

"WE ALSO WANT TO BE SAFE"

UNDOCUMENTED MIGRANTS FACING
COVID IN A HOSTILE ENVIRONMENT



THE JOINT COUNCIL
for THE WELFARE
OF IMMIGRANTS

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GLOSSARY

The Hostile Environment

The Hostile Environment [1] refers to a set of policies introduced in 2012 by the Coalition Government and spearheaded by then-Home Secretary Theresa May, with the aim of making life in the UK impossible for those who cannot show the right paperwork. These policies exclude undocumented migrants from using fundamental services including the public safety net and free NHS care, and make it illegal to work, or for a landlord to rent them a property. The Home Office also accesses the personal data that public sector organisations use for immigration enforcement purposes.

No Recourse to Public Funds (NRPF)

‘No Recourse to Public Funds’ [2] is a condition which bars the majority of migrants from accessing most state support on the basis of their immigration status. In addition to those with an NRPF condition attached to their visa, undocumented migrants and many asylum seekers are barred from accessing most of the public safety net.

Offence of illegal working

The criminalisation of work for undocumented migrants is one of the most pernicious aspects of the Hostile Environment, introduced in the Immigration Act 2016. The offence applies to migrants found to be working without a valid legal status, or when their visa conditions ban them from working, or working hours beyond those permitted by their visa. The penalty carries a maximum custodial sentence of six months and a fine of the statutory maximum.

‘Right to work’ checks

‘Right to work’ checks are a cornerstone policy of the Hostile Environment. Employers are legally obliged to conduct immigration status checks before employing someone to determine if they have the right to work. Employers can face a custodial sentence of up to five years or an unlimited fine if they are found guilty of employing someone they knew or had ‘reasonable cause to believe’ did not have the right to work in the UK.

‘Right to rent’ checks

The ‘right to rent’ scheme [3] is a central policy of the Hostile Environment which requires landlords to check the immigration status of prospective tenants. A landlord who is found to have rented to someone who doesn’t have the required immigration status will face a fine of up to £3,000 or a criminal sentence. [4] Undocumented migrants do not have the right to rent in the UK.

NHS charging

NHS charging and data-sharing are policies which embed the Hostile Environment firmly within healthcare. NHS charging regulations [5] create a framework for charging migrants who are not classed as “ordinarily resident” for health services in England, including undocumented migrants and most other migrants with leave to remain (except people with Indefinite Leave to Remain). Chargeable migrants are required to pay up to 150% of the cost of secondary and community care services.

NHS data-sharing

Regulations introduced in 2015 offered guidance for NHS Trusts to report patients with NHS debt to the Home Office, which can then be used as a reason to refuse visa applications or deny entry to the country at the border. [6] As part of determining a person’s eligibility for care, NHS Trusts often share patients’ personal details, such as their address, with the Home Office, which are then used by immigration enforcement teams.

EXECUTIVE SUMMARY

SUMMARY

This report explores undocumented migrants' experiences of the COVID pandemic. It focuses on financial security, work, housing and access to healthcare, and highlights how in all these areas, the Government's Hostile Environment policies have exacerbated the effects of the COVID crisis for undocumented people.

KEY FINDINGS

Financial insecurity

Long before the pandemic, the No Recourse to Public Funds (NRPF) restriction excluded migrants from the public safety net and pushed them into poverty, unsustainable debt, homelessness and unsafe and overcrowded housing. Since the UK's COVID outbreak, causing rising unemployment and widespread loss of income, this situation has worsened significantly, leaving many destitute, or at risk of destitution.

Precarious employment

The illegal working offence and 'right to work' checks force undocumented migrants into precarious, unregulated and low-paid work. As such, they are overrepresented in jobs on the frontline of the crisis, increasing their exposure to COVID. However, they are also unable to access the vast majority of employment protections and rights necessary to keep them safe if they lose work, fall sick, or suffer exploitative treatment at work.

Insecure housing

Policies including the illegal working offence, NRPF and discriminatory 'right to rent' checks mean undocumented migrants are more likely to live in unsafe and overcrowded housing, making them less able to effectively isolate to protect themselves and prevent further transmission. They have also been more likely to face homelessness during the pandemic, further increasing their risk of contracting COVID.

Barriers to healthcare

NHS charging and data-sharing have created a climate of fear and distrust, deterring undocumented migrants from accessing healthcare. These policies are dangerous by non-pandemic standards but during a crisis are irresponsible to the extreme, leaving undocumented migrants at heightened risk of COVID and undermining public health efforts and crisis recovery.

IMPLICATIONS

Undocumented migrants' experiences of COVID must be considered in the context of the greater risks and worse outcomes from the virus for black and minority ethnic people

There is clear evidence that black and brown communities experience higher rates of serious illness, hospitalisation and death from COVID-19. [7] In order to tackle race disparities in COVID outcomes and improve public health for all, undocumented migrants must be recognised as a significant minority within the UK's black and minority ethnic population.

The Hostile Environment is undermining public health efforts and putting lives at risk

The Government's Hostile Environment policies have undermined public health efforts, excluded undocumented migrants from the public safety net and subjected them to the worst COVID outcomes.

If the Government is serious about protecting all our communities from COVID and returning to life as 'normal', it must put public health before anti-immigrant policies and immediately suspend the Hostile Environment from all areas of public life.

Charities have filled the role of the state

All over the UK, small front-line charities have extended their remit considerably to meet the needs of undocumented people, many of whom would be left with nothing without this vital support. In some cases, front-line charities have shouldered significant public health and other responsibilities, stepping up to fill the gaps in state provision.

RECOMMENDATIONS

1. The public COVID inquiry must include the voices and experiences of migrants, including those who are undocumented
2. End the Hostile Environment
3. Ensure everyone can rely on the public safety net
4. Introduce a firewall between the NHS and the Home Office and suspend NHS charging
5. Introduce a new, simplified route to regularisation based on five years' residence, with visa application fees at cost price
6. Make all visa routes affordable
7. Abolish the offence of illegal working and introduce a work permit system allowing lawful residence based on lawful employment

BACKGROUND

When the COVID pandemic hit the UK in March 2020, all our lives changed. Across the UK, millions of us stayed at home while essential workers kept society going, at a time of extraordinary instability. People everywhere were faced with the very real prospect of being unable to keep their businesses going, feed their families or pay rent at the end of the month. As such, the public safety net became an even more vital lifeline for millions. ONS statistics show that between March and November 2020, the number of payrolled employees fell by 972,000. [8]

As our communities pulled together, it quickly became clear that not everyone had equal access to the necessary lifelines for weathering the crisis. The COVID pandemic exposed and exacerbated existing inequalities, with black and brown communities facing higher rates of infection and hospitalisation. [9] Migrants within this cohort, particularly those with insecure immigration status, exist on the sharpest end of the COVID crisis – yet their stories are often overlooked.

The UK's undocumented population – estimated at between 800,000 and 1.2 million people [10] – are barred from the public safety net and subject to a range of Government policies commonly known as the Hostile Environment, designed to make their lives impossible. During the pandemic, these policies have heightened the risks of COVID for those already forced to live precarious lives.

In addition, migrants, including those who are undocumented, are overrepresented on the 'front-line' of this crisis, in cleaning, health and care work, construction, agriculture and hospitality. [11] They have kept vital services running, supply chains moving, and cared for people's loved ones when they could not.

Countries like Portugal, Spain, France and Greece have recognised the enormous contributions made by undocumented migrants during the pandemic through regularisation schemes, concessions and subsistence support. [12] In the UK however, the Government has consistently prioritised anti-immigrant policies over public health, and in doing so has undermined efforts to protect lives and recover from this crisis.

“This situation with the pandemic, don't just focus on people with legal status to survive: how about undocumented people? They cannot find a proper job, go to the hospital and treat themselves, because they are undocumented”
– Lilian

WHAT DOES 'UNDOCUMENTED' MEAN?

'Undocumented migrants' is a term used to describe people living in the UK without the legal right to remain. This is usually because they are a non-citizen who does not currently have a valid visa or other form of documentation granting them the right to live in the UK.

The UK's immigration system itself creates insecurity and pushes people out of status. Migrants are considered “temporary” for up to a decade and forced to reapply for the right to remain every 2.5 years at a cost of thousands of pounds per person each time. JCWI's report *We Are Here*, published in 2020, found that people become undocumented for reasons often outside their control, including relationship breakdown, domestic abuse, poor legal advice, a physical or mental health crisis, inability to pay extortionate fees, or a simple mistake. [13]

METHODOLOGY

This qualitative report is based on 13 semi-structured interviews conducted in London in September and October 2021. 10 interviews are with migrants with experience of being undocumented during the COVID pandemic. The remaining 3 interviews are with people who work with undocumented migrants, providing either front-line service delivery or free legal advice and representation (from [Kanlungan](#), [Hackney Migrant Centre](#) and [JCWI](#)).

As such, this is not a systematic study, but instead aims to bring to life some of the representative experiences of undocumented migrants during the pandemic, which have been largely overlooked in research to date. The report shines a light on some of the wider systemic issues undocumented migrants have faced during the pandemic as a result of the UK's immigration system and Hostile Environment.

INTRODUCTION

The purpose of this report is to better understand the experiences of undocumented migrants during the COVID pandemic. It explores how COVID and the Government's response to it impacted and continues to impact all aspects of undocumented people's lives. We focus on financial security, work, housing and access to healthcare, and look at how the Hostile Environment has exacerbated the effects of the pandemic in all these areas. We also explore how the pandemic has impacted individuals and organisations working with and supporting undocumented migrants.

There is clear evidence that black and minority ethnic people are at greater risk of contracting COVID-19, serious illness, hospitalisation and death from the virus than white people. People from a Bangladeshi background, for example, have twice the risk of death from COVID as white people, according to Public Health England. [14]

The UK's undocumented communities are part of this cohort – most are from countries with majority black and brown populations [15] – and studies from across Europe suggest that migrants are overrepresented in COVID-related hospitalisations and deaths. [16] However, evidence from the UK context fails to take immigration status into consideration and examine how it has impacted people's experiences of the pandemic.

In the UK, policies such as [No Recourse to Public Funds \(NRPF\)](#), [right to rent checks](#), [right to work checks](#) and [NHS charging](#) and [data-sharing](#) exclude undocumented migrants from the public safety net, force them into inadequate, overcrowded housing and precarious employment and reduce their access to healthcare – all factors which increase the risks of COVID.

Even prior to the pandemic, small, overstretched charities worked beyond their capacity to fill the gaps in state provision to support undocumented people. When the crisis hit, demand increased exponentially. However, the Government chose to ignore the problem, forcing front-line charities to work even harder and take on roles that are the responsibility of the state, including providing vital access to healthcare, often without adequate funding.

If we are to recover from this crisis, the Government must protect all our communities: it must put public health before immigration enforcement and scrap the Hostile Environment. In addition, it must grant undocumented migrants the right to earn a decent living, secure safe housing and access support when they need it. Finally, the public inquiry into the UK Government's handling of COVID (due to begin in Spring 2022) must take into account the voices and experiences of migrants, including those without formal immigration status.

INTRODUCTION TO THE PARTICIPANTS

Our undocumented interviewees have a range of nationalities: four Filipino, three Nigerian, two Ghanaian and one Bangladeshi. Seven were undocumented when we spoke to them and three had been granted status in the past year (1 grant of Indefinite Leave to Remain and 2 grants of 2.5 years Leave to Remain on the 10-year route to settlement). Three had previously had status under the Domestic Worker Visa before becoming undocumented.

All interviewees had experience of working while undocumented in precarious, cash-in-hand jobs. Eight were working at the start of the pandemic: five as domestic workers / nannies, one as a cleaner, one doing odd jobs and one in a shop. All eight lost their jobs as a result of COVID and the first lockdown.

All interviewees had spent significant time living and working in the UK without official immigration status. One had been undocumented for 20 years, two between 15 and 20 years, two between 10 and 15 years, two between 5 and 10 years and three between 2 and 5 years. One person had been undocumented for 2 years, having previously been documented for 15 years.

For the purposes of this report, all names and identifying features have been changed.



Maria

Maria is from the Philippines, and has lived in the UK for 8 years. She came on a domestic working visa. However, when the law changed in 2012 so that domestic workers could no longer renew their visas, she

lost status. She lives with a friend and their family.

Before the pandemic she was nannying full time, but she lost her job at the start of the first lockdown. She has not been able to pick up enough work, and now only works 3-5 hours a week.

In 2016 she needed to have her contraceptive coil removed. She was afraid that she wasn't eligible for NHS healthcare and was too scared to register with a GP for fear of being turned over to immigration enforcement. She ended up paying £4,500 to have it removed in a private clinic.

Recently she experienced gatekeeping and discriminatory questioning when going to get the COVID vaccine. The Voice of Domestic Workers, a support organisation, have provided enormous help and kept her going during the pandemic.



Rathindra

Rathindra is from Bangladesh, and has lived in the UK for 12 years. He was recently granted Indefinite Leave to Remain, after his application was pending with the Home Office for a long time. Prior to

COVID he was working cash-in-hand in his friend's shop but lost his job when the first lockdown came. He had lived throughout the pandemic in very overcrowded accommodation with his cousin, wife and children.

After his wife became pregnant with twins, they tragically lost one baby because they could not get to hospital – the Home Office had destroyed Rathindra's driving licence, and they could not afford to travel via other means. He has survived thanks to supermarket vouchers provided by HMC throughout the pandemic, and recently started working in the shop again.



Blessing

Blessing came to the UK from Nigeria 13 years ago. She has a partner and 4 children under 10. They are all undocumented. Before the pandemic both

Blessing and her partner were working cash-in-hand

doing odd jobs like cleaning houses, doing hair and ushering for parties, but this work dried up completely during the pandemic.

Blessing has not been able to work since. As a result she has accumulated large rent arrears and was issued with a formal eviction notice. Blessing and her family were eventually evicted in May 2021 and moved into cramped Social Services Section 17 accommodation. She has also had a battle with her children's school, as her eldest son is deemed ineligible for Free School Meals. Her partner caught COVID and was hospitalised over Christmas 2020, and the rest of the family had to isolate. They were supported during this time by HMC, who provided supermarket vouchers.



Mary

Mary is originally from Ghana, and came to the UK in 2003. She did cash-in-hand odd jobs until mid-2019, when she was diagnosed with a brain tumour and had to undergo surgery, which left her unable to work, depressed and suicidal. She was staying with a cousin and had been there long-term but when the pandemic hit the cousin asked her to leave as they were scared.

Mary became homeless but secured housing under "Everyone In", in a hostel with around 50 other people. HMC supported her with supermarket vouchers throughout the pandemic. Thankfully she is now in better temporary accommodation and is beginning to rebuild her life, having been granted status for 2 and a half years in December 2020, on a 10-year route to settlement.



Dolores

Dolores has lived in the UK for 4 years since she came from the Philippines. She rents a room with her partner and baby. They share the house with several others – she feels very unsafe about the spread

of COVID in the crowded household and believes the landlord takes advantage of them because they don't have an official immigration status. Before the pandemic she worked doing cleaning, housekeeping and babysitting, but both she and her partner lost their jobs in the lockdown.

When Dolores got pregnant her midwife referred them to Social Services, who reported the couple to the Home Office. As a result, they fled their accommodation and became temporarily separated as they couldn't find a place to stay together. Consequently, she stopped engaging with antenatal hospital appointments. Eventually, Kanlungan helped her to register with the GP, but she lives in fear of being removed from the UK. Kanlungan have also provided her with food and support, helping her to get by and become more confident.



Evelyn

Evelyn came to the UK 18 years ago from Ghana and has survived doing cash-in-hand work. Before the pandemic she was working as a cleaner but lost this job due to COVID, and has really struggled since.

She has not been able to find alternative work, and lives with a friend.

She has a lot of health problems but did not go to the GP for ten years because a GP wrongfully told her she was not eligible to register when she first arrived. HMC provided her with supermarket vouchers for much of lockdown and she also received support from her church.



Lilian

Lilian is from the Philippines, and has lived in the UK for 5 years. She came to the UK on an overseas domestic worker visa, but when she was unable to extend it after 6 months, she overstayed and became undocumented. She lives and shares a room with a friend.

Lilian was working as a nanny before the pandemic but lost her job when the country went into lockdown. She has health problems which make it very hard to work and has struggled to pick up enough hours again. She currently works 2 days a week. She has survived thanks to help from The Voice of Domestic Workers to supplement her low income.



Chioma

Chioma is Nigerian and has lived in the UK without status for 5 and a half years. Before the pandemic, she was a live-in nanny, but lost this work and with it her accommodation in the first national lockdown. She

ended up street homeless. Chioma slept on night buses for several months during the height of the lockdown, despite being high-risk, as she had been refused access to the "Everyone In" scheme because she didn't have official immigration status. She managed to find temporary accommodation in a charity shelter but had to move on again before long.

She is currently sleeping in a local night shelter where the conditions are extremely poor and the COVID risk is high: it is overcrowded, no one wears masks and she does not have a bed, but tries to get a few hours' sleep a night on a chair. She has a lot of health problems but did not go to the doctor for 5 years for fear of being reported to immigration enforcement. Eventually her condition got extremely serious, and she was referred to Doctors of The World who helped her get medical care. She has survived off supermarket vouchers and meals from charities during the pandemic as she cannot find any live-in nanning work.



Stella

Stella is from the Philippines, and has lived in the UK for 17 years. She came on a renewable domestic worker visa, which she renewed for 15 years until her employer was unable to renew her visa due to financial constraints. As a result, she was forced out of status.

Throughout the pandemic she has been homeless and sofa surfed, staying with different friends. Since becoming undocumented she feels unsafe. Employers are hesitant to give her work and she earns much less money. She has been able to work minimally during the pandemic, but has managed mainly with the support of friends.



Adebola

Adebola is from Nigeria, and lived in the UK undocumented for 20 years. She now has 2 and a half years' Leave to Remain on a 10-year route to settlement, after managing to regularise her status in December 2020.

She worked in care homes until 2018, when her employer asked her to leave after the Home Office refused her application to stay. She has faced financial precarity and debt due to having to pay insurmountable Home Office and legal fees without the right to work.

She became homeless at the beginning of the pandemic after the friends she had been staying with asked her to leave when the lockdown was introduced. She faced hostility from her Local Authority, who initially refused to house her under "Everyone In" until, with lots of help from HMC, they agreed to house her. After a long and difficult journey she is now in a much more secure place emotionally and financially, and feels positive about her future.

COVID AND THE HOSTILE ENVIRONMENT - THE IMPACTS ON THE UK'S UNDOCUMENTED POPULATION

FINANCIAL INSECURITY

No Recourse to Public Funds (NRPF) – undocumented migrants with no safety net have no way to weather the storm

Since long before the pandemic, NRPF restrictions have been pushing migrants into poverty, unsustainable debt, destitution, homelessness, and unsafe and overcrowded housing. A 2019 report by The Unity Project found that this disproportionately impacts women, low-income families, disabled people, pregnant people and black and minority ethnic British children. [17]

Since the COVID outbreak, as families and communities have suffered rising unemployment and lost income, the situation facing those with NRPF conditions has worsened significantly. [18] Universal Credit, the Coronavirus Job Retention (Furlough) Scheme and Statutory Sick Pay, which have been lifelines to so many over the past two years, are not available to undocumented people. As a result, undocumented people who lost work during the pandemic lost all their income, sometimes overnight.

“The pandemic has affected a lot. You can’t go anywhere. I’m not working, I am dependent on vouchers so if my food is finished, it’s finished” – Evelyn

Financial problems were a theme that came through strongly in all our interviews; several people highlighted dependency on others, debt and struggling to ‘get by’ or ‘survive’ during the pandemic. Without access to any safety net, undocumented migrants are forced to take whatever work they can, even in unsafe conditions. They cannot leave unsafe housing, are unable to effectively self-isolate due to crowded conditions and face the risk of destitution and homelessness.

Research from IPPR demonstrates how migrants are at particular risk from the economic fallout of COVID, as they are disproportionately self-employed and in temporary work, as well as being employed in sectors most affected by the crisis. [19] A study by MRN, Migrants at Work, The 3 Million and Kanlungan found that the impact of COVID was most severe on workers with NRPF, with 14% unable to pay their rent or mortgage on time compared to 2% of others. [20]

“Undocumented people have no Government help. Other people get full Housing Benefit... For undocumented people it is just a voucher [from a charity], sometimes. It’s nothing. You don’t have money, you don’t have another mouthful of daily food” – Rathindra

As a result, many undocumented workers have been forced to choose between isolating without pay and continuing to work in dangerous conditions. [21] The reality is that isolating away from the workplace is a luxury which, for many, is simply unaffordable. This is compounded by the fact that sectors in which undocumented migrants are overrepresented – such as care, agriculture, and cleaning – cannot be done from home. According to MRN et al study, 64% of those with NRPF stated they couldn’t afford to miss work, as compared to 46% of those with RPF. [22]

“I can’t afford to be sick, [and] I can’t afford to give the virus to others [either]” – Maria

“People who were just getting by, you know, struggling but still getting by, were now pushed into destitution, because they haven’t been able to access Government support schemes. And they’ve lost jobs, they’ve gotten sick, they’ve had to care for people” – Francesca (worker at Kanlungan)

Free school meals

The children of undocumented migrants have been unable to access free school meals throughout the pandemic [23], despite the fact so many of them face destitution at home. A sobering report from the Children’s Society found that almost half of children living in the UK with foreign-born parents live in poverty. [24] In addition, research by the GLA estimates that there are 215,000 undocumented children growing up in the UK, and that around half of all children with insecure immigration status were born in the UK. [25] Welcome changes made in April 2020 extended eligibility for free school meals to thousands more families with NRPF [26], but this did not include undocumented families not in receipt of Section 4 or Section 17 support.

We spoke to Blessing, mother of 4 children under 10, about her unsuccessful battle to get Free School Meals for her eldest son:

“Because we don’t have papers, my son is not entitled to eat lunch in his school... They should have equal rights to the other kids. A lot of things my kids just can’t do... They wish to eat together. And they need that food!... I was embarrassed that I wasn’t able to just give my kids food. We are like people neglected, abandoned. We are not part of the country. Why are you denying them their rights?” – Blessing

WORK

Precarious employment

Just like everyone, undocumented migrants must work to survive. However, the illegal working offence and ‘right to work’ checks – cornerstone policies of the Hostile Environment – prevent undocumented migrants from accessing safe employment. Instead, they are forced to work in precarious, unregulated and low-paid sectors such as agriculture, domestic work, cleaning and care. [27]

Because of the clandestine nature of irregular work, there is a lack of data on these workers’ employment patterns. Research by the Migration Observatory found in 2019 that migrants in general were overrepresented in hospitality (30%), transport and storage (28%) and health and social work (20%) [28]. In addition, LAWRS found that nearly a quarter of the UK’s cleaning workforce are migrants, rising to 68% in London. [29] All ten of the people we spoke to had experience of working in precarious, under-regulated sectors including domestic work, cleaning and care.

“Our everyday living is very hard if you’re undocumented. Today we have a roof and a bed to sleep on, but we always have the worry: where will we sleep tomorrow? How I wish they could know our situation... We are just humans. They think of undocumented people as illegal. They just don’t know that being undocumented means unfortunately we have no legal papers, but we are still human. We still have the need to work, but we need to hide working” – Dolores

Combined with Hostile Environment measures, the lack of regulation in these sectors leaves undocumented workers without bargaining power and particularly vulnerable to exploitation, as employers can use their lack of status as a tool to threaten, coerce and control. [30] As FLEX explain, employers can withhold wages, pay less than Minimum Wage, assign excessively long hours and refuse to grant safe working conditions, knowing they are unlikely to be held accountable for these violations. [31]

Kanlungan works with Filipino domestic workers who live in their employers’ homes. They explain that for these workers, a lack of written agreements makes them especially exposed to exploitation, such as failure to abide by working time regulations. [32]

However, workers with no right to legal employment, access to unions or employment tribunals, protection from labour inspections or access to public funds often have no alternative but to agree to exploitative conditions. [33]

“It really affects your life. I’ve been through a lot all those years that I’ve been cleaning. Times employers took advantage, times employers would nearly report you to the Home Office when they found out you have no legal documents. Sometimes they don’t pay me right – sometimes they don’t pay anything at all” – Dolores

COVID and ‘hyper-precarity’ at work

Restrictions on the right to safe work meant that undocumented migrants were already in an extremely vulnerable position when COVID arrived in the UK. They are also overrepresented in jobs on the frontline of the crisis, leaving them more likely to contract COVID at work, yet unable to access the vast majority of employment protections and rights necessary to keep them safe. Research by COMPAS found that irregular migrants are also overly represented in some of the industries most impacted by lockdowns and their subsequent economic fallouts, such as hospitality and personal services. [34]

Undocumented migrants who remained in employment during the pandemic were more likely to work in places with inadequate health and safety and COVID protection measures such as PPE, ventilation, social distancing and access to sick pay. A study into the effects of COVID on migrant frontline workers found that 76% of respondents felt they were putting their own health at risk by working during COVID. [35] FLEX aptly describe the experience of migrant workers in low-paid and insecure work during the pandemic as ‘hyper-precarity’, where “people experience compounding, multidimensional ‘precarity’ based on their position in the labour market (being in low-paid and insecure work) and their situation as migrants (having restricted access to work and welfare).” [36]

“They know my situation (that I have a baby) so I have to work and give my cousin their money back as well. So I have to do it, I have no other choice” – Rathindra

This precarity extends to all aspects of undocumented migrants' lives, which in turn heightens their vulnerability to COVID. As Kanlungan found in their report on precarious Filipino migrants during COVID, the risks encountered at work intersect with Hostile Environment policies to further expose them to the virus, as well as to other negative effects of the pandemic and accompanying lockdowns. [37]

“Undocumented people need rights to survive, especially during a pandemic. We are equal, we are human beings, we need to be treated equally and if they want to be safe, we also want to be safe. Of course, I want to be sent to work, to pay taxes. We should be able to go out freely without worry. Because you are already worried about this pandemic and then you have to worry about your status! It’s too much to think about” – Maria

Our conversation with Chioma captures this cycle of ‘hyper-precariety’, as she describes her experience of working reduced hours during the pandemic, while homeless and suffering from serious health problems.

“Even the money I saved wasn’t enough. They pay you little or nothing. And my health was an issue as well, I get so tired and I’m always bleeding. This became part of my life. Get a childminder job, sometimes they will need you for 3, 6 months, and after that a hostel. By then I still couldn’t access any healthcare, I was just managing my health on my own” – Chioma

Loss of work

For hundreds of thousands of people, including undocumented migrants, the onset of the pandemic and subsequent lockdowns resulted in a loss of employment. The economic impact of lockdowns has been felt acutely by businesses in frontline industries such as hospitality and cleaning, in which migrants are overrepresented. A previous study by JCWI looking at the experiences of migrants with NRPF found that 21% of participants who were in work at the start of the first national lockdown in March 2020 lost their jobs. [38]

All eight of the interviewees in this report had been working at the start of the pandemic, but later lost their jobs. 18 months after the start of the pandemic, when we conducted our research, only one person had returned to their pre-pandemic work schedule. All of the other interviewees have struggled to find work: three are working extremely reduced hours and four have been unable to secure any work, making it impossible for them to support themselves.

“[At the start of the pandemic I worked] cash-in-hand like cleaning people’s houses, doing hair, ushering for parties and events... That’s why we didn’t think of going to people to help because we could manage with the little we got... But COVID affected my work because there were no parties, no events, and people don’t want you in their houses. There was no money coming in. Only help from the community, HMC. I haven’t been able to work at all” – Blessing

For undocumented migrants, loss of employment triggered by the pandemic often also meant a loss of accommodation or unpaid wages.

“A lot of people lost work, because they could never be properly on the books and they were not eligible for furlough schemes and stuff like that and for those reasons it also increased homelessness” – Laura (JCWI)

In the domestic sector, where there is an overrepresentation of undocumented workers, a large proportion live in their employers' homes. [39] For these workers, losing their jobs also meant becoming homeless. [40] Because of their lack of status, undocumented migrants lack the bargaining power to negotiate payment of unpaid wages from employers after losing work. None of the people we spoke to received any support – financial or otherwise – from their employer after losing their job due to COVID.

“It’s very hard to find a job in this situation... I can’t force them to give it to me [unpaid wages]... This is how powerless undocumented people are. The people know about it and easily take advantage of the situation... Maybe they were thinking I could not do anything because I don’t have status here. Maybe that’s why they had the guts to do that” – Maria

“It’s actively discouraging [undocumented people] to request PPE or testing. That’s the kind of thing they are scared to do. And because they’re undocumented, even though there was an eviction ban, we know of people who were evicted because they got COVID or because someone in the household got COVID and they lost their job and then were evicted from their place of work” – Francesca (Kanlungan)

HOUSING PROBLEMS

Inadequate and overcrowded housing

A combination of Hostile Environment policies including the illegal working offence, NRPF and discriminatory ‘right to rent’ checks mean that undocumented migrants are more likely to live in unsafe and overcrowded housing. This increases their risk of contracting COVID and being unable to effectively isolate to prevent further transmission. Black and brown people are already overrepresented in unsuitable and cramped housing [41], and JCWI’s 2017 research found that the ‘right to rent’ scheme makes it harder for British people of colour and migrants to rent a home in England. [42] Research from the Migration Observatory shows that on top of this, migrants are more likely to live in overcrowded housing, especially in London. [43] Housing problems were cited frequently by our interviewees, with people mentioning issues such as overcrowded living conditions, feeling unsafe, rent areas, eviction and homelessness.

Inability to self-isolate

Many undocumented people do not have space in their home where they can safely isolate if they catch COVID or have had contact with someone who has the virus. This is another example of how the Hostile Environment – this time within housing – exacerbates the risks of COVID for undocumented people and those around them. JCWI’s previous research into the experiences of migrants with NRPF during COVID found that 50% of respondents with NRPF said they would be unable to isolate if necessary. [44] Given the barriers set out above, this figure is likely to be even higher for undocumented people. Most undocumented people we spoke to during the present research told us they would not have a place to isolate safely if they contracted COVID.

“Last February, all the members in the house except for me and my baby caught COVID. My partner got COVID. We have no place for isolation. We just put a pillow as a barrier between me and my baby, from my partner. We have one room; other people live in the other rooms” – Dolores

“We didn’t isolate but there’s nothing we could do because during that time everybody was so scared. I was living with the sort of people who you don’t know. Even some of them had kids. There’s nothing we can do when we don’t have somewhere to go. Everyone had their own room, then we had shared two toilets, shared kitchen, shared bathroom. There were 5 of us” – Adebola

“They’re lucky if they have their own bedroom. Sometimes they share, so that makes it really difficult to isolate. One of my service users got COVID and her housemate was also working as a domestic worker and kept going to work and I had to tell her: ‘You really need to ask your housemate not to go to work anymore because you’ve got COVID’. But if she doesn’t work then she’s not going to earn any money and you can’t afford to not earn any money for two weeks” – Francesca (Kanlungan)

Homelessness during the pandemic

Despite the [temporary eviction ban](#) and the [“Everyone In”](#) scheme introduced in March 2020 following the onset of COVID, undocumented people have continued to face evictions and homelessness throughout the pandemic. We know from anecdotal reports that with significant numbers forced out of work and unable to access Housing Benefit, many accumulated huge rent arrears and were eventually faced with eviction as soon as the ban lifted. Others became homeless after being informally evicted by family or friends who were worried about lockdown restrictions and/or contracting COVID at home. Several of the people we spoke to had experienced homelessness during the pandemic. All of these were women, who, as well as facing the risk of contracting COVID, face a disproportionate threat of both violence and abuse. [45]

“I was traumatised, because I didn’t have anything, and it was going to be a lockdown. I didn’t have any public funds, just HMC giving me some shopping and food from the food bank – so it was scary for me, for the lockdown. It was a lot of thinking about how am I going to survive? I became homeless before the pandemic, so going into the pandemic I was homeless, moving from friends to friends and my cousins’, so I was thinking how am I going to survive? How am I going to eat, or live?” – Mary

“We definitely saw people who had lost their housing because of COVID. And a lot of that was because they were in overcrowded and unsuitable accommodation, and the people they were living with were scared. But other than that, there were definitely people who remain staying with friends who didn’t have their own rooms. Often sofa surfing very literally means they’re sleeping on chairs or sofas, so they didn’t have anywhere to isolate” – Anna (HMC)

An increased risk of destitution and homelessness among undocumented people leads to increased pressure on local authorities. The Government’s main justification for the imposition of NRPF conditions is that it saves taxpayers’ money. However, in many cases people who are barred from accessing public funds like benefits – which are centrally administrated – instead get support from a local authority, which does not constitute a public fund. [46] As such, NRPF conditions simply shunt costs from central to local taxpayers, and place extra pressure on local authorities at a time of crisis.

Blessing told us about being evicted in May 2021 with her four children aged under 10 and moved into cramped Social Services (Section 17) accommodation:

“When they evicted us we had to move to a hotel for 2 weeks, which was so stressful with 4 kids. We had 2 rooms, no space to play, no space for the kids to do their work, they were very bored and unhappy because of the situation. They were off school and they had to do things online which they couldn’t do there... that place was underground so the internet was very bad, so they couldn’t work” – Blessing

“Everyone In”

The “Everyone In” scheme was introduced in March 2020 with the aim of providing safe accommodation for people sleeping rough or living in accommodation where it was difficult to self-isolate, including those who would not normally be entitled to homelessness assistance. [47] The Government never explicitly stated whether undocumented people must be accommodated under the scheme, although this is implicit in the description. Partly as a result of this ambiguity, the scheme produced mixed outcomes for undocumented communities.

The scheme provided many people who were previously ineligible for housing assistance with accommodation, including some undocumented people. Statistics from the National Audit Office show that to the end of November 2020, more than 33,000 people were helped to find accommodation under the scheme. [48] Statistics on how many undocumented people are included in this number are not available. We spoke to 2 interviewees who, after a battle with their local authorities, were able to access long-term housing via the scheme.

Conditions at accommodation provided via “Everyone In” were often inadequate, with overcrowding, safeguarding concerns and a lack of COVID safety measures in place, including adequate space for people to self-isolate properly.

“As someone recovering from brain surgery, I had a tough time. I have limited mobility too. After I complained they said they would put me in a new place – third floor without a lift. How can I stay in a third floor without a lift? So I refused it and said I would stay... It wasn’t safe, but I had to take care of myself, it’s a lot of people. Although you have your room, you have to go for your meals and there are a lot of people walking around. We are all mixed together. About 50 of us” – Mary

One service provider told us that in their experience, the “Everyone In” scheme was a postcode lottery. Some boroughs have been very successful and proactive with assisting people under the scheme, continuing to provide accommodation 18 months after the start of the pandemic. However, other boroughs denied or were unaware of the existence of this scheme a month after it was formally launched, and refused people support because of their immigration status. This left some undocumented people homeless throughout the pandemic, and at high risk of contracting and transmitting COVID.

“Christmas 2019, maybe even before then, I went to church and when I came back the woman had changed the locks and thrown me out. HMC helped me to get accommodation... They phoned Greenwich Council, they said they didn’t have houses because I didn’t have papers” – Adebola

Chioma told us she was refused housing assistance because she was undocumented, first under the “Everyone In” scheme and then by a homelessness charity, despite having serious health problems. As a result, she spent months of the pandemic homeless, sleeping on buses and in night shelters.

“When they shut down everywhere I had to start going to the airport, staying there, and then they closed the airport and there were a lot of homeless people there and we were told everyone has to leave. They referred me to [homelessness charity] but when they found out my status they said they couldn’t help me. I said I thought the Government had made provisions for people like me? But they said no, they had already exhausted that... They just refused me outright. At that time it was beginning to affect my mental health – I thought of suicide... As a woman I was always alone on the streets at night. During winter, when it’s raining, people are coughing, anything you can think of. You just get scared.

I was scared because you don’t know who to trust and that is the situation they [the Government] have created. That kind of Hostile Environment where you don’t know who might turn you in... I went through so much stress... And later I was staying on the buses. One day I went to the driver and told him my situation and he said I should just ride with him, any time I see his bus I don’t have to come down I can just stay upstairs... That went on for a long time. I would stay on that bus and go to Hyde Park during the day and stay there. This was 2020 summer when it was total lockdown.

Right now at the [night shelter] if you have COVID you’re just there with other people. There are a lot of problems, in terms of hygiene. Because I have OCD, that makes it so difficult for me. I just sit on this chair... If you are going to allow people then you must make room for them. You can’t just put them in like sardines, especially in these COVID times” – Chioma

BARRIERS TO HEALTHCARE

Fear of NHS data-sharing and charging deters undocumented migrants from seeking healthcare

Government policies such as NHS charging and data-sharing have created a climate of fear that puts migrants at risk – including those with access to free NHS care – and prevents medical staff from being able to do their jobs. [49] Undocumented migrant residents have reason to fear seeking medical care, as they are not eligible for free NHS care and their data may be passed from NHS trusts to the Home Office. This could result in them being targeted by immigration enforcement. A report by Medact on migrants' access to healthcare during the COVID crisis found that migrants are not coming forward for healthcare because of the Hostile Environment. 57% of their respondents reported that migrants have avoided seeking healthcare, including those entitled to free care. [50]

“People die in their homes, in their rooms, because they are afraid of GPs” – Evelyn

This climate of fear and distrust within healthcare, and broader public life, came through sharply in our interviews. All ten people we spoke to were registered with GPs at the start of the pandemic, but several told us they had not registered for years after arriving in the UK – in some instances as long as 5 or 10 years – due to fear of being deported. In both these cases interviewees chose not to seek medical attention for a very long time despite having serious health conditions requiring urgent care.

“I noticed I was bleeding a lot. I could have my period and it just goes for 10-15 days... One day I was with this family where the lady was a doctor, she said: ‘You need to go to the hospital right now, if not you are going to drop dead.’ I was shocked. But I still didn’t want to give her so much information, so I couldn’t access any healthcare... Another day a man said, you need to call Doctors of the World. So I called and they directed me to [health clinic] and I went there so many times. They were scared, they said my blood count was so low they were surprised I was walking. They said it was as if I was a walking corpse or something. So they started treating me with iron... They were so wonderful” – Chioma

The Hostile Environment in healthcare puts undocumented migrants at greater risk of COVID

Policies that force some communities to avoid seeking healthcare are bad for public health at the best of times, but during a global pandemic they are reckless in the extreme. The exemption on data-sharing and charging for COVID diagnosis, treatment and vaccination is clearly not working, putting migrants' lives at risk and hampering public health. The culture of fear created by the historical and continued use of these policies elsewhere in the NHS deters migrants – particularly those who are undocumented – from seeking healthcare.

JCWI's research into the experiences of migrants with NRPF during COVID found that almost half of those surveyed (43%) said they would be scared to access healthcare if they became unwell during the pandemic. We did not collect data on respondents' ethnicity, but 60% of respondents from Africa and the Caribbean and 56% of Asian respondents reported being scared of seeking healthcare, compared with just 16% of those originating from North America, Australasia and Europe. [51]

“A lot of service users just simply have never sought medical treatment of any kind, have never tried to register with a GP, or maybe tried once and had a really bad experience where the GP asked for a copy of their passport or proof of leave to remain in the UK. Within our group of young Filipino mums, a lot of them had amassed huge amounts of NHS debt... so were struggling financially to keep up with those payments. And I think when you’ve had that negative experience with the NHS... that doesn’t make you want to engage. Whether that’s for a vaccine or potentially lifesaving healthcare, or even getting a test” – Francesca (Kanlungan)

For undocumented people living through the pandemic, the effects of the Hostile Environment within the NHS are even more far-reaching and life-threatening than in non-pandemic times. At the start of the pandemic, JCWI and 30 other organisations warned the Government that these Hostile Environment policies would hamper public health efforts, but our recommendations were not implemented. [52] The British Medical Association, Royal College of Physicians, UK Faculty of Public Health and Doctors of the World UK also wrote, along with other major medical bodies, to the Home Secretary on 13 April 2020 calling for the suspension of the same measures. [53]

These policies within the NHS during a health crisis are quite literally a matter of life and death. According to Kanlungan's report, several undocumented people died at home with symptoms of COVID-19 due to fear of being deported. [54]

"I know many people die of COVID because they are scared of going to the hospital because they don't have papers. I was always scared, when I was pregnant. I was scared that if I went to the hospital, would they hold me down because I don't have papers?" – Blessing

"A lot of people are just not seeking medical care when they get COVID, and I know of several undocumented Filipino migrants who died because they just didn't go to the hospital because they were too scared of being deported. It says so much about the Hostile Environment policy that people would rather die alone at home without access to medical care than face the possibility of being reported to Immigration Services" – Francesca (Kanlungan)

Misinformation is a further barrier

Widespread misinformation, bad practice and a lack of transparency and understanding around eligibility for healthcare and data-sharing represent a further barrier for undocumented migrants seeking healthcare. As Kanlungan identify, while the data-sharing agreement between the NHS and the Home Office has been officially withdrawn, flyers are still available on NHS webpages stating that data can be passed on without a patient's consent and used for immigration enforcement. To make matters worse, the lack of an active public awareness campaign by the Government about free and safe COVID diagnosis, treatment and vaccination for irregular migrants means that past experiences and mixed messaging shape the decision-making of undocumented people. [55]

Similarly, Medact's study found that the coronavirus exemption from charging is not working. Just 9% of those they surveyed thought that information on charging exemptions is reaching all sections of their communities in an accessible way. More than half (56%) had not seen any information from public bodies raising awareness of migrants' rights to healthcare during the crisis. And even when information does reach people, fear of the Hostile Environment persists. [56]

"For the first ten years I wasn't able to access a GP. I went for a check-up and they said I couldn't go, they said I wasn't on the system. And then I didn't go for ten years" – Evelyn

Maria told us that because she is undocumented, she did not think she was eligible for GP care. She was also afraid that the NHS would share her data with the Home Office, and she would then be targeted for enforcement. This meant she ended up paying an astronomical sum of money (£4500) to have a simple procedure privately.

"In 2016 I got an infection because of my coil. It had already been in for 10 years, so they needed to remove it. But how can I go to the GP? At that time I had been shivering with a fever because it was infected. And one of my friends, she was a nurse before, so she knew about a clinic, but you need to pay! Some of my friends had to lend me money to do that... I went with a private clinic, because I was afraid to go to the Government one. I was afraid, because I didn't know my rights. Because some people were telling me: 'It's dangerous, because they are going to tell immigration you are here, they are going to share your information.' And I am so afraid of that!" – Maria

"We see a lot of people who aren't registered with the GP. I'd say it's common for people to say they didn't register because they didn't know they could. But what's more common is that people have tried to register and haven't been able to because they've experienced gatekeeping at the point of registration. There are these language barriers, they ask for proof of address and photo ID, and when people don't provide that they don't make it clear that they can register them anyway" – Anna (HMC)

CHARITIES FILLING THE ROLE OF THE STATE

The COVID pandemic did not occur in isolation but arrived in the UK following a decade of austerity and Hostile Environment policies, which have forced already overstretched, under-funded charities to step up and fill the gaps in state provision. Throughout the pandemic, all over the UK, small front-line charities have extended their remit even further to meet the needs of undocumented people. This includes things like providing supermarket vouchers, delivering groceries, providing accessible information on access to healthcare and the COVID vaccine, and helping people to register with GPs or secure homelessness assistance. In some cases, this is because the Government has explicitly excluded undocumented people from the public safety net while in others, the culture of fear created by the Hostile Environment has prevented undocumented people from accessing the limited support that is available to them.

Without this vital support, many undocumented people – particularly those who are isolated, unable to work and/or most at risk of COVID – would likely have been left with nothing. Service providers described how both their workload and remit dramatically increased at the start of the pandemic. They quickly realised that unless their organisations provided support to undocumented people in need, no one else would.

“There’s been an increased reliance on community organisations to fill in where the state refuses to do so or cannot do so. We’re finding ourselves providing advice on so many different things like translating NHS guidance that relates to the pandemic or to the clinics. All of these things that have to do with public health, which really shouldn’t be the responsibility of a charity” – Francesca (Kanlungan)

“Initially it cropped up quite organically because there were a few people I knew who were so vulnerable that they wouldn’t have been able to leave the house, but so isolated and without any money that they would not have been able to get food deliveries. Within the first few days we were contacting people who really do not have any way to get food and if they didn’t have status or RPF there literally wasn’t anyone, like Social Services, to say that this person doesn’t have food...

So, we had volunteers doing food deliveries, and there was a spike in volunteer activity because people were really helping out at that time. I think from April 2020 – September 2021 we provided food to 180 people and over £100,000 in supermarket vouchers. Food was a big thing” – Anna (HMC)

This reliance on support from charities (as well as friends and religious communities) to survive the pandemic was one of the strongest themes that came through in our interviews.

“I was very hopeless and didn’t know what to do, but... I asked for help from the community, and Kanlungan. It’s the only way of surviving because we need to think of our baby” – Dolores

Blessing told us how much Hackney Migrant Centre helped her and her family throughout the crisis, particularly while her husband was hospitalised with COVID.

“COVID affected my work... There was no money coming in. Only help from the community, HMC. They would call me and drop things at my door. I haven’t been able to work at all... My husband had COVID... My kids were crying. He was in hospital for 12 or 13 days. We could not go outside, we had to isolate... We couldn’t get anything in the house. I didn’t know who to call and ask for help...

Only one lady from HMC came to my house because she hadn’t heard from me, and I told her my partner had COVID and we were isolating and needed some things for my kids. She went to buy the stuff and bring it to us... HMC stood by me, did everything. They helped me get accommodation. My son went to school and was worried we would be homeless. But HMC said no, you and your kids will not sleep outside. They are helping a lot of migrants like me. I am very happy I met them. If I met them a long time ago maybe I would not be in this” – Blessing

Access to the COVID vaccine

In some cases, front-line charities have shouldered significant public health responsibilities which should sit with the state, providing pop-up COVID vaccine clinics for undocumented migrants. The Government has stated that the COVID vaccine is available to everyone for free, without immigration checks or the need for an NHS number or GP registration. [57] However, fear of immigration enforcement runs deep, increasing the risk that undocumented people will not get vaccinated. The UK's COVID strategy relies on people being registered with GPs to access vaccinations, and on everyone being willing to go to hospital when sick, and to share key personal information with hospital staff without fear of reprisal or future punishment. This cannot occur while the health system and Government communications are designed to discourage migrants from interacting with them.

Both service providers we spoke to had run pop-up vaccine clinics for undocumented people, which were well-attended and demonstrated successful cross-sector collaboration. However, they also signify the damage and distrust caused by the Hostile Environment in official healthcare settings. One service provider based in London had people travelling to their clinic from as far as Glasgow. Until Hostile Environment policies are removed from the NHS, charities will continue having to work beyond their remit to pick up state shortcomings, especially in times of crisis.

“We got funding from Hackney Giving via Hackney Public Health, to do pop-up clinics at a community centre with the NHS North East London Trust. And we were very clear that this was for undocumented migrants, specifically Filipino, Vietnamese, and Indonesian... I know that some people were considering coming down all the way from Glasgow just to get their job with us because they just didn't feel comfortable doing it elsewhere... There was a lot of fear around giving contact details to get the first jab. [People thought]: ‘Then they'll know who I am and they'll know my phone number, so then they could come calling me and deport me, so I don't want to get it.’ That was an obstacle.

But then when we did pop-up clinics, and I think they saw that it was Kanlungan staff doing the signups and keeping the records of who had signed up, and that no one was being asked for ID or proof of address or anything like that...

To be fair, Public Health England and NHS England have translated a lot of stuff in Filipino community languages, helped by Government, but it's just like the messaging is just not reaching people because if you're undocumented it's like you're living in an almost parallel society where things just don't reach you” – Francesca (Kanlungan)

The Government does not have figures showing how many undocumented people have been vaccinated. Yet we know that racist Hostile Environment policies within healthcare ensure that this remains an extremely hard to reach community. [58] 9 out of 10 of the people we spoke to had received both COVID vaccines. However, our interviews will have disproportionately featured undocumented people with access to the vaccine because we reached participants via front-line charities which had supported their clients to access the vaccine.

“In terms of the vaccine I saw a huge contrast between people I know personally – I don't know anyone who didn't get the vaccine. But then with my clients it seemed like barely any of them did... I had one client who was working in an NHS carpark then later on in the pandemic when they started doing vaccines he was worried that that would mean he was going to come to light. He left his job because of that, and didn't get the vaccine as a result” – Laura (JCWI lawyer)

Maria told us that despite Government guidance stating that she would not need ID to receive her vaccine, when she went to the vaccine centre she was treated in a discriminatory way, questioned about her identity and asked to demonstrate proof of ID:

“I said, ‘why? Is it because I'm brown that you need to ask me that? That is so not good, it's so unfair. It looks like you're racist!’ It looks like I've been humiliated because of my colour... Because since we came here, we are all humiliated, and then you need to make yourselves safe by taking the vaccine, and still there it looks so unfair to treat people like that” – Maria

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

Undocumented migrants' experiences of COVID must be understood as part of the bigger picture of black and minority ethnic risks and outcomes from the virus

There is clear evidence that black and brown communities experience higher rates of serious illness, hospitalisation and death from COVID-19, as well as vaccine hesitancy. Despite the fact most of the UK's undocumented population come from countries with majority black and brown populations, they are often overlooked and invisible in conversations around the relationship between COVID outcomes and race/ethnicity. In order to tackle race disparities in COVID outcomes and improve public health for all, undocumented migrants must be included in the bigger picture and recognised as a significant minority within the UK's ethnic minority population.

The Hostile Environment is undermining public health efforts and putting undocumented migrants' lives at risk

The Government's Hostile Environment policies are dangerous at the best of times, but during the pandemic they have undermined public health efforts and subjected migrants – particularly those who are undocumented – to the worst outcomes from COVID. Simultaneously, the health crisis has intensified the effects of harmful Hostile Environment policies which exclude undocumented people from accessing the public safety net, free healthcare, safe housing and employment protections, and are felt most sharply by undocumented migrants.

We know now that safety from COVID means safety in all parts of our lives: at home, at work and in healthcare. However, through policies like right to rent and right to work checks, the illegal working offence, NRPF and NHS charging and data-sharing, the Hostile Environment excludes undocumented migrants from safety and support and increases their chances of contracting the virus.

The Government must put public health before anti-immigrant policies

There is significant evidence that Hostile Environment policies within the NHS have created a culture of fear and distrust which stops migrants from accessing healthcare, even where exemptions exist. If the Government is serious about protecting all our communities from COVID and returning to life as 'normal', it must put public health before anti-immigrant policies and immediately suspend the Hostile Environment from healthcare.

Undocumented people need rights

The COVID pandemic has made it clearer than ever that if we are to move forwards, all our communities need protection. Like everyone, undocumented people need the right to earn a living, get support when they need it, access healthcare if they become ill and feel secure in their homes. These rights have never been more crucial than during a health crisis.

RECOMMENDATIONS

1. **Ensure migrants are included in the 2022 COVID public inquiry**

The Prime Minister has announced a public inquiry into the UK Government's handling of the COVID-19 pandemic will begin in Spring 2022. It is crucial that the experiences and voices of migrants – including those with no formal immigration status – are central to this inquiry. In particular, it must give careful consideration to the impact of Hostile Environment policies on migrant communities in the context of a pandemic and associated national restrictions.

2. **End the Hostile Environment**

The Government's Hostile Environment has been shown to undermine public health efforts and put migrants' lives (and therefore the lives of all our communities) at risk. This has always been the case, but the COVID pandemic has intensified the effects of these policies. Any common sense approach to COVID recovery must include scrapping the Hostile Environment.

3. **Suspend NRPf**

Suspending NRPf is the only way to ensure that migrants do not have to choose between their own and the public's health and being able to feed and house their families. Everyone living in the UK, whatever their immigration or employment status, must have access to public funds to ensure that we can all weather this crisis.

4. **Introduce a firewall between the NHS and the Home Office, and suspend NHS charging**

NHS data-sharing and charging have embedded the Hostile Environment within healthcare and created a culture of fear that deters migrants from accessing healthcare, even for those who are eligible. The Government must immediately introduce a firewall between the NHS and Home Office and suspend NHS charging, to ensure healthcare and COVID recovery work for all, regardless of immigration status.

5. **Introduce a new, simplified route to regularisation based on five years' residence**

The Government must ensure that people can regularise and maintain their status. The current system is so complex and restrictive that it pushes people out of status. A five-year route would simplify the immigration system and provide a clear route back to safe status for people forced out of it.

6. **Make all visa routes affordable**

The ability to document a right to stay in the UK should not depend on whether the applicant can afford the fees. The UK's immigration fees are far higher than in most comparable countries and continue to increase. People who are unable to raise thousands of pounds every few years are at risk of losing their status and becoming undocumented. Immigration fees should be set no higher than the cost of processing an application.

7. **Abolish the illegal working offence and introduce a work permit system**

All workers should be safe and protected from exploitation and abuse, regardless of immigration status. Banning undocumented migrants from working legally does not reduce the need for people to work, or to provide for themselves or their families. Illegal working offences drive undocumented migrants underground, empower exploitative employers and leave undocumented workers unable to report labour violations for fear of being reported to immigration enforcement. Instead, the Government should introduce permits that can be obtained by undocumented migrants with an offer of employment – this could then be relied upon as part of the regularisation process, as happens in other comparable countries.

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ABOUT JCWI

JCWI is an independent national charity, founded in 1967 to defend the rights of Britain's migrant communities and fight for a fairer immigration system.

For more than half a century, we have challenged policies that lead to discrimination, destitution and the denial of rights. We have provided accessible, high-quality legal advice and support to tens of thousands of people, helping them to secure their immigration status, keep their families together and escape poverty. And we have consistently been one of the leading voices calling for a fairer, more just immigration system that works for everyone.

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