

“A chance to feel safe”

Precarious Filipino migrants amid the UK's coronavirus outbreak

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Cover image: 'Michelle', by Nyel Camilon

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Executive Summary

*“Give a chance for all [those] without papers, like me, to feel safe”
– Shane’s message to policy-makers*

This report documents the impact of the coronavirus outbreak and associated ‘lockdown’ in the UK on Filipino precarious migrants (a majority undocumented). It is based on research conducted in May and June 2020, including an online survey with 78 respondents, and 15 follow-up interviews.

The report finds that the systemic disenfranchisement of migrants through the “hostile environment” agenda has exacerbated the negative effects of the pandemic and lockdown on this group. The coronavirus pandemic has intensified and highlighted the deadly effects of the hostile environment. But it also reveals the life-threatening inequalities that already existed before the outbreak.

Emerging most urgently in the participants’ accounts were the ways that hostile environment policies:

- Forced precarious migrants into informal, exploitative employment. “No work no pay” means that people are caught between the dangers of contracting or spreading the virus at work, or falling into destitution.
- Deterred precarious migrants from seeking healthcare due to the fear of being reported to immigration authorities and charged prohibitive costs for treatment.
- Pushed precarious migrants into temporary, overcrowded housing conditions that made social distancing impossible, and put them at risk of contracting and spreading the virus.
- Created constant fear and isolation that severed precarious migrants from support networks and was damaging to their mental health.

A recent report by Public Health England acknowledges the disproportionate impact of COVID-19 on Black, Asian and Minority Ethnic people.¹ Yet it fails to account for those whose migratory status deterred them from seeking diagnosis and treatment, and who therefore remain invisible in national statistics.

For precarious migrants, including those without legal status (known in the community as undocumented) or with no right to work or recourse to public funds, many of the initiatives put in place by the government to mitigate the effects of the pandemic for at-risk populations, employees, businesses, tenants and public mental health were effectively meaningless. That is why, on 27th March 2020, the Status Now Network was launched with the hashtag #healthandsafetyforall.² Yet at the time of writing, their lack of access to healthcare and financial support has already cost lives and pushed many to the brink of destitution.

Distinctively, this cohort of participants contained a large proportion of domestic and care workers, whose work depends on close physical contact with others. It is noteworthy that while the UK is celebrating care workers and keyworkers as heroes, the workforce of informally employed migrant carers and cleaners has remained invisible.

Yet the experiences of this cohort are in many ways prismatic of other precarious migrants in the UK. This is because the barriers that prevent them and their families from leading safe, healthy and rewarding lives are systemic.

This report recommends that keeping precarious migrants – and by extension the general public – safe from coronavirus demands systems-level change at the intersection of immigration and public health.

Methodology

Scope and Process

This report is based on original data collected through a detailed online survey (6 – 27 May 2020) and follow-up interviews (19 May – 1 June 2020). 78 respondents completed the online survey and gave consent for their answers to be used in the report. Of those who consented to be contacted, fifteen participants were interviewed. The interviewees were selected on the basis of their responses to the survey, in order to provide in-depth narratives reflecting a range of migratory circumstances and experiences of the coronavirus pandemic and related social distancing measures.

The survey was distributed by Kanlungan and targeted at migrants with precarious immigration status. While 59 (76%) of the survey respondents described their status as undocumented, other migrants with precarious status or past experience of living without legal status in the UK have also been included in the data. For example, two are asylum seekers awaiting a decision on leave to remain; others are working full time with student or tourist visas; others did not know their status.

Participants were advised during the survey and interview that all questions were optional.

Ethics review was conducted in April 2020 by the Royal Central School of Speech and Drama, University of London.

Pseudonyms are used throughout the report and were chosen by the participants.

Interviewees were asked for consent to be contacted after six months, and we expect to publish an addendum to this report which incorporates data about their experiences during the ongoing pandemic and its aftermaths.

The data was gathered at speed in response to a fast-evolving social context, and this report is not intended to be representative of all issues relating to the coronavirus pandemic, nor those facing precarious migrants in the UK.

Roles

The research concept and online survey questions were devised collaboratively by the Project Researcher Ella Parry-Davies, Project Coordinator Mariko Hayashi and representatives of Kanlungan, a consortium of Filipino organisations in the UK. First contact with participants was made by Kanlungan management and the Contact Facilitator Cielo Esperanza Tilan. Interviews were conducted by Ella Parry-Davies, with Cielo Esperanza Tilan present to advocate for interviewees. The report was authored by Ella Parry-Davies.

Ella Parry-Davies is a British Academy Postdoctoral Fellow at the Royal Central School of Speech and Drama, University of London.

Cielo Esperanza Tilan is a founding member of the Filipino Domestic Workers Association, a member organisation of Kanlungan.

Mariko Hayashi is a director of Southeast and East Asian Centre CIC, a member organisation of Kanlungan.

Acknowledgments

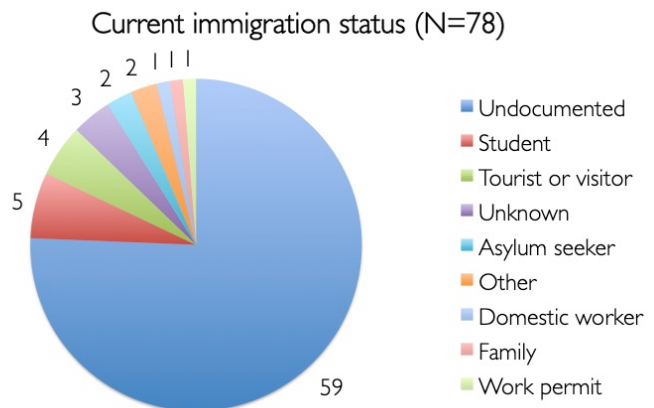
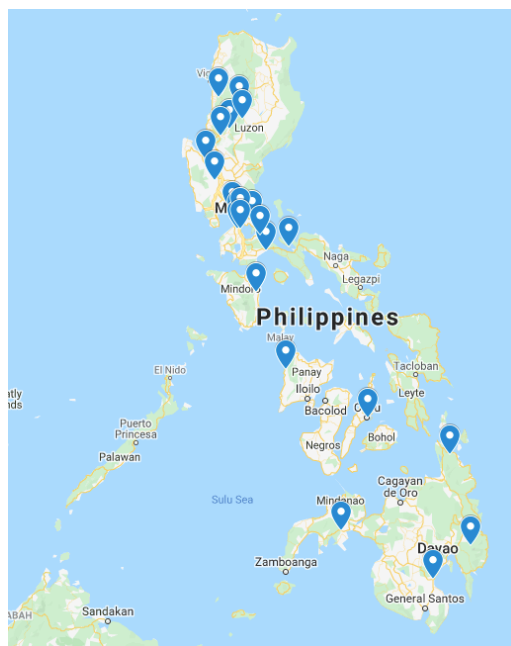
We are deeply grateful to the participants for the time and insights they shared so generously.

Participant Profile

78 respondents completed a detailed online survey and gave consent for their answers to be used. 15 participants who gave consent to be contacted were subsequently interviewed.

59 respondents (76%) described their current immigration status as undocumented.

The participants have been in the UK between 6 months and 22 years, with an average of 10.5 years.



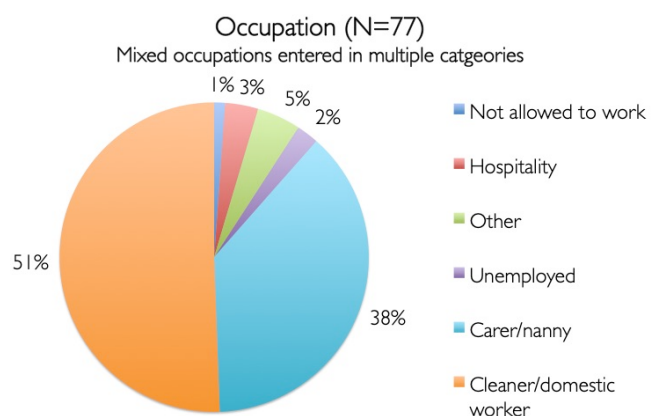
All participants are originally from the Philippines, with 37 survey respondents indicating their province or city. These were concentrated in the Luzon region, with fewer respondents coming from the Visayas and Mindanao.

78% of the participants described their gender as female, 21% as male, and 1% as transgender.

Their average age was 44.7 years.

89% of participants did domestic and care work, with many working part-time across these occupations.

Participants primarily entered the UK with a student visa (51%), tourist or visitor visa (23%) or domestic worker visa (14%).



Background

Filipino migration to the UK

Approximately 200,000 Filipino nationals currently reside legally in the UK. While they have a range of occupations, many are involved in health, care and domestic work, and Filipinos are currently the second largest non-British national group employed by the National Health Service (NHS).³

Coronavirus in the UK

Coronavirus (COVID-19) was declared a global pandemic by the World Health Organisation on 11 March 2020, and on 23 March the UK government announced a set of social distancing measures informally known as a “lockdown,” initially for three weeks but since extended.⁴ These included staying at home except for essential shopping, medical care and limited exercise; shutting down certain businesses, social venues and places of worship; and restriction on non-essential travel.

To date, there have been 39,728 recorded COVID-19 associated deaths in the UK, and the UK’s excess mortality rate is the worst in Europe.⁵

The UK Government also put in place measures to mitigate the impact of the pandemic. Those most relevant to this report include a suspension of evictions for three months, Statutory Sick Pay for those self-isolating because of COVID-19, and the Coronavirus Job Retention (furlough) Scheme, through which employees receive 80% of their usual pay.⁶ It is worth noting at the outset that these measures are inaccessible to undocumented migrants, and others without the right to work.

Though the situation is still evolving, it is already clear that the coronavirus pandemic and lockdown have had disproportionate effects on Black, Asian and Minority Ethnic populations in the UK, as well as socially excluded groups including irregular migrants.⁷

The “hostile environment” and the NHS

The “hostile environment” (since 2017 officially re-named the “compliant environment”) is a set of policies aimed at disincentivising immigration to the UK by preventing those without leave to remain from accessing housing, healthcare, education, employment, bank accounts, benefits and drivers’ licences. The policies were primarily implemented through the 2014 and 2016 Immigration Acts. Those most relevant to this report include:

- The criminalisation of illegal working, with increased financial penalties and prison sentences for employers.
- The requirement for landlords and letting agents to check tenants’ immigration status before renting to them, and powers to evict tenants without the right to rent.
- Charges for NHS care for certain migrants, at 150% of the cost to the NHS.
- Patient data-sharing between the NHS and the Home Office for the purposes of Immigration Enforcement. This was formalised in a 2017 Memorandum of Understanding (MoU), which was later withdrawn in 2018 following legal action by rights groups. However, some data-sharing is still taking place (for example with regard to debt to the NHS).

A Picture of Life ‘Without Papers’

“There’s no certainty now. I couldn’t even tell you it’s going to be ok. Before, even though it’s hard – all the anger, all the resentment to people who’ve done this to you – I was a little bit hopeful. There was a little glimmer of hope. But the way I see it, it’s been a long time and nothing changes. It’s like you’re just floating from day to day.” – Maria Nola.

Exploitation

Participants consistently reported difficulty finding employment with fair wages and working conditions because of their status. Based on the income and working hours data provided by survey respondents, they earn an average of £6.01 per hour, while the current national living wage (the minimum wage set out by the Government) in the UK is £8.72 and the London Living Wage is £10.75. Fearful of being reported to immigration authorities, respondents were unable to negotiate better working conditions. Peachybelle works sixty hours per week as a live-in carer and is paid less than £500 a month, equating to an hourly wage of less than £2.00. Fundics was paid just £2.75 per hour for working in a shop soon after he arrived in the UK in 2007.

“You’re desperate, you need the money. People take advantage. That’s life.” – Maria Nola

Despite this, many interviewees emphasised that they were transparent with prospective employers about their status. In Bry’s words: “Even if it’s a fear, I try to tell every employer that I don’t have papers. I think that they also have the right to know.” As part of the hostile environment agenda, the 2014 and 2016 Immigration Acts made

illegal working a criminal offence and made employing those without the right to work punishable by increased financial penalties and prison sentences for employers.⁸ Despite this risk, employers benefit from cheap and flexible labour, which – in the case of care and domestic work – is often carried out “behind closed doors.”

For live-in domestic and care workers, this can result in extreme exploitation. Interviewee Shane described how she was made to work from 6.30am to 10 or 11pm as a live-in domestic worker for one employer in the UK. Jonels was paid just £200 per week to work sixteen hours a day, six days a week (just over £2.00 per hour). Amid the coronavirus pandemic, cleaning and care work is harder to come by since it puts both employers and workers at risk of the virus. This pushes workers into even more desperate circumstances.

“When you have nothing, you cannot say no. You have to grab the opportunity. They tell you you are lucky, because you have no papers.” – Jonels

Fear and isolation

Respondents painted a picture of profound isolation resulting from the constant fear of being caught. While many interviewees stated that their hope was to build a community in solidarity with others and contribute to life in the UK, their status made this impossible. The increased isolation resulting from social distancing measures implemented in response to the coronavirus outbreak exacerbated participants’ loneliness and stress, and they were forced to cope without social support networks.

“After work I come home, eat, sleep, and then go back to work again. I’ve been here thirteen years, and I’m like a prisoner here. I’ve lost half of my life here.” – Fundics

Participants had been in the UK for an average of ten years. Interviewees explained that the cumulative effect of long-term precarity affected their mental health, family life and work. For care workers in particular, the compassion and emotional labour demanded at work is hard to balance with the constant unpredictability and fear of living without legal status. Maria Nola, a registered nurse in the Philippines, has worked in nursing homes and private care in the UK since 2009. She described how years of continuous anxiety from being undocumented affects her ability to focus at work, and how having regular status would enable her to develop her professional skills:

“If I had papers now, I will have trainings. They will benefit from my full service, my full knowledge. I can help in the community, especially now with COVID. The patients need people who empathise, who are concerned. I think I am capable of that.” – Maria Nola

Unable to travel

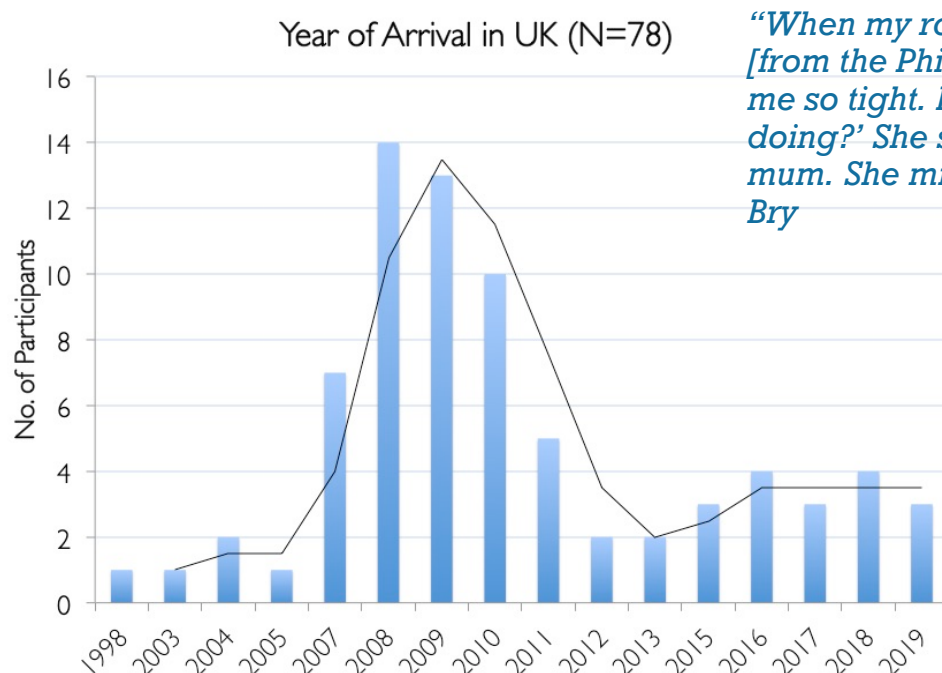
Several interviewees stated that if they attained regular status they would go home to visit family in the Philippines.

In addition to remitting money, many Filipino migrants in the UK retain strong ties with parents, siblings, children and extended family. Undocumented migrants must earn money to support their families’ education and healthcare, but when loved ones pass away and children graduate they cannot be there to join them.

“Imagine if you were in my place. I’m living here for 13 years without going home. It’s very hard.” – Fundics

Prior to the outbreak of coronavirus, Bry worked as a carer for a couple in their eighties, one of whom has dementia. She described how she avoids speaking to her family in the Philippines by phone, because she is afraid of revealing how difficult her life is in the UK. Her own mother is 81 and has breast cancer. “Like most mothers, she would like to know how you are. But I don’t want to be on the phone for too long – I try not to give her all the information because I don’t want her to worry.” Though Bry is undocumented and cannot travel to see her mother, her roommate in London visited her on a trip to the Philippines.

“When my roommate came back [from the Philippines] she hugged me so tight. I said, ‘What are you doing?’ She said, ‘This is from your mum. She misses you so much.’” – Bry

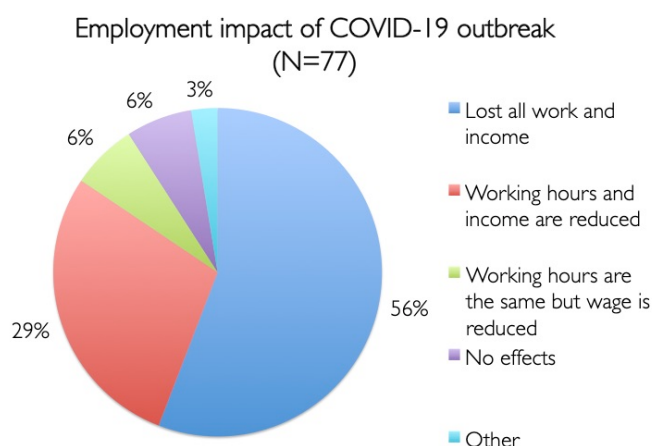


Economic Impact of COVID-19

In addition to the disadvantages they routinely face in finding stable employment and fair wages, undocumented migrants are not able to access the UK government's initiatives to support businesses and employees during the pandemic and social distancing. None of the survey respondents did work that could be carried out at home.

Interviewees explained that they were surviving on informally-arranged loans, support from charities, and limited savings. Interviewed in late May and early June 2020, many were close to exhausting their options. Working as a painter-decorator, Fundics was among the most financially stable interviewees, but his savings could only last another month, and he did not have a plan if he was not able to go back to work in June. Shane, a domestic worker, had accrued informal debts to seven different people in the UK, and more in the Philippines.

The participants painted a picture of families struggling to stay out of destitution, with two interviewees miming water reaching up to their foreheads to express the desperation of trying to stay 'afloat.'

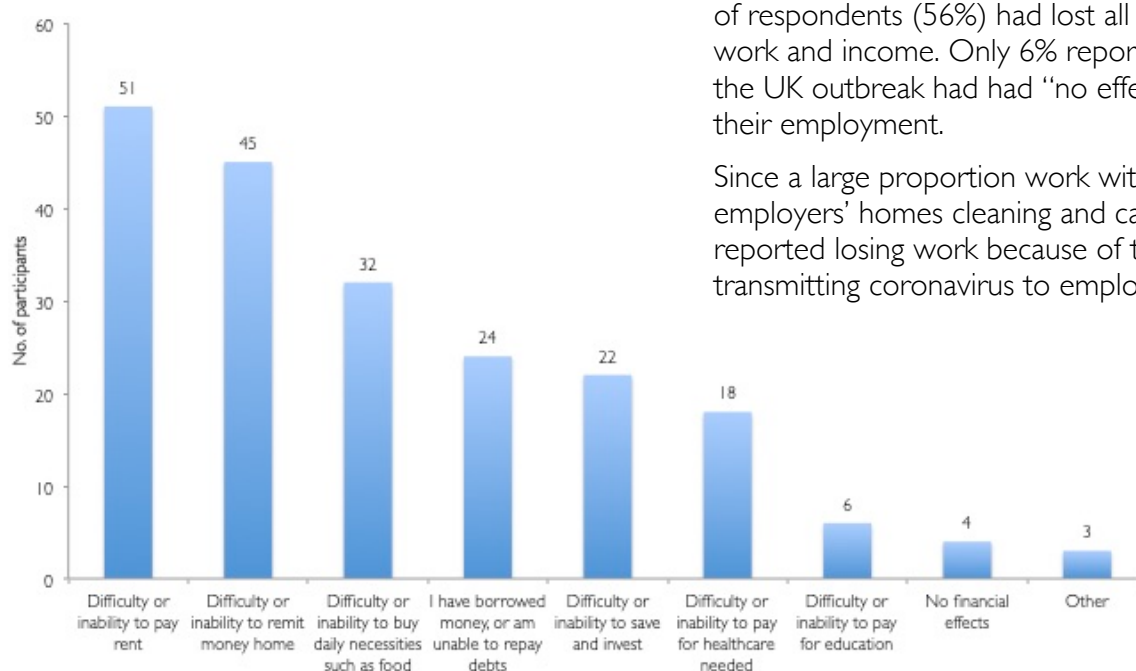


“We have survived like 8 weeks now, we don’t have any money from the government. We need help as well, to survive.” – Fundics

Loss of wages

Many UK employees unable to work safely have been put on furlough under the Coronavirus Job Retention Scheme, through which the state contributes 80% of their earnings. But for undocumented migrants, the reality is “no work, no pay.” A majority of respondents (56%) had lost all of their work and income. Only 6% reported that the UK outbreak had had “no effects” on their employment.

Since a large proportion work within employers’ homes cleaning and caring, many reported losing work because of the risk of transmitting coronavirus to employers.



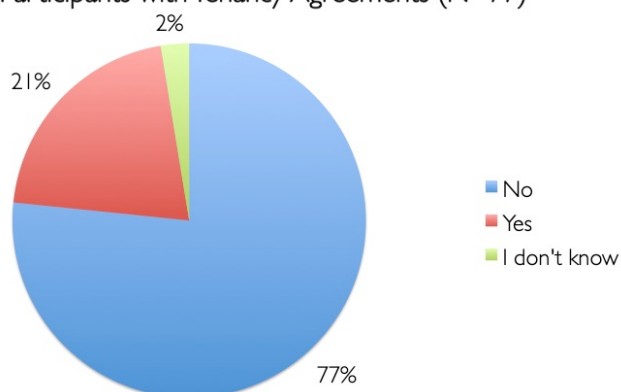
Paying the rent

Several interviewees stated that they prioritised paying the rent above other living expenses, and some had delayed payments to their landlords, or borrowed money in order to meet rent deadlines. While emergency legislation currently protects tenants from evictions,⁹ only one fifth of participants had a Tenancy Agreement or official proof of address, which leaves others at the mercy of private landlords. Maria Nola described being undocumented as highly unpredictable, and characterised by dependence on friends, acquaintances and “anyone who takes pity on you.”

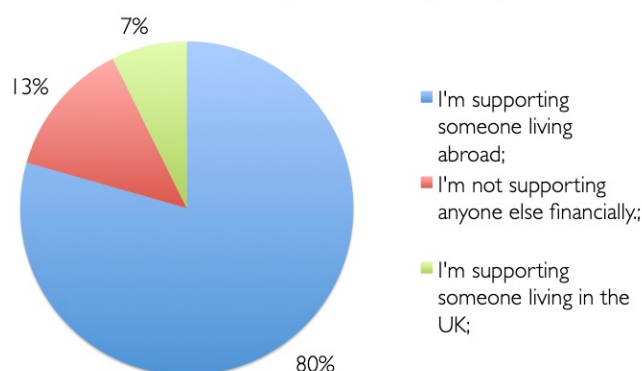
“The money I get from part time work during COVID is not even sufficient for rent alone: let’s not talk about food. If I lose the rent, it means that I will have to, again, ask friends if I can sleep over. Back to that.” – Maria Nola

Markova, who had lost 60% of his income but still had to pay the full cost of rent, prioritised paying his rent at the expense of buying healthy food such as fresh vegetables that would have boosted his immunity against the virus. In February he had three weeks of COVID-19 symptoms, including high temperature, dry cough, loss of taste and smell, and diarrhea.

Participants with Tenancy Agreements (N=77)



Financial responsibilities (N=68)



Remitting money

Participants also struggled to remit money to the Philippines, at a time when relatives were also undergoing hardships associated with the global pandemic. 80% of participants supported loved ones abroad, including parents and children. Interviewees explained that relatives would be unable to access healthcare and medication, their children's education would be interrupted, and families would go into debt if remittances ceased. On the eve of the pandemic, Maria Nola was already under financial stress from supporting her mother with healthcare at the end of her life, and her father recently had a stroke. “Now I couldn't even give one pound, or a penny. It's been three months now that I've had no work.”

“It's very difficult when someone asks you and you can't give. That's the most difficult thing for a person, for me.” – Ferrari

Staying Safe in a Pandemic

“No work, no pay”

For precarious migrants without access to the Coronavirus Job Retention (furlough) Scheme, keeping themselves safe from the virus by staying at home means putting themselves and their families in danger of destitution. Only one interviewee reported receiving income from employers while not working due to the pandemic –but since that job was part-time he had still lost 60% of his income. Since he still had to pay the full cost of rent, he prioritised paying his rent at the expense of buying healthy food such as fresh vegetables. In February he had three weeks of COVID-19 symptoms.

61-year-old Matilda was let go by her employer without pay at the start of the outbreak: “I am really afraid and ashamed to ask them to pay me, because it’s just a part-time.”

Jess stopped working at the start of the outbreak as she is pregnant and was fearful of contracting the virus. Her husband’s job is part-time and unpredictable.

“We were computing [our finances] and we were just laughing. How can we buy our food, our necessities? It’s not enough, but what can we do?” – Jess

Many participants whose employers suspended them without pay tried to find other work despite the risks. 89% of participants work in cleaning and caring, and these jobs put both workers and employers at risk, necessitating close contact between people in employers’ homes. Interviewees reported wearing masks and gloves, but none were provided with quality protective equipment by their employers.

Peachybelle is 68 years old and cares for an elderly woman who was released back home from hospital with a positive diagnosis

of COVID-19. She described repeatedly asking health professionals for protective equipment during telephone monitoring of her ward, to no avail. Her friends provided her with gloves and a mask and gown, but she also had symptoms in March.

Fundics, who had not had COVID-19 symptoms, explained that even if he did have symptoms he would be torn between self-isolating and going to work: “Even if I had symptoms, maybe, 70% in my mind I need to go to work. 30% yes, you’re thinking about others – they could get the virus from you. But in my situation, seriously I need to go to work..” He emphasised that he would work as a frontliner in an NHS hospital, such as a cleaner or janitor, if it meant he could legalise his immigration status.

“Even if I died. Even if it’s dangerous. If it’s the only way to have [status], I’d grab it.” – Fundics

John, who has asthma and lives with his partner and their four-year-old child, who has been diagnosed with autism, would also take the risk of working and taking transport during the pandemic:

“Even if it’s dangerous, even if it’s risky for me, I have to go out and work to provide for my family.” – John

The desperation of those forced into informal employment endangers them and the general public. As long as people without the right to work or recourse to public funds are left out of coronavirus support measures, lives will be lost to the spread of the pandemic and the threat of abject poverty.

Barriers to healthcare

“How can we flatten the curve when we are afraid of going to our GPs?” – Matilda

Of the thirteen participants who reported having COVID-19 symptoms, only one sought treatment from the NHS (GP, 111, 999 or NHS hospital).

26% of survey respondents stated that they would not seek healthcare if they had symptoms of COVID-19 in future. They explained that they would be “afraid” to do so due to their immigration status, the belief that “they will report me to the authorities as I am undocumented” or be charged prohibitive costs for treatment, and confusion over whether they were “entitled” to NHS treatment because of their status. Outside of this group of participants, undocumented migrants known to Kanlungan have died at home with COVID-19 symptoms due to fears of being deported.¹⁰

“I know we’re not entitled to [healthcare], but we’re human beings.” – John

The UK government has published information online confirming that no charging or immigration checks would be carried out in the diagnosis or treatment of COVID-19.¹¹ However, interviewees we showed this information to were not aware of it. They reported getting information about healthcare through friends, acquaintances and social media – even if they were aware that this information was unreliable. Fundics had not seen a doctor for over thirteen years:

“I don’t have any idea about healthcare in the UK. I just use paracetamol.” – Fundics

Their past experiences with accessing healthcare in the UK had often made participants fearful of seeking help. Interviewees who had accessed the NHS reported feeling unsafe doing so because of their status. Some were registered with a GP (interviewees explained having done so during their period of initial legal status), but even this left 30% of respondents unregistered.

Maria Nola worried that even if she did manage to access healthcare, she would be treated differently because of her status. This was based on her experience of exploitation in other aspects of her life:

“Even when you’re well they already treat you differently. How much more when you’re sick?” – Maria Nola

In particular, mixed messaging around data sharing between the NHS and the Home Office, and around charges for NHS treatment, had put participants off seeking help. While the data sharing agreement has been officially withdrawn,¹² flyers are still readily available on NHS webpages stating that data can be passed on without consent and used for immigration enforcement.¹³ A lack of active public awareness campaigning around free coronavirus diagnosis and treatment for irregular migrants in the UK means that past experiences and mixed messaging shaped our participants’ decision-making about whether to access care.

“You’re scared. Every step, you look back, because you don’t know. Are the doctors going to tell on you? They said it’s confidential, but you don’t really know if it’s true.” – Bry

Overcrowding

The majority of survey respondents (58%) lived in shared houses, but one in five were homeless, had no fixed address (NFA) or were staying temporarily with friends.

Among the shared house and NFA groups, respondents on average shared a bedroom with 1-2 others, and communal spaces such as a bathroom and kitchen with 4-5 others.

In conditions of overcrowding and frequent moving from house to house, it is extremely difficult for undocumented migrants to protect themselves from coronavirus, despite their efforts to stay safe.

“In the house, our perfume now is Dettol!” – Bry

The 2014 Immigration Act requires landlords and letting agents to check the immigration status of tenants before renting to them. As a consequence, participants reported difficulties finding places to live, and dependence on friends and acquaintances for short-term housing arrangements. This intensifies their precarity and lack of choice about where to live.

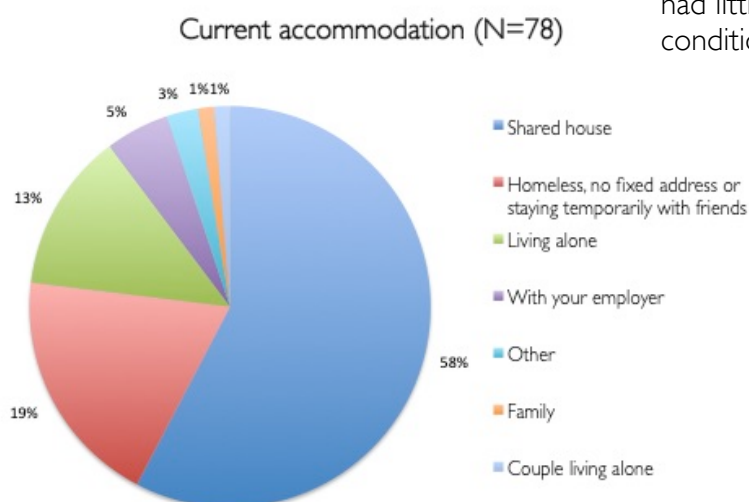
Temporary living arrangements also mean residents are frequently moving between flats or rooms. Out of fear of being found out as undocumented, one interviewee had moved accommodation 15 times in the last 10 years.

31% of survey respondents reported that their housing conditions had changed due to the pandemic or social distancing measures. Two live-in domestic workers reported no longer being allowed to go outside for their days off, and therefore having to work seven days a week. Another was about to start a live-in job when her employer terminated the job due to the virus. She was forced to seek temporary accommodation at short notice with friends, where she shares now a bedroom with three other people.

The loss of income associated with the virus also produces stasis. Jess and her husband are awaiting a decision on an asylum application but have no recourse to public funds. They share a bedroom with their child, sister-in-law and nephew, and Jess is five months pregnant. She hopes to move to a one-bedroom flat with her family when her baby arrives, but neither her nor her husband can find full-time stable work, and they are already struggling to pay their rent.

Fundics and his partner had recently moved out of a flat in which fourteen people shared five bedrooms, where he said it was “impossible” to stay safe. All fourteen had COVID-19 symptoms around the same time in March 2020 – his own included loss of taste and smell, headaches, temperature of around 38 degrees, diarrhea and vomiting.

With low wages, precarious employment and difficulty finding places to rent without documents to show to landlords, participants had little choice but to live in unsafe conditions.



Mental Health as Public Health

In addition to the physical health risks associated with undocumented workers' lack of access to safe working conditions and healthcare, the pandemic compounds the anxieties and stress of living without legal status. Such mental health implications pose a risk not only to migrants themselves, but to those they care for personally and professionally.

"I get these feelings of worry every day. What if, in the middle of my travel, Immigration might catch me."
– Bruno

Interviewees described living with constant fear of being caught by immigration authorities. Building up over years, this can lead to high levels of anxiety and depression. When asked about the future, many interviewees were unable to answer, or could only talk about "uncertainty." Their instability has been exacerbated by the pandemic, as many have lost work, borrowed money or effectively been made homeless. For these participants, extended periods of precarity made it almost impossible to imagine a future.

"You are stressed with the financial things. You are stressed because [what] if you get it and then you pass it on. It's been 3 months now: no money. Your mood is very low. You don't even want to move, you don't even want to get up. Because what am I going to do now? It is depression."
– Maria Nola

Lola described how important it was for her to remain in the UK as a transgender person. Yet paradoxically, the equal rights she should be able to access here – to work and travel without discrimination, for example – are denied to her because she is undocumented. At the intersection of multiple forms of oppression, her safety is further endangered by policies that prevent her accessing services and support, fair wages and adequate housing.

"The thing is, you need to survive. It's about survival now. If you get depressed then you get lost."
– Markova

Interviewees reported that being undocumented isolates them from friends, family and potential support networks in the UK. They felt unable to trust others with the knowledge of their status, relinquished relationships quickly at any sign of being "found out", and did not want to trouble loved ones by revealing how difficult their lives were in the UK. Public mental health messages that have emphasised reaching out to support networks during the pandemic have little relevance to migrants in these conditions.

"I just really want to be part of a group that cares. If you're given the right to stay, then it would be uplifting for the heart. We could see a good side of others. Just live a normal life and not be scared any more. Because that's really a big, big part of being undocumented: fear. It does something to your brain, to your wellbeing. You try to face it, but it's difficult."
– Bry

With scant support networks, social distancing and self-isolation measures pushed participants into even more solitary and unpredictable lives. Since the coronavirus outbreak, Bry had experienced eating distress, which she associated with anxiety about being able to buy food: "Sometimes I binge eat, and sometimes I don't eat: it's not normal." Ferrari, who is currently staying temporarily with her ex-partner, considers herself homeless and has no recourse to public funds. Her daughter is nearly 3 years old and does not speak, which professionals tell Ferrari is due to a lack of playmates. Social distancing has compounded their isolation, and her daughter's exposure to arguments between Ferrari and her ex-partner.

Conclusion & Recommendations

This report evidences the life-threatening effects of current immigration policy in the midst of a global pandemic. The far-reaching effects of the “hostile environment” force precarious migrants into unsafe conditions in their work, housing and access to healthcare. They render the government’s coronavirus support measures inaccessible to people who are already among the most disadvantaged in the UK. They constitute a danger to public health by presenting people with the impossible choice of going to work and risking their health and the health of all those they are in contact with, or otherwise falling into destitution.

Surveyed and interviewed in May and early June 2020, many participants were already in debt and exhausting their options for accommodation and financial support. If change does not take place urgently, we predict that many will be faced with destitution.

We recognise that their health is entangled with their conditions of employment, housing and access to justice, among other factors, and that the hostile environment policies demand holistic opposition and change. Within the scope of this report’s findings and evidence base, we make the following recommendations to address undocumented migrants’ barriers to safety and wellbeing in the midst of a global pandemic.¹⁴

Regularise all undocumented migrants

- When asked about their messages, participants demanded the regularisation of all undocumented migrants. They explained that they want to live safely in the UK, be

treated fairly and with respect, and contribute to society through using their skills, participating in community life, and paying taxes.

- Regularisation would bring precarious migrants out of a shadow economy and give them greater chances to live and work safely, practice social distancing, and access financial safety nets.

End NHS charges

- Fear of prohibitive costs and data-sharing are key barriers to undocumented migrants’ access to NHS care. An end to all NHS charges would alleviate fears of cost and obviate data-sharing between the NHS and the Home Office.
- Free access to NHS care must include mental health services that are responsive to the needs of specific groups, and language-appropriate.
- Ultimately, removing barriers to healthcare improves the wellbeing of all those resident in the UK, especially in the midst of a global pandemic.

End hostile environment policies putting the public in danger

- The coronavirus pandemic has highlighted the deadly implications of denying precarious migrants access to public services and support, but it also reveals inequalities that preceded the pandemic. Hostile environment policies must end, to ensure public safety.
- ‘No recourse to public funds’ restrictions, ‘right to work’ and ‘right to rent’ checks force families to accept unsafe living and working conditions from unscrupulous employers and private landlords. They exclude people from the means to keep themselves and others safe.

- was starkly highlighted by undocumented migrants who did not seek treatment for COVID-19 symptoms and lost their lives.
- Alongside previous recommendations, public commitments must be made loud and clear to precarious migrants.
 - Relevant government bodies such as the Department of Health must ensure that responsibilities and resources are adequately distributed to inform migrants about NHS confidentiality, and about the services they can access to stay safe, including mental health services.
 - Such information needs to reach migrants in a timely and coherent way, including through trusted sources such as community groups, and in appropriate languages and formats.

- Complexity, changes and unclear messaging around immigration laws means that migrants become undocumented when changes in the law apply to those already in the UK.
- These factors also deter migrants from seeking support and accessing services. This

Kanlungan and RAPAR are part of a growing coalition of organisations, the Status Now Network, calling for the British & Irish States to act now and grant Leave To Remain to all undocumented migrant people. As part of the Status Now Network, Kanlungan and RAPAR signed an open letter dated 27th March 2020 to the UK Prime Minister and the Taoiseach of Ireland. The letter called upon them to use their vested powers to instruct the British and Irish States to act immediately and in all ways necessary so that all undocumented people, destitute people and migrant people in the legal process in both the UK and Ireland are granted Status Now, as in Leave to Remain.¹⁷

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Ferrari's Story

Ferrari was brought to the UK as a domestic worker with a six month visa by Saudi Arabian employers in 2015. She escaped from her employers because of labour abuse, and in 2017 gave birth to a child who inherited British citizenship from her father. Ferrari currently has a Residence Card for five years in the UK as the primary carer of her child.

Reporting that she has been declined social housing and Universal Credit, Ferrari and her daughter are temporarily staying with her ex-partner. Ferrari considers herself and her daughter homeless, however, since she frequently argues with her ex-partner. "He always says to me that this is not your residence, you're just staying here temporarily – so it's really upsetting. I accept all of that for the sake of my daughter because I don't want her to stay with people we don't know."

Ferrari's daughter is almost three years old but does not talk; therapists say that this is a result of isolation, and Ferrari fears that the stress of living and arguing with her ex-partner exacerbates her daughter's distress. Though she tried to organise play-dates for her daughter prior to the coronavirus outbreak, the lockdown has worsened their isolation.

Before the outbreak, Ferrari worked as a cleaner for an elderly couple, but they terminated her employment without pay because of the risk of transmitting coronavirus. Since the outbreak, Ferrari has not been able to find work. She relies on a monthly donation of £140 from a charity, and borrowing from friends. She has outstanding debts accrued to pay costs associated with her Residence Card application. She also financially supports four children in the Philippines, but since the lockdown she has only been able to remit enough money to buy a sack of rice. "It's very difficult when someone asks you and you can't give. That's the most difficult thing for a person, for me."

Ferrari and her daughter both had symptoms of COVID-19 in March, including a high temperature and coughing. Though she sought a GP's advice for her daughter, Ferrari was afraid to seek healthcare for herself, despite the increased risk of being asthmatic, as she would have no one to care for her child if she had to go to hospital. Ferrari's hope is to be able to access public funds to support her child and live independently in the UK. Having their own residence would offer a daughter "a life of freedom."

John's Story

John, already a qualified nurse, arrived in the UK with a student visa in 2008. Since the nursing home where he worked was unable to sponsor him in the midst of an economic recession, he enrolled multiple times as a student with unscrupulous institutions, paying up to £8,000 for each enrolment. Finally, he exhausted his finances in 2015 and became undocumented.

He continues to work as a carer for elderly clients with Alzheimers and dementia, emphasising the importance of transparency and trust in the employment relationship and his anxieties around protecting his clients from the risks of employing a private carer without legal status. For employers who don't want to send their loved ones to a nursing home or rely on agencies, John represents a cheap, "hassle free" opportunity for quality care.

In 2016, John's partner gave birth to a son who was diagnosed with severe autism spectrum disorder. Now four years old, their child rarely speaks, often goes for 24 hours without sleeping, and breaks furniture. The three of them live in the lounge of a two-bedroom flat with 6 other adults and 2 other children who share a bathroom and kitchen. Coupled with the constant fear of being caught and of providing financially for his family, looking after his son is challenging: "Sometimes you're doing your best and you feel like you're drowning."

For John and his family, staying in the UK means being able to provide specialist education and care to meet his son's needs, and participating in a community they have built over 12 years.

"If I had papers I could work in an NHS hospital and I could provide my son with everything. I wouldn't have the fear of getting caught by the authorities, I wouldn't have the fear of where to get money for the next month. I could take him to the zoo, to the funfair, the things that he wants. When you're in a situation where you can't provide for him, it's difficult."

John's primary client passed away just before the COVID-19 outbreak in the UK and he has not been able to find full time work for two months. He is careful to use a mask and gloves when he goes to his part time job, as other people in his household are also professional carers and he is asthmatic. Though his asthma makes him particularly vulnerable to COVID-19, he is behind on his rent, has borrowed money from friends for daily essentials, and feels he has no choice but to work.

Peachybelle's Story

Peachybelle, a qualified midwife, left the Philippines for the UK in 2004 when her husband passed away, in order to provide for her three teenage daughters. Her three-year work visa was sponsored by a nursing home, where she worked as a carer. Despite the expertise and relationships she had built up there, her application to renew the visa was refused. She estimates that she has spent over £5,000 on applications and received no Legal Aid.

Peachybelle now has sixteen years' experience as a carer for vulnerable adults. She is currently a live-in carer for an elderly woman. She works sixty hours a week but is paid less than £500 a month: this equates to an hourly wage of less than £2. As for many care and domestic workers, the live-in situation is seen to justify extremely low wages and long working hours.

In March 2020, Peachybelle's client was admitted to hospital and then released back home with a positive diagnosis for COVID-19. She received telephone monitoring from the NHS, through which Peachybelle continuously asked for support in the form of testing and protective equipment, but was told simply to take paracetamol. Peachybelle is 68 years old, and therefore concerned about her own risk of becoming seriously ill from COVID-19. Her friends provided her with a mask and gloves, but she also had symptoms in March.

Peachybelle continues to support family in the Philippines who have unstable employment. She wants to keep working as long as her health is intact.

Jess's Story

Jess arrived in the UK in 2010 with a student visa, and was then sponsored for a work visa, but this was refused by the Home Office. After several appeals, she was detained in an immigration detention centre for over six weeks. Despite the support that she received from multicultural faith groups, she became depressed because of the indeterminacy of her detention and the sense of isolation: "You cannot see the outside. There are high walls in every corner. It's very inhumane, I can't explain the feeling. But I survived."

Jess's husband has been persecuted and violently tortured in the Philippines and explained to her that it is impossible for them to return. They have a young daughter, and Jess is pregnant.

The family is currently seeking asylum, but meanwhile they have no right to work and no financial support or recourse to public funds. The Home Office has held Jess's passport since 2012, which prevents her from seeking above-board employment or using a bank account. She and her husband are forced into low-wage informal employment to stay out of destitution.

Jess currently shares a bedroom with her partner, child, sister-in-law and nephew. Since the coronavirus outbreak they have borrowed money to pay for rent and food. Jess self-isolated at the outbreak of coronavirus due to her pregnancy. Her husband was without work for five weeks, and now has unpredictable part-time night shifts. Jess described leaving her husband's towel in the kitchen before going to bed, so that he could undress and shower as soon as he arrived home in order to protect the household from the virus.

Jess is a qualified nurse with eighteen months' experience in the Philippines, and wants to train as a healthcare assistant: "That's the main thing I'd like to do: if given the chance, I'd like to go back to what I've learnt." She emphasised the positive relationships she had formed with past employers in the UK and their children as a cleaner and nanny. Her husband would like to train as a bus driver.

Jess estimates that she has already spent £15 - 20,000 on legal fees and other costs associated with her visa applications. She had not received state support or even heard about Legal Aid.

"I've fought long enough for my papers here, and I've put my salary into my applications. Here we have a better future. When your next generation comes, you don't want them to repeat what you had in the past. I want more for my children, and my children's children. So I fought this fight to stay here."

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