage childbirth without the assistance they had been counting on, but also the situation had a high emotional toll and possibly affected the bonding between the grandparents and infant grandchildren (see also Simola et al. 2023).

Being present in person is replaced by mediated presence through objects, especially communication devices. An example of mediated presence was given by one of the oldest FG participants, who talked about the gift he received from his migrant children in 2020 and how it transformed their communication practices:

In fact, it used to be only by phone, and then only when they gave me an ipad, because they wanted to keep in touch ... well that's almost every day now. Moderator: And when did you get this ipad as a gift? Not long ago, six months ... not even six months.

### FG8 Men 65+, with at least one grandchild abroad/distant, 2021

Certain effects of the pandemic facilitated staying in touch via the ICT longer or more often. These included being at home due to remote studies, being on furlough or a closed kindergarten, as reported in 2021:

My daughter does not work, so I can call her whenever I want to. [the grandson] also does not go to the kindergarten because there is pandemics. [...] So, regardless if it is the morning or evening, the one who has time and needs, calls.

### FG6 Women, 50-64, with grandchildren abroad, 2021

Such examples show the increased opportunities to communicate in the daily lives, compared to the normal working days before the pandemic. However, it was not a result of choice but due to the inability to go to the workplace, usually forced by the decision of the employer or lack of childcare. Hence the remote contact was presented usually as an imperfect substitute to longed for in person meetings.

However, we also observed that, despite the desire to meet in person, even when international travel has been allowed again, some people were not willing to risk becoming infected on the plane or spending the whole visit housebound due to quarantine rules.



I am afraid to go, to get on a plane. All the more so because there, the contagion rate is very high and the mortality rate is very high. And secondly, because they do not pay any attention at all to wearing gloves or masks there. (...) That is why I am afraid to fly there. In addition, two weeks of guarantine, it's a loss for me, I can go nowhere, and God help me if I take this coronavirus there or someone [infected] will be sitting on the plane, we do not know what it may be.

### FG3 Women, 65+, with at least one grandchild abroad/distant, 2020

The travel restrictions imposed at short notice at the beginning of the pandemic and changing many times in its further stages, show how perceptions of ease of travel and apparent geographical closeness between Poland and UK were no longer valid. For example, the material care within families was also affected by the pandemic. As one of the participants observed in 2021, the flow of international packages was reduced in the pandemic. Like other members of transnational families in Europe, he used to send packages to his daughter conveniently by international buses or vans. Yet, in 2021, these seemed to stop and he had to rely on slower and less convenient traditional postal services. This would suggest that also the material care practices were affected by hindered international transport.

Reliance on a dense network of low-cost flights to/from nearby regional airports has been an important part of the transnational lives of Polish intra-EU migrants (Badcock and Burrell 2022). There is growing research on how travel restrictions altered migrant families' sense of distance (e.g. Simola et al. 2023). The assumed ease of hitherto taken-for-granted transnational visits was undermined by rules imposed at the level of the nationstate; hardening international borders (Martin and Bergmann 2021). Hence, the conditionality and contingency of transnational practices come into clear view (for a review see Piccoli et al. 2023). Established family visiting practices have been disturbed, which is difficult to accept, as evidenced in this FG in July 2020 with men aged 50 + who have grandchildren in various locations – of whom those of Respondent 1 are in the UK:

Respondent 1: I, too, tell my daughter that I do not think we will see each other this year for Christmas. She says, "How is that possible"? It has already been 18 years that she has been abroad, for 12 or 13 years, every year we have been there – and so how come now – "it is impossible". I say "Possible".

Respondent 2: We got so used to this good, fast communication ...

Respondent 1: Reasonably inexpensive ...

Respondent 2: ... that we cannot imagine the dangers through which all of this could collapse, like with this coronavirus, everything has suddenly changed. We simply cannot predict it.

Respondent 1: Flights used to be fairly cheap, now there is no way to expect them to be cheap. Cheap flying is over. (...) Well, who will be able to afford it? Retirees? What kind of pensioners?!

FG4 Men, 50+, mixed grandchildren location, 2020



Brexit might have caused some migrants to return from the UK to Poland, which could be beneficial for the left-behind parents. However, for the majority of migrants who remained abroad their ability to care personally for their aging parents can become reduced due to EU settlement scheme limitations on the amount of time spent outside the UK, as discussed earlier, passport obligations and changes in the cheap flights business, together putting particularly at risk those parents with no access to local kinship networks and especially not to their adult children. COVID-19 has shown how suddenly organising emergency visits has become impossible. The pandemic has abruptly limited transnational visits and will probably affect the way they are organised in the future.

### Implications and conclusions

Drawing upon our new data gathered during the COVID-19 pandemic, among migrants' families of origin in Poland, we analyse how, when challenged by contemporary "unsettling events" (Kilkey and Ryan 2021), they experience uncertainty and forced immobility affecting their family practices. Our contribution shows how those simplistically classified as the "left behind", hence nonmigrant, perceive the banned or limited mobility both during an ongoing crisis (affecting a specific moment in their own and their family member's biographies, such as the birth of the first grandchild) and in future. Focusing specifically on informal care in migrants' families, hindered mobility makes it more difficult to combine fulfilling the social norms of family obligations with the spatial separation of different generations of relatives in need of care. Despite advances in communication technologies, we call attention to the enduring salience of propinguity especially in terms of hands-on care and to the emotional costs of prolonged spatial separation during multiple national lockdowns.

The COVID-19 pandemic has shown us how easily lockdowns and travel restrictions have been introduced and widely accepted by society. Further crises, induced by international conflicts, climate disasters or future pandemics can easily follow the same path of severe mobility restrictions. We should continue to study whether and how migrants and their transnational family networks respond to such wider structural changes and unsettling events. Adjusting or risk-proofing their extended households will be a challenge for families, hitting hardest those who are the most economically vulnerable.

Moreover, our methodology, with two rounds of FGs conducted with people with families in different locations and in two different stages of the pandemic, enabled us to capture the evolution of these perceptions of risk and restrictions in time and space, with different experiences of grandparents with local families, transnational families with migrants in continental Europe and in the UK. Interpretations of the regulations and choices made regarding preferred family practices evolve as the people

experience illness but also as they become accustomed or tired of the risk of COVID-19. It is apparent that the sphere of international mobility has been more strictly regulated than domestic activities, so that transnational families remained more immobilised compared to families residing in spatial proximity who could make choices, including choosing to prioritise caregiving and bonding with relatives, over protecting their own health.

As well as showing the significance of temporality, as perceptions of risk change over time, we also show the role of spatiality in how risky behaviour is perceived. Hence, we posit that it is important to reflect on the ethnicised perception of risk and unequal restrictions that are based on it. Risks associated with various ethnic groups are different, based on racial stereotypes and traditional perceptions of proximity versus distance between nations (Gadarian, Goodman, and Pepinsky 2024). Importantly, as we have shown here, these ethnicised perceptions translate into unequal treatment in political decisions regarding whom to let in and whose movement to restrict, which affects individuals' right to travel in order to work or to care. Our data show how ethnicised perceptions of risk can also be transmitted transnationally and shape the attitudes even of those who did not have a first-hand experience of the situation in another country (cf. Gawlewicz 2015b). Members of transnational families in their family practices navigate between different countries, with different rules, habits and care cultures. In a situation of crisis, they are even more likely to face restrictions based on stereotypes and exclusion based on differences. The earlier perception of familiarity or similarity, which had facilitated transnational lifestyles, may be suspended or cancelled when borders, both political and mental, are hardened as a consequence of fear (cf. Aradau and Tazzioli 2021).

While the restrictions around COVID-19 can be seen as time-limited (but also treated as an example of how any future global health threat may unfold and again affect mobility), the impact of Brexit is likely to be long lasting. From a temporal perspective, and in the UK context, the earlier privileged status of the families of Polish migrants as mobile EU citizens has been taken away forcing them to adapt to new, less favourable legal conditions, which limit their earlier flexibility, freedom of movement and settlement. Moreover, drawing on the life-course lens, it is apparent that while Polish grandparents tended on average to be relatively young and hence were more likely to be care givers than care receivers, this is changing over time as they age. Hence, the full consequences of Brexit will unfold in time, as the parents of the post 2004-accession migrants' age and increasing numbers of them become dependent on personal care. Thus, the grandparents from the generation which faced COVID-related barriers in visiting their migrant children and providing care to the grandchildren, in future may become the recipients of care and experience previously unimagined



limitations in informal family care provision. We envisage that, to risk-proof their families against future crises, migrants will have to rethink transnational family arrangements as they will not be able to mobilise informal care quickly. Such adjustments may include returning permanently to rely on grandparental care in the country of origin or to provide personal care at home to the elderly parents in need of care. In a similar vein, if the situation in Europe destabilises due to a political, military or epidemiological crisis the left behind (grand)parents may ask for and require the migrants to return to be closer to their kin in need.

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### **Disclosure statement**

No potential conflict of interest was reported by the author(s).

### **Ethics statement**

This research project's ethical strategy, including the informed consent procedure, was approved on January 9, 2020 by the Research Ethics Committee at Centre of Migration Research, University of Warsaw (CMR/EC/1/2020). Following the outbreak of COVID-19 pandemic, the revised ethical strategy regarding the security measures for the inperson focus group discussions was submitted to and approved by the same committee on June 20, 2020 (CMR/EC/3/2020). As the pandemic situation worsened, on March 18, 2021, the principal investigator informed the committee on decision to arrange and conduct the final four focus group discussions remotely and the ethical considerations of interviewing participants in the tragic context of the pandemic.

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# Annex 1. Dates and characteristics of the focus group discussion (FGs) participants

FG no	1	2	3	4	5	9	7	8
Technique	f2f	f2f	f2f	f2f		online	online	online
Date	2020	2020	2020	2020	2021	2021	2021	2021
Number of participants	9	9	9	9		5	9	9
Gender	ш	ш	ш		ш		×	W
	65+	20-65	65+	50+	65+	50-64	50-64	65+
Age brackets	59–71	55-65	65–73		65-77	1-58	50-57	68-81
Number of grandchildren	1–3	1–6	1-11		1–10	٣-	1 or 2	1–8
ding	Only local (one	Only local (one	At least one abroad	Mix of local,	road	At least one	At least on	<ul> <li>At least one abroad</li> </ul>
	city and	city and	or 25 + km		or 25 + km	abroad	abroad	or 25 + km
		county)	distant	distant	distant			distant