Sarah Spencer · Ilker Ataç · Zach Bastick ·
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# Migrants with a Precarious Status

Evolving Approaches of European Cities

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# Acronyms

ARE     Appeal Rights Exhausted
ECHR    European Convention on Human Rights
ESOL    English for Speakers of Other Languages
EU      European Union
FE      Further Education
GP      General Practitioner (doctor)
HE      Higher Education
LA      Local Authority
LHB     Local Health Board
MLG    Multi-Level Governance
NGO    Non-Governmental Organisation
NHS    National Health Service (UK)

# Chapter 1
# Introduction

In cities across the globe there are local organisations and individuals who are working to improve the circumstances of residents in need. Cities and towns are the primary location where policies are implemented, services distributed, and diversity and inclusion critically negotiated. As the populations in cities and towns become more diverse, municipal governments and civil society actors are at the forefront of addressing some needs that are not sufficiently recognised by, nor always seen as the remit of, national governments (Oomen & Baumgärtel, 2018).

Migrants in European countries regularly experience restrictions on their entitlement to access public services (Spencer & Hughes, 2015; Perocco, 2022). Restricted access to welfare support has increasingly been used by national governments as a tool of immigration control, to deter unwanted migrants from entering or remaining in the country (Ataç & Rosenberger, 2019; Hollifield, 2000; Güntner et al., 2016). Those who are living in the country without a regular immigration or residence status, through overstaying their visa, for instance, or unauthorised entry, have the most limited entitlements. For municipal authorities, however, the exclusion of any section of their population from public services poses challenges in relation to achieving their own policy goals. Tackling homelessness, promoting public health, crime prevention, addressing domestic violence and child protection are among the core parts of the municipal mandate that are undermined when one section of the public is excluded. The responsibilities of local authorities as duty bearers under international and European human rights law is also compromised by excluding these migrants (Oomen & Baumgärtel, 2018). The UN Human Rights Council has made clear that, 'while central government has the primary responsibility for the promotion and protection of human rights, local government has an important complementary role to play' (UNHRC, 2019: para 61). The UN Global Compact on Migration, endorsing the importance of the role of municipalities in provision of services to migrants with an irregular status, set that role within the wider context of core social and economic policy objectives (UN, 2018).

In this book we take a new look at local authorities' approaches towards residents who have a precarious immigration status. There is a growing body of literature on

migrants with an 'irregular' status in Europe, a term that embraces people who crossed a border without authorisation as well as visa over-stayers, those who lost their regular status because of unemployment or non-compliance with their conditions of stay, children born to parents with an irregular status, and refused asylum seekers (Spencer & Triandafyllidou, 2022; Schweitzer, 2022; Ambrosini, 2015). Focusing exclusively on migrants with an irregular status, however, overlooks important aspects of local policies and the experiences of migrants themselves. Notably, it does not highlight the transition between regular and irregular status and the policy frameworks that shape that transition. In so doing it can overlook categories of migrants who do not have an irregular status but are at risk of losing their regular status in future, as well as migrants who have a regular status but are limited in their entitlements due to restrictions based on their specific immigration or residence status. For that reason, we take a wider focus on migrants with a precarious status, whom we define as:

> individuals who lack a regular immigration or residence status or, having a conditional or temporary status, are vulnerable to the loss of that status. They are therefore deprived of or run the risk of losing their most basic social rights and access to services. (Homberger et al. 2022: 96)

We explore the concept of precarious status further below.

To pursue their inclusive agendas, some municipalities have taken steps to ensure that the basic service needs of all of their residents are met, notwithstanding ways in which they are constrained to align their approach on inclusion of migrants with national policies. They implement local policies and practices to ease the impact of restrictions on the individuals concerned, and with the further aim of ensuring that their exclusion does not impact on the rest of the local community. Public policy goals addressed by inclusive municipal approaches may range from health and security to human rights and economic concerns, the latter related for example to the impact of street homelessness on tourism and investment (Delvino & Spencer, 2019). The COVID-19 pandemic underlined the importance of local responsibilities for public health and put inclusive access to health care, testing, contact tracing and vaccination on the agenda of municipalities and other healthcare providers (Mallet & Delvino, 2021).

The literature highlights the ways in which some municipalities have thus sought to address the need for inclusion of precarious migrants within their own services or alternatively through funding non-governmental organisations (NGOs) to do so (Delvino & Spencer, 2019; Campomori & Ambrosini, 2020; Potochnick et al., 2017). Some have taken steps to be inclusive without referring to the hostile environment that some national governments foster towards unwelcome migrants, while a minority have sought to position themselves publicly at a distance from such policies (Kaufmann, 2019; Ambrosini & Boccagni, 2015; Flamant, 2020). Some local authorities have developed a corporate strategy setting out their approach. More commonly there are ad hoc initiatives which may not reflect a consistent approach across the local authority.

In this book we draw on a study of three cities: Cardiff (Wales, UK), Frankfurt (Germany) and Vienna (Austria) to throw light on the differing approaches and rationales adopted by—and within—three contrasting European local authorities. The choice of these cities reflects, first, the importance of national policy frameworks in defining the extent to which, and ways in which, cities can be inclusive of migrants within their service provision. We thus chose cities in three countries with differing policy frameworks, and with differing institutional arrangements for the provision and funding of welfare services. Second, municipal authorities in Europe, while sharing many of the same challenges, have different powers and responsibilities. We chose cities reflecting those differences within a multi-level governance framework. Whilst Vienna and Frankfurt both hold municipal powers within federal states, Vienna has extended competences due to its additional status as a regional authority (province). Cardiff, meanwhile, is a unitary local authority in the devolved nation of Wales within the United Kingdom. Third, while it was important to choose cities which experience similarities in relation to migration, it was important to reflect some of the diversity of city characteristics across Europe, not least in relation to population size and municipal resources. Thus, we focused on cities with a long history of migration, resulting in populations that are in many respects diverse. They differ significantly, however, in the size of their population; in their responsibilities for public services, in the national and regional rules governing migrants' access to services and in their relationships with those higher authorities.

Cardiff, located in the Southeast of Wales, is its capital and largest city. Yet it has a population of a little over 369,000 ((2020) Statistics Wales, 2020, 2021). Frankfurt, in turn, is the fifth largest city in Germany. Located within the German federal state of Hessen it has a population of just over 750,000 (2021).[1] Vienna is by far the largest city in Austria, and its capital, as well as a federal state itself. It has a population of 1.9 million people (Boztepe et al., 2021). Despite those differences, the cities share a notable challenge: how to respond to the presence among local residents of migrants with a precarious status. Focusing on cities which are strikingly different, operating within differing legal and policy frameworks yet with the shared challenge of responding to precarious migrants among their residents, ensures the relevance of our findings for municipalities across Europe.

## 1.1   Migrants with a Precarious Status

Categorising people is a powerful and consequential undertaking (Hinger et al., 2018; Raghuram, 2021). Our categorisation is based on a precarious immigration or residence status. This enables us to explore the impacts of this precarity on municipalities and on individuals' personal circumstances. An important part of the group

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[1] At the end of 2020, however, 2.4 million people lived in the wider Frankfurt agglomeration and 5.8 million in the Rhine/Main metropolitan region (Regionalverband Frankfurt am Main, 2022).

that we classify as migrants with a precarious status are people who fall into the category of "irregular migrants,"[2] and we therefore draw on the wider literature relating to that group of people. A migrant with an irregular status has been defined as:

> a person who, owing to unauthorised entry, breach of a condition of entry or the expiry of his or her visa, lacks legal status in a transit or host country. (Douglas et al., 2019)

Irregular migrants include those who have never engaged with the authorities in the country in which they reside (Triandafyllidou, 2010; Triandafyllidou & Bartolini, 2020).

The category of precarious migrants includes, additionally, people who have a temporary legal status that grants them some access to social rights, but who are vulnerable to the loss of the status. That may be due to being unable to continue to satisfy the conditions of their immigration status, or not having the funds to extend that status before it lapses. Migrants with precarious status include people who have some access to social rights due to a pending application, but who may lose those rights if their application is denied—as with refused asylum seekers awaiting decisions on an appeal. It also includes migrants whose status cannot be extended—as with unaccompanied children who reach the age of majority (Triandafyllidou & Bartolini, 2020); migrants whose residence status is tied to employment; and migrants who came via their spouse and, due to separation or divorce before they received an unconditional residence permit, could lose their right to stay. The latter is more often the case for women (PICUM, 2012). Within the EU, people from a non-EU country ('third country nationals') have a vulnerability if they have a residence status only in an EU-member state other than the one in which they are living. They can face destitution if they are unable to demonstrate economic self-sufficiency as they have no entitlements to welfare services nor access to the regular labour market in that country and may receive a removal order (Lafleur & Mescoli, 2018).

Triandafyllidou and Bartolini conceptualised irregular migration status as "a continuum of grey areas or of degrees and types of irregularity, rather than a clear black and white distinction" (Triandafyllidou & Bartolini, 2020: 13). Using the concept of precarious status highlights the implications of these and broader forms of liminal status. There are many paths that may lead to irregularity and, as is well recorded, migrants may go in and out of irregular status (Düvell, 2011). The diversity of the various policy regimes and the subsequent complexification of legal status render the strict dichotomy between regular and irregular migrants problematic (Chauvin & Garcés-Mascareñas, 2014). Scholars have used a variety of concepts to capture this fluid range of in-between status (Schweitzer, 2017). Cecilia Menjívar (2006) coined the term 'liminal legality', defined as the

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[2]In literature we find a variety of terms, ranging from 'irregular', 'unauthorized', 'undocumented' to 'illegal' migrants. While all but the last term has traditionally been used interchangeably in academia, the latter term has been mostly used in the media - and often derogatively (O'Doherty & Lecouteur, 2007). Some scholars such as De Genova work with the term "illegality" but use quotation marks to denaturalise it (De Genova, 2002).

in-between existence of moving in and out of protective states of administrative grace, to describe the corrosive effects of having temporary legal status. Kubal (2013: 566) uses the concept of semi-legality to describe a "multidimensional space where migrants' formal relationships with the state interact with their various forms of agency towards the law." Just as citizenship is a legal construct employed to delineate the group of people who possess a specified link with the state (Lardy, 1997), precarious status can also be conceived as a "juridical status that entails a social relation to the state" (De Genova, 2002: 422).

The people who fall within this definition of precarious status, as well as any entitlements they are granted to access services, vary between countries. In essence, it encompasses five categories of status:

- Third country nationals without a regular status (irregular or "undocumented" migrants)
- Third country nationals with a temporary residence status subject to conditions they no longer meet or are in danger of being unable to do so
- Third country nationals who have a legal status, but only in another EU country
- EU citizens who have lost or are at risk of losing their freedom of movement (and thus the right to residence) in another EU country by seeking access to services that require entitlements to social welfare benefits; or, in the UK (now a non-EU country), EU citizens who have not been granted settled status
- Rejected asylum seekers.[3]

Conceptualising legal status or the lack thereof within the precarity framework enables us to move further beyond the regular/irregular dichotomy. It additionally allows us to grasp the insecurity of livelihoods that always accompany a precarious status, despite periods of temporary regularity. Since the 1990s precarity has advanced to an important framework within academic thought on social inequalities (Armano et al., 2017; Schierup et al., 2015; Motakef, 2015). Scholars such as Butler (2004) have understood precarity as the very essence of life experiences. The concept is heavily interlinked with postcolonial structures and racialisation, understanding precariousness not just in the context of labour but of life itself. Migration under precarious conditions comes with a loss of both home and protection, placing migrants in situations where they are vulnerable and at risk of exploitation and discrimination.

The conceptualisation of precariousness has contributed significantly to understanding the expansion of insecure work and livelihoods in a globalised world and in neoliberal markets. It was coined "to capture the emergence of a new global norm of contingent employment, social risk and fragmented life situations without security, protection, and predictability" (Schierup et al., 2015: 2). With the advancement of neoliberal capitalism, transnational migrants form a flexible global workforce, kept in

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[3] Asylum seekers have access to basic social services, such as health insurance and accommodation. While their regular status is indeed temporary, their situation and the policy frameworks which shape it are distinct and have been the focus of much research. This book focuses instead on those facing the most restrictions to rights and service access, including asylum seekers whose applications have been refused.

place through border practices, security measures and criminalisation, with only limited (if any) access to labour and human rights (Goldring et al., 2009). There is thus no singular interest within a nation state towards residents with precarious status, but a range of often conflicting concerns—in relation to economic competitiveness, for instance (Chauvin & Garcés-Mascareñas, 2014). The connection between precarious labour and migrant "illegality" as an institutionalisation of precarious livelihoods in a globalised marketplace has been scrutinised by many scholars (see e.g. De Genova, 2002; Armano et al., 2017; Schierup et al., 2015; Paret & Gleeson, 2016; Bernards, 2018; Trimikliniotis et al., 2016). Restrictive policies generate' not only irregular status, but also lead to irregular work (Spencer & Triandafyllidou, 2020). Therefore, migrants' precarious status needs to be understood as a political institution tied into a wide variety of implications that need examination.

## 1.2  Gendered Dimensions of Precarious Status

In all the above-mentioned categories, women experience particular and heightened vulnerability due to their positions within gendered hierarchies before, during and after migration (Jayaweera, 2018; Kofman, 2018). Women with precarious status often arrived in Europe with regular visas through work, family reunification schemes or sponsorships. Such a status may be highly dependent on an employer, spouse or sponsor which makes them vulnerable to violence and exploitation. Women may not feel able to leave abusive situations in work or domestic relationships out of fear of losing their right to stay or child custody, or that they will fall into destitution (PICUM, 2012).

Migrant women form the main work force in the care sector, many working without regular contracts. These women often come through a temporary work scheme that leaves them dependent on the goodwill of their employer, heightening the risk of exploitation (Schilliger & Schilling, 2017). They can be reliant on offers of accommodation that are conditional on personal services unwillingly provided (Price & Spencer, 2015) or forced to accept poor living conditions (McIlwaine & Evans, 2018). Additionally, the loss of their regular status can lie mostly outside of their control (Goldring et al., 2009; PICUM, 2012). While women thus face particular vulnerabilities, they are often also the main breadwinners and caretakers, navigating their family through the social welfare system in the arrival country. This paradoxically exposes them to greater risk of detection and deportation (PICUM, 2012).

## 1.3  The LoReMi Study

The study on which this book draws was carried out in 2021–2022. The aims, addressing gaps in the literature (explored in the next chapter) were to investigate the ways in which local authorities address the inclusion of migrants with a

precarious status within municipal services; the governance of the issue within the municipal administration; and relationships between governmental and civil society actors. The research set out to consider the ways in which each local authority frames (explains) its approaches in the context of the authority's overall framing of its mission; and to look at its actual policies and practices in relation to key services such as health, education, accommodation and legal advice. It considered the legal and practical barriers to inclusion of this section of the local population, and the forms of communication, cooperation and co-responsibility within the authority, as with its external partners.

As the literature provided a broad picture of evolving approaches in European cities but less depth of analysis, the LoReMi study set out to explore the approach of three city authorities: Cardiff, Frankfurt and Vienna. It focused, in essence, on the following three questions:

1. What is the city's approach to inclusion of precarious migrants within municipal services and, in particular, on access to healthcare, accommodation, education and legal advice? How does it frame the reasons for its approach in each case, and is there a connection or disconnect with the overall city framing of its mission?
2. What actual measures are in place to include precarious migrants in the services provided by the municipality, by related public agencies and by NGOs, including measures of particular relevance to women? What are the barriers to inclusion and rights protection for this section of the population?
3. How and why do governmental and non-governmental bodies relate in this context? Which processes of cooperation and conflict emerge in these interactions?

The study was funded by JPI Urban Europe, a funding consortium of national research councils established to provide a 'knowledge hub for urban transitions.' The aim was thus not only to conduct research but to consider, in the light of the findings and of dialogue with local stakeholders, the scope for policy and practice reforms. For that reason, we include within the concluding chapter of this book some concise policy recommendations that have been the focus of discussion in a series of city and European knowledge-exchange fora.

In each city the study was facilitated by an official within the city council, a formal partner in the project (referred to in our acknowledgements). They briefed the researchers, facilitated communication with relevant staff from departments across the authority and among external partners; and provided insights in relation to the research questions.

The LoReMi study was carried out by three research teams working closely together over the 2 years of the project: In Austria, Professor Dr Simon Güntner and Adrienne Homberger, at the Faculty of Architecture and Planning, Centre for Sociology, Technische Universität Wien; in Germany, Professor Dr. Ilker Ataç and Dr. Maren Kirchhoff, at the Social Welfare Department, Hochschule Fulda University of Applied Sciences; and in the UK, Dr. Sarah Spencer, Dr. Marie Mallet and Dr. Zach Bastick, at the Centre on Migration, Policy and Society, University of Oxford.

The method of the study in each city was threefold:

- Background research on the national and regional legal and policy frameworks, on the city's remit, structure and approach, and on what is known about its residents with precarious status
- Convening of public and NGO stakeholders on three occasions: before the fieldwork began; later to consider emerging findings; and finally, to consider potential implications for policy and practice
- 20–30 interviews in each city with local authority and other public sector staff; with non-governmental organisations; and where possible with migrants with a precarious status. Interviews are referred to in the text with an abbreviation indicating the city (that is, C, F or V) followed by a number. The stakeholder meetings held in each city are similarly referenced with the abbreviation SC, SF and SV followed by a number. An anonymized list of the interviews conducted in each city and of the stakeholder meetings can be found in the appendix. Interviews in Frankfurt and Vienna were mainly conducted in German. Because of the COVID-19 pandemic, some of the interviews and stakeholder meetings were carried out online. Quotations from German texts and interviews conducted in German that are included in this text have been translated into English by one of the interviewers. We received approval from the Research Ethics Board of Oxford University to conduct these interviews.[4]

Qualitative analysis of interview material, for each city and to facilitate comparison between them, was conducted using qualitative software with open coding and a set of joint codes. Beforehand, relevant topics were identified jointly by the three research teams in order to ensure the comparability of the findings. Each team analysed the interviews from their respective city using the agreed codes to identify the sections and statements relevant to the individual topics and to make them available for later comparative analysis. At the same time, it was important for us to consider the different contexts of the three cities in the evaluation and to allow room for insights, framings and perspectives that were not anticipated in advance. For this purpose, the city teams also had the opportunity to code inductively. In order to ensure thematic consistency between the sites, the results were discussed and analysed together. The hybrid method of linking inductive and deductive coding allowed us to focus on the set questions while understanding the unique context and challenges at each site. Reports on each city, which can be retrieved from the LoReMi project website,[5] formed the basis of a comparative report, discussed at a European conference held in Frankfurt in September 2022, organised in cooperation

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[4]University of Oxford Research Ethics Approval reference number: SAME_C1A_21_99.

[5]The LoReMi website contains all of the outputs of the project: https://www.compas.ox.ac.uk/project/loremi/

with the City Initiative on Migrants with Irregular Status in Europe (C-MISE) (Spencer, 2022).[6]

The next chapter sets out the context for the study in the tension between exclusion and inclusion in European, national, regional and municipal policy frameworks. It explores the drivers of inclusive measures at municipal level and the tensions with higher tiers of governance to which that can give rise; and introduces the civil society actors who along with the municipalities are key players in this story. Chapter 3 contextualises the three cities, comparing the national and regional policy frameworks to which they are subject and their differing governance arrangements after setting out what is known about migrants with a precarious status in each country. Chapters 4, 5 and 6 explore the situation in Cardiff, Frankfurt and Vienna respectively. The chapters look at each city's overall approach towards precarious migrants before looking in more detail at healthcare, accommodation, education and access to legal advice, highlighting the key findings from the study. In Chap. 7 we compare and contrast those findings—the challenges and approaches that are common to each city and the issues that are distinct. Finally, in the conclusion, we draw together and make further observations on the central arguments of the book, reflecting back on their implications for the research literature, raise issues for a future research agenda, and conclude with suggestions for policy and practice reforms at municipal, regional, national and European level.

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[6] A network of European cities focusing since 2017 on migrants with an irregular status: https://cmise.web.ox.ac.uk/#:~:text=C%2DMISE%20is%20a%20city,irregular%20status%20in%20their%20territory

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# Chapter 2
# The Shaping of Municipal Policies on Inclusion

This chapter contextualises developments in Europe at city level and considers the ways in which they have been addressed in the research literature. It explains the national policy frameworks within which local authorities must navigate their approach to precarious migrants and summarises the state of play on inclusion. A key theme is the contrast between national and municipal approaches (Kaufmann & Strebel, 2021; Fernández-Suárez & Espiñeira, 2021; Ambrosini, 2021b). There is also a paradox of simultaneous policies of formal exclusion and formal inclusion, within and between each tier of governance (Chauvin & Garcés-Mascareñas, 2012). In consequence, tensions can arise. The chapter also considers the significance of municipal framing of their rationales for service provision to precarious migrants; the range of actors involved in delivering services; and the factors which shape their mutual or conflicting interests; as well as the role of discretion at the service front line in shaping whether individuals receive the services they need. Our view on local policies and practices is informed by an interest in how social problems are perceived and framed by public authorities, their administrations and civil society actors—and how they seek and find solutions for them. We thus adopt an approach which recognises the importance of structural, organisational and cultural factors in shaping urban policy and practice, as well as the agency of individual actors (DiGaetano & Strom, 2003). In the course of this chapter, we identify gaps in the existing evidence and analysis which are addressed later in the book.

## 2.1 Evolving National and European Policy Contexts

Over recent decades, European countries have continued to grant only selective entry to migrants (Moffette, 2018; Sohn & Buergenthal, 1992). Highly skilled workers are typically offered greater freedom to enter while lower-skilled workers can be left with little choice, if they need to migrate, to do so without authorisation (Weiner, 1996). Attempts have been made to curb the movement of unwanted

migrants through more stringent policies on detention and return; and this has been coupled with greater international cooperation in turning back aspiring migrants at borders (Castles et al., 2014). To further deter migrants, some European countries have made irregular entry or irregular stay a criminal rather than administrative offence. This trend towards "crimmigration" (Menjívar et al., 2018; Van der Woude et al., 2017; Garcia Hernandez, 2017)—that is, the intertwining of immigration and criminal law—rapidly developed in the 2000s,[1] including, for example, penalties on landlords who rent to migrants with an irregular status (Delvino & Spencer, 2019: 39).

Due to the limited deterrent effects of both external and internal controls (Andersson, 2016), national governments have also enacted policies that have dramatically reduced unwanted migrants' access to basic welfare services, hoping to drive them to return to their home countries (Ataç, 2019; Freeman, 1994; Vollmer, 2011; Schweitzer, 2017; Glennerster & Hodson, 2020; DeVerteuil, 2015). In the UK, the Government was particularly overt in its intention to create a 'hostile environment' (Kirkup, 2012), and scholars have confirmed a trend in UK national policy and practice to that end (Schweitzer, 2017; Glennerster & Hodson, 2020; DeVerteuil, 2015). A similar hostile trend can be observed in Austria (Peyrl, 2018; Wodak, 2018), while in Germany there are also deterrence measures—not withstanding that, as we shall see, there are also national policies in each country that ensure a level of inclusion in public services.

Rather than deterring migrants from entering or encouraging them to return or move on, research suggests that this approach has resulted "in the production of a legally vulnerable, irregular workforce of 'illegal aliens'" (De Genova, 2006: 61). De Genova thus speaks of "inclusion through exclusion" which is "accomplished only insofar as their incorporation is persistently beleaguered with exclusionary campaigns that ensure that this inclusion is itself a form of subjugation" (De Genova, 2013: 1184). As a case in point, the COVID-19 pandemic highlighted the profound problems that arise from the fact that precarious migrants are marginalised even though their labour power is central to many sectors of the labour market (Benson, 2021; Guadagno, 2020; Tagliacozzo et al., 2020).

## 2.2  Countertrend: Formal Inclusion Policies

Restrictive policies vis-a-vis migrants with precarious status are the norm in both the practice and rhetoric of national governments. There are, nevertheless, many instances of national law providing migrants with some access to welfare services, regardless of status (Spencer, 2016; Chauvin & Garcés-Mascareñas, 2012). This is

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[1] Only three EU countries do not use any criminal sanctions (or administrative sanctions replicating criminal punishment) against irregular entrants (Malta, Portugal and Spain) or overstayers (France, Malta and Portugal) (Delvino, 2020; FRA, 2014).

particularly evident in relation to healthcare and education, to which there have been notable extensions of access in the past decade.[2] These measures have been introduced in part to acknowledge obligations resulting from international human rights law or EU Directives but, significantly, also because of competing policy imperatives such as the protection of public health, as well as humanitarian concerns.

Spencer and Hughes (2015a, b) mapped national healthcare and education entitlements of irregular migrants across the (then) EU28. In most EU countries children with an irregular status enjoyed an explicit or implicit right to education, with only five countries[3] explicitly denying access. In contrast, they found a highly uneven geography of entitlements with regards to health care, identifying a polarisation between countries providing access only to emergency healthcare and countries providing access to both primary and some secondary care. While children with precarious status were also subjected to restricted access to healthcare services in several countries, in 12 European countries they had wider access. Furthermore, pregnant women were entitled to some degree of maternity care in 21 countries (in three countries, including Austria, this is restricted to birth); and many allowed access to testing and treatment for communicable diseases. National responses to the COVID-19 pandemic, allowing a level of access to testing and treatment for the coronavirus, illustrated the willingness of national governments, in some circumstances, to permit access to health care services regardless of status (Mallet & Delvino, 2021).

Regulations differ between European countries: In Austria and Germany, for instance, rejected asylum seekers pending deportation are entitled to stay in accommodation centres, enabling them to access services such as education and health care (Ataç, 2019; Heegaard Bausager et al., 2013). In the UK, municipalities have a particular duty to provide accommodation and limited welfare support to children and their parents if the children would otherwise be destitute (and thus 'in need'), regardless of their immigration status (Price & Spencer, 2015). There are further examples to be found in EU law of exceptions that are made to protect the rights of migrants with precarious status—such as provisions in the Victims Directive (2012/29/EU) that apply regardless of status (PICUM, 2015), and basic entitlements to healthcare and education provided in the Returns Directive (2008/115/EC). While the latter includes certain safeguards, Lutz (2018) argues that these do not reflect all of the human rights to which migrants in an irregular situation are entitled under international law. Migrants with precarious status thus remain subject to a highly uneven degree of formal access to basic services, leading to what Spencer (2016) refers to as a 'postcode lottery' of entitlements across the EU.

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[2] See Lundberg and Spång (2017) for instance on reforms in Sweden in 2013; and PICUM on the extension of access to healthcare in Finland to cover 'necessary care': that is, care that healthcare professionals deem necessary, albeit with an expectation to pay if able to do so. Blog 'Finland: New law expands healthcare for undocumented migrants', 24 January 2023. https://picum.org/finland-new-law-expands-health-care-undocumented-migrants/

[3] Bulgaria, Finland, Hungary, Latvia, and Lithuania, as of 2015.

## 2.3    Inclusive Policies at the Local Level

National governments are primarily responsible for immigration controls and welfare policies. There are nevertheless varying degrees of overlapping responsibility with regional and local authorities for the policies that shape public health and welfare services, not least with regard to social services and access to them. Municipalities across Europe, moreover, have differing levels of responsibility for delivering services, and degrees of autonomy in doing so. Cities that have the status of a federal state, such as Berlin, Hamburg and Bremen in Germany, or Vienna in Austria, have vastly greater autonomy than cities in a unitary state, where only limited powers are devolved, such as Ireland (CEMR, 2011).

In recent years there has been a growing scholarly recognition of a 'local dimension of migration policymaking' (Caponio & Borkert, 2010; Flamant, 2020). Most interactions between migrants with precarious status and the state occur at the local level. This is where the negative impacts of migrant exclusion from the welfare system are also most felt. Consequently, there are municipalities all over Europe that have developed policies and practices to address the specific needs of migrant populations, including to a growing extent those with precarious status. While constrained by national policies, they argue that their economic and social policy and humanitarian responsibilities mean that they cannot ignore anyone's basic needs. Some cities have provided a level of access to services that stretches the limits of their authority, mitigating to a degree the impact of national restrictions (Potochnick et al., 2017; Schweitzer, 2017; Campomori & Ambrosini, 2020). Some municipalities, or certain departments within them, facilitate access to their regular services. Others provide targeted services for those migrants not entitled to regular services or because it is necessary to meet their particular needs. Still others finance or partner with NGOs to provide services for migrants with precarious status in multiple ways (Patuzzi, 2020).

Not all cities take an inclusive stance. In addition to those cities that resist inclusive measures, implicitly aligning with restrictive national policies, other municipalities have explicitly aimed to create a hostile environment. Ambrosini (2013), for instance, found exclusionary mechanisms in the Northern Italian province of Lombardy. Municipalities introduced deterrent measures that went beyond national requirements to keep migrants from residing in their area, and in their discourse framed migrants as a security threat. Measures ranged from intensified controls to identify irregular migrants and additional requirements when registering in the municipality, to restrictions when accessing social services (Ambrosini, 2013: 144ff.).

Such practices do not remain uncontested by civil society actors (Ambrosini, 2013; Lebuhn, 2013; Ambrosini & Boccagni, 2015; Caponio & Cappiali, 2018). Several restrictions at municipal level have had to be withdrawn following successful legal interventions (Ambrosini, 2013: 149). Ambrosini (2021a, b) thus conceptualises asylum and immigration policies as a 'battleground', building on analyses

by scholars that have pointed to the importance of 'border struggles' (De Genova, 2015).

As cities do not necessarily take more inclusive approaches towards migrants than national or federal governments, it is important to investigate why local approaches differ; and to explore the differing approaches *within* municipal authorities. A municipality, we shall argue, should not be seen as either inclusive or exclusive of precarious migrants but rather as an institution which internally may take differing and inconsistent approaches, a fragmentation that needs to be explained.

## 2.4   Civil Society Actors

To the extent that municipalities take an inclusive approach, they often rely on civil society actors, in particular NGOs, to provide services and as sources of information and expertise (Andreotti et al., 2012). We adopt a broad understanding of the term NGO to include non-governmental and faith-based organisations welfare organisations, as well as community based groups playing wider roles. The extent to which NGOs are engaged in service provision to precarious migrants depends, in part, on their role within the model of welfare provision in that country, and the role that they generally play in a particular municipality (Caponio, 2010). It further depends on the bargaining processes between them and governmental bodies, in local partnerships and networks, to which we return below.

NGOs regularly constitute a vital part of the city's support infrastructure for migrants, whether or not commissioned and funded by the municipality (Ataç et al., 2020). They also play the role of intermediaries, raising awareness among migrant communities about their rights and the services accessible to them. Often it is only through these trust building relationships that migrants with precarious status dare to approach public services. These mediation efforts by civil society actors can be understood as a form of relational work and of care work which remains largely invisible but is central to creating an 'infrastructure of solidarity' (Schilliger, 2019, 2020).

Schilliger emphasises that civil society actors also negotiate for migrants, case by case or strategically. The role they play as advocates for individuals and families with precarious status has been found to be a significant factor in whether a municipality is responsive to their needs (de Graauw, 2016; Price & Spencer, 2015). They thus form a vital and multi-layered part of a city's social infrastructure. Their advocacy extends further into demands for changes in policy and practice. Activist groups may play an important role in negotiations with city councils, especially in cities with progressive local governments (Holm & Lebuhn, 2020). Nicholls and Uitermark (2016) critically note that NGOs thereby also serve as an extension of the local authority and can become part of a web of governance "rather than an uncontrollable and tangled site that nourishes multiple resistances" (Nicholls & Uitermark, 2016: 32). Politicians and civil society organisations including NGOs,

where they share a concern for migrants, can indeed be part of solidarity movements which work together to make the municipal area more inclusive. These movements may operate at two levels, aiming to shift the narrative at EU and national level, as well as within the city itself, in each case acting as 'discursive counterweights' to right-wing voices promoting a security narrative (Wenke & Kron, 2019: 7; Ambrosini, 2021b). NGOs also offer important services outside of the governance mechanisms of municipal policies and sometimes counter to the expressed municipal interests.

There is a great diversity of civil society actors with differing missions, expertise, funding and relationships to government actors (Ataç et al., 2023). In the context of municipalities which take not one but multiple differing approaches towards precarious migrants, it is important to know how these actors navigate their relationships with their municipal counterparts. Local government actors for their part may be selective in their relations with NGOs, for instance by prioritising organisations with whom there is sufficient agreement on goals to be able to build stable relationships. Relations will be shaped by the expertise and capacities NGOs have that municipal departments need; by the municipality's level of autonomy within vertical multi-level governance structures (see below); and by the extent to which an NGO is in a position (through separate funding perhaps) to bargain for its own approach towards precarious migrants to be accepted (Nicholls & Uitermark, 2016; Ataç et al., 2020; de Graauw, 2016; de Graauw & Vermeulen, 2021; Holm & Lebuhn, 2020).

## 2.5  Pathways to Key Local Services

Municipalities may offer one or more services to precarious migrants to meet a range of needs, from access to healthcare, shelter or education to legal assistance (facilitating regularisation or voluntary return), social counselling (such as orientation and signposting to services), support in securing labour rights, and protection for victims of crime. Exploring in a little more depth how some services are provided provides insights into the ways in which municipalities can accommodate or circumvent restrictive national policy frameworks.

In healthcare, for instance, where regulations may allow access beyond emergency care to some primary and secondary care services, administrative and practical barriers can nevertheless prevent access in practice. Individuals may be reluctant to use healthcare services because, despite eligibility, they fear being exposed to the immigration authorities and subsequently deported (Larchanché, 2012). They can also be anxious about receiving bills for the treatment that they are not able to pay. Administrative personnel can deny access if they themselves are not aware of the rights that migrants with precarious status do have. Apart from human rights considerations, this is problematic for those cities that are healthcare providers or if it runs counter to their public health responsibilities (Spencer & Hughes, 2015a; Mallet-Garcia & Delvino, 2020).

Local authorities have implemented measures to overcome such barriers. Overcoming concern that personal data will be passed on to the immigration authorities is among the most important. While doctors are generally obliged to respect medical confidentiality, the administrative staff of welfare and social departments who are responsible for reimbursement, may not be—and indeed in Germany are required to provide that information except in emergency cases. Funding an NGO to provide medical services is one way in which a requirement to alert immigration authorities when encountering migrants with irregular status can be avoided. Local authorities may themselves set up or support medical facilities that offer additional health care for those people whose entitlements are restricted to emergency care; or reserve parts of the municipal budget to cover the costs of external providers. To decrease administrative barriers for migrants who want to access health care services, some municipalities (like the City of Ghent and Berlin) have issued their own medical cards confirming entitlement to treatment. Several Dutch cities work with NGOs that not only provide medical care but also issue confirmation to hospitals and doctors that treatment costs will be reimbursed (Delvino & Spencer, 2019: 52ff).

Migrants with precarious status also face difficulties related to housing. They are often unable to afford private housing and are not entitled to public accommodation in most countries. Access to public shelters for homeless people is often hindered by the necessity to show a residence permit to prove entitlement to this service. Some municipalities, such as Dublin and Liverpool, facilitate access to night and day shelters by refraining from checking an individual's status, at least initially. Oslo and Stockholm are among those that fund NGOs which provide shelter to anyone in need. Sometimes the provision of shelter to migrants with precarious status is accompanied by additional services such as legal advice (as in Utrecht and Ghent). There are also initiatives supporting access to private housing markets, for instance through mediation between landlords and tenants, as in the case of the Autonomous Community of Madrid (Delvino & Spencer, 2019: 40ff).

According to the Istanbul Convention (Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence), ratified (as of 2022) by 37 European States, women experiencing violence should have a human rights-based entitlement to access women's shelters regardless of their residence status. However, women's shelters often remain barred to women with precarious status. In Germany, for instance, the Job Centre or social welfare office pays the shelter daily rates—rent, ancillary costs and heating costs as well as care services—but only for women entitled to social benefits. For women without such entitlements, this poses a practical barrier, as they would need to cover the daily fees themselves (Dinkelaker & Schwenken, 2020: 163ff.). In contrast, women's shelters which receive a fixed amount of public funding may accept women regardless of their status, as examples from several German municipalities show (Dinkelaker & Schwenken, 2020: 166; FN 5). Delvino and Spencer (2019: 47f.) report a similar approach of facilitating access in the Swedish cities of Gothenburg and Stockholm, which reimburse non-profit shelters for women escaping violence.

While national regulations in most European countries entitle all children, implicitly or explicitly, to access school (Spencer & Hughes, 2015a), children with

precarious status may nevertheless encounter barriers to attendance, including school registration procedures or financial requirements such as tuition fees. Migrants who fear exposing their immigration status may refrain from sending their children to school. Those who attend school may not be able to take official exams and those beyond school age are usually not entitled to attend further education or training (Delvino & Spencer, 2019: 56).

Corresponding to these challenges, local administrations in several European cities have introduced measures to ensure the universal right to education. Besides rights-based reasoning, such measures are also seen as likely to prevent juvenile criminality and social exclusion and to increase chances for regularisation of the respective young people because of evidence of 'integration'. Measures include ordinances instructing kindergartens not to require any documentation of regular residence, such as in Turin and Genoa before this requirement had been introduced nationwide. In Barcelona and Madrid, as in other Spanish cities, everyone can register with the municipality as a local resident irrespective of their legal status. A proof of this registration is sufficient to be enrolled in a local school. The city of Ghent has reserved part of its municipal budget to cover the cost of some school places so that schools do not bar pupils with precarious status, and it provides free public transportation for all students. Some municipalities also offer additional educational programmes for migrants regardless of status such as mentoring and adult language classes (Delvino & Spencer, 2019: 58ff).

## 2.6   Firewalls to Preserve Confidentiality

The checking of identity documents and legal status has become a practice that is no longer merely associated with border crossing. They are often checked by welfare agencies, municipal administrations, local police, universities, hospitals and banks as a prerequisite to the entitlement or denial of services and access to public goods (Ataç, 2019; Fauser, 2019; Lebuhn, 2013; Schilliger, 2020).

Crépeau and Hastie (2015) highlighted the importance of establishing firewalls which ensure the separation of immigration enforcement activities from public service provision, wherever possible, in order not only to safeguard migrants' fundamental rights but also broader public interests (Crépeau & Hastie, 2015: 158). While academic attention to the concept of firewalls in relation to migrants' data has otherwise not been extensive, policies on the national, regional, and local level that resemble firewalls are being discussed within academic debates on sanctuary cities (Hermansson et al., 2020: 4). Bauböck and Mourão Permoser (2023) argue that the builders of firewalls are not only motivated by wanting to ensure migrants' access to services, regardless of status, but also by concern not to jeopardise, by collaboration with immigration authorities, the effective delivery of public services to their target population, necessary to achieve social policy objectives such as public health. Thus, they argue, humanitarian and organisational goals are mutually reinforcing. Where governments agree that access to services should be

protected, firewalls may be approved or required by national law. Where that consensus is lacking, immigration authorities may challenge the lack of information sharing, leading service providers to stress their need for organisational autonomy to deliver their own organisational tasks. Crépeau and Hastie (2015) document some of the firewall practices of local and regional authorities in Europe, the United States and Canada, as do Delvino and Spencer (2019) who note that, for firewalls to work effectively, some cities have instructed "local police bodies not to patrol or apprehend [. . .] migrants seeking medical, educational, legal or other assistance at or next to facilities established to provide such services" (2019: 70).

One way of removing the need for firewalls is the so-called "don't ask, don't tell" policy where no information is sought from service users on their immigration or residence status. In Berlin and Hamburg, parents' associations and other civil society activists mobilised against data collection on immigration status in educational institutions and subsequently many school authorities revised their data collection practices. A "don't ask, don't tell" policy was introduced in Toronto following the mobilisation of a broad alliance of local actors in 2004. Reflecting on its implementation, Schilliger (2019) underlines the need to generate awareness of the policy among migrants and administrative staff so that city residents may become aware of, and able to assert, their rights. In the form of multilingual flyers, posters and community workshops, the Toronto Solidarity City Network activists spread information about municipal services throughout the city, and a hotline was set up for reporting cases where access was not adequately provided (Schilliger, 2019: 103). While Delvino and Spencer emphasise the importance of firewalls, they argue that the simplest way to ensure access is to remove any requirement to notify service providers of immigration status (Delvino & Spencer, 2019: 29).

Another measure used to facilitate access to services is the introduction of local civic cards, a practice drawn from experience in US cities. Zurich is in the process of considering the implications, costs and potential benefits of a card, which has to be of value to all residents if it is to be widely held and thus not identify those with a precarious status (Delvino & Spencer, 2019: 67ff; Antoniadis & Meier, 2023). Another alternative is regularisation programmes like Operation Papyrus in Geneva, where the city authority together with local NGOs and unions successfully lobbied the Swiss federal government to agree to a regularisation scheme. They framed it as a humanitarian and labour market regularisation programme, formulating criteria that defined who was eligible to apply (Kaufmann & Strebel, 2021).

## 2.7   Tensions and Alliances in Multi-level Governance

To understand the differing policies adopted by municipal authorities and departments within them, it is helpful to consider the wide assemblage of actors engaged with precarious migrants on differing governance levels and in different sectors, and the relationships between them. Internally, there are elected representatives and officials, those engaged in municipalities and those in partner public bodies such

as the police. Outside of the public sector, there is, as we saw, the wide field of civil society actors, including welfare providers, migrant-led organisations, trade unions, neighbourhood and faith-based organisations, communities and grassroots activists. To these external actors we can add the courts, to which municipalities turn for support for their position but where they are also subject to litigation challenging their decisions.

Rather than focusing solely on the different actors engaged, a governance perspective facilitates a more systematic examination of relations between different structures and their implications in turn for patterns of interaction (Schiller, 2018: 204). In the context of policies towards migrants, relationships have been analysed in the literature using the concepts of multi-level governance (MLG) with regards to vertical and horizontal working relationships. All states are structured along multiple layers of government and public policy emerges from the interactions between institutions, organisations and individuals operating at different levels. The concept of vertical MLG thus extends the focus from the formal division of responsibility between tiers to the relationships between actors within them and the interests and power relationships that shape their interactions. While vertical MLG thus denotes the relationship between higher and lower tiers of government, the horizontal dimension refers to relationships within one level (and thus, we shall argue, below, that 'multi-level' governance is perhaps not optimal terminology for its analysis). It is used in relation to cooperation between municipalities and to relations with non-state actors (Caponio & Jones-Correa, 2018).

In migration studies, the concept of MLG has been employed primarily in the context of the 'shifting down' of powers and responsibility to regional and local authorities. Less common are studies that explore the parallel processes of 'shifting out' responsibilities to NGOs, yet a MLG perspective considers how policies unfold at the intersection of the vertical and horizontal dimensions (Caponio & Jones-Correa, 2018). Spencer (2018) has looked at that intersection in relation to irregular migrants, finding that the often-problematic MLG relationship between higher tiers and municipalities is a contributory factor to the close engagement between municipalities and NGOs in relation to that group of residents.

MLG as a concept has a normative tone, opening the door to assessment of the nature of the relationship—whether consensual or conflictual for instance—and migration scholars have indeed suggested differing forms that vertical MLG relationships can take. Where municipalities have stretched their authority to be more inclusive of migrants with precarious status, it has been noted that their practices can lead to tensions between governance levels as they encroach on a policy area typically under national purview (Campomori & Ambrosini, 2020; Villazar, 2010). That has led in some cases to litigation, but in others to negotiated solutions where re-framing of the problem by both national and local authorities has brought greater consensus. Alternatively, low-visibility provision is deployed to avoid such tensions from arising (Spencer, 2018). The concept of vertical MLG has been helpful in analysing the ways in which national-local government relationships unfold (Ataç et al., 2020; de Graauw, 2020), Scholten (2013) using it to develop a four-fold typology of relationships that consider, first, the degree of autonomy a municipality

has on 'integration' issues and, second, whether there is shared framing of the issues concerned.

Scholten's typology (2013) has four ideal types. The first is *centralist*, a top-down relationship in which municipalities are implementing a strong, national policy framework. The problem is framed by both national and local governments as one needing a national solution so that local policy merely follows central rules. Effective centralist MLG requires policy coordination but no reconciliation of perspectives as framing of the problem and of the solution is already shared. In a *localist* MLG relationship, in contrast, the problem is seen as requiring a local solution so that responsibility for policy and its implementation is devolved to the local tier. In his third ideal type, Scholten uses the term *multi-level governance* for relationships in which there is shared responsibility between tiers and framing of the problem is also shared; that is, a consensual relationship. Spencer (2018) suggests that using the term 'multi-level governance' only for this type of relationship is problematic given MLG is also used as a generic term for relationships whether effective or not. Finally, Scholten characterises relationships where a level of responsibility is shared but framing of the problem and solution is not—as 'decoupling'. Where the relationship is decoupled, there is no effective policy coordination and interactions between tiers are conflictual (2013: 221).

The COVID-19 pandemic highlighted the shared framing that can emerge even in relation to a contentious issue such as migrants with an irregular status. Exposing the importance of including migrants with precarious status within healthcare provision, it led national governments to build stronger ties with local authorities on issues such as contact tracing, vaccinations regardless of status, and shelter for those who were street homeless or released from migration detention (Mallet & Delvino, 2021). Municipal objectives are thus not necessarily as much in conflict with national government objectives as some tensions suggest. Indeed, the contribution of municipal services to regularisation of status and voluntary return, through provision of legal advice for instance, contributes to the effective management of migration, while their contributions to the protection of public health and to crime prevention are also in line with national goals.

Spencer (2020) draws on Guiraudon and Lahav (2000) in suggesting that local authority policies on inclusion of precarious migrants may not represent the loss of control by national governments that it might appear. Local authorities are part of the state and, indeed, share the state's international human rights obligations regardless of the degree of autonomy they may have (UNHRC, 2014: 19; Oomen & Baumgärtel, 2018). Lahav (1998) argued that European states address the challenge of managing migration by devolving responsibility to public and private actors in order to open up new opportunities for regulation—in effect reinventing forms of state control. In this perspective, rather than representing a loss of control at the national level, engaging local actors in managing migration creates new opportunities for control while reducing the risk of a negative political reaction at the national level for potentially unpopular measures (Lahav, 1998: 689). 'This multifaceted devolution of migration policy has not resulted in states losing control over migration', Lahav later wrote with Guiraudon:

> Rather, it shows the adaptiveness of agencies within the central state apparatus in charge of migration control and their political allies. By sharing competence, states may have ceded exclusive autonomy yet they have done so to meet national policy goals, regaining sovereignty in another sense: capabilities to rule. (Guiraudon & Lahav, 2000: 164)

Lebuhn likewise situates these developments within, rather than in conflict with, local border management. With the signing of the Schengen Agreement over 20 years ago, external nation state border enforcement has mostly been eliminated in parts of Europe, while borders are increasingly enforced within the nation state, including at the local level. New actors are involved in the process of border and immigration management, including semi-public and private actors. As we saw, in the absence of 'don't ask, don't tell' policies, the checking of identity documents and legal status is a practice that has extended from border crossings to public services. (Ataç, 2019; Fauser, 2019; Lebuhn, 2013; Schilliger, 2020). Glick Schiller and Çağlar (2009) termed this development 'the local turn of migration management' (Glick Schiller & Çağlar, 2009; Zapata-Barrero et al., 2017). As border control and bordering practices have dispersed across a range of agencies and spaces, this tactic has been met by some resistance, not least by organisations, movements and individuals who pursue humanitarian agendas (Ambrosini, 2022). Their expressions of "de-bordering solidarity" (ibid: 8) include various forms of support, advice, shelter, and resources, aiming at direct and immediate help rather than political protest (which may accompany the practices but not necessarily so).

## 2.8　Horizontal Governance Arrangements

Studies have also explored municipalities' horizontal governance relationships with other municipalities and towns and with civil society. We suggest that the concept of 'levels' is less appropriate for conceptualising these relationships, as 'levels' necessarily suggests a hierarchy in the relationship. There is no hierarchy in relationships between municipalities within the same tier of government, while with NGOs the distribution of power in the relationship is a matter for empirical investigation. For that reason, when referring to relationships between municipalities, between municipalities and civil society actors, and indeed between departments within a municipality, we shall use the more neutral term horizontal governance arrangements. We nevertheless recognise that these relationships take place in a multi-level governance setting: that is, they are influenced by, and may in turn influence, relationships between the municipality and the regional and national tiers of government with which it interacts.

There has been a proliferation of transnational municipal networks in the migration field (Lacroix, 2021), not unconnected to the 'local turn' in migration related policies (Caponio & Borkert, 2010; Zapata-Barrero et al., 2017). Research has focused on the 'symbolic' and 'instrumental' functions that these networks serve for municipalities (Caponio, 2018; Oomen, 2019a). Ataç et al. (2020) found that the relationships that Amsterdam, Stockholm, and Vienna have with NGOs influence

the scope of services provided; and that alliance-building between cities is critical for strengthening their political standing (as Caponio, 2018 and Oomen, 2019a found in relation to cities' migrant policies more generally). Analysing Milan and Barcelona, Bazurli (2019) stressed the importance of alliance-building as a strategy to promote inclusive local practices and policies within an otherwise unreceptive, hostile context. Spencer (2022) found symbolic and instrumental functions very significant for the European city network that focuses on irregular migrants, the City Initiative on Migrants with an Irregular Status in Europe (C-MISE). The symbolic functions were clearer when disaggregated into the four functions of legitimation (of an individual's authority); substantiation (of a policy or practice); framing (of problems and solutions) and advocacy, that are embraced by that term.

A key feature of relationships between municipalities and NGOs, on the other hand, is the distribution of power—the extent to which the municipality is in the determining position on policy and practice outcomes: that is, whether there is a steep or flat hierarchy in the power differential. A second feature is the degree of intensity in the relationship: how independent or close is their working relationship (Schiller, 2018: 207). From that observation, Schiller argues that it is possible to identify four different relationships between municipalities and NGOs according to their degree of hierarchy and intensity. A steep hierarchy and low degree of intensity in the relationship is seen where policies are imposed, top down, and NGOs are merely informed. In contrast, a more consultative and coordinated relationship is in place where there is a flat hierarchy but also a low degree of intensity. Where there is a steep hierarchy and intense interaction, Schiller characterises the relationship as one of co-optation: NGOs are highly involved in the design and/or implementation of policies, but the state actors only cooperate with NGOs that hold, or are willing to conform with, their views. Finally, a flat hierarchy and intense interaction is characterised as a relationship of cooperation and coproduction. Here, the views of both the state and non-state actors inform the policy making process (and this is in fact the only relationship which Schiller considers merits the term governance). Her model is intended to be non-normative; and to facilitate analysis of relationships that evolve between these types rather than to suggest that they are fixed in any one form (Schiller, 2018: 208).

Scholten's typology for vertical multi-level governance relationships between municipalities and higher tiers, to which we referred above, and which focuses like Schiller on the power relationship, can also be applied to these horizontal governance arrangements with NGOs. That is, a centralist relationship, where the municipality dictates the terms on which the NGO will, for instance, provide a funded service; localist, if the NGO is funded but left to devise its own approach; a partnership approach where there is in effect a shared responsibility and shared framing of the solutions needed; and decoupled where responsibility is shared but views differ on approach, policy coordination is poor and interactions are conflictual. In their systematic account of modes of urban governance, DiGaetano and Strom (2003) further distinguish five modes: clientelism, corporatism, managerialism, pluralism and populism. Of those, close relations between public sector and civil society are characteristic for corporatist, pluralist and populist approaches, with

significant differences as to how power and resources are allocated, and decisions are taken and implemented. We draw on these conceptualisations of governance, considering the hierarchy in power relations, intensity of the interactions, and whether there is shared framing, when we discuss our findings on relationships between municipalities and NGOs in the three cities, in Chap. 7 below.

## 2.9   Horizontal Governance *Within* Municipalities

While the literature has identified many ways in which municipalities take an inclusive approach towards precarious migrants, it is in fact often only one or more of its services that do so rather than a policy adopted by the city council as a whole. Cities such as Barcelona, which has a published strategy setting out its approach across council services (Ajuntament de Barcelona, 2017) are the exception, not the rule. Elsewhere, while one department takes an inclusive approach, another may be noticeably more resistant, as Price and Spencer (2015) found in relation to municipal responses towards destitute migrant families with precarious status in the UK. Authorities which do adopt a cross-municipality approach may set up an inter-departmental committee to facilitate that, whether on a permanent basis (as e.g., in Ghent); or to address a particular issue, as in Zurich in 2017 under the Mayor's Department to review and report on the situation relating to services, to inform its policy and practice development (Delvino & Spencer, 2019: 17).

There might seem to be a straightforward separation between the political, decision-making sphere of the elected representatives and the implementation role of the administration, but the dynamic of these relationships is complex (Caponio, 2010). Politicians set the overarching policy frame, but that may not be consistent between policy arenas. Officials operate within that inconsistent space; but they also develop policy from the bottom up in response to the challenges that they face in their jobs and the vision that they bring to it of what they want to achieve and their own role within it (Schiller, 2016; Hoekstra, 2018; Flamant, 2020). Understanding a city's immigration and migration policy history may further explain the wide variety of local responses, frames and discourses (Gebhardt, 2016). Flamant (2017, 2020) argues the importance of scrutinising the curricula and biographical aspects of elected officials, as they might contribute to significant turns in the policy process. Politicians, Caponio (2010) finds, are more likely to pursue consensus building measures that are in line with their perception of their electorates' interests and preferences; while officials are more likely to have goals shaped by their role and the organisational culture in which they have been socialised in the workplace. Understanding organisational cultures thus contributes to understanding the approaches that are taken (DiGaetano & Strom, 2003).

While focusing on the nature of these relationships and their implications, the literature has paid less attention to the internal governance arrangements within municipalities in relation to migrants, and the challenge of migrants with a precarious status in particular. Exploring that issue in our study we found it helpful to

explore the horizontal governance arrangements within each authority (or the absence of them) to see what part they may play in resolving differing framing of the 'problem' of precarious migrants and the 'solutions' that are thus proposed. We therefore return to this in Chap. 7 below.

## 2.10   Municipal Framing of Inclusion

The tensions between vertical governance levels contributes to a trend by municipalities to adopt different brands, concepts and labels to communicate their approach externally and to provide a framework for staff development of policies and practices. For some it is also a tool in advocacy for policy reforms on a wider canvas. Cities have taken a lead in pushing for reforms on topics ranging from climate change to affordable housing, as well as the inclusion of marginalised and vulnerable groups. Some do so through transnational or national networks that encapsulate their brand, such as 'Solidary Cities', 'Human Rights Cities', 'Welcoming' and 'Inclusive Cities'. While these networks have the function of enabling municipalities to share learning and ideas, they also have 'symbolic' functions, strengthening the position of municipalities internationally and providing them with more leverage in relation to their national governments (Bauder, 2017; Broadhead & Kierans, 2019; Fourot et al., 2021; Gebhardt & Güntner, 2021; Oomen et al., 2018; Spencer, 2022).

The concept of 'Sanctuary Cities' first appeared in the US where it generally refers to cities limiting cooperation with the federal immigration authorities and gained momentum with the election of Donald Trump in 2016, pioneering a broader international trend towards the local inclusion of migrants with precarious status (Bauder, 2017; Blokland et al., 2015; de Graauw, 2020; Lambert & Swerts, 2019). Many local governments in North America have now adopted this label and introduced regulations to protect their residents with precarious status, some now using the terminology of 'Don't ask, don't tell' policies, establishing firewalls and introducing City IDs. Municipalities thereby in effect support the enactment of citizenship not based on legal status but on presence and residence in the city (Kaufmann, 2019). In contrast, in the UK, the focus of sanctuary cities is asylum seekers and refugees. Bauder has shown that there are differing targets for these approaches: legal, discursive, identity formative and scalar. Thus, the focus in the US may be on policy change relating to migrants without a regular status, while in the UK the focus is in part on shifting the discourse, aiming to create a more welcoming narrative towards newcomers. Bazurli and de Graauw have analysed sanctuary policies to assess the extent to which they are symbolic or substantive, conformist or confrontational, identifying city specific and supra-local contextual factors to explain those variations (2023). Additionally, most 'sanctuary cities' seek to foster a collective sense of identity among all residents in the city and thereby, to a certain extent, call upon the idea of urban citizenship. The fourth aspect Bauder identifies is one of scale: cities attempt to re-scale migration policies and practices to take greater control of migration related policies away from the national level (Bauder, 2017).

Some civil society and municipal actors are using concepts such as 'spatial justice' or 'right to the city' to organise and mobilise for their goals (Oomen et al., 2018; Oomen, 2019b; Schilliger, 2019). These debates are inspired by Lefebvre's famous essay "the right to the city" (Lefebvre, 1968/1996). The process of urbanisation opened up questions of social inclusion, social rights and justice within public space. This claim to the city can be summarised as a demand for parity of participation in urban democracy by local residents (Oomen & Baumgärtel, 2014). This poses anew the question of citizenship. While citizenship based on nationality has been the monopoly of the national state, debates on 'urban citizenship' challenge this discussion (Baubock, 2003; Varsanyi, 2006). Discourse and social movements relating to this concept vary with national and local contexts and are reflected in differing policies and legal frameworks. Urban or regional forms of citizenship emerge when local policy instruments are introduced that guarantee or extend social participation not only for citizens but for all residents in a city. Some local actors rely on the concept of urban citizenship when advocating for greater inclusion of migrants and for the implementation of policies such as City IDs. It is not known, however, how widely this concept has inspired local actors rather than, for instance, a humanitarian frame that justifies interventions based on individuals' basic needs (Lebuhn, 2013; Blokland et al., 2015; Schwiertz & Schwenken, 2020; Gebhardt, 2016), one of many questions to which our research focus on framing was addressed.

Those municipalities (or departments within them) which adopt inclusive practices towards migrants with precarious status have been found to use a range of differing framings to explain their approach in relation to different services. Spencer and Delvino (2019) found six distinct frames. Within an 'inclusive security frame', municipal policy makers argue for interventions to increase security, prevent crime and disorder. That is mainly to protect vulnerable migrants regardless of status, however, not as one might anticipate from that term, to protect the local population from an unwanted migrant community (Caponio, 2014). With a 'humanitarian frame', Delvino and Spencer follow Caponio's finding that there is a concern with the health and wellbeing of all local residents, stressing vulnerabilities (and therefore 'deservingness') of children. Similarly, a 'human rights frame' was reflected by some policy makers, referring to a general or national human rights ethos. Acknowledging the economic contribution of migrants with irregular status, a 'deserving workers' frame was used, the migrants' contribution being seen as entitling them to basic rights and services. Some municipal actors, explaining that the city's economy, tourist industry and image would be harmed if migrants with precarious status were excluded, put a 'socio-economic frame' forward. They fear that exclusion would threaten not only public cohesion but also public health and undermine the municipality's efforts to address issues such as homelessness or street prostitution. Finally, within an 'efficiency frame' it is seen as more cost-effective and efficient to serve the whole population rather than fund the administration of an exclusion process requiring checks on status (Spencer & Delvino, 2019).

Some cities explicitly claim a mandate under international human rights law to justify the provision of services when national governments have failed to honour their obligation to do so. Oomen and Baumgärtel (2018) highlight the increasing

importance of local authorities in that respect, within the multi-layered human rights system in Europe. By invoking responsibilities derived from international law, local authorities have occasionally decoupled their policies from those taken at the national level, a practice the authors term 'legalization from below' (Oomen & Baumgärtel, 2018: 613). They illustrate this with an example from the Netherlands. In 2012, the Dutch government had prohibited municipalities from providing irregular migrants with access to emergency shelters. Following a collective complaint by several civil society groups to the European Committee on Social Rights (ECSR), the Committee criticised this denial as countering Dutch obligations under the European Social Charter (ESC). When the government suggested a compromise to local authorities—that access should only be provided for those migrants who cooperate in their own expulsion—local authorities in Utrecht, Amsterdam and other Dutch cities rejected it, arguing that the ECSR's decision endorsed their responsibility to provide services. According to O'Cinneide (2020: 67) this case "shows how even apparently 'soft' human rights standards like the ESC framework can be invoked to contest exclusionary policies directed against irregular migrants" and the way in which different actors are involved in these dynamics.

What is missing in the literature is, however, an understanding of how these differing frames are used by different municipal departments in relation to different services, and why these frames are adopted. We also do not know if there is a connect or disconnect between a municipality's overall branding of its mission and the frames and practices of its service providers in relation to migrants with precarious status. Does a 'Human Rights City' branding extend to measures relating to these residents, for instance, and if not is this a failure of governance or a deliberate decision to limit an inclusive approach to other residents? Further, a focus on the rationales relating to women is absent in the literature and was among the issues addressed in our study.

## 2.11  Deservingness

While a range of frames may be articulated by policy makers, service providers also develop their own rationales for the ways in which they use their discretion to include or exclude. Local access to welfare services is thus not only defined by national regulations or municipal policy but through the discretionary power of 'street-level bureaucrats' (Lipsky, 1980). Lipsky explored the way in which these institutional gatekeepers decide on access to services case by case. Local government departments are functionally differentiated, and their actions are based on different policy problems, priorities and values. The organisational culture, as well as whether a migrant is perceived as threatening or deserving, may impact on the scope of services, and who gets what under which conditions (Lipsky, 1980; Landolt & Goldring, 2015; Chauvin & Garcés-Mascareñas, 2012). Social recognition "affects the work of public institutions and their staff, influencing the effective application of rules" (Ambrosini, 2017: 1824).

Willen defines deservingness as articulated in a moral register that relates to specific situations and to the presumed characteristics and behaviour of the individual concerned (Willen, 2012). It plays a role in determining national and local policies and in their implementation towards different categories of migrants: children, for instance, may be seen by policymakers and by service providers as more deserving than their parents because of their greater need and because they are not considered responsible for their irregular situation. Hence, they may be granted greater access in law to welfare services and be the recipients of more favourable consideration by service providers (Spencer, 2016). Chauvin and Garcés-Mascareñas (2014) highlight two groups of irregular migrants that are deemed deserving. Deservingness may, on the one hand, result from a perceived vulnerability—due to persecution in their home country, being minors, or in need of medical assistance (see also Ataç, 2019). Such persons 'deserve' social care and support for better societal inclusion. The debates in the context of human trafficking show in a similar way the production of 'deserving and undeserving' victims, which is also highly gendered. On the other hand, other groups are deemed 'deserving' by demonstrating their willingness to contribute either as good citizens, through their 'integration level' or by demonstrating cooperation, as in the case of rejected asylum seekers. This is discussed as 'performance-based deservingness' which works as a tool to enable access to welfare services (Ataç, 2019). Gender can play a decisive role in being perceived as 'deserving'. Ambrosini elaborates on the way in which women with an irregular status working in domestic care in Italy are perceived as useful and necessary workers and therefore separated from the otherwise imagined threat posed by male migrants. This allows women easier access and agency, despite their insecure and possibly exploitative circumstances (Ambrosini, 2015). The outcome of the intervention of service providers may thus not always correspond with the aims of policy makers: rather, the street-level application of immigration policies leads to diverging outcomes across welfare services (Ambrosini, 2013; Spencer, 2016). Decisions by sympathetic service providers may run counter to, rather than in line with, official policies (Van der Leun, 2006).

## 2.12   Conclusion

In this chapter we set municipal interventions within the evolving national and European regulatory frameworks governing migrants' access to services, positioning them in this regard in a multi-level governance approach. Despite notable incidences of inclusive policies at national and European levels, the default position of national governments and the European Union remains one of exclusion. Measures at the municipal level to bring greater inclusion in services may thus seem in conflict with those of higher tiers and can give rise to tensions. We drew attention to the ways in which, alternatively, there can be shared framing of the issue and of how municipal measures can contribute to national policy objectives. At the local level, the concept of horizontal multi-level-governance (or as we would term it, horizontal governance

arrangements) has been helpful in analysing relationships between municipalities and other cities and provides a framework for analysing relationships with NGOs operating in the migration field; but there has been less focus on relationships between departments with differing mandates *within* the municipal authority itself.

There is a lack of empirical research that provides an in-depth understanding of how cities navigate their way within national legal frameworks and, where relevant, an intervening regional tier. Further, there is little understanding of the internal operation of municipalities in relation to this issue, such as whether there is a corporate or fragmented approach; nor the implications of this for horizontal governance processes, on the one hand, and for framing of the rationales for inclusion within service provision, on the other. What drives the approaches of individual departments; and is there a coherence or disconnect between each city's branding of its approach and the practices which have emerged: practices which facilitate or obstruct the migrants' access to the services that they need?

We address these and related questions through an in-depth analysis of the policies and practices of Cardiff, Frankfurt and Vienna, three cities operating within contrasting national and European policy frameworks and governance arrangements. We set out relevant context for those cities in Chap. 3. In Chaps. 4, 5 and 6 we report on our findings on each city, and, in Chap. 7, we compare these findings to draw out their significance.

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# Chapter 3
# Contextualising Three Cities: Migrant Populations and Regulatory Frameworks

Several municipal authorities across Europe have thus taken steps to be inclusive of migrants with precarious status, their approach often contrasting with restrictive national policies. Some have a strategy to be inclusive of these residents while others have developed ad hoc responses. In the last chapter we summarised what is known from the research literature on these developments and highlighted many questions that remain to be answered. We saw that municipal approaches to migrants with a precarious status are shaped, in part, by national legal and institutional frameworks in the countries in which they are located, and by relationships between tiers of authority in multi-level governance structures. In this chapter, we therefore consider that national context in the three countries in which our cities are located, Austria, Germany and the UK, identifying the cities' differing positions within their governance structures.

## 3.1 Migrant Populations

We begin, however, by noting that Austria, Germany and the UK each have a long and well recorded history of migration, In the past two decades, the enlargements of the EU led to a further increase in mobility, and 2015–2016 saw a significant number of refugees from Syria, Afghanistan and Iraq. From early 2022, each of the three countries has accepted refugees from Ukraine, granting them temporary residence permits. As a result, each country has a diverse and evolving population of residents born abroad or who lack the citizenship of the country in which they are living.

At the national level in each country there are not dissimilar proportions of the population who were born abroad or who lack the citizenship of the country. In the UK, in a population of 67 million (2021), 9.6 million (around 14%) were born

abroad, including 3.4 million EU nationals.[1] In Germany around 11.8 million do not have German citizenship (2021), some 14% of the population. Of these almost 5 million are EU citizens from other EU countries (BMI, 2021; DESTATIS, 2022a).[2] In Austria, over 1.5 million, about 17.1% of the population, do not have Austrian citizenship (2021): 9.1% from other EU countries and 8% third country nationals.

It is, however, difficult to estimate, at national or indeed at city level, how many of these migrants have a precarious status. Precarious migrants are a diverse group, as we saw in Chap. 1, including EU citizens who have no employment; overstayers; spouses who have separated before acquiring a residence status, and rejected asylum seekers. Pathways to precarity are fluid and not reflected in official statistics; while the desire of those with an irregular status to remain undetected makes estimates even more difficult. It is nevertheless generally assumed in the literature that there is a correlation between the size of particular migrant communities with a regular status and the number of migrants with precarious status from their regions of origin. This is because they are often dependent on their support, for example regarding access to work and housing (Jandl et al., 2009; Ambrosini, 2018).

There are estimates of the number of people with an irregular status, which must be treated with caution. In the UK, the population with an irregular status was estimated at 674,000 in 2017.[3] Further, 142,496 children under the age of 18 and just over 1 million adults with leave to remain were estimated to have 'No Recourse to Public Funds' (NRPF) condition attached to their immigration status, rendering them precarious if not entitled to work (Dickson et al., 2020). Research by Jolly et al. (2020) provides a more detailed perspective on the demographics of young individuals with irregular status in London, estimating that there are 215,000 children, and 117,000 young people without a regular status. Some of the 3.6 million EEA nationals who resided in the UK prior to Brexit (Sumption & Walsh, 2022) have not applied for or received a settled or pre-settled status and are thus also ineligible for welfare benefits or homelessness assistance in the UK.

Meanwhile in Germany, it was estimated in 2014 that between 180,000 and 520,000 migrants were staying irregularly (Vogel, 2015). Despite the sharp increase in requests for protection since 2015, it is thought that the number of migrants with an irregular status has increased only moderately due to relatively high recognition rates for refugee status (Von Manteuffel, 2018). It is not known how many EU citizens are living in Germany without entitlements to social welfare benefits. Simply losing one's job can lead to losing any entitlement to social benefits if they have been in Germany for less than 5 years—an outcome that especially during the

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[1] See https://commonslibrary.parliament.uk/research-briefings/sn06077/

[2] At the end of 2021, the population with a migration background in Germany comprised around 22.3 million people, i.e. slightly more than a quarter of the total population. Around 53% of this group has German citizenship (DESTATIS, 2022b).

[3] For an overview see https://migrationobservatory.ox.ac.uk/resources/commentaries/recent-estimates-of-the-uks-irregular-migrant-population/

pandemic was not uncommon (Böhm, 2021). Finally, in Austria, an estimate in 2015 set the number of those living without a regular status at between 95,000 and 254,000. Those numbers should be treated with particular caution as there is no information on how they were collected (Stiller & Humer, 2020).

## 3.2   Governance and Policy Frameworks

Turning to the relevant governance and policy frameworks, we see that Germany and Austria have federal systems in which the state or regional authorities have significant (and equal) delegated powers. The UK, in contrast, is a unitary authority in which significant (but differing) powers have been delegated to authorities in three of its four nations: Scotland, Wales and Northern Ireland. There is no separate authority for England. In this section we set out the responsibilities of the national and regional/federal state authorities in each country and the broad approach that they have taken on immigration and related welfare issues. We situate the responsibilities of our three municipal authorities within those governance frameworks.

As regards policies relating to migrants, it is essential to note that in each country there are areas of overlapping responsibility between authorities. National governments have primary responsibility for managing migration, determining policy and taking the lead on implementation, while delegating certain tasks to regional and local authorities. Local police forces, with differing institutional relationships to local authorities, may also have an operational role in immigration law enforcement. National governments also lead on economic and social policies, setting objectives and legal frameworks for access to services and welfare support, but here regional and local authorities can have greater delegated powers as well as direct responsibility for service delivery (CEMR, 2011). For national, regional and local authorities there is thus an overlapping responsibility for policy fields ranging from economic development and public health to social cohesion, education, policing, shelter and social care that impact upon, and are impacted by, the migrant population. In effect, while national governments have lead responsibility for policies on migration, there is a shared responsibility with sub-state tiers for policies on migrants, albeit one in which there is a clear hierarchy in the governance structure.

## 3.3   United Kingdom

In the UK, immigration law and regulations determine the immigration status of non-UK citizens and the conditions attached to each status in relation to their right of residence, to work, access services and obtain welfare support. Under Conservative

leadership since 2010[4] there has been a progressive hardening of provisions restricting migrants' access to services and welfare support, but earlier Labour governments had also extended internal control measures to deter the arrival and stay of some categories of migrant including asylum seekers and those with an irregular status (DeVerteuil, 2015). This trend became more pronounced after 2010 when the Home Office instituted a "Hostile Environment" policy further restricting access to services, including private rental accommodation. The government also widened the categories of migrants which have, as a condition of their immigration status, No Recourse to Public Funds (NRPF) (COMPAS, 2021; Farmer, 2021). The NRPF rule, introduced in 1971, restricts access to a range of public funds such as social security benefits, tax credit, council housing and homelessness assistance. While some publicly funded services such as the National Health Service (NHS), education and legal aid are not included in the NRPF rule, the hostile trend was also seen beyond that rule, for instance in the extension of "overseas visitors" fees for NHS treatment (Jolly et al., 2022). An absence of firewalls preventing transfer of personal data to the immigration authorities deters migrants from accessing services to which they are entitled such as police protection from crime, as when domestic abuse victims approach the police for help:

> Migrant victims and witnesses hold a very real – and justified – fear that reporting crime and disclosing abuse will lead to contact with the Home Office and potential immigration action being taken against them. (Domestic Abuse Commissioner, 2023)

Some categories of migrants are eligible for national government support. The Immigration and Asylum Act 1999 (s95) provides that destitute asylum seekers (or those likely to become destitute) are eligible for accommodation and a level of financial support while waiting for a decision (Muggeridge & Maman, 2011). This support ends 28 days after a migrant's claim and their appeal rights are exhausted (Price & Spencer, 2015). However, under section 4 of the 1999 Act, refused asylum seekers who are destitute are eligible for support from the Home Office under certain conditions.

Until the UK exited the EU in 2020, citizens from other EU countries enjoyed freedom of movement with the right to work and, with exceptions, the right to welfare benefits. From 1 January 2021, new rules required EU citizens living in the UK to apply for the EU Settlement Scheme (EUSS) if they want to be able to continue living in the country. EU citizens who are not eligible to apply or who fail to do so lose their previous residence rights as EU nationals, as well as access to social welfare programmes (Sumption & Fernandez-Reino, 2020). This can render the status of EU nationals precarious.

Meanwhile, the Education Act 1996 establishes that all children in the UK have the right to access government-funded education. Under UK law, children 'in need' (which includes those who are destitute) are entitled to accommodation and a minimal level of support—but from the local authority in the area in which they

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[4] In the UK, the Conservatives were a part of a coalition government (with the Liberal Democrats) between 2010 and 15 and have formed a majority government since 2015.

are living rather than from the regular (mainstream) welfare state. As the child needs to be cared for, this can include some support for the parents as well (Children Act 1989 s17). Although not considered at the time the Act was passed, the courts have subsequently judged that this responsibility applies regardless of immigration status (Price & Spencer, 2015; Jolly, 2019). Rules governing access to healthcare permit a level of access regardless of status, for instance for the treatment of communicable diseases (on which we say more in Chap. 4).

The Welsh Parliament (Senedd Cymru) has devolved responsibility for primary and secondary legislation in specified areas of governance. Significantly for this report, these include a high level of responsibility for education, housing, health, and social care. The fact that immigration is not a devolved policy area limits, but does not remove, the power of the Welsh Parliament to vary the associated restrictions for migrants on entitlements to access services.

The Welsh Government (under Labour leadership at the time of writing) takes a more inclusive approach than its national counterpart, to the extent possible within UK law, as we shall see in more detail in Chap. 4. It "wants to make sure Wales is an inclusive country in which people from all backgrounds are welcomed and there is zero tolerance of xenophobia, racism or bigotry".[5] It cannot alter, but has expressed its disapproval of, some UK migration policies, such as the practice of using former army barracks in Wales to accommodate asylum seekers (Thomas & Moran, 2021). Working with local authorities, other public bodies and NGOs, the Welsh Government has developed a community cohesion strategy, funds regional community cohesion coordination teams, and has taken a series of steps to address inequality and promote good community relations. These include tackling hate crime; funding legal advice for EU citizens following Brexit; providing free bus travel for refugees in Wales; and providing guidance and funding in relation to English language tuition (ESOL—English for Speakers of Other Languages).[6] In 2019 Wales became the first European region to declare itself a 'Nation of Sanctuary,' with a cross-departmental strategy to improve outcomes for refugees and asylum seekers, through ensuring access to services and legal advice (Welsh Government, 2019). It has been argued that this is richly symbolic and used strategically to compensate for the Welsh Government's lack of formal powers in relation to immigration and asylum policies. It has, moreover, served to facilitate initiatives by other actors (Wyn Edwards & Wisthaler, 2023). The Welsh Government has also shown some recognition of the need for inclusion of precarious migrants per se, permitting access regardless of status, for instance, to the preschool family support programme that it funds in deprived areas. Wales incorporated the universal right to schooling in its devolved legislation under the Rights of Children and Young Persons (Wales) Measure 2011 (see also Trevena & Maclachlan, 2016).[7]

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[5]See Welsh Government's Preparing Wales: https://gov.wales/preparing-wales-brexit/community-cohesion

[6]See REACH: https://reach.wales

[7]*Rights of Children and Young Persons (Wales) Measure 2011*, Section 1. http://www.legislation.gov.uk/mwa/2011/2/section/1

Coordination between the UK Home Office, Welsh Government, local authorities, and the voluntary sector is facilitated by the Wales Strategic Migration Partnership (WSMP). Funded by the Home Office, its role is to facilitate collaboration, contribute to policy development, share best practice, assist in the delivery of services to migrants and act as a two-way conduit of information between UK government departments and Welsh organisations in the field. This is a very necessary function as our study found confusion regarding precisely which policy areas relating to migrants' entitlements are devolved, and a lack of familiarity with the relevant provisions of Welsh legislation.

Within that national and regional context, Cardiff Council is a 'unitary' local authority responsible for all local government services in its area including education, housing and social services. The municipality also plays a role in providing information and signposting to services. Welsh legislation puts duties on local authorities to promote the well-being of people who need care and support; duties which vary for different categories of migrants and are subject to the restrictions on entitlements found in UK immigration law. If there is no entitlement, the local authority must nevertheless conduct a human rights assessment and provide the service if exclusion would infringe the individual's rights under the European Convention on Human Rights (ECHR). The council can also use its discretion to provide a service regardless of the outcome of that assessment. Local authority duties in Wales include supporting the development of NGO services relevant to individuals in need of care. While service provision is primarily a local authority (and, for healthcare, a National Health Service) responsibility, NGOs throughout the UK fill some of the gaps in provision, provide advice, and signpost migrants to public services to which they may be entitled.

## 3.4 Germany

Intense political debates on migration have been reflected in legal regulations characterised, as in the UK, by an ambivalence of exclusionary and inclusive measures (Kirchhoff & Lorenz, 2018). Following controversial political debates in the 1980s and early 1990s, German asylum law was severely restricted in 1993 by the so-called "asylum compromise" (Karakayalı, 2008). At the same time, the Asylum Seekers' Benefits Act ("Asylbewerberleistungsgesetz", AsylbLG) was passed, which excluded asylum seekers from the regular social welfare system. Since the 1980s, the political debates and the legal framework have been increasingly shaped by European integration (Kirchhoff & Lorenz, 2018). The EU Eastern enlargements of the 2000s and 2010s led to an increase in mobility of EU citizens, especially from the new Southeast and Eastern European EU member states although their freedom of movement was restricted for a transitional period of up to 7 years

after accession.[8] This development was flanked by discussions on "poverty-driven migration" and "benefit fraud", resulting in amendments to the Free Movement Directive (2014/2015) as well as to the Act on the Regulation of Claims of Foreign Persons in Basic Support for Job Seekers (Friedrich & Zimmermann, 2014; Künkel, 2018).

Germany's federal policy on immigration and asylum has in the past decade evolved through many legislative reforms under differing government coalitions (between 2013 and 2021 a coalition of the conservative party (CDU) and the Social democratic party (SPD)). Complex regulations now govern restrictions and entitlements to services for those with a precarious status. The regulations that determine or directly influence access to or exclusion from social benefits for migrants with precarious status include the Asylum Act ("Asylgesetz", AsylG) and the Residence Act ("Aufenthaltsgesetz", AufenthG), in particular the Social Welfare Code ("Sozialgesetzbuch II and XII", SGB) and Asylum Seekers' Benefits Act ("Asylbewerberleistungsgesetz", AsylbLG).[9]

Third-country nationals "who do not have a right of residence or whose right of residence results solely from the purpose of seeking employment" are excluded from basic support for job seekers (Book II, Social Welfare Code; §7 I 2 SGB II). In addition, most EU citizens were excluded from benefits (under SGB XII) at the end of 2016 by the Act on the Regulation of Claims of Foreign Persons in Basic Support for Job Seekers (§23 SGB XII). This exclusion applies, among others, to non-employed people if their right of residence rests solely on seeking employment. Also excluded are EU citizens without a substantive right of residence. They have the right to freedom of movement within the EU (§20 IIa AEUV) but this was modified in 2014 to limit the right of residence for employment to 6 months if they "cannot prove that they are still seeking employment and have a justifiable prospect of being employed" (§2 II 1a FreizügG/EU). If freedom of movement is revoked, and until the person leaves the country, transition benefits are granted for a maximum of 1 month. The exclusion from social benefits ends after 5 years of habitual residence on German territory if no loss of freedom of movement has been established during this time.[10]

In addition, migrants without a legal residence permit, third-country nationals with protection status in another EU member state, as well as asylum seekers, and persons with particular humanitarian residence status are excluded from benefits under the Social Welfare Code. Third-country nationals with protection status in

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[8] Romanian and Bulgarian nationals have had full labour market access since 2014.

[9] Apart from an extensive tightening of the Asylum and Residence Act, this also provides for the introduction of a health card for asylum seekers and refugees to improve their access to health care and thus meet the obligations of the EU Reception Directive 2013/33/EU.

[10] An interviewed counsellor pointed out that, due to the wording of "habitual residence", in principle there is the possibility that this is proven by a certificate from a registration office (F11). However, people who applied for benefits on this basis without being able to prove regular employment were at risk of a retroactive determination of loss of freedom of movement, which in turn could lead to a denial of benefit claims.

another EU member state are explicitly excluded from benefits under the AsylbLG for the duration of their protection.[11] Migrants with an irregular status are theoretically entitled to social benefits under the AsylbLG until their obligation to leave the country expires, just like rejected asylum seekers (§1 I AsylbLG). In practice, however, they are unable to access them. This is because most authorities, according to the so-called reporting obligation ("Übermittlungspflicht") of §87 of the Residence Act (AufenthG), are obliged to notify the Foreigners Authority if—while performing their duties—they become aware of people who do not possess a valid residence permit. This also applies to EU citizens who no longer have a substantive right of residence.

This obligation to report does not only apply to police and public authorities but also to social welfare offices. In practice, this means that people with a precarious status cannot claim even basic benefits without risking deportation (Von Manteuffel, 2018). In this regard, there was some relaxation of the rules in 2009 and in 2011. It was established, first, that humanitarian assistance to individuals without a valid residence permit (for instance by NGOs) is not punishable. In addition, medical emergency treatments with subsequent reimbursement by the social welfare office were provided for (Von Manteuffel, 2018: 35). In emergency cases, not only medical staff are subject to confidentiality, but also administrative staff in hospitals and employees of social welfare offices. They are not allowed to report any information about the person to the immigration authorities or police. In 2011, an amendment to §87 of the Residence Act exempted educational institutions from the reporting obligation. (Steffens, 2011: 283). Significantly, Hessen, the region in which Frankfurt is located, had already decided not to comply with that regulation, a decision integrated in its Education Act in 2009 (Laubenthal, 2011). The Hessen government, from 2014 a coalition of the Conservative Party (CDU) and the Green Party, does not necessarily take a more inclusive approach than the national government. Although the Hessen government declared some inclusionary measures in the coalition agreement in 2018, such as the introduction of a treatment fund to pay for urgently needed specialist and inpatient care, this measure was not due to be introduced until October 2023 (CDU Hessen and Bündnis90/Die Grünen Hessen, 2018: 18; F3).

With regards to executive competences, Frankfurt, as an independent municipality, acts as a sub-state administrative authority in relation (*inter alia*) to social affairs and health care (although social welfare payments are made by a federal agency). With the exception of asylum applications, responsibility for decisions regarding residence are, in contrast to the UK, delegated to municipal authorities which nevertheless have to follow the requirements of the national Residence Act. Frankfurt also has responsibilities in relation to implementing policies regarding protection against violence. Beyond these executive tasks, Frankfurt City Council has the autonomy to regulate Frankfurt's own local affairs within the limits prescribed by national law.

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[11] In acute cases of need, they are entitled to transitional benefits for a period of 2 weeks and once in 2 years (§1 IV AsylbLG).

## 3.5   Austria

Since the beginning of the 1990s, Austria has been undergoing a tightening of asylum and residence laws. Border security and the fight against irregular migration have been a dominant topic in public discourse for more than three decades (Wodak, 2018; Peyrl, 2018). Until late 2017, Austria had had 10 years of a federal government coalition of the centre-right Austrian People's Party (ÖVP) and Social Democratic Party (SPÖ). That was followed, until 2019, by a coalition of the centre-right Austrian People's Party and the far-right Austrian Freedom Party (FPÖ). That government introduced many restrictions to asylum and alien law, while integration requirements for individuals were increased. There was also a sharp increase in deportations, especially of EU citizens (V2; Rosenberger & Müller, 2020; Bundesministerium für Inneres, 2022). The subsequent coalition between the ÖVP and the Green Party, since 2020, has not led to further significant changes with regards to either migration or integration policies.

As of 2022 there were more than 30 different residence permits, each of which comes with different entitlements and restrictions. Among those permits are temporary statuses that are precarious because they are subject to annual renewal and bring no entitlements to social benefits or access to the labour market (AK Wien and UNDOK, 2019). EU-citizens as well as most third-country nationals only receive a permanent residence status after a minimum of 5 years continuous legal residence in Austria, during which they must have had regular employment. Without permanent status they are generally not entitled to receive any tax-based welfare benefits or homelessness aid.

Residence statuses are regulated on the one hand by the Settlement and Residence Act ("Niederlassungs- und Aufenthaltsgesetz", NAG) and on the other by the Asylum Act ("Asylgesetz"), with people falling under very different legal regimes depending on whether they have EU citizenship or are third-country nationals, as well as whether the person came as an asylum seeker or with a visa (Boztepe et al., 2021: 41; AK Wien and UNDOK, 2019). Asylum seekers pass through the asylum procedure, for which the Federal Office for Immigration and Asylum ("Bundesamt für Fremdenwesen und Asyl", BFA) is responsible. During the procedure they receive a white residence card and are entitled to basic benefits for foreigners in need of assistance and protection ("Grundversorgunsleistungen"), which include health insurance, accommodation, care, food and pocket money. The federal states (and thus Vienna) are responsible for providing these benefits, the costs being shared with the federal government. The benefits vary slightly depending on the federal state. The actual costs of living are not covered, despite an increase in basic benefits in March 2022 (orf.at, 2022).[12] In addition, asylum seekers are only allowed to work in Austria with a permit from the Public Employment Service

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[12]In Vienna, in 2022, it was about 425 € per month for a single person living in private accommodation. These benefits lie well below the social welfare ("Mindestsicherung"), which in Vienna is about 977 € for a single person.

("Arbeitsmarktservice", AMS) which, according to participants in our study, is almost impossible to obtain.

Since the introduction of the Basic Act on Social Welfare in 2019, beneficiaries of subsidiary protection[13] are no longer entitled to social welfare ("Sozialhilfe"). For this reason, various interviewees also classify them as people with precarious status. While they can access the labour market, if they do not find employment or lose their job they can only access basic benefits for asylum seekers. This massively increases the risk of poverty spirals. Vienna has so far used its discretion to refrain from implementing this part of the Social Assistance Act and thus continues to facilitate access to social welfare ("Mindestsicherung") for this group of people (V9).

Asylum seekers who receive a final refusal on their application are usually instructed to leave the country.[14] Until they leave, they continue to have a legal entitlement to basic benefits. Not all federal states comply with this obligation, however. Those who receive a legally binding negative asylum decision are obliged to cooperate in their departure and, if they do not, can be subject to sanctions such as placement in freedom-restricting return centres (Rosenberger et al., 2018). If deportation is not feasible or not legally permissible,[15] the Federal Office for Immigration and Asylum can issue a "tolerated" status ("Duldung") which, however, is rarely used (Hinterberger, 2018: 105).

EU citizens have the right to come to Austria without restrictions due to the Agreement on the Free Movement of Persons ("Freizügigkeitsabkommen"). If they stay in Austria for more than 3 months, they must prove their economic independence, which usually means self-employment or employment. If they work, they are entitled to social benefits after contributing to the Austrian social security system for a period. After 5 years they can obtain permanent residence status ("Daueraufenthaltsstaus") which essentially gives them the same rights as Austrian citizens.[16] If there is no proof of regular employment, EU citizens have a precarious status: they cannot claim insurance and social benefits and are threatened with deportation to their country of origin.

The residence status of third-country nationals who do not come through the asylum system is regulated by the Settlement and Residence Act (NAG). This includes immigration for the purpose of work, education, and family reunification. Immigration for lower-skilled work purposes has, in particular, been tightened (Boztepe et al., 2021: 42f; Peyrl, 2018; Hinterberger, 2020).[17] Some residence

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[13] Persons eligible for subsidiary protection are persons whose application for asylum has been rejected but whose life or health is threatened in their country of origin and they therefore require protection from deportation (see: https://www.oesterreich.gv.at/lexicon/S/Seite.990027.html).

[14] An objection to this can be raised at the Supreme Court level, which may or may not also lead to protection against deportation.

[15] For example, in the case of people whose asylum status has been revoked due to criminal convictions, but whose grounds for asylum still exist.

[16] An exception is the right to vote, which is granted at the municipal level only, and in Vienna, as it is also a federal state, only at local district level.

[17] Low-skilled workers can only come as temporary workers as part of an annually adjusted quota.

permits can be classified as precarious (SV2) as they are temporary and do not entail any entitlements to social benefits of their own, e.g. with a relatives' settlement permit ("Niederlassungsbewilligung Angehörige:r" or a "Red-White-Red Card plus" for family members of high skilled employees). Other temporary resident permits do not offer the possibility to change to a permanent residency status, e.g. the visa for pupils ("Schülervisum") (SV2; AK Wien and UNDOK, 2019).

Vienna, is not only the capital of Austria but, unlike Cardiff and Frankfurt, has the status of a federal state. Thus the city council also fulfils the functions of a federal state government. Austrian federal states are responsible for processing applications and extensions of residence status for foreign residents already living in the state, under the National Residence and Aliens Act. Asylum claims however, are processed by the national authority, the Federal Office for Immigration and Asylum.

Vienna, as a federal state and municipal authority, is responsible for the provision of welfare and homelessness assistance and for checking entitlements, according to national regulations, but allowing some variation in whether and how inclusive it chooses to be in its approach. Costs are shared between the federal state and the national government. Vienna is also responsible for the provision of education. Social and some health services are largely outsourced to the Vienna Social Fund ('FSW'—a company wholly owned by the local authority), which provides facilities for refugees and asylum seekers, including rejected asylum seekers, and some services that are important for other migrants with precarious status such as shelters for the homeless. As employment is the primary path (besides asylum) to acquiring nationally defined entitlements to insurance and social benefits, there are significant constraints on what services can be provided by public bodies. Care for people in precarious residence situations is therefore in practice very much dependent on NGOs and other civil society initiatives, some of which receive municipal financial support.

## 3.6   Welfare and Healthcare Systems

A key legal and institutional framework that differs in the three countries and is highly relevant to us here relates to the provision and funding of healthcare. While in Germany and Austria the health system is financed by mandatory statutory and private health insurance, the UK has a tax-financed health system, the National Health Service (NHS) which is free to users if 'ordinarily resident' in the UK. Primary care in the UK is provided by General Practitioners (GPs) who are self-employed contractors funded by the NHS. There is a parallel, small, expensive privately funded healthcare system, mostly for secondary (hospital) care. These differing national arrangements in each country effectively exclude most of those with a precarious status. A specified range of services is nevertheless available regardless of status, such as vaccination for communicable diseases (see detail below in the city chapters).

The welfare arrangements also differ, with specific divisions of labour between national and local institutions and between public and private organisations. The German and Austrian social security systems distinguish between comprehensive social insurance schemes, which are regulated and implemented by national institutions; means-tested social assistance which is based on national law but implemented by local authorities; and additional benefits and programmes for certain target groups and goals such as family policy and youth policy. A key principle is subsidiarity which sees a role for the central state to intervene only if social units closer to a social issue (individual, family and community) cannot resolve it. This has led to a strong position for social security institutions but also of non-governmental welfare organisations.

In the statutory health insurance systems in Germany and Austria, a general obligation to insure applies to all employees. Dependent family members are covered by non-contributory family insurance. In contrast, welfare benefits are not linked to prior contributions, and provide the last social safety net. The legal entitlement to welfare services exists if there is an actual emergency situation and need. The benefits are financed from tax revenues.

These systems provide cash benefits, benefits in kind and services. Compulsory insurance and national solidarity between citizens are essential principles. In both countries, the welfare state arrangement is characterised by the fact that municipal and central state tasks are performed together. While the nationally based social insurance system is geared towards covering general risks, municipal social policy covers risks in the form of means-tested individual assistance. The institutional frameworks for providing welfare support also differ significantly between the countries. Corporatist cooperation with large welfare organisations, characterised by close links, dominated for a long time. In the course of administrative reforms, the field has expanded into a "welfare mix" (Evers & Olk, 1996). In the context of activation policies, new social economy actors have increasingly gained importance alongside the non-statutory welfare organisations (Klammer et al., 2017).

In contrast, in the UK, the national, tax-funded system of social protection provides targeted, needs-based entitlements at a modest level. It provides minimum income protection for those whose immigration status grants that entitlement, with the aim of poverty relief and of encouraging a shift from welfare payments to work based income. Payments are often conditional on actively seeking work or training, but there are also in-work benefits for those in employment but receiving low pay. Unemployment benefits are low by European standards and are replaced after a period of time by a means-tested lower payment.

There is an expectation of self-reliance in the UK system, including supplementing state support with other forms of income (such as topping-up the state pension with privately funded pension contributions). Migrants in particular are expected to be self-reliant, hence the No Recourse to Public Funds (NRPF) rule excluding them from most forms of welfare support. Migrants are also less likely to work in jobs with private social insurance protections. Provision of welfare payments are the responsibility of a national government department, the Department of Work and Pensions, with a very limited supplementary role for municipalities that is

intended to be for emergency short term need (Sainsbury, 2012; Hemerijck et al., 2013). Social Services, in contrast, are provided by municipalities which have a statutory duty to safeguard and promote the welfare of vulnerable adults and children (albeit with limited resources to do so). NGOs provide supplementary support, sometimes in receipt of municipal funding or commissioned by the municipality to provide the service.

## 3.7 Conclusion

This chapter has highlighted some of the differences and the similarities between the countries in which our three cities are located, in particular their migrant populations, governance and national policy contexts. Each city is situated in a country with a long history of migration and is characterised by a significant migrant population. People with precarious status, who are not all included in official statistics, add a further dimension to this diversity that, as we shall see, has not yet been fully acknowledged by any of the three cities. That omission is not helped by the fact that there are no reliable estimates of the residents who have a precarious status, at national or municipal level; but from our study, evident in the following chapters, a broad picture of their characteristics has emerged.

The legal frameworks governing entitlements of this group to services differ between the three countries but have in common a mix of formal exclusion and inclusion and, with that, complexity: multiple differing immigration and residence statuses each with different entitlements and restrictions on accessing public services. In each of the three countries, notwithstanding that Austria and Germany are federal states and the UK a unitary state with elements of devolution, the regional tier of authority has legislative and policy making capacity. In each of the regions in which our cities are situated (Vienna itself also being a regional authority) we saw that this policy making capacity has been exercised, to a limited degree, to temper the exclusionary nature of federal/national law.

In each country there are differing national arrangements for funding and delivering services. In relation to healthcare, the Austrian and German systems rely on insurance funding, to which access is through employment or welfare benefits, while the UK system is tax-funded, and access mostly restricted to those who are ordinarily resident. Despite this significant difference, the outcome is very similar: the exclusion of precarious migrants from most healthcare that is free at the point of use. The systems for provision of welfare support also differ markedly including the extent to which NGOs are incorporated as major providers, as in Austria and Germany, but not in the UK.

If we now turn to each city in turn, we can show how a particular pattern of inclusion and exclusion emerges in local policy and practice, and why. For each city we begin by noting the nature of its particular responsibilities towards migrants before setting out our findings on its approach.

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# Chapter 4
# Cardiff

Cardiff, a port city with a long history of migration, is one of the oldest, most ethnically diverse communities in the UK. In the period from the early 1800s to the Second World War, alone, people from more than 50 countries came to Cardiff to work in jobs linked to international trade (Cardiff Council, 2020: 9). Cardiff now has the highest number of non-UK born residents in Wales, accounting for around 13% of the local population (Krausova & Vargas-Silva, 2014; Statistics Wales, 2021). Over 100 languages are spoken. One in 5 residents is from a Black, Asian or Minority Ethnic background, as is 1 in 3 children of primary school age (Cardiff Council, 2020).

## 4.1 Lack of Data on City's Precarious Migrants

Cardiff is one of four designated asylum dispersal areas in Wales and, as of December 2021, there were 1351 asylum seekers living in Cardiff in receipt of Home Office subsistence support (Home Office, 2022a, b). It continues to be the home for some of those whose applications have been refused. The lack of data on the number or characteristics of these and other precarious migrants in the city is no surprise. Nor, however, does Cardiff Council itself have accessible data on the status of those who are receiving its services, for instance on 'looked-after' children in the care system. From our interviews we know that precarious migrants in Cardiff represent a wide range of demographics, including those with a regular status (from resettled refugees, dispersed asylum seekers, unaccompanied asylum-seeking children and those on spousal visas, to irregular migrants and others). Nationalities similarly are varied including Sudanese, Ethiopians, Afghans, Iranians, Iraqis, Egyptians, Algerians, Zimbabweans, Congolese, Syrians, Chinese and Vietnamese. There are various ages and durations of residence in the UK, from a single day to decades; as well as diversity by gender and marital status—interviewees stressing

that single men in particular seek help later and that women suffer from distinct vulnerabilities.

In relation to refused asylum seekers, NGOs providing services can give some indication of scale. It was estimated in 2018 that there were 7350 asylum seekers in Wales seeking advice or aid from the voluntary sector, of whom 5300 were destitute. NGO accommodation providers reported that in some cases it could take considerably longer than a year for their situation to be resolved and thus destitution addressed (Petch & Stirling, 2020: 8ff). Petch and Stirling reported, from a study on refused asylum seekers in Wales:

> The desperation of people whose asylum claims had been refused was pervasive and unsettling... The pain and hopelessness of not being able to make plans including plans to see loved ones outside of the UK, of not being able to contribute, of being futureless was palpable. A few people... talked openly of the effect of destitution on mental health. (2020: 33)

## 4.2   Council Duties and Powers Limited by National Laws

Cardiff Council is a 'unitary authority', meaning a single authority exercising all local government functions in its area. Elections for the council take place every 5 years. The Labour Party has been in control since 2012. The administration of the council comprises seven Directorates, of which four are particularly relevant to migrants with precarious status: Children's Services; Adults, Housing and Communities; People and Communities (which includes the Cohesion and Community Engagement team which facilitated this research); and Education and Lifelong Learning.[1] In 2018 the Council employed 13,263 people, including school employees (equating to a full time equivalent of 11,159).[2] It is the largest employer in Wales.[3]

The Council's approach towards precarious migrants is shaped but not determined by its responsibilities under UK and Welsh law. Under the Well-being of Future Generations (Wales) Act 2015, local authorities are expected to provide leadership for their communities in several service areas, including education (providing schools, transport to school and opportunities for adult learning), housing (finding accommodation for people in need and maintaining social housing), and social services (protecting children, older people, people with disabilities and vulnerable groups) (Welsh Local Government Association, 2022). While they have

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[1] Cardiff Council provides a management chart as of January 2022: https://foi.cardiff.gov.uk/ENG/FOI/FOI17265/FOI17265%20Response%20-%20Attachment%201.pdf

[2] Cardiff Council Workforce Strategy 2018–2021 (2018). https://cardiff.moderngov.co.uk/documents/s22772/Cabinet%205%20July%202018%20Workforce%20Strategy%20App%201.pdf Accessed 6 March 2023.

[3] See https://www.jobscardiffcouncil.co.uk/internal/why-work-for-us/?lang=en_GB

statutory responsibilities in relation to public health, local authorities do not deliver healthcare services.

Immigration and welfare benefits are, as we saw in Chap. 3, non-devolved areas of policy and legislation. Nevertheless, the Social Services and Well-being (Wales) Act 2014 replaced some relevant areas of UK welfare legislation, including the key provision of the Children Act 1989 requiring local authorities to safeguard children 'in need'. Social services policy is devolved so that, while restrictions to services may originate from UK legislation, some entitlements may be established in Welsh legislation (Price, 2016: 4). Local authorities such as Cardiff Council have different duties towards migrants in different situations, such as single adults, children and trafficked individuals. For adults, the Council must provide preventative services, promote the development of NGO services and provide individuals with information regarding the care and support available for them. The Council has a safeguarding obligation and must protect people from harm, including those who are ineligible in other respects for care and support. The 2014 Act puts a duty on local authorities to investigate where it appears that an adult who needs care and support is at risk of abuse or neglect.

Adult migrants can be assessed for care and support in the same way as any other adult but the 2014 Act (s46), reflecting UK immigration legislation, sets out grounds on which they should be excluded from services. Crucially, people subject to immigration control can only receive support if their need for care and support is *independent* of the impact on their health and well-being of being destitute (s35). Thus, the Act (s19) outlines three steps in the assessment: establish whether the person has a need for care and support; assess whether this need arises due to the physical effects (or anticipated effects) of destitution; and, finally, determine if those needs are eligible under The Care and Support (Eligibility) (Wales) Regulations 2015. Some adults whose immigration status has the restriction 'No resource to public funds' (NRPF—see Chap. 3) may thus be ineligible for local authority support if they are in breach of immigrations laws, or are asylum seekers or been granted refugee status by another country.[4] Council staff should nevertheless undertake a 'human rights assessment' to determine if the provision of services is necessary to prevent a breach of the individual's rights under the European Convention on Human Rights (ECHR). Significantly, local authorities can use their discretion to provide care and support regardless of the outcome of that assessment (Price & Spencer, 2015: 15). The Act (s34) sets out the types of support local authorities can provide. For those who are excluded, NGOs may be able to step in. There are several NGOs in Cardiff that provide accommodation and support to those migrants who are ineligible for the Council's support.

Specific provisions apply for migrant children and their families, as well for unaccompanied or separated children. Since support under the 2014 Act is not considered a 'public fund' under the NRPF rule, children 'in need' are eligible for support. Cardiff has a duty to meet children's needs and the Act (s34) sets out the

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[4]Under Schedule 3 Nationality, Immigration and Asylum Act 2002 (NIAA).

various ways it can do so. Local authorities in fact have wide and flexible powers that enable them to respond to children's particular needs and circumstances, if not necessarily the resources to do so (Welsh Government, 2021: 10). For children taken into the care of a local authority they must provide a reasonable standard of health and development, and promote educational achievement, as an integral part of their duty to safeguard and promote the child's well-being.[5] There are also provisions for young people when they leave the care system. However, once they turn 18 they are, under UK legislation, typically excluded from those services (Schedule 3 NIAA 2002) unless provision is necessary to prevent a breach of their ECHR rights (Price, 2016: 6).

## 4.3  A City of Sanctuary Committed to Inclusion

Cardiff Council has a commitment to reduce inequality and to strengthen inclusion in the city. In 2020, it published a four-year Equality and Inclusion Strategy in which asylum seekers, refugees, EU nationals and other migrants are identified as priority groups in several action areas. The aim is to ensure that Cardiff is fair, inclusive and safe for everyone, and to address disadvantages by embedding those objectives across the council's statutory and non-statutory services. The first objective of the strategy refers, significantly, to enabling 'all of Cardiff's residents to realise their potential and live safely' (Cardiff Council, 2020: 15). To address issues facing ethnic minorities in particular, the Council convened a Race Equality Taskforce (July 2020–March 2022) to identify opportunities for the Council and other organisations in the city to improve outcomes across employment, education, civic participation, health and criminal justice. Those of its recommendations that are adopted will be incorporated into the Council's corporate plan and the delivery plans of each of its Directorates.[6]

Cardiff was one of the founding cities of the UK Inclusive Cities programme, committed to working with local partners to achieve a step-change in their approach to supporting and welcoming newcomers in their city. Its action plan includes supporting access to legal advice for those with the complex immigration issues which can contribute to, or cause, destitution (Cardiff Council, 2020: 43). Access to legal advice also emerged, as we shall see, as a key issue in our research findings. Cardiff was officially recognized as a City of Sanctuary in 2014, the seventh UK city to receive that award, having demonstrated that "it was a city that recognises the importance of sanctuary and welcomes all who needed it".[7] Cardiff's first 'School of

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[5] Care Planning Placement and Case Review (Wales) Regulations 2015.

[6] Cardiff Council (2022). Report of the Cardiff Race Equality Taskforce. https://www.cardiff.gov.uk/ENG/Your-Council/Strategies-plans-and-policies/Equality-diversity-and-cohesion/race-equality-taskforce/Documents/CRET%20Report%202022%20English.pdf

[7] Cardiff City of Sanctuary website: https://cardiff.cityofsanctuary.org

Sanctuary' achieved that status in 2018 for its good practice in fostering a culture of welcome and inclusion.

## 4.4  Tax Funded Healthcare Largely Limited to Residents with Legal Status

We saw that the legal and institutional framework for the delivery of healthcare differs in the three countries. While in Germany and Austria the health system is financed by insurance, the UK National Health Service (NHS) is funded by taxation and is free at the point of use to those who are 'ordinarily resident' with a regular legal status in the UK. With some important exceptions explained below, that excludes most of those with a precarious status from its services. Healthcare is provided by the NHS through local health boards, with primary care provision by General Practitioners (GPs) funded by the NHS. The NHS in Wales is part of the UK-wide organisation but has a level of autonomy in determining its own structure, policies and expenditure. Access to NHS services is also not considered a 'public fund' for immigration purposes. As such, charging for NHS services is a matter for devolved legislation.[8] NHS Wales is composed of three NHS Trusts and, within them, seven local health boards, including the Cardiff and Vale University Health Board, which work together to assess health needs and administer, deliver and monitor healthcare services.[9]

The General Practitioner (GP) is the main gateway to NHS services throughout the UK. GPs are required to register individuals in their area unless, for instance, they are working at full capacity and have closed their patient list. They must justify their reason for refusing a patient in writing. The Equality Act 2010 makes it unlawful for GPs to refuse to register individuals because of characteristics such as race, religion, ethnic or national origin. To register, patients complete a form which includes their home address.[10] Despite this, proof of address is not in fact required for GP registration.

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[8]Department of Health & Social Care (2022). Guidance on implementing the overseas visitor charging regulations. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1090896/overseas-NHS-visitors-charging-regulations-guidance-July-2022.pdf Para 23.

[9]The three NHS Wales Trusts are: The Welsh Ambulance Services NHS Trust (which manages the NHS111 telephone advice line and ambulance service), the Velindre NHS Trust (which provides cancer and blood services), and Public Health Wales (which has a large remit for public health provision, planning and communication). Other more specialised NHS Wales institutions exist, such as Digital Health and Care Wales.

[10]The GMS1 form and practitioner guidance are available online: https://www.gov.uk/government/publications/gms1

### 4.4.1 Local Responsibility for Public Health Embraces Precarious Migrants

Public health, in contrast, is a devolved responsibility of the Welsh Government. It set out a cross-institution public health roadmap in its *Nation of Sanctuary Refugee and Asylum Seeker Plan* (2019) which covers actions for "people seeking sanctuary" and those with NRPF. The actions involve local authorities working with local health boards, Public Health Wales, the UK Government, the Welsh Refugee Coalition, and other partners, to assess needs; to "maintain <u>free healthcare</u> [our emphasis] for refugees and asylum seekers, including those who have No Recourse to Public Funds"; share good practice; support migrant children's physical and mental health; provide mental health support, and support inclusion in sports. In addition, in 2018 the Welsh Government released *Policy Implementation Guidance on Health and Wellbeing Provision for Refugees and Asylum Seekers*—a substantial resource for practitioners on legislation, governance, healthcare needs, good practice, and risk management. It also covers refused asylum seekers.

Cardiff Council, while not the provider of healthcare services, must assess and protect public health in its area. It is required, by the Social Services and Well-being (Wales) Act 2014, to conduct, with the Cardiff & Vale Integrated Health and Social Care Partnership, an assessment of the needs for care in the area and the extent to which these needs are unmet. In the assessment published in April 2022, its recommendations refer, significantly, not only to asylum seekers and refugees but also to 'undocumented' migrants. The recommendations include training and ongoing support for professionals working with undocumented migrants to improve the quality of services delivered; improved data collection; co-location of health services most relevant to those who are vulnerable, including destitute asylum seekers; and models of primary care that could overcome known barriers for this group of people. Some of the concerns identified in our research had thus already been identified in this formal needs-assessment. They are expected to be addressed by the local health board with collaboration from Cardiff Council and NGO representatives.[11] Cardiff Council has additional responsibilities under public health legislation, particularly related to cases of infectious diseases.[12]

### 4.4.2 Charges Prevent Access to Healthcare

Under 1989 NHS regulations, patients who are overseas visitors (that is, not 'ordinarily resident' with regular legal status) may be charged for NHS services. There

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[11]Cardiff & Vale Regional Partnership Board (2022). Cardiff and the Vale of Glamorgan Population Needs Assessment 2022. https://cvihsc.co.uk/about/what-we-do/population-needs-assessment/

[12]Welsh Government (2010). Health Protection Legislation (Wales) Guidance. https://gov.wales/health-protection-legislation-2010-guidance

are exceptions where free service is permitted.[13] Under these regulations, the local health board has the responsibility of determining whether a patient is an overseas visitor. Welsh legislation on NHS charging has also established exceptions in which overseas visitors should be provided free primary care.[14] These exceptions include emergency treatment and 'immediately necessary' treatment. The Welsh Government advises that 'immediately necessary' treatment should be understood as:

> essential treatment which cannot be reasonably delayed until the patient returns to their home country. . . .to include treatment that is required as a result of a pre-existing condition that has become exacerbated during the period of the overseas visitor's stay in this country. (paras. 15, 19)[15]

If the treatment is not immediately necessary, the GP decides whether to accept the person as a private, paying, patient; or as an NHS patient, in which case the treatment is free of charge (para 23). Additionally, as in the UK generally, free treatment is provided for some diseases of public health importance (e.g., Tuberculosis and COVID-19), treatment in sexually transmitted disease clinics, treatment under the Mental Health Act 1983 and family planning. Treatment in Accident and Emergency ('A&E') departments is also free, but only while in the department. Follow-up care is chargeable.[16] In response to the NHS's amended charging regulations for overseas visitors in the UK, the Academy of Medical Royal Colleges in March 2019 highlighted the adverse health impacts of these policies. These regulations, which diverge from global commitments to universal health coverage, were considered to have led to the marginalisation and exclusion of migrants from necessary health services, escalating risks like delayed diagnoses and adverse health outcomes, and to contradict the principles of the NHS constitution and international human rights law (Orcutt et al., 2019).

In secondary healthcare (largely administered in a hospital), those who are not ordinarily resident are typically charged for services. Exceptions again exist for communicable or sexually transmitted diseases, treatment in Accident and Emergency departments, and for victims of trafficking or domestic violence. While, as we saw, treatment that is not 'immediately necessary' is chargeable in secondary healthcare, it cannot be denied for lack of funds. The 2009 guidance on

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[13]National Health Service (Charges to Overseas Visitors) Regulations 1989. https://www.legislation.gov.uk/uksi/1989/306/made

[14]NHS Wales provides a summary of the relevant Welsh legislation related to NHS charging of overseas visitors: https://nwssp.nhs.wales/a-wp/governance-e-manual/putting-the-citizen-first/overseas-visitors-and-the-nhs/

[15]Welsh Government (2021). Overseas Visitors' Eligibility to Receive Free Primary Care. https://gov.wales/overseas-visitors-eligibility-receive-free-primary-care-whc021026

[16]Welsh Government (2021). Overseas Visitors' Eligibility to Receive Free Primary Care. https://gov.wales/overseas-visitors-eligibility-receive-free-primary-care-whc021026

Implementing the Overseas Visitors Hospital Charging Regulations states that while NHS Trusts:[17]

> have a duty to recover charges, . . . they should not go beyond what is reasonable in pursuing them. Trusts have the option to write off debts where it proves impossible to recover them or where it would be futile to begin to pursue them, for instance when the person is known to be without any funds. (p. 9)

While asylum seekers are exempt from NHS charges across the UK, refused asylum seekers have also been exempt in Wales since 2009.[18] Additionally, in Wales, if any migrant receiving free treatment loses their legal status, or it is later determined that they were an irregular migrant when they received the treatment, they cannot be charged for past treatments if they have lived in the UK for more than 12 months. However, subsequent treatments are chargeable.[19] Likewise, EU citizens without settled or pre-settled status can be charged, although reciprocal national agreements exist for certain cases.[20] Those who are unable to pay for NHS dental or eye treatments or for travel to any NHS treatment can apply for some or all of the costs. However, there is variable awareness of this entitlement among refugees and asylum seekers (Khanom et al., 2019: 8). It is likely that this is also the case for those with precarious status.

The fear of being charged for services thus dissuades access, especially as migrants with precarious status are likely to lack the financial capacity to pay upfront costs. In addition, future immigration applications can be refused if the applicant has unpaid bills for NHS treatment.[21] Under the UK Immigration Act 2014 and consequent Immigration (Health Charge) Order 2015, a significant health surcharge applies to applications for leave to remain or entry into the UK.[22] Asylum seekers and their dependents are exempt as are some victims of trafficking and domestic violence. However, the surcharge directly affects those with a temporary status who need to secure continuity of residence. An individual seeking to extend his or her

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[17]Welsh Government (2009). Implementing the Overseas Visitors Hospital Charging Regulations. https://www.gov.wales/sites/default/files/publications/2019-05/implementing-the-overseas-visitors-hospital-charging-regulations.pdf

[18]The National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2009. https://www.legislation.gov.uk/wsi/2009/1512/made

[19]Implementing the Overseas Visitors Hospital Charging Regulations: Guidance for NHS Trust Hospital in Wales. https://gov.wales/sites/default/files/publications/2019-05/implementing-the-overseas-visitors-hospital-charging-regulations.pdf. Page 26, section 6.22.

[20]EU citizens without pre-settled or settled status can, in some cases, access NHS care in the UK through reciprocal agreements, such as can be evidenced through a S1 form (if they are insured in an EU country), an S2 form (authorisation for planned health treatment), or a European Health Insurance Card (EHIC).

[21]Home Office (2022). Suitability: debt to the NHS caseworker guidance. https://www.gov.uk/government/publications/suitability-debt-to-the-nhs-caseworker-guidance

[22]Under the UK Immigration Act 2014 and consequent Immigration (Health Charge) Order 2015.

leave to remain for an additional 30 months, for instance, must pay a surcharge of £1560 in addition to other immigration fees.[23]

### 4.4.3   Specialist Health Centre Provides Some Key Services

Significantly for our study, migrants with precarious status in Cardiff can access public health screenings and short-term health support through the Cardiff and Vale Health Inclusion Service (CAVHIS). This service provides health assessments for asylum seekers in initial accommodation before they are dispersed within Wales and who can then integrate into the regular NHS. In September 2021, CAVHIS' services were extended to other individuals with limited access to the NHS, such as irregular migrants. Nurses discuss the health history of the patient and offer missing immunisations and tests for infectious diseases. They signpost patients to other services and orient them towards registering with a GP.

There is some concern that, at CAVHIS, highly vulnerable migrants seek help alongside individuals who have been 'delisted' by GPs for assault; and that it effectively introduces a "dual healthcare system" that runs parallel to primary care provided by GPs. The latter concern is an interesting mirror of concerns in Sweden on its parallel healthcare system before access was extended to the regular healthcare system through legislation in 2013 (Ministry of Social Affairs, 2011). However, CAVHIS conducts outreach work to sensitise regular healthcare professionals to precarious migrants and encourages patient registrations, minimising the need for a dual system.

**Services for Women**

Women with precarious status face distinct vulnerabilities including domestic violence, Female Genital Mutilation (FGM), trafficking, social stigmatisation and 'honour-based' violence. However, their precarious status can lead them to avoid approaching any public services. Our study learnt, for instance, of a woman who went to hospital in Cardiff during labour with preeclampsia, having not sought antenatal care for fear that she might be removed from the UK. The delay contributed to the death of the child. The mother was later charged for the costs of her care but secured financial assistance from a faith community.

The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 provides a legal framework for the protection of vulnerable women and there is cross-sectoral awareness of female genital mutilation (FGM). The All-Wales Clinical Pathway for FGM standardises safeguarding and reporting procedures for

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[23]The UK Government provides a health surcharge calculator: https://www.immigration-health-surcharge.service.gov.uk/checker/type

victims and those at risk. Healthcare, social care, and education workers have a duty to report being informed of FGM or observing evidence of it on a child.[24] CAVHIS employs a midwife specialized in FGM and provides 1-h appointments, much longer than those typical in the NHS. These are available to precarious migrants who are pregnant, irrespective of FGM status.

Having no childcare arrangement can, as for other women, complicate attending appointments, although emergency childcare is sometimes obtained from religious communities or other residents in shared accommodation. CAVHIS can refer women in the early stages of pregnancy to the Council's Children's Services which will establish contact with a family that can look after the child while the mother is in labour. Trust has to be established to assuage a mother's fear that she will be permanently separated from her child.

The study found a general lack of awareness of precarious migrants in the NHS and that this leads to misinterpretation by staff of their behaviour. Women who struggle to attend appointments, for instance, can be seen as disengaged. Knowledge of the health needs of female migrants is gained on-the-job rather than through training. A few highly engaged NHS workers sometimes personally transport migrants to appointments or pay taxi fares. They may refer pregnant women to NGOs that will provide support and 'hide' them from the Council and Home Office until they are 34 weeks pregnant at which point they cannot be made to leave the UK. Specialised NHS staff, including at CAVHIS, personally foster relationships with NGOs that can provide support, such as the Cwtch Baby Bank (which provides essentials for babies to destitute mothers), the Birth Partner Project (which provides doulas[25] as a birth partner), and Bawso (which provides support for victims of domestic abuse and FGM).

### 4.4.4   Further Barriers to Accessing Healthcare

Beyond the restrictions on access written into the law, and fear of charges for services, migrants with a precarious status in Cardiff face a series of other barriers to accessing care: in relation to communication, inter-organisational links, and to data collection and sharing: GP practices, for instance, as we saw, sometimes require proof of address to register new patients. If unable or unwilling to provide an address (for fear of detection), non-registration means very limited access to NHS services. CAVHIS partly mitigates this by providing inclusive treatment.

Although the Well-being (Wales) Act 2014 places requirements on public bodies to ensure that services are accessible, some are not provided due to migrants' limited ability to communicate in English. NHS Wales has worked to increase accessibility

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[24] Serious Crime Act (2015). https://www.legislation.gov.uk/ukpga/2015/9/contents/enacted

[25] A doula is a non-medical, professional who is trained to provide support during labour.

to migrants, and this is monitored by the Welsh Government.[26] In particular, guidance stipulates the use of accredited interpreters (Welsh Government, 2018: 32ff). Nevertheless, NHS staff sometimes rely on family members for interpretation, and this can lead to patients or their interpreter withholding information, for instance if women are embarrassed to share symptoms through their husband or children. There is also some concern about the quality and safety of accredited interpretation services. Professional interpreters are typically male although "female interpreters are available and the client's wishes over the gender of the interpreter should be respected" (Welsh Government, 2018: 33). The use of male interpreters can be problematic for gender-sensitive questions (including related to domestic violence). An NHS interviewee also indicated that traffickers had previously registered as official interpreters and, because of this, they kept patients' names from interpreters. There was concern that interpreters do not always strictly interpret and sometimes share their opinions with the patient in the migrant's language. These communication barriers call into question the quality of informed consent provided by patients. NHS workers, we were told, can lack the time and cultural awareness to ensure that information is sufficiently understood.

### 4.4.5  Inter-agency Cooperation Crucial But Data Sharing a Challenge

The Welsh Government has emphasised the need for joint working on health and highlighted regional partnerships and frameworks that link local authorities with other partners (Welsh Government, 2018: 17). Cardiff Council interviewees stressed the importance of joined-up services and notably perceived few barriers in linking their services with the NHS. Housing Options Services, for example, prioritises discharged NHS patients with precarious accommodation situations. Yet both NHS and Council interviewees noted limited migrant-specific expertise and capacity in their institutions. Staff expertise is generally transferred laterally between colleagues rather than through training modules.

NGOs provide basic health related services as well as facilitating access to NHS care, seen by NHS interviewees as the "nuts and bolts" necessary for including precarious migrants. The British Red Cross works, for instance, alongside CAVHIS for 'social prescribing'[27] and signposting to NHS services. Another NGO, Displaced People in Action (DPIA), is launching training sessions for asylum seekers that include how to access GPs and pharmacy services. NGOs provide access to mobile

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[26] Auditor General for Wales (2018). Speak my language: Overcoming language and communication barriers in public services. https://www.audit.wales/publication/speak-my-language-overcoming-language-and-communication-barriers-public-services

[27] Social prescribing is the practice of referring patients to non-medical, community-based activities or support. See Drinkwater et al. (2019).

phones to help migrants to make appointments, and they help migrants understand their interactions with the NHS. While frameworks and formal partnerships exist, in practice NHS relationships with NGOs often form organically. For example, workers at the Street Life Project have referred pregnant sex workers to CAVHIS staff; and CAVHIS staff have coordinated with OASIS to enable food parcels to be delivered. These relationships depend on staff initiatives, capacity, local knowledge, and networking. Some NHS staff feel obliged to remain reachable during their time-off, as their expertise is not shared across their institution. Likewise, since no centralised NHS resources on migrants with precarious status exist for local NGOs, NHS staff spend time redirecting NGO inquiries to colleagues in other parts of the health service.

   The collection and sharing of health data has gained increased attention since COVID-19 and the ensuing emphasis on evidenced-based practices that rely on population-level public health data, including on specific groups such as precarious migrants.[28] The Council, health board and GPs are among the signatories of the Wales Accord on the Sharing of Personal Information, which provides a framework for data sharing. Welsh Government guidance notes the need for centralised datasets to account for migrant mobility and it tasks local health boards with agreeing on dataset standards that include countries of origin and transit, languages spoken, initial assessment date, medical diagnoses, NGO referrals, and FGM (Welsh Government, 2018: 17ff). It recommends that local authorities share data on service delivery and uptake (Welsh Government, 2018: 28). Various standardised coding schemes are used to record health data. Welsh Government guidance has stipulated that local health boards should ensure the use by medical staff of 'refugee' and 'asylum seeker' codes but there is no advice on more specific codes relevant to migrants with precarious status (Welsh Government, 2018: 17ff). Code lists are voluminous and can be obscure, and local codes can be created.[29] The codes are not systematically used by clinicians who can be unaware of codes related to migrants; while some worry that asking about legal status will rupture the clinician-patient relationship or fall outside a 'need to know' basis. Migrants may withhold information on legal status due to concerns about charging, confidentiality, data sharing with the Home Office, or that care will be declined. Lack of health data on such migrants consequently limits public health oversight; yet cases may in practice be too few to remain unidentifiable in such reporting.

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[28] For health data within the context of NHS England, see Data saves lives: reshaping health and social care with data. https://www.gov.uk/government/publications/data-saves-lives-reshaping-health-and-social-care-with-data/data-saves-lives-reshaping-health-and-social-care-with-data

[29] NHS Wales is transitioning to a new code system. Welsh Government (2015). Introduction of SNOMED CT as an Information Standard in NHS Wales. Welsh Health Circular (2015) 053. https://gov.wales/introduction-snomed-ct-nhs-information-standard-whc201553

## 4.5   Accommodation Severely Limited by Law, Availability, and Lack of Trust

The Welsh Refugee Council estimates that hundreds of refused asylum seekers become destitute each year and at risk of homelessness. This is especially the case for single adults as asylum seeker families continue to receive support. The Destitution Clinic (an NGO) identified at least 69 refused asylum seekers who were homeless or with no fixed abode between 24 September 2018 and 8 April 2019 (Petch & Stirling, 2020). The Council Homeless Service confirmed similar numbers during the COVID-19 pandemic, noting that it had housed 72 migrants with NRPF. Notably they provided, at the same time, access to legal advice on immigration status—a problem solving approach linked to provision of accommodation that is also in place in other European cities such as Utrecht and Ghent. By providing legal advice, the Homeless Service informed the study that it had managed to address the cause of their precarious status in 75% of cases.

Street homelessness is a political priority for the Welsh government.[30] Yet our local authority and NGO interviewees working in housing or housing-related services reported a lack of accommodation in Cardiff generally, illustrating the impact of structural factors constraining municipal practices. This, coupled with a lack of information from the Home Office on people who are due to be evicted from asylum related accommodation, and on the numbers of people with NRPF or Appeal Rights Exhausted, makes it difficult for the Council Homeless Service to assess the magnitude of the issue and to plan appropriate provision. Cardiff Council interviewees also identified a lack of trust on the part of precarious migrants, and sometimes of NGOs, towards the Housing Department, leading to a reluctance to seek help from housing services. Council interviewees noted that collaboration with external organisations, such as the Welsh Refugee Council or the Salvation Army, is key to overcoming the reluctance of migrants to approach the local authority.

The Welsh Government's ability to accommodate migrants with NRPF is restricted by UK immigration rules (Petch & Stirling, 2020: 13). Its *Nation of Sanctuary Plan* (2019) nevertheless includes actions to accommodate people seeking sanctuary, such as working with landlords to raise awareness of who is eligible for accommodation. The local authority views statutory requirements as its "minimum level" of service provision and aims to provide services humanely, although bound by the law. For instance, migrants with precarious status are not eligible to receive council housing via the Housing (Wales) Act 2014 which addresses homelessness. However, they are eligible for housing provided by housing associations or the private sector. Significantly, unlike in England, Wales does not require landlords

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[30]Welsh Government (2021). Ending homelessness in Wales: A high level action plan – 2021–2026. https://gov.wales/ending-homelessness-high-level-action-plan-2021-2026-html

to verify the immigration status of prospective tenants.[31] When the Council is unable to provide accommodation, it refers migrants to NGOs which may be able to assist.

Under the Social Services and Well-being (Wales) Act 2014 (s21), Cardiff council also has, as we saw, a particular duty to safeguard children 'in need'. This means provision of basic accommodation, with their parents, and a small subsistence allowance. Safeguarding is a priority and children under 18 who are in need are referred to Children's Services where social workers conduct a "wellbeing" assessment.[32] More broadly, practice guidance indicates that all children should be regarded as "children first and migrant second", albeit constrained by immigration rules.[33] There is a lack of data on the number of children (under 18 years) with a precarious status, making it harder for the Council to address their needs. This is due to a lack of information shared by the Home Office, to parents being hesitant to approach children' services out of fear that their children might be taken away, and the fact that social workers have not been trained to record information consistently.

Refused asylum seekers, if destitute, are eligible for assistance from the Welsh Government's Discretionary Assistance Fund (Petch & Stirling, 2020: 68). However, the Council also has a statutory duty (s60 Housing (Wales) Act 2014) to provide information and advice to homeless people, including those who are ineligible for housing assistance (Petch & Stirling, 2020: 63). Welsh Government guidance clarifies that local authorities also have a statutory obligation (Social Service and Wellbeing Act 2014) to support young care leavers and vulnerable adults in need (Petch & Stirling, 2020: 26). Even in this context, it is challenging to find emergency accommodation. It requires liaison with the housing service, notwithstanding that children's services and adult services come under the same directorate as homelessness; and is complicated by delays in Home Office processing of cases.

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[31] The UK Government's Right to Rent policy (Immigration Act 2014) has been found to be incompatible with human rights and in breach of the Equality Act 2010. The judgment prevents the UK Government from rolling out the controversial policy in Scotland and Wales. *See* Equality and Human Rights Commission (2019). Right to Rent policy in Scotland and Wales successfully challenged. https://www.equalityhumanrights.com/en/our-work/news/right-rent-policy-scotland-and-wales-successfully-challenged

[32] Children with precarious migration status also receive support to register their asylum claim, if any (including coordinating with UK Visas and Immigration), support in obtaining legal advice, as well as a pathway planning for their education.

[33] All Wales Child Protection Procedures Review Group (2011). Safeguarding and Promoting the Welfare of Unaccompanied Asylum Seeking Children and Young People: All Wales Practice Guidelines. https://www.cardiffandvalersb.co.uk/wp-content/uploads/Safeguarding-and-Promoting-the-Welfare-of-Unaccompanied-Asylum-Seeking-Children-and-Young-People-All-Wales-Practice-Guidance.pdf

### 4.5.1   Vital Role of NGOs in Providing Shelter

In Cardiff there are several NGOs that provide accommodation to migrants with a precarious status. The Destitution Clinic is run in partnership with the British Red Cross, the Welsh Refugee Council, Home4U (an NGO accommodating single male refused asylum seekers in shared housing) and ShareDYDD (a hosting scheme accommodating precarious migrants). Oasis provides drop-in and advice provision while the Huggard Centre, with funding from the Council, provides temporary emergency accommodation. Although precarious migrants are not typically eligible for local authority funded emergency accommodation even if managed by NGOs, they may be given an emergency bed space while their rights are established. Additionally, Bawso, an NGO providing support to Black, Asian, and Minority Ethnic (BAME) communities and individuals in Wales affected by abuse, violence and exploitation, provides emergency accommodation. Several faith groups such as the Trinity Centre further provide emergency accommodation or practical support. Cardiff Council may also exceptionally provide funding to emergency shelters or hotels when precarious migrants are particularly vulnerable (e.g., while recovering from surgery).

### 4.5.2   Welsh Government Homeless Plan 'Regardless of Migration Status'

Prior to the COVID-19 pandemic, in 2019, the Welsh Government established an independent Homelessness Action Group to find solutions to homelessness in Wales (Fitzpatrick et al., 2021). It published three reports[34] with recommendations to apply to all people who are, or at risk of becoming, homeless, "regardless of their migration status, as far as this is possible in current UK law."[35] The pandemic introduced various changes to homelessness policy. The Welsh government said in March 2020 that everyone who was homeless needed to be accommodated, including migrants with NRPF: a 'no-one left out' approach (Fitzpatrick et al., 2021).[36] This was

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[34] The October 2019 report recommended winter actions and long-term solutions to prevent rough sleeping. The March 2020 report detailed the framework of policies, approaches and plans needed to end homelessness in Wales. The July 2020 report provided details on scaling-up rapid rehousing approaches and joined-up partnerships and considered the impact of the COVID-19 pandemic and the responses of the Welsh Government. Homelessness Action Group (2020 July). https://gov.wales/sites/default/files/publications/2020-11/homelessness-action-group-report-july-2020.pdf

[35] Homelessness Action Group (2020 March). The framework of policies, approaches and plans needed to end homelessness in Wales. https://gov.wales/sites/default/files/publications/2020-03/homelessness-action-group-report-march-2020_0.pdf. p. 45.

[36] See Guidance on self-isolating and Guidance for LAs on continuing to support homeless people during the COVID-19 pandemic: https://gov.wales/sites/default/files/publications/2020-04/guidance-for-local-authorities-in-supporting-people-sleeping-rough-covid-19_0.pdf

accompanied by a six-month moratorium on evictions, later extended to March 2021 (Fitzpatrick et al., 2021). Funding was allocated by the Welsh Government to local authorities to secure adequate accommodation to all homeless individuals: a £10 million funding package for emergency accommodation[37] followed by a second package providing £10 million in May 2020 to support longer-term housing solutions. Local authorities were asked to set out how they would ensure the long-term resettlement of every person currently residing in temporary accommodation. The funding was increased to £50 million in July 2020 (Fitzpatrick et al., 2021). In 2022, a £60 million fund was announced: it will be made available to local authorities to increase accommodation capacity across Wales.[38]

At the onset of the pandemic, the Welsh Government also put in place further emergency measures so that local authorities could provide accommodation to people who were rough sleeping or living in inadequate temporary accommodation, including precarious migrants. It invested over £195 million in housing support and homelessness services and launched a Private Rented Sector Leasing Scheme which invites property owners to lease their properties to local authorities. Recognizing the benefits of the 'no-one left out' approach, the Welsh Government later conducted a consultation to help shape its post pandemic policies and proposed changes to homelessness provision that would retain its approach to rough sleeping in Wales.[39] Within Cardiff Council, departments worked with its Cohesion Team to investigate long term accommodation solutions. There is concern that, as the Welsh Government must comply with UK legislation, there could be a policy "U-turn" so that many precarious migrants would again become homeless, wiping out the benefits of the more inclusive approach. Cardiff Council says of its ground-breaking work on homelessness during the pandemic:

> Our collective action to protect rough sleepers and those at imminent risk of homelessness during this time has been nothing short of life changing for so many of those who have been supported. We are clear that there can be no going back and the 'everybody in' programme of housing assistance must point the way to ending homelessness for good in Cardiff. (Lewis et al., 2021: 24)

NGO and local authority interviewees (C3, C6, C12) proposed the establishment of a system that is more individualised, with a joined-up support service offered to all migrants regardless of status, rather than focusing only on alleviating the symptoms of destitution. There was a need for a cross-disciplinary approach, particularly involving healthcare, because precarious migrants often have trauma that need to be addressed.

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[37] Welsh Government (2020). Written Statement: COVID-19 Response – Homelessness and Rough Sleepers. https://gov.wales/written-statement-covid-19-response-homelessness-and-rough-sleepers

[38] See https://www.gov.wales/post-pandemic-interim-homelessness-measures-html

[39] Welsh Government (2022). Consultation: Post pandemic interim homelessness measures. https://gov.wales/post-pandemic-interim-homelessness-measures-html

## 4.6   Access to School Education for All

As education is a devolved matter, the Welsh Government is responsible for education policy and oversight of services. It works closely with the nation's 22 local authorities (Evans, 2022), such as Cardiff Council, which are responsible for education provision. Education in Cardiff is the responsibility of the council's Education Department which set out its plan in 2016: *Cardiff 2020: A renewed vision for education and learning in Cardiff*.[40] It refers to the importance of equality of opportunity and to championing the success and life chances of all children by narrowing the gap in education outcomes; but it makes no specific reference to children with a migrant background. With the support of the Council, however, the City of Sanctuary movement initiated a School of Sanctuary programme designed to provide a welcoming and caring environment for those people from abroad in need of help. Several schools in Cardiff have already achieved School of Sanctuary status (C2).[41]

Compulsory education begins for children after their fifth birthday in the UK: for children of primary school age (between 5 and 11) and of secondary school age (between 12 and 16). Local authorities have a legal duty under the 2014 Act to provide suitable education to all children of compulsory school age in their area, regardless of immigration status. Education services are not classified as 'public funds' and thus NRPF policy also does not apply (Trevena & Maclachlan, 2016). While schools need a child's name and date of birth, they do not need to know the child's immigration status.

### 4.6.1   Steps Taken to Meet Migrants' Special Needs

In 2014, the Welsh Government published *Qualified for Life: An education improvement plan for 3 to 19-year-olds in Wales*.[42] This emphasised that the needs of pupils who require extra support, as well as migrant and refugee pupils and looked-after children, should be met.[43] It introduced an Education Improvement Grant to further reduce the impact of deprivation on all students, including those with precarious

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[40]Cardiff Council (2016). Cardiff 2020: A renewed vision for education and learning in Cardiff. https://www.cardiff.gov.uk/ENG/resident/Schools-and-learning/Documents/Cardiff%202020.pdf; https://www.cardiff.gov.uk/ENG/resident/Schools-and-learning/Cardiff-2030/Documents/2030%20CARDIFF%20VISION%20low%20a.pdf

[41]Cardiff Council (n.d.). Celebrations at latest Cardiff school to become a School of Sanctuary. https://www.cardiffnewsroom.co.uk/releases/c25/20616.html

[42]Welsh Government (2014). Written Statement – Qualified for Life: delivering a national qualifications system for Wales in 2015. https://gov.wales/written-statement-qualified-life-education-improvement-plan-wales

[43]Welsh Government (2016). Inclusion and pupil support: Guidance for schools and local authorities. https://gov.wales/inclusion-and-pupil-support-guidance-schools-and-local-authorities

status.[44] The Special Educational Needs: Code of Practice for Wales[45] establishes that local authorities must meet any special educational need.[46] The Welsh Government further recognises[47] that migrant children may have special needs due to their previous experiences as well as to their limited ability to speak English (Trevena & Maclachlan, 2016). It has also, since 2010, funded a Flying Start programme for all children under the age of 4, regardless of immigration status, who are living in disadvantaged areas of Wales. The programme offers part time childcare and health support services, as well as speech, language and communication support.

In Cardiff, local authority interviewees (C13, C14) indicated that they can use discretionary powers to support precarious migrant children and apply a low eligibility threshold to them due to their heightened vulnerability. For instance, they may provide school uniforms to families which are not eligible for the Pupil Development Grant[48] or free school transport if necessary.[49] Children's Services will also cover children's basic needs (e.g., a warm coat in winter) and may provide a mobile phone so that children can be in contact with their families or a solicitor. The Welsh Government has developed its own policies and procedures (e.g. the All Wales Age Assessment Toolkit), as well as financial policies and guidelines. As of September 2022, Wales will start working with local authorities to extend free school meals provision for primary school pupils. As the policy is progressively implemented throughout Wales, all students—including precarious migrant children—will be offered free lunches by September 2024.[50]

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[44] GwE (2018). Education Improvement Grant 2018–19 (EIG). https://www.gwegogledd.cymru/wp-content/uploads/2018/07/Llythyr-GGA-2018-2019-_-EIG-Letter-2018-2019-2.pdf

[45] Education Act (1996). Section 312(1). https://www.legislation.gov.uk/ukpga/1996/56/section/312; Welsh Government (2013). Special Educational Needs: Code of Practice for Wales. https://gov.wales/special-educational-needs-code-practice

[46] UNICEF (2017). UNICEF UK Policy Position: Access to Education for Refugee Children. https://www.unicef.org.uk/wp-content/uploads/2018/09/UNICEF-UK-POLICY-POSITION-Wales-1.pdf; Gladwell, C., Chetwynd, G. (2018). Education for refugee and asylum-seeking children: Access and quality in England, Scotland and Wales. UNICEF Retrieved May 8, 2022, from https://www.unicef.org.uk/wp-content/uploads/2018/09/Access-to-Education-report-PDF.pdf

[47] Welsh Government (2016). Inclusion and pupil support: Guidance for schools and local authorities. https://gov.wales/inclusion-and-pupil-support-guidance-schools-and-local-authorities

[48] The Welsh Government offers financial support through the Pupil Development Grant to pupils to purchase school uniforms or cover other school related costs. This grant is available to eligible families which include those who receive support under Part VI of the Immigration and Asylum Act 1999.

  https://gov.wales/sites/default/files/publications/2018-03/frequently-asked-questions-free-school-meals.pdf

[49] LAs also have a duty to provide free transport to all children, if it is necessary to enable them to attend school. The law establishes that the walkable distance to a primary school is 2 miles and to a secondary school 3 miles.

  Section 509, Education Act 1996, available at: http://www.legislation.gov.uk/ukpga/1996/56/section/509

[50] Welsh Government (2022). £25m to kick-start free school meals for all primary school children in Wales. https://gov.wales/25m-kick-start-free-school-meals-all-primary-school-children-wales

While specific programmes have been developed to improve refugee children's integration into the school system[51] no such programmes have been developed for precarious migrants. However, the COVID-19 pandemic created more awareness of these children and led to some forms of assistance. In Wales, 2.7% of pupils considered 'disadvantaged learners' received an IT kit (laptop and Wi-Fi) by the end of May 2022 (Sibieta & Cottell, 2020). School closures meant, moreover, that children who would normally receive a free school meal no longer could do so. The Welsh Government therefore provided a £19.5 weekly voucher to eligible children (Sibieta & Cottell, 2020) and, although precarious migrant children were not eligible under UK rules, Cardiff Council did ensure that they received them, after taking advice from the Welsh Government.

Overall, during the pandemic, Education Services in Cardiff were judged by interviewees to have done what they could to support families, regardless of status. The schools know their children and families and were able to address issues such as digital exclusion and lack of food. Schools sent surveys or people to knock on families' doors to be able to provide individualised support and ensure that their basic needs were covered. Now that COVID-19 is no longer preventing children from attending school, however, this support has been withdrawn, and some families have reportedly begun struggling again with digital deprivation.

### 4.6.2   Limited Access to Post School Education

Although school is only compulsory until the age of 16, the Welsh government encourages further education. There are two paths to pursue this: by enrolling in Further Education (FE) or Higher Education (HE). Further Education includes vocational courses in colleges and linked apprenticeships.[52] For young people under the age of 19, FE Colleges are free. However, those with precarious status may need to pay a registration or tuition fee. Some exceptions include basic skills courses such as literacy, numeracy or ESOL, which are typically free. For young people between the ages of 16 and 18, an Education Maintenance Allowance is available to UK citizens and residents but not to precarious migrants. While they are also not normally eligible for grants such as the Welsh Government's support for those in Further Education, they may benefit from discretionary funds such as its Financial Contingency Funds (Trevena & Maclachlan, 2016). Additionally, in some

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In the UK, free school meals are offered to some migrant children, if their family is receiving Home Office asylum support under part VI of the Immigration and Asylum Act 1999. However, following the Immigration Act 2016, those who are ARE will no longer receive s95 support and will therefore not be eligible for free school meals.

[51] https://www.wlga.wales/SearchResults.aspx?q=SYRIAN+EDUCATION+TOOLKIT

[52] Welsh Government (n.d.). Sanctuary: Refugees and Asylum Seekers – Education. https://sanctuary.gov.wales/refugeesandasylumseekers/education

cases, local authorities will refer them to other services within the Council or to NGOs to get support.

The second path is through Higher Education (HE)—institutions that award academic degrees. Most HE institutions charge fees: overseas fees for international students or home fees for those who are considered residents. A Welsh Government Learning Grant is available for those whose income is below a threshold; however, young migrants with precarious status are usually ineligible. While HE institutions may use their discretionary powers to charge the lower residents' fees, they do not typically offer financial aid, thereby making it particularly difficult for precarious migrants to access their courses (Trevena & Maclachlan, 2016). Cardiff Children's Services may sometimes offer support to refused asylum seekers so that they can attend university.

Cardiff Council interviewees (C13, C14) indicated that young adults leaving the care system are a group that is particularly vulnerable and for whom it is difficult to provide support. They strongly advocate development of a strategy within the local authority to deal with this group through a cross departmental board instead of individual responses by each department. They welcomed the fortnightly team meetings which were set up during the pandemic that enabled various teams to share information more broadly about this vulnerable group of residents as a whole. Having a more holistic approach that involves several departments would, it was argued, help them to be more efficient and provide young adults with long term planning, preparing them for their transition into adulthood.

## 4.7   Addressing the Underlying Problem: Access to Legal Advice

Legal status underpins the experiences of migrants with precarious status, so legal advice and representation can support them at pivotal moments of their lives. They may need help to submit an asylum claim, appeal a rejected claim, submit a fresh claim based on new evidence, extend their limited leave to remain, apply for settlement after 10 continuous years in the UK, or to challenge a removal notice. Without advice, migrants can lose status by completing incorrect forms or by missing deadlines to resubmit an application—deadlines which can be as short as 10 days. In some cases, lawyers can also aid migrants who have missed deadlines by submitting 'out of time' appeals.

Migrants with precarious status are often unfamiliar with immigration rules or their rights. They may compile knowledge from unreliable sources, including misinformation from family, smugglers or other migrants (Bastick & Mallet-Garcia, 2022). They are also susceptible to deliberate disinformation—including from employers or spouses who are benefiting from abusive employment or marital relationships. They may be unaware of changes to immigration policies that affect them, as were some EU nationals who, post Brexit, did not apply to the EU

Settlement Scheme. Numerous interviewees described UK immigration law as 'incomprehensible' to non-specialists. The Welsh Government has developed a Nation of Sanctuary website[53] which provides pertinent information and links to its Right to Remain Toolkit.[54] The website targets refugees, asylum seekers, EU citizens, and Ukrainians, but lacks materials for many migrants with precarious status, including those with no status or on spousal visas. It is also unclear how many migrants would know how to access the website. Precarious migrants may also hesitate to approach legal professionals or worry that doing so will put them 'on the radar'. Those who have not been compliant with reporting instructions but must resume reporting to submit a fresh claim, may be worried that they will be detained.

Migrants who have NRPF may also struggle to pay Home Office application fees for a change of status. Those on a 10-year route to settlement are faced with high application fees every 2.5 years, as well as the surcharge to cover access to the NHS to which we have referred. If they cannot pay, they are liable to lose their status and must restart their 10-year eligibility for a right to remain. One interviewee characterised this as being sent to the bottom of a 'Snakes and Ladders' board. Even when eligible for settlement, some may not be able to afford application fees, and so may continue renewing their limited leave under which they are subject to NRPF. While fee waivers exist, the Home Office must judge that sufficient factual evidence of financial need has been presented: a challenge for some migrants.

### 4.7.1 Severe Shortage of Legal Expertise on Immigration

There is such limited expertise in Wales on immigration matters that interviewees (C3, C4, C11) referred to it as a 'legal advice desert'. There is limited expertise on immigration within the legal profession, and the closure over the past decade of some national legal advice providers further limits capacity. Legal-sector interviewees noted, further, that lawyers are disincentivised from taking on many immigration cases due to low legal-aid fees.[55] Migrants appealing asylum refusals in particular struggle to find solicitors, due to the low legal aid rates that apply and to the complexity of these cases. Legal aid, moreover, does not cover many other immigration applications—including for family reunification, visitor visas, or those based on the ECHR right to family and private life.[56] These are often the paths most accessible to precarious migrants since they may eventually develop grounds for

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[53] Welsh Government (n.d.). Sanctuary: Help for sanctuary seekers to understand their rights. https://sanctuary.gov.wales/

[54] The Right to Remain Toolkit is a guide to UK immigration law; see: https://righttoremain.org.uk/toolkit

[55] Notably, the *Legal Aid, Sentencing and Punishment of Offenders Act* (2012).

[56] The right to remain on the basis of a right to private and family life is protected by Article 8 of the European Convention on Human Rights (ECHR).

secure status, such as through having a child. Without legal aid they need to fund their case privately but are unlikely to have the financial capacity to do so. It is possible to apply for Exceptional Case Funding from the Legal Aid Agency if a failure to provide it could lead to a breach of the individual's human rights. In 2022, the Welsh Government recognised that "action is needed to tackle [the] legal aid crisis."[57] It has also supported the development of a new legal apprenticeship pathway which aims to increase the capacity of the legal sector as a whole.[58]

Specialist legal assistance outside of immigration law can address issues such as street homelessness or the need for mental healthcare. However, solicitors can be reluctant to make referrals to other solicitors with that expertise as this work is also out of the scope of legal aid. The Council itself may overlook solutions, such as paying for immigration applications, where that would enable a family to access benefits and employment as an alternative to the Council having to provide support to the family. Meanwhile NGOs are concerned that where the Council does engage on immigration matters, for instance to litigate challenges to its age assessments (that a migrant is an adult not a child), it is not always helpful for the migrants concerned. However, the Council is increasingly seen as approachable and has now developed strong relationships with external legal advice providers.

Meanwhile, the COVID-19 pandemic extended processing delays at the Home Office, prolonging uncertainty for many migrants. Additionally, reliance on digital technologies and phone drop-ins (instead of in-person drop-ins) excluded migrants with limited access to digital technology, phones, or phone credit and data. A legal-sector interviewee noted that verbal cues are also lacking in remote communication, especially when telephone-based interpretation is used. Conversely, as Home Office backlogs mounted during the pandemic, and initial asylum claim work dwindled, some solicitors began applying for Exceptional Case Funding from the Legal Aid Agency to support family reunion cases, increasing the access of a limited section of precarious migrants to legal assistance. Additionally, COVID-19 increased the prominence of precarious migrants in public discourse, attracting increased charitable donations to support pro-bono (free) legal work.

## 4.8  Lack of Capacity and Expertise Within Cardiff Council

Cardiff Council experiences some significant limits in its capacity to meet the service needs of precarious migrants and fulfil its responsibilities. Among the capacity issues, a lack of expertise on immigration matters stands out. Immigration advice and services in the UK are regulated by the Office of Immigration Services

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[57]Welsh Government (2022). Press Release: Action needed to tackle legal aid crisis. https://gov.wales/action-needed-to-tackle-legal-aid-crisis

[58]CILEX (2022). Legal apprenticeships launch in Wales. https://www.cilex.org.uk/media/media_releases/legal_apprenticeships_launch_in_wales

Commissioner, set up to ensure that immigration advisors are competent and act in their client's best interests. The Commissioner maintains a register of advisors that it accredits at three levels: to provide initial advice; to conduct casework; and to conduct advocacy and representation. It is an offence to provide unaccredited immigration advice or services,[59] and the Commissioner has the power to prosecute anyone who does so.[60] Council staff can nevertheless feel under pressure to provide advice in the absence of an alternative source.

Asylum Justice is a major external legal resource for the Council and NGOs. It is the only charity in Wales that has the highest level of accreditation for immigration advice and representation and can provide it to precarious migrants who have no access to legal aid. It relies heavily, however, on short-term funding from charitable donations, the Welsh Government and the Council. With limited funding and staff, it is oversubscribed and frequently has to reject or 'wait-list' cases (by urgency). Council interviewees judged it unlikely that a referred case would be accepted by Asylum Justice unless it is high profile or particularly urgent. The Council Cohesion Team obtained funding for Asylum Justice to provide legal assistance to those referred to the Council with NRPF, and to asylum seekers if evicted at the end of COVID-19 housing policies. Asylum Justice was viewed by Council and NGO interviewees as a crucial part of the local legal infrastructure: a "last hope" for many precarious migrants, with Welsh Government funding considered vital to maintaining the progress made.

There is also a lack of expertise within the Council on the significance of the differing statuses individuals can have. The complexity of immigration law produces confusion on migrant entitlements. Council interviewees had been told by colleagues that their clients had NRPF before discovering that in fact they were entitled to welfare benefits such as Universal Credit; and similarly, that British citizens had been incorrectly classified as having NRPF based on having names of Arabic origin. Homelessness Services struggled to find accommodation for an individual whom it later determined was eligible for Home Office asylum accommodation. Some interviewees (such as C3) were critical of colleagues in other departments for referring to Appeals Rights Exhausted asylum seekers as 'illegal immigrants' (despite the possibility that they may have ongoing relationships with the Home Office or may not have been issued with a removal notice).[61] There is also confusion

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[59] The Office of the Immigration Services Commissioner has issued guidance on the regulated legal advice and services. *See*: Office of the Immigration Services Commissioner (2021). OISC regulation and solicitors". https://www.gov.uk/government/publications/oisc-regulation-and-solicitors/oisc-regulation-and-solicitors%2D%2D2

[60] In addition to the *Immigration and Asylum Act* (1999), the Office of the Immigration Services Commissioner has powers granted under the *Nationality, Immigration and Asylum Act* (2002) and the *Immigration Act* (2014).

[61] A refused asylum seeker who is Appeal Rights Exhausted (ARE) may be eligible to receive Home Office support under Section 4 support based on destitution or may still be entitled to Section 95 support (for example, if the asylum seeker had a child before their claim) or may still be receiving the tail-end of Section 95 support.

across sectors on which policy areas are devolved, and on when UK or Welsh legislation applies. One Council interviewee recounted being rebuked by a manager for providing support to a migrant with NPPF when this was in fact appropriate under Welsh law. Council social workers also struggle to find time to fully assess a migrant's situation, routinely spending hours assessing a person's legal status. As precarious migrants have complex circumstances and histories, substantial casework is needed to provide appropriate services, especially for those who present to the authority as destitute or abused.

Conversely, some NGO interviewees criticised the Council for expediting cases or incompletely exploring eligibility for services. When staff "hear that someone is a migrant, they panic," we were told, especially when NRPF applies. As a result, migrants referred to the Council are frequently pushed back to NGOs when council staff assess that the individual has a complex legal status. As a result, NGO interviewees said that they were using pre-action letters (that is, notice of potential court action) to "hold the local authority to account" (C11). In general, however, NGO and NHS interviewees described productive and collaborative relationships with the Council but difficulties arise outside of their key interpersonal relationships. Council, NHS and NGO interviewees called for greater training on immigration and on precarious migrants in particular within the wider authority, and for a person-centred and cross-departmental approach.

### 4.8.1   Shortage of Data

Cardiff Council interviewees emphasised a further capacity issue, the lack of data within the Council on the legal status of its service users. According to our interviewees (C8, C9), a scoping exercise in Children's Services found that it had no data on the legal status, nationality, or parental status of over 100 of its 'looked after' children. Yet in 2019 the Welsh Government's Nation of Sanctuary Refugee and Asylum Seeker Plan encouraged Welsh local authorities to:

> develop a common recording system to capture consistent data in relation to individuals with No Recourse to Public Funds (NRPF). (Welsh Government, 2019: 33)

Relatedly, NGO interviewees desired statistics from the Council to plan their own work, including the number of people with NRPF in their area, migrants due to be evicted from Home Office accommodation, and non-removed refused asylum seekers. NGOs argued that the Council should also produce statistics for transparency—such as on the number of Human Rights Assessments conducted. Cardiff is exploring new data options to address these challenges. It is not (as of 2022) one of the 73 local authority members of NRPF Connect[62]—a service that enables data protection-compliant sharing of data with the Home Office on

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[62] See https://www.nrpfnetwork.org.uk/nrpf-connect

individual cases, alongside broader information and training services provided by the NFPF network based at the London Borough of Islington. Membership of the network is one option that it may now explore.

## 4.9 Conclusion

It is evident, first, that the range of UK and Welsh legislative measures governing the entitlements of precarious migrants to services is hugely complex. They lie at the intersection of immigration law and provisions on well-being, health, education, child protection, homelessness and beyond. UK law is largely but by no means entirely restrictive. There are areas where the law acknowledges the need for access to services regardless of status. The Welsh legislative and policy context is nevertheless more favourable towards inclusion and that is its direction of travel. Cardiff, like the Welsh Government, is at an early stage in recognising its need to respond more effectively towards its residents with a precarious status. The Population Needs Assessment, conducted in 2022 with the health board, helpfully points the way to inclusion of 'undocumented' migrants within a reformed approach.

The complexity of the law and the overlapping remits of the different tiers of government has led to a lack of clarity on migrants' entitlements, and on the responsibilities of the Council in relation to different areas of service provision. There is also complexity in overlapping remits between the Welsh Government, the Council and other public bodies, and within the Council between departments, each responsible for different aspects of the wellbeing of this group of vulnerable people. Each department has its own remit, ways of working and resources. Inter-departmental communication on policy in relation to this issue and on individual cases is limited. There is greater recognition of the need for coordinated services in relation to healthcare. Beyond the law there is a series of further barriers to care. Fear of detection and removal applies to all services, because of the lack of a firewall preventing inappropriate transfers of personal data. Procedural barriers for individual services differ, with negative consequences where exclusion is the result. Limited access for migrants to legal advice is seen to be a factor that is leading to precarious status and to prolonging it. Incorrect applications and missed deadlines compound the barriers erected by very high application fees.

There are examples of inclusive public policies and practices on which to build: in the legislation and policy of the Welsh Government, and of the Council: in some recognition of the need for inclusion regardless of immigration status in its Equality and Inclusion Strategy; in its approach to communication and coordination during the pandemic; in provision of specialist services; and in the inclusion within some council services of migrants regardless of status. There are also areas where staff have no clear mandate and have to rely on their own discretion, leading to inconsistencies in practice. In addressing the many challenges these migrants face, the contribution of NGOs in Cardiff is vital.

A strong theme that emerges is the lack of capacity within the Council to deliver a better service to these residents: a paucity of data on migrants with a precarious status and knowledge of their needs (identified in the Cardiff and Vale of Glamorgan Equality and Health Impact Assessment as a gap to be addressed);[63] of legal expertise on immigration law and its applicability to areas of service provision; of staff time to provide services or explore cases thoroughly, leading to over-reliance on a small group of committed people; lack of shared institutional knowledge across the Council; lack of female interpreters, and lack of consistent funding. This makes additional service provision in some fields, and any long-term planning, very challenging. The lack of multidisciplinary teams that can adopt linked approaches to assess and support migrants with precarious status was frequently mentioned as a barrier that could be addressed.

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# Chapter 5
# Frankfurt

Frankfurt, as a global city and financial metropolis with diverse working opportunities, is a magnet for migrants. Around 30% of official residents do not have German citizenship and more than 50% have a 'migration history'. The city is therefore considered 'super diverse' (Stadt Frankfurt am Main, 2022a; Schneider, 2020). In 2020, people from 177 countries lived there. Around two-thirds of the city's officially registered population without German citizenship comes from Europe, around half from within the EU. Some 20% of the migrant population are from an Asian country, and around 8.5% are nationals of an African state (Stadt Frankfurt am Main, 2022c: 2). In 2015, around 80% of the official population with foreign citizenship had a long-term right of residence—either because of overarching EU freedom of movement regulations or because they held a settlement permit (AmkA, 2017: 49).

## 5.1 Precarious Migrants Diverse in Background, Length of Stay and Living Conditions

Based on the literature and the interviews we conducted, we can conclude, that most precarious migrants are "overstayers" following expiry of a tourist or study visa or separation from a spouse prior to completing the required two-year period for independent residence (Krieger et al., 2006: 74).[1] They are highly diverse in age, employment background and length of residence. Despite the precarious living conditions these migrants face, they remain in Frankfurt because they have little hope for a better future elsewhere. A 2006 study on the life situation of people living 'illegally' in the city, found that "for people without status (as for migrants in

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[1] In the EU, "overstayers" form the largest group of migrants residing without authorisation (Hinterberger, 2020).

general) there are obviously many 'good reasons' to stay". There is the great potential for jobs both in the lower sector of the labour market, which is characterised by strong competition and low wages, and in the private (domestic) sector. The danger of detection is also lower than in smaller cities due to the high number of migrants; and finally there are numerous support structures such as ethnic communities, family networks and activist groups that "offer some degree of social support in everyday life" (Krieger et al., 2006: 74 (translated)).

Among precarious migrants are people with professional backgrounds from other European countries who have only been in Frankfurt for a short time and are looking for work. Others have no access to health insurance in Germany due to informal employment situations or because residing without authorisation. The composition in terms of gender and country of origin varies greatly depending on the services of the respective institutions.[2] In the years preceding our research, many sectors had seen an increase in the proportion of EU citizens. According to various interviewees, they come mainly from Bulgaria, Romania and Poland, but also from Spain, Croatia and Italy. Nevertheless, the proportion of people without residence status among all migrants with precarious status in Frankfurt remains high, especially among users of care facilities. These come from various African countries and the Philippines. In addition, there are third-country nationals with refugee protection status in another European member state who are also excluded from social benefits.

While irregular migrants are not entitled to work, many do so informally on construction sites, in the cleaning industry, in the hospitality sector or private households. People who work in construction and the cleaning industry in particular can fall ill due to precarious working conditions, as the staff of a counselling centre for EU migrants emphasised (F10).[3] Others work in restaurants or are employed informally in private households as cleaners or caregivers. Some are in sex work. Overall, these residents are exposed to a wide range of different precarious living situations and challenges.

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[2] While young women make up a large share of patients in the health sector (Schade et al., 2015: 472), services in the field of homelessness are predominantly requested by men (e.g. WESER 5, 2021: 9) The Multinational Information and Contact Point for EU Citizens (MIA) reports a relatively balanced proportion of women and men for 2020 (MIA, 2021: 2). Especially in counselling centres that also advise sex workers, there is a comparatively higher proportion of Trans people.

[3] Several interviewees reported that they had lost their jobs during the COVID-19 pandemic (F26, F27, F28). Many people who were otherwise able to survive on their own were therefore dependent on food donations (F7).

## 5.2   Large Municipal Authority with Responsibilities in the Social Sector

Frankfurt is an independent municipality ("Kreisfreie Stadt") in the Land of Hesse. The highest political decision-making body of the city is the City Council ("Stadtverordnetenversammlung"). It is composed of 93 members (city councillors) who serve in an honorary capacity and are elected in municipal elections for a period of 5 years, The government coalition following the March 2021 election, consisting of SPD (Social Democrats), The Greens, FDP (Liberal Democrats) and Volt, provided the full-time department heads and members of the Municipal Administration ("Magistrat"). This Council replaced the previous coalition of SPD, CDU (Christian Democrats) and The Greens.

As an administrative and executive body, the Municipal Administration prepares and implements resolutions of the City Council and makes decisions on current administrative matters. In the legislative period 2021–2026, it consists of the Lord Mayor (SPD), Mayor (The Greens), City Treasurer (The Greens) and 9 other full-time and 14 honorary city councillors. The municipal offices and enterprises—like the Local Health Authority or the Youth and Social Welfare Office—are subordinate to the Municipal Administration and support it in the fulfilment of its duties (Stadt Frankfurt am Main, 2022b). The Council employs around 14,000 people in more than 60 offices, companies and departments that belong to the city administration.[4] This does not include all of the organisations which work closely with the Council, however, such as the Frankfurter Verein für Soziale Heimstätten (Frankfurt Association for Social Homes), which employs around 850 people.[5]

As a municipality, in accordance with the principle of local self-government enshrined in the German Basic Law ("Grundgesetz", GG), Frankfurt has the competence to "regulate all local affairs on their own responsibility within the limits prescribed by the laws" (§28 II 1 GG). This includes "tasks that are rooted in the local community or have a specific reference to the local community and can be handled by this local community on its own responsibility and independently" (Bundesverfassungsgericht cited in Heuser, 2017). The municipality also acts as a sub-state administrative authority for the execution of "tasks in the sectors of internal administration and general state tasks, social affairs, health care, economic development, transport and public institutions", while subject to the supervision and instruction of the Federal State of Hessen (Bogumil & Jann, 2009: 103ff).

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[4] See https://frankfurt.de/service-und-rathaus/verwaltung/jobs-und-karriere

[5] See https://www.frankfurter-verein.de/

## 5.3    Cosmopolitan Self-image and Policy Focus
on Integration

Frankfurt sees itself as a "diverse and cosmopolitan metropolis with people from a wide range of cultures and ways of life" (Stadt Frankfurt am Main, 2022d). This self-image as a "global city" is also related to its role as an international financial metropolis (Stadt Frankfurt am Main Integrationdezernat, 2011: 13). To take the diversity of its population into account and to promote equality and social participation, the Office for Multicultural Affairs ("Amt für multikulturelle Angelegenheiten", AmkA) was founded in 1989. It is attached to the former Department for Integration, established in 2000, which since 2021 is called Department for Diversity, Anti-Discrimination and Social Cohesion. In the commemorative publication for AmkA's 20th anniversary in 2009, Dr. Eskandari-Grünberg, then head of the Department for Integration, emphasised: "The fact that today we in Frankfurt quite naturally see ourselves as an 'international civic city' [. . .] is also a result of the work honoured in this commemorative publication" (AmkA, 2009: 9 (translated)).

With the integration and diversity concept adopted in 2010, the city aimed to "ensure that people of different origins, religions and world views as well as different biographies and circumstances in life have equal opportunities to participate in public life" (Stadt Frankfurt am Main Integrationdezernat, 2011: 58). Facilitating social participation for all would be a "cross-sectional task for the whole city" (ibid.: 16), which could only be implemented through close cooperation between the various municipal offices, other institutions, and the entire population (ibid.: 16–18). The concept also refers to the state's obligation "to prevent foreigners from being forced into illegality both by avoiding regulatory gaps and by avoiding overly restrictive regulations" (ibid.: 78). Moreover, it would be "no less a public task to mitigate social problems arising from illegality and to ensure the adherence to human rights" (ibid.). In addition to the expansion of medical services, efforts should therefore be taken in coordination with state and federal authorities to "find viable solutions to questions of residence rights and work permits" (ibid.). This is because: "the legal equality of persons with German and foreign citizenship constitutes [. . .] an essential prerequisite for comprehensive participation and equal rights" (AmkA, 2017: 50).

### 5.3.1    Critics Argue Inclusivity Has Limits

An anthology on Frankfurt by academics and civil society actors makes clear, however, that the extent to which the city meets its goal of being a "city for everyone" is disputed by civil society (cf. Betz et al., 2021: 13ff). Due to the growing presence of EU citizens without entitlement to benefits, in particular, and the impoverishment associated with this that is apparent on Frankfurt's streets, the

situation of migrants with precarious status has begun to be more openly discussed. An external report with the title "Needs Assessment on the Situation of Homeless EU Citizens" (Riedner & Haj Ahmad, 2020) commissioned by AmkA also led to controversial discussions.

Despite the city's inclusive self-image, there is no comprehensively inclusive approach towards migrants with precarious status. While we shall show that there are examples of inclusivity in the area of basic health care and access to primary schools, there are also high access barriers, for example in the area of housing. Overall, inclusive and exclusive responses can be identified, some of which mitigate and some of which co-produce the precarious living conditions associated with a precarious residence status and the concomitant lack of entitlements to social benefits.

While some of the services aimed at migrants or more broadly at people in need of assistance are explicitly offered by municipal institutions in Frankfurt, regardless of their status and/or entitlement to social benefits, the majority of support services are provided by non-municipal organisations. For people seeking support, this has the advantage that—unlike most government agencies—the corresponding organisations are not subject to the reporting obligation under §87 of the Residence Act. Nevertheless, the reporting obligation restricts access to some basic social rights, as will become clear below. Some of these NGO services receive financial support from the City of Frankfurt or from other public bodies (European, federal or state ("Land")) while others are financed by the providers' own funds and private donations. Often there are mixed forms of funding.

## 5.4   Regular Health System Largely Excludes Those Without Insurance

Within the German insurance-based system, access to health insurance is closely connected to regular employment or to entitlement to unemployment or social welfare benefits. Migrants with precarious status mostly do not have access to either. A wish to avoid contact with official institutions is a further deterrence; while those who have held insurance, such as EU citizens, sometimes drop out due to bureaucratic barriers, structural gaps and social inequality. These barriers are particularly high for people who have little command of the German language. Nor can they generally opt for private insurance because of the cost. Migrants with precarious status in Germany are thus mostly uninsured and hence do not have access to the regular health system.

Although Germany has ratified various international agreements that provide for a right to health regardless of residence status (e.g. §12 International Covenant on Economic, Social and Cultural Rights), people without residence status and people without health insurance are only eligible for medical treatment in exceptional cases, such as emergency care, or benefits under the Asylum Seekers' Benefits Act. Other exceptions hold for diseases of public health importance like Tuberculosis or

COVID-19. In order to counteract this exclusion and provide access to health care for precarious migrants, various municipal and civil society actors in Frankfurt offer complementary free and confidential services.

### 5.4.1  Municipal Clinic Targets Unmet Needs

Unique to the city of Frankfurt is the 'humanitarian consultation hours', recognised internationally as a best-practice model (cf. Spencer & Delvino, 2019: 51). This is carried out by staff of the local Health Authority in cooperation with an NGO, Maisha—the Association for African women in Germany. Twice a week there is a general medical consultation, and once a week a paediatric and gynaecological consultation, for migrants who are not insured, including those with an irregular status. The treatment is free of charge and confidential. In addition to medical treatment, social counselling by Maisha makes up an essential part of the service. The cooperation began in 2001 after the NGO reached out to the Frankfurt Women's Department and then to the local Health Authority, drawing attention to problems that women from African countries faced in accessing health care. That prompted the setting up of a service originally known as the "Africa consultation hours". In response to the EU's eastward expansion and the diversification of patients, the service was expanded in 2009. The municipal budget includes funds for basic care treatment costs. Medicines, vaccines, diagnostics and therapy are financed by the Youth and Social Welfare Office on a lump-sum basis. Premises and staff[6] are provided by the local Health Authority (F1).

In support of their work, the employees of the Health Authority refer to §7 I of the Hessen Law on the Public Health Service (HGöGD). It states that the task of health offices is to inform and advise the population on how to promote health, avoid hazards and prevent diseases. This applies "in particular to socially disadvantaged or particularly vulnerable or endangered people who do not have sufficient access to health care; for this group of people, the health offices can provide outpatient treatment on a case-by-case basis" (§7 I 3 HGöGD). Accordingly, (and in contrast to the role of UK local authority public health departments) the Health Authority's staff consider the provision of health care to people without health insurance as a task for a municipal public health service. While the humanitarian consultation hours were quite marginal in the early days, they now enjoy broad support within the local Health Authority as well as across the municipality as a whole (F1 & F3).

Surveys by the local Health Authority show that the demand for free treatment at the humanitarian consultation hours more than doubled between 2008 and 2013. Many of the patients come more than once (Schade et al., 2015: 466). Between 2015 and 2019, the number of patients attending the humanitarian hours and the children's consultation, which has been running since 2015, stabilised at around 650 per year,

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[6]There are (at the time of writing) two medical officers, two medical assistants and one coordinator.

with approximately 1700 consultations.[7] In addition, there is the gynaecological consultation that has been held since 2018, which is accessed by women without health insurance, often in the case of pregnancy[8] (271 patients with 658 consultations in 2019). In cases where adequate treatment cannot be provided, attempts are made to refer patients to medical specialists who are willing to cooperate with the service or to other low-threshold outpatient clinics that provide free services for migrants and people without health insurance. However, finding sustainable solutions for the patient is often a challenge, especially when inpatient treatment is required. In that case it often happens that no solution can be found for the patient.

## 5.4.2   NGO Health Services Endeavour to Fill Gaps in Provision

There are many other facilities in Frankfurt that are committed to the goal of "health for all" (cf. ESA, 2021) and offer health services for people without health insurance regardless of their status. These include the Elisabeth Streetwork health centre ("Elisabeth-Straßenambulanz", ESA), Malteser Medicine for People without Health Insurance as well as a student polyclinic. These offers are only partially funded by the city council. To varying degrees, the facilities are dependent on donations from civil society.[9] They differ from each other in terms of their (original) target groups, and in terms of the services they can offer.

   ESA, a facility run by Caritas, has been providing medical care for homeless people and others without health insurance for over 25 years. Around half of its patients are homeless and uninsured. Two thirds of its service is covered by municipal funds and the rest by Caritas—that is, by donations. Every morning there is a general medical consultation. In addition, there are dental and psychiatric consultations twice a week and a women's consultation once a week. People in precarious situations under residence and social welfare law make up most of the patients. For their access to health care, language plays a central role, as one interviewed staff member summed up:

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[7] Due to the pandemic, the numbers declined somewhat in 2020 and 2021. Most likely, this can be attributed to various reasons, including the limited office hours of the humanitarian consultation hours and the connotation of the local health authority as a control institution that prescribes quarantine, as well as the fact that especially people in irregular residence could rely less on the protection of anonymity on the sometimes hardly frequented shopping street in which the clinic is located.

[8] Between 2008 and 2013, 14.1% of diagnoses at the humanitarian consultation hours were pregnancies (Schade et al., 2015: 469).

[9] The associated workload and financial insecurity were described as a problem by several interviewees (F9; F10; F11).

> We want to understand because we believe that professional medical treatment really requires understanding, a mutual understanding. That's why we try, if we notice that German is not understood, [. . .] to work with translation. This means that we, our team, is equipped to be genuinely multilingual. New hires to the team were also recruited with language skills. Medical training alone wouldn't have been enough in this case. (F4)

Malteser Medicine for People without Health Insurance ("Malteser Medizin für Menschen ohne Krankenversicherung") offers a weekly consultation in the medical centre of the Markus Hospital in Frankfurt. Medicines and, to a limited extent, outpatient and inpatient operations are funded by donations. The majority of patients are people in precarious residence situations, many of them employed but without access to health insurance. They are examined and treated and then referred on if necessary. Thanks to cooperation with a laboratory and an X-ray practice, free diagnostic examinations are possible. For follow-up treatments, there is also a network of around 80 medical specialists who provide treatments either free of charge or on a donation basis. In addition, Malteser has access to lawyers who provide pro bono counselling for patients who may be able to gain regular access to the health system. Fundraising and the maintenance of these networks continuously requires a high level of coordination, provided on a voluntary basis.

The Student Polyclinic (StuPoli), founded in 2014, is a teaching project of the Goethe University. There is particularly close cooperation between the StuPoli and the humanitarian consultation hours—the StuPoli consultation hour taking place twice weekly in its premises. The examination and treatment are carried out by medical students supervised by a doctor. Every year, around 40 students (so-called "juniors") enrol in this elective course. Some of them subsequently become part of a volunteer pool of seniors, which is comprised of about 30 people and works alongside them. The organisational tasks are carried out by senior students, some of whom are employed as student assistants at Goethe University for the teaching project, and some of whom also work for StuPoli on a voluntary basis. The services include ultrasound and laboratory examinations as well as electrocardiograms (ECGs), which are also regularly carried out for patients at the nearby Caritas clinic to which we have referred, ESA.

Also worthy of mention is the outpatient childbirth programme. In order to provide a risk-free delivery, the Health Authority and several Frankfurt clinics agreed in 2007 that the latter would carry out outpatient births for patients of the humanitarian consultation hours for 700€. This ensures that women can register at a clinic and give birth there without having their data passed on to the foreigners' authority.[10] As various interview partners informed us, the fee is either paid by patients in instalments or financed by NGOs (F1; F3; F11). While the outpatient childbirth programme is generally regarded as positive, it is not possible to ensure sufficient follow-up care for women and new-born children. In addition, there are problems if complications arise during the birth and an inpatient stay becomes

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[10]The fear of deportation is nevertheless present for women during childbirth. An interview partner who frequently attends births told of a woman who, while in labour, repeatedly asked the medical staff not to call the police.

necessary, since this is not covered by the agreements and results in high additional costs.

### 5.4.3   High Reliance on Municipal-NGO Cooperation and Personal Commitment

The services offered by NGOs and the Health Authority are thus explicitly open to all people without health insurance, regardless of their status.[11] Confidential treatment—to the extent that they can provide the service needed—is guaranteed by all providers. They take strict care to collect as little personal data as possible and not to pass it on to public authorities. Low-threshold access is understood as "the foundation" (F1). All facilities explicitly offer open consultation hours: it is not necessary to make an appointment. Some facilities also pay special attention to the reduction of language barriers through multilingual staff or the use of interpretation if no one in the facility has the necessary language skills (F3; F4). Over the years, a good division of labour has developed between the Health Authority and the NGOs. All participants in the study emphasised the positive non-hierarchical collaboration, which is based less on formalised meetings and more on informal exchange. There is a lot of everyday communication. Patients are referred and transferred to the most appropriate facility.

The high level of (voluntary) commitment of the people working in this field and the close cooperation between them make it possible to provide basic care for people without health insurance in Frankfurt, regardless of their residence status. However, further cooperation with individual specialists and hospitals is also crucial to this. In the first 2 years of the Covid-19 pandemic, this network again played a central role in providing health care to people without health insurance, regardless of their residence status. The existing structures were used to provide care in case of infections and vaccinations against COVID-19, which in turn was managed by the additional, largely voluntary commitment of the staff. Overall, the services only had to be slightly reduced[12] and have been fully available again since the beginning of 2022.

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[11]ESA only provides care for homeless people, but also regardless of their residence status.

[12]For example, the humanitarian consultation hours could not be carried out jointly by the local Health Authority and Maisha for a while and the consultation hours were somewhat reduced. In addition, Malteser, for instance, had to make do without the help of some volunteer supporters.

### 5.4.4  Council Clearing House Signposts Patients to Regular Services

A concern with such a parallel health system is that it cannot provide the same level of care and continuity of care as in the regular healthcare system. In 2021, Frankfurt set up a Clearing House to address this concern. Once a week, psychosocial counselling with a focus on health and social security issues takes place in cooperation with the Department of Social Work and Health at the Frankfurt University of Applied Sciences. The cost of the rooms and most of the personnel are covered by the local Health Authority, while the cost of the two counsellors is covered by the Youth and Social Welfare Office. The aim of the Clearing House is to advise and support people to obtain long-term health insurance coverage and thus access to the regular health care system. Counselling includes clarification of insurance coverage and support with applications as well as the determination and, if necessary, enforcement of claims, for social benefits. Translation to Spanish, English, Bulgarian and Romanian is available as well as six other languages via a fee-based telephone interpreting service. Between February 2021 and February 2022, 118 people received counselling, 39% of whom were third-country nationals, 32% non-German EU citizens and 27% German citizens (2% unknown). A total of 45% of those seeking advice who came to the Clearing House for the first time between February 2021 and March 2022 had successfully received access to health insurance (Lang & Ivanova, 2022: 15).

The actual need for counselling, however, exceeds the available staff resources. The process of obtaining insurance coverage can take a long time. As a result, it often does not come in time for the people affected to cover their acute treatment needs. At first contact, about half of the people seeking advice stated that they were in urgent need of treatment (31%) or pregnant (20%).[13] The Clearing House is also not able to deal with some of the barriers to accessing health insurance as it cannot resolve issues relating to residence rights.

The Clearing House was set up as a pilot project that ended in November 2022. Following the expiry of the allocated funding, legal advice had to be temporarily discontinued in November 2022 but reopened in May 2023 for an initial period of 1 year. The motivation for the Clearing House was attributed to the city's participation in a city network, the City Initiative on Migrants with Irregular Status—the only example that our study found of a direct connection between a city network and a policy or practice change.[14]

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[13] One of the staff members in charge emphasised in an interview that this is one reason why alternative support is needed, for example in the form of a treatment fund to finance urgently needed interventions (F3).

[14] See https://cmise.web.ox.ac.uk/article/frankfurt-set-up-clearing-point-advice-service

### 5.4.5   Multiple Barriers Remain to Accessing Healthcare

Beyond a lack of health insurance, our study revealed numerous other limitations related to health care. The comparatively good basic care in Frankfurt is, first, strongly dependent on the commitment of individual full-time and voluntary actors and their private networks. Moreover, these are parallel structures; so far, transitions into the regular system have only taken place in individual cases and have only become more systematic since the establishment of the Clearing House. Several interviewees also emphasised that, for fear of deportation, patients with precarious status often come very late to a clinic, when the illness is already far advanced. They then often have multiple illnesses that cannot be treated on an outpatient basis. The assistance system regularly reaches its limits, for example in cases of complicated, costly operations, chronic or mental illnesses, palliative care or rehabilitation therapy after operations.

Secondly, due to the insufficient or uncertain funding resulting from temporary project funding and reliance on donations, it is rarely possible to finance longer-term or cost-intensive treatments. Since entitlement to treatment only exists for emergencies, there frequently are complications with recovering fully after interventions. No accommodation is possible beyond the emergency itself, and there are hardly any adequate beds in facilities for homeless people. This problem is exacerbated by too early discharges on the part of the clinics which, especially in the case of homeless people, often leads to a vicious circle of repeated short-term hospital stays. The effect on individuals' health of their poor accommodation was exacerbated by the COVID-19 pandemic particularly for those, such as Roma, with problematic long term housing situations.

In addition, there are two central problems related to applications for reimbursement of costs at the Youth and Social Welfare Office. Firstly, people with unresolved residence status in Germany run the risk of their personal data being passed on by the staff to the foreigners' authority (see also Von Manteuffel, 2018). Medical and other staff in the health sector are subject to a medical confidentiality obligation which, according to the general administrative regulation of the Federal Government through the Residence Act, extends to public authorities (Drucksache 669/09). However, according to the Federal Medical Association, there is legal uncertainty as to whether social welfare offices are obliged to maintain the confidentiality of data received from doctors and hospitals vis-à-vis the foreigners authority (Bundesärztekammer, 2013). Mylius (2016) states in a study on the practice of local health authorities and hospitals that in 8.5% of the cases investigated, hospitals regularly inform the police when migrants in irregular residence appear for emergency treatment (ibid.: 275). However, in our study we could not determine for Frankfurt whether this data is being passed on. Of key importance is the fact that

there is no legal certainty in this regard and therefore patients cannot be confident of risk-free treatment, even in emergencies.[15]

Further, there are financial losses for hospitals if the Youth and Social Welfare Office rejects applications for the reimbursement of costs because the documentation on the destitution of the treated patients is not accepted, including for emergency treatment that has already been provided (F3; F21). Lack of proof of identity is one reason why applications for reimbursement of costs are often rejected. In this case, the hospitals are left with the cost of treatment. In 2019, treatment costs for inpatient treatments without reimbursement amounted to more than €1.5 million (Gesundheitsamt Frankfurt am Main, 2020). Several interviewees reported that, as a result, it has become more difficult to accommodate patients. Some patients referred by them to the central emergency room have been turned away without treatment.

## 5.5  Legal Restrictions and Affordability Limit Access to Accommodation

The right to housing is part of the right to an adequate standard of living, as protected by Article 11 of the International Covenant on Economic, Social and Cultural Rights. The Covenant provides that this provision shall apply regardless of nationality or residence status but does not create legally enforceable rights. However, it follows from the guarantee of human dignity under the German Basic Law that the state must ensure the conditions for a dignified existence. Corresponding entitlements are defined and specified in social welfare law (Krennerich, 2018). However, a right to housing is not explicitly provided for.

Homelessness has become an increasing problem in major cities in Germany (Sonderberichterstatterin für angemessenes Wohnen, 2018). In Frankfurt, as in Cardiff, affordable housing is scarce. Especially after 2009, property prices and rents have risen rapidly. At the same time, the number of social housing units has decreased sharply;[16] while the number of people entitled to a social housing unit who were registered as looking for housing increased by almost half between 2009 and 2017 to almost 24,000 (Schipper & Heeg, 2021: 54ff). According to the municipal Housing Office (Amt für Wohnungswesen, 2019: 48), 46.1% of people seeking housing in 2018 were acutely homeless. The generally strained state of Frankfurt's

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[15] In May 2022, a Kosovar living in Germany since 1997 and staying in Frankfurt without residence status since 2017 filed a strategic complaint with the Frankfurt Administrative Court. Supported by the Society for Freedom Rights and the organisation Doctors of the World, it argues that the reporting obligation under §87 restricts his right to health. The overarching goal of the lawsuit is to have the reporting obligation reviewed by the Federal Constitutional Court (GFF, 2022).

[16] Since the early 1990s, the number of publicly subsidised social housing units in Frankfurt has fallen from almost 70,000 (approximately 20% of the housing stock) to 25,000 units (6.3% of the housing stock) in 2018 (Schipper & Heeg, 2021: 55).

housing market is not alleviated by its many construction projects as the flats created mainly serve as capital investments (Betz et al., 2021: 10). Therefore, there has as yet been little positive change in terms of affordable housing for lower income groups (Belina, 2021: 75).

It is only people who can prove permanent residence in Germany (§27 WoFG) or possession of a valid residence permit for at least 1 year, who are entitled to social housing. In Frankfurt, there is an additional barrier: applicants must have been registered in the city for at least 1 year (Amt für Wohnungswesen, 2019). The majority of precarious migrants are therefore excluded from applying. At the same time, the lack of (subsidised) affordable housing affects the situation in facilities providing support to the homeless and in women's shelters.

### 5.5.1  Poor Quality Housing and Exploitation Regularly Reported

For people with low financial means and/or language difficulties, it is particularly challenging to find adequate and affordable housing. It is not uncommon for precarious migrants in Frankfurt to live in unacceptable accommodation that is tied to informal work arrangements. Frequently, high rents are subtracted straight from their wages without any record in their salary statement. This accommodation is often of poor quality—as reported by our interviewees (F9; F10; F15) and found by various previous studies, referring in particular to the situation of Eastern European EU citizens in the city (Alicke et al., 2014; Künkel, 2018; Riedner & Haj Ahmad, 2020). The low availability of housing is exacerbated by the fact that landlords are liable to prosecution if they provide housing to people without residence status (Deutscher Caritasverband and Deutsches Rotes Kreuz, 2017: 67). Therefore, the degree of exploitation is reported to be high.

Due to the low supply of housing, widespread discrimination in the housing market, lack of social protection (cf. Künkel, 2018: 289; Riedner & Haj Ahmad, 2020: 51) and, in the case of people without a valid residence status, the permanent threat of being reported to the authorities (F7), precarious migrants may submit to particularly unacceptable conditions. Some have to share a room with other people or sleep in friends' living rooms until they have to move on to the next temporary sleeping place (F26, F27). This is difficult to organise and mentally stressful, according to one interviewee, but: "You have no other choice!" (F27). Due to these dependencies, conflicts at work or the abrupt end of employment can directly cause the loss of a place to stay. The latter regularly affects women who work informally in private households and care for older people or people with disabilities when the person dies or moves to a care facility. Even for those with regular housing, losing their job can quickly lead to a loss of their home if there is no entitlement to social benefits.

## 5.5.2   Provision for Homeless People Excludes Many in Need

Accommodation in facilities for the homeless in Frankfurt is based on two legal foundations. First, there is an entitlement to support for "persons whose special living conditions are linked to social difficulties" (Federal Social Welfare Code §67 SGB XII). However, this assistance, like almost all benefits under the Social Welfare Code, is not legally available to precarious migrants. The welfare organisations themselves have little leeway to accommodate people who are not entitled to social benefits, as they would have to bear the costs themselves.

The second legal basis for housing homeless people is the federal states' security and public order laws. In the case of Frankfurt, this is the Hessen Law on Public Security and Order ("Hessisches Gesetz über die öffentliche Sicherheit und Ord-nung", HSOG). Significantly, it obliges municipalities, in their function as local security authorities, to prevent acute risks such as homelessness. For this purpose, they have to provide accommodation to involuntarily homeless people. The obliga-tion under public order law applies irrespective of the nationality or residence status of the person concerned (Ruder, 2015: 56). This understanding of the law, while shared by the staff of Frankfurt's Youth and Social Welfare Office, is nevertheless interpreted restrictively (see also Riedner & Haj Ahmad, 2020: 28; Böhm, 2021: 91).

One interviewee in the Youth and Social Welfare Office summed up the legal obligation as follows: "We have to prevent homelessness [. . .] whenever someone cannot help themselves. [. . .] If someone still has a shelter somewhere else, then I don't have to provide for them here" (F18). This interpretation also underpins the office's practice of offering a travel ticket to EU citizens who are not entitled to benefits, if it is assumed that they have the option of ending their homelessness somewhere else. If they could avoid being homelessness by accepting a return ticket home, the Youth and Social Welfare Office would no longer be obliged to provide accommodation.[17] However, as Karl-Heinz Ruder points out in a legal opinion, rejecting this course of action does not release the municipality from its obligation to provide accommodation (Ruder, 2015: 29). These diverging legal opinions caused a public controversy on the occasion of the needs assessment of the situation of homeless EU citizens in Frankfurt (Riedner & Haj Ahmad, 2020).

Due to the legal regulations described above and their current interpretation by the Youth and Social Welfare Office, homeless EU citizens without entitlement to benefits generally only have short-term emergency access to homeless shelters. These are also occasionally used by people with irregular status, but this is "a rather marginal phenomenon" (F17). The legal basis for emergency accommodation is the public order law. It is provided in various facilities and, depending on the facility, is limited to a maximum of 10 days. People staying in an emergency shelter usually must see the Special Service 3 of the Youth and Social Welfare Office ("Besonderer

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[17]The following note on the information page of the City of Frankfurt on emergency sleeping facilities also points in this direction: "Before using the emergency sleeping facilities, all self-help options (locally unlimited) must be exhausted" (Stadt Frankfurt am Main, 2022b).

Dienst 3 des Jugend- und Sozialamts", BD3) within 3 days, in order to check whether they are entitled to accommodation according to the national Social Welfare Law or regional Public Order Law. If the Youth and Social Welfare Office does not cover the costs, individuals may only stay under special conditions (see section below on "Liste vital").

### 5.5.3   NGOs Vital Providers of Night and Day Shelters

There are various relevant support services. The largest providers are the Frankfurter Verein Soziale Heimstätten ("Frankfurt Association Social Homes"), closely linked to the municipality, and the two denominational charities Diakonie and Caritas. Frankfurter Verein is responsible for the Ostpark emergency shelter ("Notschlafstätte Ostpark"). With 200 to 220 places, it is Frankfurt's largest facility and contact point for homeless people and receives lump-sum funding from the municipality. This allows the staff a certain flexibility with regard to admissions when free places are available, regardless of residence status:

> Of course we ask whether [the person] has an identity document. If he doesn't have one and he is standing there freezing and we have a bed, [...] then we take him in anyway, [...] and try to sort it out afterwards, so he will be accommodated for the time being. (F12)

Frankfurter Verein is closely connected with the Youth and Social Welfare Office, the head of which is part of the association's supervisory board (F12). People staying in the Ostpark emergency shelter usually[18] have to go to that Office for an assessment of their entitlement to accommodation. At Ostpark, accommodation without having any entitlements is usually only possible for a maximum of 3 days.[19]

There are other emergency shelters with lump sum funding from the city where people can stay for a maximum of 10 days including the Diakonie centres WESER 5[20] and Haus Hannah—Wohnen für Frauen. Accommodation is offered separately according to gender and usually in two to four-bed rooms. Families are also accommodated on behalf of the City of Frankfurt by the Protestant Association for Housing Aid ("Evangelischer Verein für Wohnraumhilfe"), mainly in boarding houses or hotels. These are located throughout the city, many of them close to the

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[18]This has been delayed somewhat due to the pandemic, as it was/is possible to come by appointment only.

[19]With reference to the addresses given on the identity cards, the social welfare office regularly determines that applicants could be accommodated at the place of residence where they were officially registered last. If they refuse the tickets offered to them there, homelessness is no longer considered involuntary and the municipality does not feel obliged to extend the accommodation.

[20]Compared to 2016, the proportion of EU citizens among those using WESER 5's emergency overnight accommodation almost doubled in 2017. Between 2018 and 2020, the proportion was around 30%; around 23% came from other third countries and 47% were of German nationality. (WESER 5, 2019: 26).

railway station.[21] In response to the pandemic, the 10-day limit on stay was lifted between April and June 2020 and over the 2020/2021 New Year's holidays. Especially in the case of homelessness, there is also a long-term need for counselling that does not match the short-term nature of the services available: 'these [...] 10 days are not enough to somehow sort things out with the authorities", as one counsellor emphasised (SF2).

### 5.5.4 Eligibility Checks Deter Take Up

Staying in homeless assistance facilities for a longer period of time requires an application to the social welfare office. Beyond short-term emergency accommodation, EU citizens who have been in Germany for less than 5 years are only accommodated if they are entitled to unemployment benefit II (ALG II) as top-up recipients ("Aufstocker*in"), for example due to working in a part-time low-paid 'mini-job' or because a part-time income is too low to cover their needs. Losing one's job can ultimately lead to (renewed) homelessness, as occurred during the COVID-19 pandemic (Böhm, 2021: 95ff). As the staff of one counselling centre pointed out, the practice of checking eligibility often causes homeless EU citizens not to make use of emergency services they are entitled to, fearing that this could lead to a future revocation of their right to freedom of movement (F10). As such, the legal regulations obstruct access even to those services that the city is obliged to provide. For people residing with an irregular status, a deterrent effect can be observed similar to that in the health sector due to §87 of the Residence Act (the reporting requirement).

Overnight accommodation in the winter emergency programme is available at low thresholds to all people who acutely need a place to sleep. This seasonal offer, which aims to prevent cold-related deaths, is open between 15 November and 31 March, irrespective of status. This is an overnight-only service, between 8 pm and 8 am. One of these is the B-level of the subway station Eschenheimer Tor, which is managed by the Frankfurter Verein. If necessary, people will be provided with a sleeping mat and a sleeping bag. According to an estimate by the staff interviewed (F12), every night around 140–150 people stay at Eschenheimer Tor, 50–60% of them from Eastern or South-Eastern Europe.

During to the COVID-19 pandemic, the overnight accommodation at Eschenheimer Tor was opened all year round for the first time in 2020. For 2021 and 2022 as well, the Youth and Social Welfare Office decided to keep the seasonal emergency shelter open all year (F10; F12). The offer is supplemented by a winter café where warm drinks and pastries are served between 6 am and 10.30 am. The opening hours are extended during particularly cold periods. While an overall

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[21] As a neighbourhood where drug use is a visible part of everyday life, it was described by various interviewees as unsuitable for housing families (F9; F15).

improvement in the situation has been noted compared to the B-level of the Hauptwache,[22] used until 2018 (WESER 5, 2019: 11), the winter shelter at Eschenheimer Tor still receives repeated criticism: According to an interviewee this facility is mere "protection against freezing", which does not necessarily comply with the requirements of accommodation under public order law (F10).

The municipality has been funding additional places under the winter emergency programme in homeless assistance facilities since 2017. These include the WESER 5 daycentre, where prior to the pandemic 30 places were available as winter emergency night shelters. To maintain minimum distances, these were reduced to 20 places (15 men and 5 women) in the winters of 2020/2021 and 2021/2022.[23] The percentage of those staying who were migrants was 93% in 2019/2020 and 85% in 2020/2021 (WESER 5, 2020, 2021).

There is a further humanitarian exemption for exceptional health emergencies: if facilities encounter people for whom remaining on the street would endanger their life, they can be placed on the Liste Vital (vital list), maintained by a working group called Street ("Arbeitskreis Straße"). The working group is made up of the institutions providing assistance to the homeless as well as the municipal Youth and Social Welfare Office. For persons on this list, the Youth and Social Welfare Office covers the cost of accommodation. While of benefit to the individuals, it is argued that these individual solutions do not change the problematic accommodation situation. Moreover, staff must wait until the state of health of people who live on the street is so bad that accommodation through the vital list becomes possible (SF2).

Various actors are trying to fill the remaining gaps. These include local churches providing temporary accommodation and activist self-organised projects such as Project Shelter. The latter is an initiative founded in 2014 in which "people with and without experiences of migration and flight work together against homelessness and racism" (Project Shelter, 2021: 309). The activists organise private sleeping places for migrants who are excluded from accommodation in state-funded facilities and campaign politically for longer-term changes. They also advocate for a self-managed migrant centre where people can arrive in a calm and safe environment and organise their lives (ibid.). A similar demand is also made by the Roma support association ("Förderverein Roma"), which has been campaigning for a house for Roma people. This is conceived as an integrated housing project where residents are accommodated according to their needs and receive social counselling as well.

The COVID-19 pandemic made it even more obvious that it is not only important "to provide accommodation, but also [. . .] to provide adequate accommodation" (F9). Numerous interviewees emphasised, moreover, that it is difficult to find formal employment without adequate housing. Housing insecurity also has a further negative impact on access to health and education. From early 2021 until autumn 2021,

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[22]This overnight accommodation was initially provided by the transport company for almost two decades, with no social service provider accompanying the overnight stays (F12).

[23]In winter 2019/2020, an average of 29 people per night registered for the winter places at WESER 5. Of these, 18 people actually made use of the sleeping place (WESER 5, 2020).

entitlement-free accommodation beyond immediate emergency situations was available for single men in the Henriette-Führt-Haus, run by Caritas. In response to the pandemic and the demands of the Roma support association, 20 places were created that can be assigned without having to check formal entitlements. Since Autumn 2021, these places—which are financed by the Youth and Social Welfare Office on a lump-sum basis—will no longer be filled when they become available. Interviewees noted that under the new "Magistrat" (administration) provided by the Greens, SPD, FPD and Volt they are faced with the same restrictive accommodation policy as under the previous administration—even if the coalition agreement had pointed in a different direction. The plans formulated in the coalition agreement "to offer a sleeping place for humanitarian reasons in a kind of boarding house based on the Cologne model" (Grüne, SPD, FDP, Volt, 2021: 114) and to examine the possibility of establishing a "House for Roma" based on the Berlin model (Ibid: 94) had been welcomed accordingly.

### 5.5.5  *Lack of Accommodation Increases Vulnerability to Violence*

In the case of violence, there are further accommodation options for women (see below). However, the lack of hardly any housing options available beforehand increases the likelihood of experiencing violence on the streets or in private homes. In addition, several interviewees (SF2) pointed towards incidents or announcements of taking children into custody when women are homeless—instead of accommodating them together with their children even if they are not entitled to social benefits (see also Riedner & Haj Ahmad, 2020: 39ff).

Under the Istanbul Convention,[24] which entered into force on 1 February 2018, Germany committed itself to preventing and combating violence against women and to providing protection for victims of domestic violence. These obligations apply to all government bodies. They explicitly include the protection of all women regardless of nationality or residence status (Art. 4). Many of the tasks associated with the Istanbul Convention are the responsibility of the Länder or are delegated by them to the municipalities. However, in Frankfurt protection against violence remains difficult for migrant women with precarious status.

Women in precarious residence situations are particularly exposed to the risk of violence due to their housing situation. This is often linked to personal dependencies and informal work arrangements. An effective prevention of violence approach is obstructed by exclusions under residence and social welfare law. Women living on the street are also more likely to be affected by violence. Yet women are only entitled

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[24] Germany signed the "Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence", known as the Istanbul Convention for short, in 2011 and ratified it in 2017.

to appropriate accommodation when they have already become victims of violence. Moreover, they often remain in violent relationships if their residence status is not independent from their partner. Women lacking residence status equally do not dare to speak out and seek support for fear of deportation (Dinkelaker & Schwenken, 2020: 163; Atmaca & Dinkelaker, 2020: 168). The possibility of receiving protection from violence is thus "undermined by restrictive asylum and residence policies" (Dinkelaker & Schwenken, 2020: 60).

### 5.5.6  Shortage of Women's Shelters Addressed by Council Unit

In Frankfurt and more widely in Hessen there is an overall shortage of places in women's shelters. In 2018, there were 128 places in Frankfurt and 727 in Hessen as a whole (Drucksache 19/6088). According to estimates, in 2021 there was a shortage of around 800 places[25] throughout Hessen. With the available places, Frankfurt does fulfil the formal requirements of the Convention. Nevertheless, women asking for places have continually to be turned away (Schindler, 2021). Access to protection against violence is also hampered by the shortage of places with lump-sum funding that can cover these particular residents. In Frankfurt, most places in women's shelters are funded through daily rates, which means that staff and material costs are apportioned to the available places. For women who are entitled to social benefits, the Job Centre or Youth and Social Welfare Office pay daily rates to the shelter (cf. Dinkelaker & Schwenken, 2020: 163). As precarious migrants are excluded from social benefits, the shelters might be left to cover the costs if they take in women who are not entitled to have their costs covered. As a result it is difficult to find places for women with precarious status who have experienced violence.

Further, due to the shortage of housing in Frankfurt, women often have to wait a long time before moving out of the shelter into their own flat. As a result, places remain occupied longer than expected. While there are some alternative accommodation options, such as the night café for women, capacity is limited. While one

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[25]The federal government has provided €30 million annually for women's shelters, women's counselling centres and women's emergency centres since 2020 with the programme "Together against Violence against Women" ("Gemeinsam gegen Gewalt an Frauen") for the implementation of the Istanbul Convention. Hessen facilities are entitled to about 2.2 million. So far, however, only about 618,000 € have been claimed. According to the Hessen Minister of Social Affairs, this is due to the "immense effort and lengthy administrative procedures" and the "complexity of the application procedure", which poses a challenge to the organisations applying for funds. The need for improvement had been communicated to the federal government (Hessischer Landtag, 2021: 1°). In response to the COVID-19 pandemic and the increased need for protection, the State of Hessen has made an additional four million euros available in the programme "Preventing and Combating Domestic Violence" (Hessisches Ministerium für Soziales und Integration, 2022).

interviewee felt that "if there's no room, there's no room, but at least there you don't have to be entitled to benefits" (F10), another emphasised that these facilities are actually not suitable for women who have just experienced violence, as they neither have appropriately trained specialist staff nor an adequate protection structure.

In 2021, the City of Frankfurt created a coordination unit with the purpose of implementing the Istanbul Convention within the Women's Department. The administration allocated permanent funding of €50,000 for a coordinator and an assistant. Following the example of the Darmstadt model for the implementation of the Convention (Darmstadt, 2021), the tasks of the coordination unit include an assessment of the current situation to identify needs for action, and to work towards their implementation (Magistrat der Stadt Frankfurt am Main, 2020a). Implementation of the Convention is understood as a joint effort that can only succeed if all responsible departments and offices, the judiciary and police authorities as well as civil society institutions work together. It will build on existing structures such as Frankfurt's Working Group on Violence against Women ("Arbeitskreis Gewalt gegen Frauen"), where representatives from the Youth and Social Welfare Office, the police and the judiciary and various NGOs have worked together, in some cases since the 1980s: "Structures that in other municipalities still have to be set up for the Convention already exist here."

In parallel to the creation of the coordination unit, a number of other budget proposals were accepted (2020). The funds provided are intended to create 37 lump-sum financed places in women's shelters for women who are not entitled to unemployment benefits (Magistrat der Stadt Frankfurt am Main, 2020b). The autonomous women's shelter "Frauen helfen Frauen" (Women Helping Women) has been offering two lump-sum funded places for women in need out of a total of 60 places since December 2020. Frankfurter Verein has been providing an additional 20 lump-sum funded places since April 2021[26] (Magistrat der Stadt Frankfurt am Main, 2022). It is planned to "change the procedure completely to lump-sum funding" (Magistrat der Stadt Frankfurt am Main, 2020b). In addition, funds for language mediation were approved. However, this does not yet fully cover the current demand for places. Furthermore, the places were created in response to the COVID-19 pandemic and are thus temporary. There is still a need for more "lump sum financed places" in women's shelters and "lump sum financed counselling" (F22).

Comprehensive and sustainable improvements in the protection against violence for migrant women with precarious status will be very difficult to realise at the municipal level alone. The Federal Republic of Germany has ratified the Istanbul Convention only with a reservation, to §59 II and III. These provisions would otherwise require deportation proceedings for victims of human trafficking or violence in partner relationships to be suspended, and that they should be granted a residence status if this is necessary on account of their personal situation or for

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[26]In contrast, a counsellor from a women's counselling centre commented at the expert meeting organised by the AmkA on 9 June 2022 that she only knew about the two places in the autonomous women's shelter.

legal proceedings.[27] Germany has not accepted that provision. Frankfurt is in dialogue with colleagues in other cities, within and beyond Hessen, with a view to advocating for a future state-wide coordination unit and a federal coordination unit that would enable a coordinated approach between all tiers of governance.

## 5.6   Access to School Education for All Since Reporting Requirement Lifted

Overall, there is a mixed picture regarding the right to education for precarious migrants in Frankfurt. In primary and secondary education there is comparatively good access, partially due to inclusive legal regulations at the state and federal level. Barriers nevertheless exist around access to places in daycare centres, on the one hand, and to further education on the other.

In a very significant move, following years of mobilisation by church and human rights organisations as well as the Trade Union for Education and Science (GEW), schools and educational and training institutions in Germany were exempted in 2011 from the obligation to report anyone with an irregular status to the immigration authorities. This requirement in principle applies to all public authorities (§87 I AufenthG). In December 2009, the state of Hessen had been one of the first federal states that decided not to comply with the reporting obligation and through its School Act removed that requirement from its schools. (Steffens, 2011: 238); a move that had resulted in positive changes concerning access to education for precarious migrants. Unlike before the law was changed, there have been no known problems in subsequent years (F23).

Merely abolishing the reporting obligation however does not automatically lead to the removal of all barriers in access to education, as Funck et al. found (2015) in a nationwide comparative study. The authors emphasise that the likelihood of risk-free school attendance strongly depends on whether compulsory schooling or a right of access to school for all children and adolescents, regardless of residence status, is enshrined in the respective state constitution. Enshrining the right to attend school in national law, as also recommended by the Council of Europe (Council of Europe, 2011: 8), would clearly also have a positive impact (Funck et al., 2015: 35ff). In Hessen, the right of access to school is indeed explicitly provided for children who are residing without authorisation (§46 III VOGSV). School attendance is also free

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[27] The Convention also provides that women affected by intimate partner violence should be granted an independent residence status if their own status depends on that of their partner (§59 I). According to the German Women Lawyers' Association, this article is also not sufficiently established in German law. In practice, it is being undermined by placing too high a burden of proof on the victims (DJB, 2020). The Istanbul Convention Alliance (2021: 177) states in its alternative report on the implementation of the Convention that victims of domestic violence are denied effective protection due to arbitrary treatment by immigration authorities and police.

of charge.[28] This means that at federal and state level, explicitly inclusive regulations irrespective of residence status are provided for. Furthermore, through its Integration and Diversity Concept 2010, the City of Frankfurt acknowledged:

> the humanitarian obligation to enable refugees and children of parents without official residence status to participate in regular schooling. (Stadt Frankfurt am Main Integrationdezernat, 2011: 68)

In addition to the law, it is crucial that relevant information is disseminated. Key to (risk-free) access is that headteachers and administrators, as well as people in precarious situations, are informed about the right to education and the suspension of the reporting obligation (Funck et al., 2015: 11ff).[29] Our interviewees indicated, however, that there has been no public information events or campaigns by the state education authority nor by the education trade union (GEW) in Frankfurt following the legal changes in 2011.[30] A senior Education Department interviewee said she assumed that the schools had been informed by the state education authority. Knowledge about the right to education and the abolition of the reporting obligation does indeed seem to be widespread among Headteachers. This most likely is also due to the fact that students in precarious residency situations are not unusual in the city and are the subject of public discourse.[31] Overall, the schools in Frankfurt are thought to be quite "courageous and determined" to enable inclusion regardless of residence status (F25). Nevertheless, there is a continuous need to disseminate information on the right to education in order to ensure that it can be exercised.

While access to primary schools and secondary schools (up to the age of 18) was described as generally unproblematic, difficulties due to exclusion within schools were reported. Roma children, for example, tend to be transferred very quickly to schools for children with special needs ("Fördersystem"). One response to this is the "Schaworalle" daycare centre, a national pilot project that prepares Roma children for school and subsequently provides them with a school education. After the Förderverein Roma started working with children and young people in 1996, it was possible to rent suitable premises in 1999 with the help of the youth welfare office, the AmkA and the municipal education authority (Förderverein Roma e.V., 2022: 5). Next to kindergarten places, the Schaworalle also includes a school project where Roma can attend regular school up to the age of 15 and obtain a secondary school qualification ("Hauptschulabschluss"). The offer is well received.

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[28] However, this only includes costs for tuition itself. Costs for events such as class trips or excursions must be paid privately (Deutscher Caritasverband and Deutsches Rotes Kreuz, 2017: 20).

[29] Following the study by Funck et al. (2015), the GEW developed a flyer to inform employees in schools and daycare centres so that they can support children and young people in irregular residence to access the right to education (GEW, 2017).

[30] The state education authority itself could not provide any information on this due to a lack of documentation.

[31] Funck et al. (2015: 38) emphasise that "the public discussion of the situation of people in illegal residence may lead to more frequent identification of viable ways to enrol in school".

### 5.6.1   Barriers to Pre-school and Post-school Education

More difficulties exist in terms of access to places in day care centres. While a 2018 decision to abolish day care fees in Hessen does facilitate access, families still must pay additional fees, for example for meals. For precarious migrants, this can be difficult to afford. In accordance with the federal education and participation package, it is possible to apply for the payment of meal costs. However, these are in turn linked to entitlement to benefits under the Social Welfare Code or the Asylum Seekers' Benefits Act (BMAS, 2022). There are also too few day-care places available in Frankfurt, as at state-wide and national level. For the kindergarten places for Roma children at the Schaworalle, too, there is a long waiting list (Förderverein Roma e.V., 2022: 7).

The most serious access barriers are in the field of further education and training. For migrants without residence status, there are virtually no opportunities to get apprenticeships or to participate in training programmes. They are explicitly excluded from German language courses and integration courses[32] funded by the Federal Office for Migration and Refugees. They are also not entitled to alternative services provided by local organisations which are funded by the Frankfurt Women's Department.

In contrast, German language courses are generally open to EU citizens. Since 2013, Förderverein Roma has also been offering a vocational training project for young people between 14 and 27, as well as for adults, to members of the Roma minority. These are EU-funded projects in which participants are supported in obtaining a lower secondary school certificate and vocational orientation, and in finding employment. However, there can be difficulties continuing into an apprenticeship. Unless employed, the right to freedom of movement can be lost: "I am not allowed to stay here and go to school and study. If I want to stay here, I have to work properly" (F15). Instead of doing an apprenticeship, the interviewee started working as a cleaner.

The COVID-19 pandemic highlighted the extent to which educational success also depends on home conditions. Pupils in precarious situations had a particularly hard time during the school closures and the times of home schooling associated with them. In this respect, access to education—similar to access to health care—is closely linked to the housing situation.

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[32]Participation in integration courses is explicitly provided for the following groups only: "asylum seekers with good prospects of remaining ('mit guter Bleibeperspektive': Eritrea, Syria, Somalia, Afghanistan), asylum seekers with a good chance of finding employment and who entered Germany before 01.08.2019, tolerated people with a toleration permit pursuant to §60a II 3 AufenthG or holders of a residence permit pursuant to §25 V AufenthG" (BAMF, 2018).

## 5.7   Importance of Legal Advice and Counselling

Legal and social counselling services are indispensable for accessing social rights due to the complexity of asylum, residence and social welfare law, the complicated language of official notices and, at times, bureaucratic obstacles. This applies in particular to access to social benefits which form the basis for longer-term accommodation in facilities provided by homeless assistance services, but also with regard to access to health insurance. The city of Frankfurt supports various facilities that offer social and legal counselling for migrants. In addition, the Women's Department funds counselling services for women who have experienced violence, open to women regardless of status. Various organisations providing counselling to migrants have received Hessen state funding through a programme (WIR) through which the state government supports innovative projects "for a culture of welcome and recognition and diversity-oriented opening of municipal services" (Hessen, 2022). In Hessen, there is however no state funding programme for refugee and migration counselling centres. Almost all counselling centres for general residence law issues are financed from the welfare associations' own funds, donations or from federal government funds.

Between 2015 and 2018, three projects also received funding under the EU Fund for European Aid to the Most Deprived (FEAD). None had their funding extended, however, which became known only shortly before the planned extension. In the case of the counselling centre Frauenrecht ist Menschenrecht ("Womens' Rights are Human Rights"), this meant that the project social worker could no longer be employed. In the case of the newly founded Multinational Information and Contact Point for EU Citizens, Caritas and Diakonie managed to negotiate with the city to continue financing the counselling services with city funds, but with the staff members now only employed part-time.

### 5.7.1   Short Term Funding Threatens Viability of Advice Provision

This short-term decision to continue funding and the resulting uncertainty is not an isolated case. A considerable part of the funding for services aimed at precarious migrants are temporary project funds, the extension of which usually takes place only shortly before the end of the funding period. Local authority and NGO staff highlighted the problems with this. On the one hand, the financial uncertainty makes long-term planning difficult; on the other, some grants may entail a focus on certain topics that do not make sense in practice, but which have to be followed in order to comply with funding criteria. Overall, numerous interviewees indicated that there was a lack of sufficient and, above all, permanent resources to meet all needs and to improve the situation of those affected in a sustainable way (F7; F9; F10; F11). Beyond funds for specific services, this statement referred in particular to insufficient resources for legal and social counselling as well as for language mediation.

As a result of the COVID-19 pandemic and the associated restrictions, the demand for counselling increased so much in Frankfurt that not all requests could be dealt with. The demand grew mainly because authorities such as the Youth and Social Welfare Office and the Job Centre switched to telephone and email communication. Many people were unable to deal with this due to language difficulties, so they had to rely on the support of counsellors who could translate for them. This situation repeatedly gave rise to problems. It appears that case workers from public authorities such as the Job Centre—contrary to official statements—did not, for instance, accept language mediation by telephone. Privacy issues were cited as the reason for this, although this had not been a problem in relation to face-to-face appointments. More broadly, the lack of language mediation is a key barrier to accessing services for precarious migrants. Neither public authorities nor health insurance companies usually provide any option for communicating in a language other than German. Many problems could be solved more quickly "if all the offices had language mediation", according to a counsellor who mainly advises Romanian-speaking workers on labour and social welfare law issues.

## 5.8   Conclusion

The study found that precarious migrants among Frankfurt's population encounter various problems in accessing social services and thus realising basic social rights due to their precarious status and related restrictions on social welfare entitlements. Frankfurt now has a level of commitment to inclusion of precarious migrants. Nevertheless, despite inclusive approaches in the areas of health, protection against violence and education, Frankfurt has not yet adopted a comprehensively inclusive approach.

It is notable how clearly Frankfurt is held back by the explicit federal exclusions of this group from regular social welfare entitlements, and by the requirement to report those with an irregular status to the immigration authorities. The Council could, to an extent, counteract these exclusions by pursuing a more extensive interpretation of public order law in healthcare than it has done so far. On the other hand, in the absence of other measures, implicit barriers would remain, notably the fear of detection and deportation, the loss of freedom of movement or fear that children will be taken into care. Lack of coordination across the council to ensure a consistent approach, the problems associated with short term funding, and lack of capacity to address language barriers, are also clear obstacles to be addressed.

The strongest approaches to an inclusive municipal response so far are in the area of health care. The humanitarian consultation hours offered by the local health authority in cooperation with an NGO play a central role here. A more recent component is the Clearing House, but it has yet to be established as a permanent part of the local health authority. The municipal offer of basic medical care is internationally regarded as a best-practice model. The local Health Authority and the municipality consider the provision of health care to people without health

insurance as a task for the public health service. Other offices such as the Youth and Social Welfare Office support these efforts by providing financial resources—a notable example of municipal cross-departmental cooperation. For the provision of health care to people without health insurance, regardless of their residence status and social welfare entitlements, we saw that additional services offered by NGOs and medical students, partially funded by the city, are also crucial as well as the informal networks with specialists and hospitals built up over many years. It is a well-functioning division of labour with close cooperation to strengthen the municipality's capacity to achieve the goal of comprehensive access to health care for people without health insurance—but lacks some crucial capacity for paid-for, in-patient hospital care.

The responses in the area of education are mixed. In 2010, we saw that the city explicitly committed itself to providing access to regular schooling for all children, regardless of their residence status but the inclusive measures taken have not been sufficient to reduce the barriers for children with precarious status: in particular from an overall lack of places in pre-school education and from fees that must be paid. Regarding further education, there is a lack of inclusive measures, so that precarious migrants are confronted with high access barriers.

More exclusive responses were revealed with regards to accommodation. Accommodation options for precarious migrants in Frankfurt are limited. Due to the scarcity of affordable housing, wide-ranging exclusions from benefits, and restrictive procedures by the Youth and Social Welfare Office, little support can be offered in most cases. The city only funds short-term emergency accommodation for people without entitlements under the Social Welfare Code. Medium and long-term accommodation options are therefore denied to the majority of precarious migrants. A major issue is the dependency on private accommodation, and its quality. However, the main concern is that there are no adequate, low-threshold accommodation options available all though the year independent of entitlement to benefits. The COVID-19 pandemic saw the implementation, temporarily, of more inclusive measures, but some of these have now been cancelled. The coalition agreement of 2021 provides for some inclusive measures, but as of July 2022 these had not yet been implemented.

In the area of protection against violence, Frankfurt has been pursuing an increasingly inclusive approach spurred on by the need to implement the provisions in the Istanbul Convention. The creation of 37 places in women's shelters financed by the municipality on a lump sum basis, being implemented (as of 2022), will provide greater access to protection. The proposed switch to full lump-sum funding of places in shelters will further contribute to an inclusive approach. The establishment of a coordination unit linking relevant council services highlights the lack of coordination in relation to the service needs of precarious migrants more generally.

Overall, the study showed that the contribution of NGOs and activist groups, volunteers as well as individual supporters is of crucial importance in Frankfurt in overcoming the numerous challenges that people with precarious status are confronted with. In addition, there is the commitment of numerous full-time employees who support people in precarious situations beyond their formal employment duties.

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# Chapter 6
# Vienna

Vienna is Austria's capital city and a major metropolis of almost two million people. Among Vienna's population around 30.8% have a foreign citizenship, higher among 25–45 year olds (50.9%). The largest share of people with foreign citizenship in Vienna comes from Serbia, followed by Germany, Turkey, Poland, Romania, Hungary, Syria, Croatia, Bosnia and Herzegovina and Bulgaria (Boztepe et al., 2021). People with precarious status who are not included in official statistics add another dimension to this diversity. As the largest city in Austria with the most relevant services, most of Austria's migrants with precarious status are likely to be resident there (Jandl et al., 2009).

## 6.1 Precarious Migrant Population Faces Multiple Challenges

Interviews indicate that the majority of precarious migrants are from Eastern and South-Eastern Europe, some of whom are long-term residents, as well as refused asylum seekers and overstayers from further afield. Men are more visible, e.g., among the homeless, but not necessarily more numerous. Women often work and live in private households and are more likely to remain in relationships of dependency than to rely on services. Children with precarious status are also present in Vienna. Deportations of children from Vienna in 2021 drew attention to their presence and vulnerability.

Employment, both regular and irregular, is the basis of a sustainable livelihood. Access to the regular labour market was consistently mentioned in the interviews as a key bottleneck in supporting precarious migrants, as one NGO worker emphasised:

> What [. . .] all these groups have in common [. . .] is the fact that they all go to work because they do not have access to social benefits. They're not entitled to social welfare, they're not entitled to unemployment benefits, and they all go to work and sometimes they work two, three different jobs to somehow make ends meet for themselves [. . .] and for their family and that's really quite impressive. (V6)

It can be assumed that many migrants with precarious residence status work undocumented. This is partly because they are denied long-term access to the regular labour market, partly (if entitled to work) because they cannot work in the regular labour market due to discrimination, and partly because they have not been registered by employers. This in turn excludes them from making use of numerous social support services. In this area, there are support services offered, mainly by the NGO UNDOK,[1] sometimes in collaboration with the Viennese "Workers Chamber" (Arbeiterkammer)[2] and trade unions. In addition, there are some sector-specific, partly self-organised initiatives, such as the Sezonieri Campaign for the Rights of Harvest Workers or the Interest Group of 24-Hour Care Workers—IG24.[3] These actors argue that, despite residence-related exclusions, there are labour and social welfare rights that people are entitled to regardless of whether their employment relationship or residence is regular or irregular, and that they need protection and support in this regard.

Based on our interviews and stakeholder meetings, it is possible to make some general statements about the profile of precarious migrants in the city. The profiles differ according to the services offered. To some extent, people from certain communities seem to prefer some facilities and not to appear in others. The majority are EU citizens from Eastern and South-Eastern Europe among whom Roma are often mentioned. Many of them were already affected by poverty and discrimination in their countries of origin. Some have been living in Vienna for a long time but due to discrimination and socio-economic exclusion remain in very precarious and irregular working and housing conditions. As a result, they can neither claim social welfare entitlements nor obtain permanent residence.

There are also people from other regions of origin who have passed through the asylum system and, voluntarily or involuntarily, are no longer in the basic care system in Vienna, or they have come to Vienna from another federal state after their asylum claim was rejected. Others most likely came with a visa that they could not extend or remain in a dependent status. There is very little knowledge about this group. They appear only sporadically in the support infrastructure of public services or NGOs and provide little information about their living situations.[4] Third-country nationals with a residence status in another EU country were also mentioned by interviewees (SV1; SV2; V1; V6; V8). Although they are legally allowed to stay in Austria for 3 months, they have no entitlement to any welfare or support nor access

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[1] See https://undok.at/

[2] The "Workers' Chamber" (Arbeiterkammer) is a state funded organisation that represents all employees and consumers in Austria. Those working with a regular work contract are automatically members. Among other services, they offer legal support and counselling with regards to labour and social rights (see: https://wien.arbeiterkammer.at).

[3] See: http://www.sezonieri.at/en/startseite_en/ and http://ig24.at/en/

[4] People from Iran, Iraq, Nigeria, Somalia, Maghreb and various other African states, India, Chechnya, Georgia, Ukraine, China, the Philippines, and very occasionally also Latin American states were mentioned in the interviews in this context (V6; V7; V8; V13; V17; V21). The situation of Ukrainians has changed since the beginning of the war.

to the regular labour market. Older people and age-related migration were a recurring topic in the expert interviews. This was related to elderly people with unmet care needs, but also to parents/grandparents who were brought to Austria, either because they themselves needed care or to assist with childcare. In addition, people with mental illnesses and addictions were repeatedly mentioned by NGO interviewees as a particularly vulnerable and unsupported group (SV1; SV2; V2; V3; V4; V6; V7; V11; V13; V18; V21; V22).

In some service areas—especially those that address people in the asylum system and in support services for the homeless—significantly more men than women use the services. However, it cannot be concluded that it is predominantly male migrants who live in precarious situations. Rather, men are more visible due to their working conditions (e.g. in construction) but also due to a gendered use of public space. Awareness has also been raised with regard to LGBTQIA+ people, for whom there is now also some targeted service provision. Within the framework of this study, however, the specific situation of this group was not scrutinised.

### 6.1.1  Children at Particular Risk

Children with a precarious status were a frequent topic raised by interviewees. Despite being a particularly vulnerable group, protecting their rights seems not an explicit priority for the municipality. Children with precarious status are at risk of extreme poverty and exclusion and often also suffer from the stress that their parents experience due to precarious circumstances. They may have to take on responsibilities at an early age, act as language mediators for parents or contribute to the family's upkeep. Due to precarious living conditions, their status may also not be overcome in the second generation, although these are young people who grow up and go to school in Vienna, as one interviewed family has illustrated. Despite growing up in Vienna, the eldest son of a precarious EU-migrant family could not find a job in the regular labour market and started to work in the informal sector, together with his parents, as he also needed to contribute to the family's income early on. He thereby continues to be uninsured and not eligible for social support (V25). Furthermore, children in precarious circumstances were particularly affected by the negative effects of the COVID 19 pandemic, the long-term consequences of which are not yet clear. Cramped housing conditions, lack of access to the internet and laptops or tablets, as well as the interruption of face-to-face teaching, had particularly severe effects on children in precarious circumstances who are not native German speakers (V6; V10; V15; V16; V19; V25; V26).

In 2021, a deportation of children took place from Vienna that was widely discussed in the media. As a result, the issue received broader attention, including protests and a civil society campaign.[5] A temporary commission for child protection

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[5] https://archiv2022.asyl.at/de/kindistkind/index.html

was set up which raised numerous urgent questions (Kindeswohlkommission, 2021). In particular for unaccompanied asylum-seeking children above the age of 14, there is a lack of responsibility taken at the federal level, so that they are not represented and properly taken care of until they are assigned to a federal state. This also leads to many unaccompanied asylum-seeking children disappearing from federal facilities (asylkoordination österreich, 2019). Furthermore, there is structural discrimination against unaccompanied asylum-seeking children as they are entitled to a significantly lower daily rate of welfare payments and thus less care than other children who are in the care of the child and youth welfare services. A shortage of professionals and thus capacity in this field was also raised; and that any support given often ends abruptly when a child comes of age. There are some NGOs offering services which try to compensate for this (SV1; V10; Kindeswohlkommission, 2021).

It is important to note, as for other cities, that assessments of the profile of migrants with precarious status are complicated by the fact that the information on which they are based is drawn largely from the different fields in which services are provided. Each service attracts different categories of people and faces different challenges. With regards to health services, we see, for instance, a high rate of young women in all three cities, while legal advice with regards to labour relations and accommodation services is predominantly requested by men.

Migrants with precarious status are confronted with countless challenges and enormous psychological burdens: uncertainty and fear of the future, often combined with long waiting times for responses from authorities regarding their residence status or access to social benefits. For others who have exhausted legal remedies, this is exacerbated by a lack of prospects. Another factor is precariousness due to poverty, which often comes with an insecure residence status. In addition, migrants experience discrimination and racism in Austria, which can impede access or block paths. This can lead to migrants with precarious status finding it difficult to trust, seek out and make use of support services. Access to precarious migrants as well as relationships of trust are therefore extremely fragile and can easily be fractured, which may lead to migrants turning away from support services. Information on available services is often spread as word-of-mouth recommendations within migrant communities, friends and family, who thereby also act as a guarantor for good support services and respectful treatment.

### 6.1.2 Federal State and City Authority with Broad Powers and Resources

Vienna is both a federal state and city authority. The mayor is therefore the governor of the state, and the city council has the dual function of a federal state government.[6] Vienna has been governed by a social democratic mayor since 1945, from

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[6]see: https://www.wien.gv.at/verwaltung/organisation/koerperschaft/

2010 to 2020 in coalition with the Green party and subsequently with the liberal party NEOS. The seven executive city councillors of the two governing parties head the administrative groups. These are organised in Municipal Departments ("Magistratsabteilungen", short: MA), of which (as of 2022) there were 56.[7] The Council employs around 67,000 people of whom half are in the central administration and towards half in the municipal health network. A further 2000 plus work in the Vienna Social Fund.[8]

In contrast to Cardiff but similarly to Frankfurt, Vienna has some responsibility for applications and extensions of residence status. The council is also responsible for providing welfare and homelessness assistance and for checking entitlements, according to the national law. In this respect, Vienna has been acting in a more inclusive manner than intended by the federal government in certain areas, for example in continuing to provide basic benefits to rejected asylum seekers. It has also not fully implemented a change in the social benefits law: in contrast to a proposed exclusion, it still grants refugees with subsidiary protection access to social welfare support.

Different municipal departments, such as Integration and Diversity (MA 17) and Women's Affairs (MA 57) support the activities or projects of NGOs that provide special services for refugees and migrants. Responsibility for granting social welfare ("Mindestsicherung") lies with the Department of Social Welfare, Social and Public Health Law (MA 40), while the Municipal Department for Immigration and Citizenship (MA 35) is responsible for residence permits. That department was repeatedly criticised by interviewees but also in the media for discriminatory behaviour towards migrants as well as very long waiting periods (SV1; V1; V8; Koschuh, 2021). In addition, certain health and social services are outsourced to the Vienna Social Fund ("Fonds Soziales Wien," FSW), a company of the City of Vienna, which is responsible for organising and promoting the social and health landscape in Vienna. The Vienna Social Fund in turn operates subsidiaries such as Obdach Wien, which runs some of the facilities of the Vienna Assistance for the Homeless ("Wiener Wohnungslosenhilfe", WWH) (FSW n.d.). The Vienna Social Fund awards contracts in the field of refugee assistance and assistance to the homeless, for example accommodation for people receiving basic welfare during the asylum procedure. These are subject to clear funding guidelines that usually define access and target groups.

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[7] See https://www.wien.gv.at/english/administration/organisation/authority/municipality/city-councillors.html

[8] https://www.wien.gv.at/spezial/personalbericht/personalstruktur/gesamtpersonalstand and https://www.fsw.at/downloads/ueber-den-FSW/zahlen-daten-fakten/fakten/gb-zahlen-daten-fakten-2021.pdf

### 6.1.3 A 'Human Rights City' with an Inclusive Self-image

Since 2015, the City of Vienna has officially been a Human Rights City ("Stadt der Menschenrechte") with a permanently established Human Rights Office that addresses various thematic focus areas (Menschenrechtsbüro der Stadt Wien, 2021). Vienna's public discourse is inclusive, often referring to *all* people living in Vienna; and the city strives for progressive integration policies.[9] With the programme "Integration from Day One" it funds a wide range of German courses for people in the asylum procedure. With StartWien, the city offers multilingual information modules on topics such as housing or the labour market and provides language vouchers for courses to all new residents.[10] Vienna has thus created significantly more integration offers than stipulated by the federal government (V17; V23).

Despite the inclusive and human rights-based discourse in Vienna, however, people with precarious status continue to fall through social safety nets. Although some of the city's services are available to all regardless of status, migrants with precarious status are excluded from many services and benefits aimed at ensuring basic livelihoods. This exclusion is often, but not always, a matter of national law. In the view of many interviewees, access to regular employment is the key to overcoming a precarious residence status and thus acquiring entitlements to insurance and social benefits.

Care for people in precarious residence situations is therefore very much dependent on voluntary commitment and donation-funded support services from NGOs and other civil society initiatives. They provide services and thereby close significant gaps in coverage that would otherwise have serious consequences for the city and all its residents. The NGOs are organised, financed and staffed very differently, and face complex legal, social and economic problems. Many are hybrid organisations that receive state or municipal funding or support, but also rely heavily on small private donations and voluntary commitment. There is usually a lack of financial and/or human resources and not all needs can be met.

## 6.2 Uninsured Excluded from Accessing Regular Health Care

The Austrian health care system is largely funded by social security contributions, mainly through the Austrian Health Insurance Fund (Österreichische Gesundheitskasse—ÖGK). This includes health, accident and pension insurance and is mandatory in Austria. In general, people are automatically insured through

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[9]See e.g. the city government coalition: https://www.wien.gv.at/regierungsabkommen2020/
[10]See: https://startwien.at/

their employment or through a compulsory insurance status, such as receiving unemployment benefits or social welfare ("Mindestsicherung" in Vienna). In addition, family members can be co-insured (Bundesministerium für Arbeit, Soziales, Gesundheit und Konsumentenschutz, 2019; Fuchs, 2019). There are nevertheless people in Austria who are not insured. This is attributed to structural gaps often linked to social inequality, lack of personal resources and lack of information that can lead to periods where people are not insured or leave family members uninsured (Riffer & Schenk, 2015). An irregular residence status or irregular employment of EU and third-country migrants, through which individuals lack an entitlement to work or welfare benefits, is also a barrier to insurance (Fuchs, 2019). Accordingly, migrants with precarious status are often not insured or uninsured for longer periods of time. An interviewed EU citizen with precarious status explains:

> That's the way it is in Vienna, if you work, you are insured, if you don't work, you are not insured. (V25)

Although Article 35 of the EU Charter of Fundamental Rights stipulates the right to health care, people without health insurance in Austria only have a legal right to emergency care, with hospitals obliged to treat those in medical emergency situations. However, uninsured patients are then usually classified as private patients and charged for the treatment, so they face enormously high bills afterwards. This can lead people without insurance to avoid hospitals even for medical emergencies. Exceptions are medical measures that prevent the spread of infectious diseases. Similar to the measures taken to contain the COVID pandemic, the municipal health service (MA15) acts in cases of suspected tuberculosis. In such cases, mandatory but free access to screening and treatment is provided (under the Tuberculosis Act, BGBl. No. 127/1968). The NGO Aids Hilfe[11] further provides free and anonymous access to testing for HIV (V4; V6; V22; Spencer & Hughes, 2015; Karl-Trummer et al., 2009).

### 6.2.1   Reliance on NGOs to Provide Health Services

NGOs have thus taken over health care for uninsured people in Vienna. The Neunerhaus Health Centre ("Gesundheitszentrum neunerhaus") and AmberMed (a health centre run by Diakonie in collaboration with the Red Cross) offer health care provided by general practitioners and specialists (V2; V6; V22). In cooperation with the Red Cross, AmberMed also offers free medication to destitute patients (AmberMed, 2022). There is cooperation with laboratories and diagnostic centres that provide their services pro bono for the patients of these NGOs, as well as with doctors in private practice. Neunerhaus and the Louise Bus operated by Caritas also offer mobile health care, often in shelters for the homeless. A hospital (Krankenhaus der Barmherzigen Brüder) run by a Catholic order offers free inpatient and outpatient

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[11] https://aids.at/en/tests-und-beratung/

treatment for people without health insurance. Furthermore, some hospitals of the Vinzenz Group, another Catholic order, cooperate with these NGOs and offer inpatient treatment for their uninsured patients. These services can be used anonymously (V6; V22). In addition, there are other counselling and therapy services offered by NGOs, especially in the field of mental health.

These organisations are characterised by their hybrid structure of full-time and voluntary staff working closely together. At AmberMed, more than half of the services provided in 2021 were performed by volunteers (V6; V22; AmberMed, 2022). Similar to the neunerhaus, the services of AmberMed are partly funded by donations, partly by the Vienna Social Fund's Homeless Assistance ("FSW Wohnungslosenhilfe") and by the Austrian Health Insurance Fund ("ÖGK"). This is impressive but poses challenges for long-term planning. Nevertheless, the organisations provide professional and reliable health care for uninsured people in Vienna. In addition, they develop new projects and adapt and expand their services (V2; V6; V22).

Multilingualism is essential for successful support. It can be achieved through a multilingual team and cooperation with students of translation studies, or through the addition of video interpretation (V2; V6; V22). Another distinguishing feature of these civil society providers is the central role played by their social workers in supporting the patients. The initial assessment of a new patient also covers their general living conditions and, if there is a prospect of reintegration into the regular system, they are assisted in this process. The professional support of social workers is also often needed to assert claims for insurance coverage. This is due to the bureaucratic effort required and its complexity, but there has also been some criticism of the unaccommodating attitude of insurance providers towards people in precarious life situations, who thus require close support. Nevertheless, while the need for services for the uninsured continues to increase, there is steady success in insuring people and bringing them into the regular system (V1; V2; V6; V22; SV2).

While more men than women are treated at the Neunerhaus Health Centre, the reverse is true at AmberMed. This is probably due to the gynaecological treatment available and to its social birth offer ("Sozialgeburt") which allows uninsured pregnant women to give birth in a regular Viennese hospital at a reduced price of 800€. This also covers complications during birth and with the new-born baby. Alternatively, women can give birth in hospitals due to the right to emergency care ("Unabweisbarkeitsklausel"), but they are charged for the care afterwards (V6; V22).

Children are also regular patients. At AmberMed there is a children's consultation hour once a week. If both parents are uninsured, the children are usually not insured either. Children in the care of the municipal Child and Youth Welfare Service (MA11) can also be affected by this. In such cases, the Youth Welfare Service can cover the costs of treatment, but it cannot insure the children (V10; SV2). Especially when children have serious illnesses and need inpatient treatment, there is a lack of cooperating hospitals with paedrieatic facilities, which has been criticised by the NGOs. Shortcomings are also seen with regards to psychosocial health care. Even before the COVID-19 pandemic, too few services were available, but the need has increased significantly in the last 2 years. City officials also identified a shortage of

skilled workers in the field of childcare, meaning that services could not be staffed sufficiently (V6; V10; V22; V26; SV2).

## 6.2.2   COVID-19 Pandemic Heightened Risks of Exclusion

The COVID-19 pandemic posed enormous challenges to the health sector. While some services, for example a large part of the specialist consultation hours at AmberMed, had to close, not least because a large part of the volunteer staff are older people and belonged to the at-risk group, the services that remained open were overrun. To some extent, this was also due to the needs of people who are not actually part of their target group but could no longer find support elsewhere (V2; V6). Moreover, cooperation with inpatient units became more difficult since they were already at the limit of their capacity with COVID-19 patients. The situation of women became even more precarious during the pandemic, as the burden of additional care obligations and potentially more violence in private spaces increased (V2).

However, there were also some aspects that have been highlighted positively:

> What has worked very well is that since COVID, a lot of things are suddenly a matter of course. The fact that vaccinations are free for everyone, regardless of insurance status, is really, really great. (V6)

Experience during the pandemic demonstrated, despite the challenges, that it is possible to include uninsured people in the city's health strategy. For example, winter emergency night shelters were shifted to operating 24-h, and this had a positive impact on the health status of elderly and sick uninsured homeless patients. In addition, some new services were developed, for example a telephone consultation hour and the expansion of mental health services through federal funding (V6; V22).

## 6.2.3   Major Gaps in Provision Remain

There are nevertheless numerous challenges in providing health care to people without health insurance in Vienna. While the hybrid staffing and funding structure works well, it leads to insecurity as long-term planning based on donations and the voluntary work of professionals is difficult. The lack of core funding for NGOs is perceived by some as a low appreciation of their services, despite the relief that they offer to the general health system:

> If these offers did not exist, hospitals would be overburdened, patients in the terminal stage of some illness would end up in hospital, stays would be much longer, operations would be much more expensive, etc. (V6)

Furthermore, there are still many gaps in coverage, for example in the inpatient sector. The Hospital Krankenhaus der Barmherzigen Brüder, which provides free inpatient

care, does not have an oncology department, nor a maternity or paediatric ward (V6). In general, it is difficult to obtain cost-intensive treatments for uninsured people. Social work is particularly important here: writing social reports, contacting the hospitals and the providers; preparing and accompanying the patients and discussing with them whether and how, in the worst case, bills could be handled. While cooperation with some hospitals, especially those run by private Catholic orders, is considered positive by interviewees, it was stressed that closer cooperation with the public hospitals of the municipal health network ("Wiener Gesundheitsverbund") would be desirable (V6; V22).

A striking gap exists in the provision of services for people in need of social care, which affects many older people. This group often end up in facilities for the homeless, which are not equipped to meet their needs. This issue is widely recognised in the Viennese social care system (V4; V22). Another area is mental health care where there is a great unmet need despite some civil society and municipal offers. On the one hand, an insecure residence status is a huge psychological burden and there is a great need for this type of support among precarious migrants (V17; V24). On the other hand, it is very difficult for people with mental illnesses to take care of their residence status or to enter and keep a regular job. This leads to an increased number of people with mental illness, especially women, ending up with precarious status in institutions for homeless people (V2; SV1).

Interviewees argued that a focus on prevention would be a sustainable approach:

> [. . .] if you take a little more money in your hands and invest in this prevention, later on you save a lot of money, now spent on 'putting out fires'. And the chance that people will then gain access to a regular job or regular housing is much higher if they are healthy, which I think is obvious, but is often overlooked. (V22)

Migrants in precarious situations only seek support when their level of distress is already very high. Without health insurance, hardly any preventive medical check-ups are done. If people work under precarious conditions, it can be difficult to take time off to see a doctor, and time off can lead to a loss of income. As a result, by the time healthcare is sought, illnesses are often already far advanced, which makes treatment long and expensive. In addition, there are accumulating fears on the part of patients: "The longer someone has been out of the [health] system, the greater the barrier to accessing it again" (V22). A sustainable investment in preventive health care, inclusive of people without insurance, is therefore seen as urgently needed by the people working in this field.

## 6.3 Access to Accommodation Limited by Law and Affordability

The right to housing is enshrined in the European Charter of Fundamental and Social Rights but has not been ratified by Austria. In Vienna, the right to housing is nevertheless one of its goals as a Human Rights City. The city has a long history

and a wide range of offers to provide the urban population with subsidised ("Sozialer Wohnbau") as well as municipal housing ("Gemeindebau"). However, access to affordable housing is also dependent on status: only migrants with permanent residence or people with refugee status are eligible for social housing, and even this only after proving uninterrupted residence in Vienna for at least 2 years at the same address. In addition, there can be no tenancy concerns, such as pre-existing rent debts. Access to municipal housing has only been possible for non-Austrian citizens since 2006, when access was liberalised under pressure from the EU anti-discrimination directives (Kumnig, 2018; Gutheil-Knopp-Kirchwald & Kadi, 2014). Migrants with precarious status therefore usually do not have access to municipal housing. In the subsidised, cooperative housing sector,[12] the access barriers are mainly of a financial nature: although the rents are relatively cheaper, a high financial contribution must be paid at the beginning.

Despite a comparably large social and subsidised housing sector, as in many large European cities, there is limited affordable housing in the private housing market and particularly difficult to find for those with a precarious status (BAWO, 2016; Nowak, 2013; Menschenrechtsbüro der Stadt Wien, 2021).

The Integration and Diversity Monitor of the City of Vienna points out that "affordable housing for immigrated Viennese and their children [is] an increasing challenge" (Boztepe et al., 2021: 20). In the private rented sector, migrants generally live in significantly smaller and more expensive flats than people born in Vienna, and often with temporary rental contracts. They face numerous legal, administrative and financial barriers when looking for housing, as well as information deficits and open discrimination (Gutheil-Knopp-Kirchwald & Kadi, 2014). It can be assumed that migrants with precarious status are particularly affected by this. Participants in our study explained that it is common practice for landlords to inquire about the residence status of their tenants, even though they are not legally obliged to do so. In addition, the high costs associated with a new tenancy, such as a deposit and commission, pose an enormous financial challenge for people in precarious situations (SV1; V18).

Several interviewees pointed out that migrants in precarious situations are at risk of being exploited by landlords, for example in housing where beds in overcrowded rooms are rented to mostly migrant workers in the low-wage sector at extremely high prices; or in substandard flats with defects such as damp or mould (V4; V16; V23; V27). In such places, the tenants often do not receive a residence registration form ("Meldezettel") and may not know that they need one. This lack of registration can result in them not being able to claim social benefits or social housing, even though they have been living in Vienna for a long time (V3; V18).

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[12]Housing cooperatives are limited profit organisations, providing housing at a regulated rent.

### 6.3.1   Eligibility for Homelessness Services Limited But Vital

The Viennese Homelessness Assistance ("Wiener Wohnungslosenhilfe", WWH) provides support for people affected by or in danger of homelessness. It is organised by the Vienna Social Fund and offers a wide range of services from day centres and emergency night shelters to various forms of assisted living, such as Housing First and counselling services. In 2020, this service had a budget of 105 million euros and provided support to 12,550 people (FSW, 2020). Migrants with precarious status are usually not eligible for their services, as they lack the required documents such as the residence registration form or have been found ineligible (V3; V18; SV1; Krivda, 2018).[13] Although there is no legal entitlement to receive support, the Viennese Homelessness Assistance does provide accommodation, access to hygiene, food, counselling in the native language and, if requested, a ticket to the country of origin. This is offered mainly in the cold months through the winter emergency night shelters ("Winterpaket"), as well as at day centres and at the social and return counselling services for EU-citizens. On the one hand, this is based on the humanitarian obligation to prevent people from dying of cold; on the other hand, the rationale is also that the city and its residents benefit from the reduced visibility of homelessness (V3; V4; V18). While the facilities are funded by the Viennese Homelessness Assistance they are mostly run by NGOs, some of which provide supplementary services funded by donations (V3).[14]

In the winter emergency shelters, there are about 900 low threshold sleeping places open to all people who need a place to spend the night. They are open only during the winter months and only at night, with day centres as supplementary offers. In 2020 and 2021, this arrangement differed due to the COVID 19 pandemic. The winter emergency shelters stayed open for 24 hours and throughout the summer months. In Summer 2022, however, only around 250 places remained open during the summer. In addition, there are some places that are funded by the providers themselves through donations. Civil society actors have long argued for the need for year-round, low-threshold, 24-hour emergency shelters (V3; V4; V18; Verband Wiener Wohnungslosenhilfe, 2022).

### 6.3.2   'Opportunity Houses' a Welcome Development

The newly developed Opportunity Houses ("Chancenhäuser") introduced in the Summer of 2018 are aimed at providing temporary accommodation for all people in need (Diebäcker et al., 2021). Staying in the Opportunity Houses has the dual

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[13] This can also apply to Austrian nationals who have become homeless in another federal province.

[14] The following providers operate opportunity houses and emergency shelters: Arbeiter Samariter Bund, Caritas, Johanniter, St. Elisabeth Stiftung, Volkshilfe, Rotes Kreuz and Obdach Wien, a subsidiary of the municipal FSW (Gutlederer & Zierler, 2020).

function of clarifying the individual's housing situation and social welfare entitlements to prevent them becoming entrenched in homelessness. Since people with precarious status are usually not entitled to further benefits from the Viennese Homelessness Assistance and/or have no access to the regular labour market, for many of them there are hardly any realistic follow-up prospects. Therefore, stays are usually limited to 3 months (V18; Krivda, 2018; Diebäcker et al., 2021: 64). At the same time, the Opportunity Houses are designed as low-threshold accommodation with facility-based lump-sum funding. The staff are therefore given discretion to decide whom to admit and for how long, if there is a suitable vacancy in the facility (by gender, couples, families, for those with a pet, etc.). Access and length of stay are handled differently by different providers, which in turn questions the supposed 'unrestricted access' regardless of residence status. However, since the assessment of the follow-up prospects is at the discretion of the facility's management, the duration can be extended as well, especially in cases of hardship, leading to diverging practices in different facilities (V18; Diebäcker et al., 2021: 32).

People who come to Vienna through the asylum system are entitled to basic care during the ongoing asylum procedure, including guaranteed accommodation. In Vienna, about 70% of asylum seekers live privately and only relatively few in organised accommodation. People who are entitled to basic care in Vienna do not lose this entitlement in the event of a negative outcome of their asylum procedure. Although asylum seekers with a legally binding negative decision would be entitled to basic care in all federal states, some states do not continue to grant it (Integrationshaus, 2021). It has also been observed that rejected asylum seekers come to Vienna from other federal states when they no longer receive support elsewhere (SV1; V21; Rosenberger et al., 2018). However, this group of people is not entitled to basic care in Vienna. One interviewed precarious migrant described his way through various of these facilities, first losing his places in another federal state, when his asylum claim was rejected, coming to Vienna and living in a winter emergency shelter for some time, then in an Opportunity House, where he had to leave after 3 months and then finding accommodation privately with friends (V24). A few donation-funded facilities run by NGOs, such as the Ute Bock Haus or the Haus Amadou run by Caritas, offer longer-term accommodation for this group. These places are however not enough to cover the actual need, the NGOs often having to reject people who seek their support. It can therefore be assumed that many find accommodation with friends and acquaintances (V5; V11; V14; V18; V21; V24).

These NGOs nonetheless provide vital accommodation and additional services on a donation-funded basis, thereby filling gaps in the municipal care system. The decision on who is housed and who is not depends on the space available but also heavily on their perceived vulnerability. Families with children who would otherwise be homeless are given preference (V21). People can usually stay in these quarters until follow-up solutions are found, sometimes for several years (V11; V21). However, an assessment of the potential follow-up housing options also plays a role in evaluating the situation at some NGO facilities: in order to be able

to take in new people and because the prospect of future options is seen as very important for the mental health of the people concerned (V21).

### 6.3.3  Targeted Facilities for the Most Vulnerable People

In addition, there are special facilities for vulnerable groups. Some of these are funded by the Viennese Homelessness Assistance, some by other municipal bodies or, like shelters for victims of human trafficking, by the federal government (V7). Homeless people who are discharged from hospital but are still in poor health can, for example, recover at the Caritas-run Haus Jaro, which is also funded by the Vienna Social Fund, regardless of their residence status and health insurance. Vienna's women's shelters offer protection for women affected by violence regardless of their residence status, but these too are only temporary. Follow-up solutions for women without entitlements affected by violence are sometimes found through cooperation with the above-mentioned NGO-run shelters or Opportunity Houses (V11).

For families or single parents with children there are dedicated places in Opportunity Houses. However, these usually do not offer long-term solutions (Diebäcker et al., 2021). Civil society services, such as the Haus Amadou of Caritas or the Ute Bock House are urgently needed and fill important gaps, since children affected by homelessness may be separated from their parents (V11). Unaccompanied refugee children and children with precarious status without legal guardians are accommodated in shared flats by the Child and Youth Welfare Service (Kinder und Jugendhilfe, MA11).

All experts interviewed in housing and homeless services mentioned the challenge of meeting the needs of people with health problems, especially in combination with mental illness, addictions and/or the need for care, especially for older people, when they are ineligible for services. Municipal actors identify this group of people as particularly vulnerable (V3; V4; V18; Diebäcker et al., 2021). Those who have been living in Vienna for a long period of time and have no prospects of leaving, often stay in winter emergency shelters for an extended period. It can be assumed that they turn to this kind of shelter because they can no longer pay for private accommodation and accommodating them is no longer feasible for acquaintances or family members. The shelters, however, are neither designed nor equipped to care for these individuals, who are often dealing with multiple issues. This poses enormous challenges for the staff, for which they are not always sufficiently trained or qualified. Despite the good cooperation between Viennese Homelessness Assistance and the NGOs that sometimes provide medical care on site, there is an enormous lack of mental health care provision. The lack of long-term housing options also increases their vulnerability to exploitation and sometimes leads them to remain in relationships of dependency or violence.

Beyond that, the city and NGOs provide various support and counselling services in housing, which may also be used by people with precarious status. One example is

assistance for special circumstances, where bills, such as for heating or electricity, are paid by the Municipal Department of Social Welfare, Social and Public Health Law (MA40) (V9; V12). However, these are rather high-threshold services that usually require professional support (V12).

Besides structural factors such as legal restrictions that limit the access and duration of stay in an official shelter for migrants with a precarious status, there are several other factors at play. The services of Viennese Homelessness Assistance cannot, for instance, be used anonymously. The fear of a registration leading to imprisonment and deportation can therefore lead to people preferring to stay privately with acquaintances or family members. One interview partner mentioned that he is quite certain that precarious migrants at risk of deportation therefore "exclude themselves" from the services of the Viennese Homelessness Assistance (V18). Another reason is the stigmatisation associated with the use of services for the homeless, particularly an issue, it is said, for women. Shame, dignity, rejection or lack of knowledge can all play a role (V3; V4; Beeck et al., 2020: 16; Diebäcker et al., 2021).

> But where do those go who don't get approved for funding or can't build up a housing prospect? And here the answer is quite clear: either they go to friends, or they go to the winter emergency shelter. (V18)

Given the few long-term accommodation options for migrants with precarious status in Vienna, as well as the barriers to using homeless assistance services, it can be concluded that many precarious migrants do not live in official accommodation provided through refugee assistance, homeless assistance or NGOs, but rather in private accommodation. The descriptions of the conditions experienced range from standard rented flats (V12) to substandard flats with massive deficiencies and overcrowding (V25) to accommodation with acquaintances and family members under widely varying conditions (V24; V14), as well as accommodation in the private households of employers (SV1).

### 6.3.4   Protection for Victims of Violence

Precarious migrant women often work and live in the private sector, e.g. as care givers or au pairs in private homes, and are more likely to remain in relationships of dependency than to benefit from services provided by the support system for homeless people. The estimated number of unreported homeless women is high, and the barriers related to stigmatisation are considerably higher for them. It appears that women seek accommodation through informal networks, family or acquaintances and are thus more difficult to reach for assistance services (SV1; V3; V4; Diebäcker et al., 2021). Consequently, women are at greater risk of falling into exploitative and violent situations. The risk of becoming victims of human trafficking is also significantly higher for women with an insecure status. Services for protection against violence, such as women's shelters, are open to women in

precarious situations too, but often they do not have access to follow-up services (V7; V20). There is some cooperation with the donation-funded support services of NGOs, where women can find accommodation afterwards (V11). An NGO, St. Elisabeth-Stiftung, provides 15 housing spaces for single mothers with precarious status and their children, with municipal funding, and supports and counsels them in order to find long term solutions, access to the labour market and regularisation.[15] It was emphasised repeatedly that there is a lack of awareness of work-related exploitation and that accordingly there are few offers of services, although there are some civil society campaigns on specific sectors (SV1; V1; V7; V8).[16]

> I think one of the reasons why a residence status is also very important for women who have been exploited is because otherwise the exact thing that the perpetrators have said will happen: They are not being believed and they get deported. (V7)

The main challenge for victim protection was identified as the insecurity of residence status that can follow from leaving a violent or exploitative context, as the quote above illustrates. Divorce or leaving an employment relationship can lead to losing a residence permit. It can be very difficult for victims of human trafficking to leave the perpetrators, not least because of the fear of coming into contact with the authorities and being removed from the country. There is temporary legal protection for victims of human trafficking, but it is conditional on cooperation with the authorities and on filing a legal complaint. There is no separate status for this vulnerable group; therefore, removal from the country can be a possible consequence. Both at the federal and municipal level, there are working groups to combat human trafficking that cooperate with the NGOs active in this field. In Vienna, there is not only an NGO that looks after female victims of human trafficking but also one that supports male victims. In the interest of preventing human trafficking, there is a strong call from this side for an independent residence permit for victims of violence, exploitation or human trafficking that is not linked to ongoing criminal or civil proceedings (SV1; V1; V5; V7; V8; Schlintl & Sorrentino, 2021).

## 6.4  Inclusive School Education with Challenges

In Austria, schooling is compulsory for children between 6 and 15 years of age and this applies to children with precarious residence status. The Department of Education ("Bildungsdirektion") in Vienna has taken numerous steps to facilitate access to the regular school system for multilingual children and children with different

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[15]See https://www.elisabethstiftung.at/wohnen/mutter-kind-haus-collegialit%C3%A4t

[16]For example, there is a lack of awareness & protection measures for 24-h caregivers who work and live in private settings where they can be victims of sexual and physical violence. A self-organisation of 24-h caregivers has developed into a campaign for more rights and better working conditions. See: https://ig24.at/

educational backgrounds. In addition, native language classes are offered in 23 languages. Multilingual outreach to parents and dissemination of information about schooling are also intended to promote inclusion (V19). In interviews with people with precarious status who have, or have had, children of school age, the majority referred positively to the schools in Vienna's regular education system and mentioned the school as a place through which they received support and connections to external support services (V12; V14; V25).

Nevertheless, numerous challenges were mentioned, especially exclusions related to poverty and language. In particular, and perhaps counterintuitively, the special classes for improving German language skills ("Deutschförderklassen") introduced by the right-wing government in 2019/2020 together with a new German language test (MIKA-D test) were widely described as discriminatory and fostering segregation: non-German native children are taken out of their regular classes and grouped in these special classes, where they do not have peers of the same age to learn form. Despite criticism coming from within the political and administrative sphere in Vienna, the city did not have sufficient leverage at federal level to stop the introduction of these classes (V15; V19). The COVID-19 pandemic also posed challenges to families living in precarious circumstances who are non-native German speakers, as one interviewee put it:

> So for me, the group that really lost out in the pandemic – if you really had to pinpoint it now – are above all primary school children and secondary level 1, that is, 10- to 15-year-olds with a migration background and with insufficient or inadequate knowledge of German as the language of instruction. (V19)

Constrained housing conditions, lack of computers or tablets and access to internet or data usage, and lack of parental support made distance learning for these children very difficult. Therefore, Vienna's schools were kept open after the first lockdown and multilingual information that children could come to school was distributed (V15, V19).

### 6.4.1   Pre-school Provision Authorised Regardless of Migration Status

In Austria, there is a compulsory kindergarten year. Children can also attend a municipal kindergarten prior to this compulsory year, as long as their main residence is in Vienna. Attending kindergarten is free of charge, but there is a monthly fee of 68.23 € for meals. Households with very low incomes can be exempted from this.[17] However, applying for the exemption is a bureaucratic process with a rather high threshold, and the parents' income has to be disclosed, which can be a barrier for

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[17] See: https://www.oesterreich.gv.at/themen/bildung_und_neue_medien/schule/Seite.110002.html and https://www.wien.gv.at/amtshelfer/gesellschaft-soziales/magelf/bewilligungsverfahren/kindergartenjahr.html

precarious migrants. In 2017, the Austrian Federal Ministry of Education explicitly stated in a circular letter to educational and counselling institutions that the right to education must also apply to children with unclear residence status (Bundesministerium für Bildung, 2017). However, an interviewee pointed out that there often are concerns on the part of teachers or school management when it comes to children with precarious residence status, e.g. if they lack the documents necessary for registration or lack health insurance, making it necessary to raise more awareness towards the rights and needs of children with a precarious status, for example, that uninsured children at school are covered by accident insurance (V15).

### 6.4.2   Post-school Provision Limited But Extended by NGOs

Up to 18 years of age it is mandatory for children to be in some form of educational training,[18] however, asylum seekers have been explicitly exempted from this regulation (SOS Mitmensch, 2017). For adolescents and young adults from the age of 15, there are various educational pathways and there are numerous counselling services in Vienna to advise. Among them there is also training provision explicitly for young migrants with different educational backgrounds.[19] However, some offers may not be well-known and there is a lack of knowledge and accessibility to multilingual information about such training opportunities. The trainings on offer may also not overlap with the educational aspirations of young people. In addition, access is significantly more difficult depending on previous education, length of stay and educational pathways in the country of origin or in Austria as well as residence status. For young precarious migrants who are excluded from the labour market, it can be challenging to find suitable training, and their status may bar them for the possibility of doing an apprenticeship (V15; V19; SOS Mitmensch, 2017).[20]

Although there is a wide range of courses and further education opportunities for adults in Vienna, there is hardly any access to subsidised education for those with a precarious status. Vienna is alone in Austria in offering German language courses for asylum seekers for which the travel costs are also covered. However, with a legally binding negative asylum decision, the entitlement to education is lost and thus also access to tickets for public transport (V23; V17; SV1). In some cases, access to courses with specific funding is possible regardless of residence status, for example in basic education and literacy courses or programmes specifically for women (V13).

NGOs offer educational programmes led by volunteer teachers, where access is possible regardless of status. These may range from regular courses to language cafés or 1:1 learning support. It was emphasised that people are extremely burdened

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[18] see: https://www.bmbwf.gv.at/Themen/schule/beratung/schulinfo/abp18.html

[19] see e.g.: http://www.interface-wien.at/5-sprache-und-arbeit/91-jugendcollege-startwien

[20] see also: https://asylumineurope.org/reports/country/austria/reception-conditions/employment-and-education/access-labour-market/

by a precarious status and the uncertainty this entails and therefore often face difficulties concentrating on studying a new language. This is a challenge that is difficult to overcome in the courses (V13).

People with precarious status often do not have the financial and/or time resources to attend courses regularly. Either the working hours of precarious labour do not permit this or, if not working, the cost of public transport to participate is too great a financial burden (SV1; V3; V13). Even for those with access to the labour market, cost and time remain a problem—taking time to take a qualification course (e.g. as a taxi driver, as arose in one interview) would mean less time for their current irregular work and thus the family would not have enough income for rent and basic needs. This illustrates the dilemma faced by people with precarious status: even with access to the labour market, it is difficult for them to escape the spiral of precarity (V25).

Although German language skills as well as education and training are key for access to the labour market, for precarious migrants there are not enough offers available and a lack of financial support to be able to pursue them. Thus, migrants who would technically have access to the labour market, such as EU-Citizens, can become entrenched in irregular work contexts and unable to escape their precarious situation despite the fact that they are working.

## 6.5   Good Access to Legal Advice and Counselling

In Vienna, there is a large and specialised counselling system, parts of which are open to all of Vienna's residents while others are explicitly aimed at migrants. Some of the services are linked to status, such as asylum seekers, while others are aimed at people with a specific native language and are accessible regardless of status. Counselling services include legal advice on immigration law, including matters relating to asylum, residence and settlement; women-specific counselling; as well as specialised counselling related to debt, housing and homelessness, health, and various educational and labour market integration opportunities or to labour law. The organisation, financing and accessibility of these services vary greatly. The diverse range of services in Vienna (in stark contrast, for instance, to Cardiff) shows that the different stakeholders are aware of the vital importance of information and counselling, and that the city has invested resources to fund many of these services.

Many experts highlighted the negative effects of legislative developments introduced by the right wing ÖVP/FPÖ coalition government (2017–2019). One of the effects is that, at the beginning of 2021, legal counselling and representation for people in the asylum procedure was reorganised within the framework of the Federal Agency for Reception and Support Services ("Bundesagentur für Betreuungs- und Unterstützungsleistungen", BBU), which is subordinate to the Ministry of the Interior, the department responsible for the decision on asylum claims. This has led to a lot of criticism, as the independence of the counselling and representation mandate is considered to be at risk. Since then, independent counselling services on asylum law in Vienna have been solely financed by donations and are offered in part

by volunteer counsellors. These counselling services are especially important for rejected asylum seekers since they fill gaps that are not addressed by that Federal Agency (SV1; SV2; V8; V17; Integrationshaus, 2021).[21] There are not many legal advice services covering aliens' law for people who are not in Austria through the asylum system yet there is great need in this area. One specialised NGO in this field receives funding from the city. It faces a huge caseload (V8). In addition, it is a specialist area of law in which, on top of the general complexity in the field, there had been many changes in the years prior to our study (V1; SV1; SV2; Peyrl, 2018).

## 6.5.1   Complexity and Scarce Resources Pose Challenges to Legal Advice

The great complexity of asylum law, law relating to aliens and of social law, makes legal advice and counselling services indispensable. Without professional support, it is hardly possible for precarious migrants to assert their rights or claims. Support is also needed to claim social benefits: the paperwork is not only complicated but the social welfare system itself is extremely prescriptive. Failure to register or pay social security, even if it is not the fault of the person concerned but of the employer, can mean that social welfare benefits cannot be claimed. Particularly in these cases, there is a lack of counselling centres that also provide legal representation and support in the effort to assert claims. This is partly because counsellors and social workers are actually working in other areas of law and do not have the necessary time resources or, in some cases, the know-how (V1; V2; V3; V8; SV1; SV2).

Most counselling services are provided by NGOs, some of which are working on behalf of, or with funding from, the city. This means that the services are accessible to people in the asylum procedure, people with a positive asylum decision or subsidiary protection, or are conditional on access to the labour market (V1; V3; V7; V8; V16; V20; V21; V23). The degree to which counselling services are accessible at low thresholds, and recognition of the importance of multilingualism in the counselling services varies, presenting access barriers for precarious migrants. There are counselling services in different languages, some of which are explicitly addressed to people who speak a certain language, while other services are only available in German. For precarious migrants, it can be a challenge to find out which services are open to them and offer the right expertise and language skills. This can be time-consuming and can lead to disappointment. The interviews found that people with precarious status often rely on the advice of friends and acquaintances, not only about which services they can use but also about which services they can trust. People within migrant communities thus play a central role as supporters and information providers (V1; V3; V8; V12; V14; V24; V25; SV1; SV2).

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[21] See also: https://www.fairlassen.at/

    Scarce resources can lead to situations where people are sent from one place to another without anyone feeling responsible. In some cases, counsellors may have to decide whether they see a realistic prospect of a positive outcome or not and thus agree to submit a complaint or a new application. Signposting to the right agency requires knowledge and often depends on committed individuals. Furthermore, responsibilities may not be clear, not least when time resources are scarce. People are then sent on or simply turned away. Alternatively, they receive only brief counselling and feel that their concerns are not taken seriously. This is frustrating for the people affected and can lead to a loss of trust in the support infrastructure. As a result, it can also happen that technically existing entitlements are not (or cannot) be asserted or that deadlines expire, which in turn can have serious consequences in terms of residence status or access to social benefits. This makes it even more difficult to reach people in precarious situations and to identify those affected by exploitation, violence and human trafficking. Adequate resources and good networks beyond the individual departments are therefore of central importance (V1; V2; V3; V8; V14; V17; SV1; SV2).

## 6.6   Conclusion

Vienna offers a wide range of support services, some of which are open and accessible to people with a precarious residence status. A well-resourced municipality, responsible for delivering a wide range of services, it has been able to extend its inclusive approach, to an extent, to precarious migrants. Together with these inclusive practices of the administration, the extent of service provision is nevertheless mainly due to a committed and innovative civil society. It is striking that municipal interviewees spoke very positively of the NGO actors with whom they cooperate, recognising their dependence on them. Many NGO interviewees equally referred positively to the municipality and to each other, appreciating the efforts of those staff who work towards (more) inclusive services. However, also mentioned was their dependency on the city as a funding body, which at times can make it difficult to voice criticism.

    NGOs also identified numerous gaps and shortcomings, especially for groups that are classified as vulnerable and need access to support services. The assessment whether individuals qualify for support when there is no legal basis, or it is not clearly defined so that discretion plays a significant role, is often based on the likelihood that the individual will remain in the long term. That is highly problematic as a yardstick for those with precarious status for whom this is unknown. Very important also is the assessment of the best interests of the child, the need to protect people from violence, and the rights of people in need of care and sick people. These are key factors in the assessment of 'deservingness', which shape the way in which municipal staff discretion is used (Willen, 2012; Chauvin & Garcés-Mascareñas, 2014; Ataç, 2019).

In individual sectors, the city as a matter of policy uses its discretionary powers to make certain services accessible—such as access to Opportunity Houses of the Viennese Assistance for the Homeless—or to keep them more inclusive, as with the only partial implementation of the new Social Assistance Basic Act of 2019, ensuring that people eligible for subsidiary protection have continued access to social welfare ("Mindestsicherung") in Vienna. Significantly, however, these inclusive practices are not much publicised by the city and can be understood as 'shadow politics' (as opposed to the 'sunshine politics' of restrictions on migrants' rights to which politicians at the national level are much more willing to attract attention) (Ataç et al., 2020; Spencer, 2014). The financial support to health care facilities for treating uninsured people provided by the city, for example, is similarly under the radar. Moreover, these are financial subsidies from the sector of homelessness assistance into a parallel health care system. That contrasts with inclusion into regular health care, which was the case with the city's inclusive testing and vaccination strategy to combat the COVID-19 pandemic.

The dual role of the city in the administration of certain aspects of immigration law, through its Department for Immigration and Citizenship (MA35), exposes the city to public criticism for long waiting times in handling applications and for discriminatory behaviour of its staff (SV1; V1; V8; Koschuh, 2021). The city has announced that the problems will be addressed, and resources expanded (Anders & Tomaselli, 2021). However, it also appears that the dual role leads to internal differences of view on the desirability of making services more inclusive—so that there may be a lack of political will to address grievances and to make the necessary reforms (V1; V3). Accordingly, there does not seem to be a common approach between the different departments towards people with precarious residence status. Rather, within Vienna's municipal administration, as in other large cities, there are different, competing and not always coordinated, department-specific approaches involving different stakeholders and interests (De Genova, 2015; Ambrosini, 2021; Homberger et al., 2022b).

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# Chapter 7
# City Approaches Compared

In this chapter we draw out some key themes of comparison in relation to context, the cities' overall approaches towards their residents with precarious status, and their framing of any rationales that have been expressed for inclusion in services. We then compare practices in relation to the four areas of service provision on which we have focused: healthcare, accommodation, education, and legal services. We conclude with observations on common barriers to accessing those services, on the roles of NGOs, and lessons from the COVID-19 pandemic.

## 7.1 Limited Recognition of Precarious Migrants Despite Commitments to Inclusion

Each of the cities studied has an overt commitment, in broad terms, towards respect for diversity and inclusion of migrants. Cardiff, as we saw, has been a 'City of Sanctuary' since 2014 and frames itself as inclusive, with a commitment to community cohesion and to equality of opportunity for all. Frankfurt has for more than two decades had an Office for Multicultural Affairs, attached to its Department for Integration, with the aim of ensuring that people of different origins, religions and world views have equal opportunities to participate in public life emphasising the concept of a diverse and cosmopolitan Frankfurt. Meanwhile Vienna has been a 'Human Rights City' since 2015. Its discourse is inclusive, often referring to 'all' people living in the city. Vienna has strong integration programmes, language classes and multilingual information provision for newcomers, beyond the requirements of the federal government.

While the three cities differ in the extent to which they have explicitly recognised migrants with a precarious status among the residents to whom they have a responsibility, it is fair to say that each of them is only at an early stage in that recognition. None is, as yet, on a path towards a consistent approach across their areas of service

delivery. Cardiff's Equality and Inclusion Strategy 2020 refers to *all* of the city's residents but by name only to asylum seekers, refugees and EU nationals. The Council is a member of a UK city network that prioritises welcoming newcomers and is engaged in programmes to support the inclusion of refugees and unaccompanied asylum-seeking children. A 'Needs Assessment' published with the local Health Board in 2022 goes further in identifying 'undocumented' migrants as among those for whom there is a need for training and support for professionals to improve service provision; a need for data collection, for instance, and for models of primary healthcare that could overcome barriers for this group of people. This is a significant extension of its perception of its responsibility for this vulnerable group and could be a lever for staff to take a more inclusive approach forward. The Council has in practice provided support to some migrants with a precarious status, and inclusion was notably extended during the COVID-19 pandemic, to which we return below. It nevertheless relies heavily on NGOs to fill many of the gaps in provision. Awareness of the need to respond to the service needs of precarious migrants has grown in parts of the administration and with it an intention to further develop its approach, for which the 2022 Needs Assessment is a helpful official evidence base. There is however no internal governance or communication mechanism that is facilitating a dialogue across the administration on this issue.

Frankfurt's 2010 Integration and Diversity Concept is framed as a commitment to find solutions that mitigate social problems arising from irregular status; and to resolve irregular status where possible, seen as a prerequisite to equal access to rights. Nevertheless, Frankfurt Council, like Cardiff, does not have a comprehensive approach towards addressing the needs of those who remain with a precarious status. However, there are strong examples of good practice in relation to healthcare, and increasingly for protection against violence where municipal departments developed measures suited to the needs of precarious migrants. Furthermore, legal advice and counselling is partly funded by the local authority. For other services, high access barriers remain, in particular for accommodation. Thus, as in each of the other cities, both inclusive and exclusive municipal responses can be identified. Most support services are in practice provided by NGOs, some with financial support from the council, federal or federal state government or from EU institutions. Funding criteria which do not meet actual needs, and short-term project funding, impede continuity and forward planning. Major gaps in provision remain. The need for accommodation especially for homeless EU migrants with no recourse to public funds has gained recognition, at least by the Office of Multicultural Affairs. While there is no consensus among the municipal departments yet on an inclusive local answer in this field, the topic is prominent on the local policy agenda.

In Vienna, there is extensive service provision to migrants, however these inclusive measures largely target those with a regular status. Those with a precarious status are excluded from many of the services and from benefits that ensure basic social security. Nevertheless, the municipality funds certain services, run predominantly by NGOs, such as counselling or accommodation, which are open to all, regardless of status. Despite the inclusive and human rights-based discourse of the municipality, these vulnerable groups continue to fall through social safety nets.

Meeting their needs is thus highly dependent on NGO services which close significant gaps in service provision—gaps that would otherwise have serious consequences for them and for the city's other residents. Although a variety of NGOs are active in this regard, and many receive at least some financial support from various municipal departments, there is a lack of financial and human resources in the sector and multiple needs remain unmet. There is a commitment in parts of the municipal council, including the Vienna Social Fund, to explore means of addressing these gaps and to match provision for precarious migrants with the city's human rights commitments. In other parts of the council there appears limited interest in the situation of migrants with precarious status and in facilitating access to their services.

Each of the cities relies to an extent on staff discretion in relation to providing access to their services. This provides flexibility but adds uncertainty, due to variability in assessments of deservingness or need. In Frankfurt, vulnerable people are selectively provided with accommodation services beyond short term emergencies or in winter. In Cardiff, the Council provides emergency accommodation on humanitarian grounds, the criteria for which can be subjective. In Vienna, while Opportunity Houses are intended to be open to all, they are in practice tied to staff impressions of the individual's future prospects. That can lead to prioritising those with a regular status, and thus a clear future in the country, over those with a precarious status whose future prospects are less certain. Such practices are detrimental to universal service access. They can allow for "de-bordering solidarity" (Ambrosini, 2022) but the categorizations that are deployed by staff to govern access can also (whether intended or not) have bordering effects.

## 7.2 Fragmented Policy Frames

One of the aims of this research was to identify the relationship between the overall framing of a municipality towards inclusion, its framing in relation to precarious migrants, and its actual approaches towards them. We were intrigued to know whether a framing as a 'Human Rights City', for instance, would translate into a human rights framing in relation to this group of residents. Previous research, as we saw in Chap. 2, has explored the range of frames that have been deployed by city policy makers to legitimise, defend and promote local policies and services in support of irregular migrants. Policymakers might refer to security issues, human rights or humanitarian discourses, the socio-economic benefits of inclusion, or the benefits for administrative efficiency (Spencer & Delvino, 2019). The literature had not explored, however, the relationship between this framing in relation to specific services and target groups and to a city's overall framing of its mission.

In the event, it was difficult to detect any consistent framing in relation to this group of residents in any of the cities. Neither Cardiff, Frankfurt, nor Vienna has a municipal-wide policy that frames its approach towards residents with a precarious status—in contrast to Zurich, for instance, which overtly embraces these residents within the city's human rights frame (Antoniadis & Meier, 2023). While the cities, in

policy and public statements, do refer to the importance of "sanctuary," "diversity and cosmopolitanism" and "human rights" this is invariably in relation to other categories of migrants. Significantly, in Cardiff the notion of 'sanctuary' and support of that frame by the Welsh Government was frequently and spontaneously raised by our municipal and NGO interviewees in relation to precarious migrants. The connection between that concept and precarious migrants was clearly being made but it was not in any framing by the council itself in relation to this group.

Only in Frankfurt, in the integration and diversity concept adopted in 2010, is it stated that it would be "no less a public task to mitigate social problems arising from illegality and to ensure the adherence to human rights" (Stadt Frankfurt am Main Integrationdezernat, 2011: 78). As particular departments, such as the health department and the Office of Multicultural Affairs, do make references to the needs of precarious migrants based on the idea of human rights, the concept of diversity is less used for legitimising access to services. In contrast, Vienna's identity as a 'Human Rights City' was only referred to by interviewees if asked to consider its relevance. While the city funds some services that are open or even particularly targeting migrants with precarious status (such as the winter emergency shelters and some counselling services), the municipality does not openly frame these services as being directed at precarious migrants, but rather as a universal humanitarian service.

In each city, sectoral and professional logics were most apparent (cf. Schweitzer, 2022). Interviewees referred to their particular roles and to perceptions of their responsibilities. The ethical and professional foundations of health care providers, for instance, were incompatible with turning away someone in need of support, although in some cases institutional and legal formations of responsibility outweighed those ethical concerns. Equally, the professional ethos of a social worker who is working in homeless services guides her or his response to someone looking for help and shelter, which may be in contradiction with expected exclusion practices. At the same time, how severe a need is, is a matter of judgement. Criteria for determining an individual's deservingness influence decisions on whom to support.

## 7.3  Complexity of Legal Provisions

The legal frameworks that govern the entitlements of precarious migrants to basic services stretch beyond immigration law. They relate to well-being, health, education, social welfare, child protection and homelessness. These laws change quickly and may not have strong interpretive precedents as is especially notable in Cardiff, where Welsh devolution has produced new legislative frameworks, but also in Austria where the Settlement and Residence Act (NAG) has been changed over 25 times since 2005 (Peyrl, 2018: 104f.). This complexity makes it difficult for non-experts, including municipal staff and NGOs, to be confident of the extent of entitlements and of the legal pathways for securing them. Further complexity is added by the overlapping remits of local, regional (federal state), and national governments, as well as between public bodies. As a result, we saw that local actors

face significant obstacles in understanding options available for precarious migrants as well as their own responsibilities.

Uncertainty on entitlements can be the basis for turning an individual away. As research has found in other European cities, however, it can also lead service providers to exercise their discretion to provide access to a service without drawing attention to the fact that they have done so (Spencer, 2018), and this was evident in each of our cities. While this may have positive effects for the service users concerned, low visibility provision has significant disadvantages. It fails to raise within the authority the issue of eligibility and its commensurate responsibility to meet basic needs, for debate and resolution. It leaves migrants and NGOs unsure whether there is an entitlement and whom in the department to approach. It relies on staff working long hours to deliver above and beyond their designated responsibilities; and it can be unsustainable if demand grows.

## 7.4   Limits on Capacity and Poor Coordination

Vienna and Frankfurt had fewer capacity issues than Cardiff, a small city in comparison, but in each case a series of capacity constraints limit what they can do. For each city, first, there is a paucity of data on migrants with a precarious status—a lack of research evidence on their needs and lack of monitoring of their use of existing services. There is also a lack of privacy-protected data-sharing on the needs of this population between levels of government, in which the concern of the immigration authorities to secure information on those with an irregular status is prioritised.

Staff within the local authorities, furthermore, have limited time to explore what can be a complex range of individual needs thoroughly, because of a lack of focus on, and priority given in staff resources, to meeting the needs of this particularly vulnerable group. There is frequently an over reliance on a small group of committed workers, and a lack of shared institutional knowledge across relevant municipal departments. That lack of shared knowledge is also seen between NGOs in Vienna, but notably not in Cardiff—here the small city and small number of NGOs working in the field ensure a stronger network across all those involved. In Frankfurt, especially in the health sector, an effective collaboration exists between the local health authority and the non-governmental institutions which is based less on formalised meetings and more on informal exchange.

A key question for our study was whether, when a municipality has one or more inclusive services, this approach is shared across the authority. The answer is clear. In none of the cities was there a single approach coordinated across the authority. Rather, their individual departments had developed approaches shaped by a range of factors—from differing legal frameworks relative to their particular service; engaged staff developing new responses; and the demands for a service from people with a precarious status, as well as levels of resources. Where one department may thus take an inclusive approach, another may not. Inter-departmental communication on local

policies and individual cases is often limited. This was especially evident in Cardiff and Vienna. In Vienna, some municipal departments do collaborate on issues relating to precarious migrants, while this was less evident in others, such as the Department for Immigration and Citizenship and the Health Department. In Frankfurt, where some inter-departmental exchange on access to healthcare, on protection against violence and on precarious migrants does take place, the need for closer cooperation between the departments nevertheless became visible. A major obstacle in Frankfurt is the communication of different departments with the foreigners authority. In Cardiff, regular meetings took place between the local authority departments and with external partners on this issue only during the COVID-19 pandemic. These were judged to have helped considerably. In both Frankfurt and Vienna several working groups exist in which members from different municipal departments regularly communicate more broadly with NGO representatives.

This relative lack of internal communication and coordination within each municipal authority is a weakness in their internal, horizontal governance arrangements. In the vertical multi-level governance of cities, researchers have identified a continuum from shared policy frames and non-conflictual relationships between tiers through to de-coupling of those relationships where there is no common perception of a problem or its solutions (see Chap. 2). Here, in the horizontal governance relationships between municipal departments, the consequence is differing framing and approaches; a potential source of tension if steps were to be taken to develop a more consistent approach across the administration.

Having noted those broad themes we now compare practices in relation to the areas of service provision on which we have focused: healthcare, accommodation, education, and legal services.

## 7.5  Healthcare

Although Austria, Germany and the UK have all ratified international agreements that provide for a right to health care regardless of residence status, migrants with precarious status have only limited access to the regular health systems. While the National Health Service (NHS) Wales provides most health services in Cardiff and partly includes migrants with precarious status, in Frankfurt and Vienna, 'parallel' health systems have been established by different stakeholders (including municipal actors in Frankfurt) to offer services to people without health insurance, including migrants with precarious status.

We saw that while in Germany and Austria the health system is financed by mandatory statutory, tax revenues, and private health insurance, the UK has a tax-financed health system. The latter is a free service for those who are 'ordinarily resident' in the UK, but 'overseas visitors' are charged for most services; and applicants for leave to remain or entry to the UK must pay a significant health surcharge in anticipation of their use of health services. Policy on access to services within Wales is more liberal than within England. Charging regulations are a matter

for devolved legislation of the Welsh Government (e.g., refused asylum seekers have been exempt since 2009) and the local NHS health board can determine individual eligibility for charging—but for all local actors there is a lack of clarity on actual entitlements. Migrants with irregular status are in practice likely to be treated as overseas visitors. Emergency treatment is free while primary care[1] is free for 'immediately necessary' treatment regardless of immigration status. In secondary care, 'immediately necessary' treatment is chargeable for 'overseas visitors' but cannot be denied for lack of financial capacity. By contrast, 'urgent treatments' are chargeable, upfront. Some treatments are nevertheless provided free irrespective of whether someone is deemed to be 'ordinarily resident'—including vaccinations and the treatment of communicable and sexually transmitted diseases (because of their public health importance), as well as treatment provided to victims of trafficking or domestic violence, and family planning services. Many barriers exist in practice, however, to accessing these services.

Within the Austrian and German insurance-based systems, in contrast, we saw that access to statutory health insurance is connected either to employment or welfare benefits (as an individual or family member). Migrants with precarious status mostly do not have access to the regular labour market or welfare system, and hence lack health insurance cover. Most precarious migrants do not have the economic means to pay privately for insurance and face other barriers, such as fear of approaching official institutions and language difficulties. As a result, while access to some treatments such as emergency care is given on public health grounds, as in the UK, most do not have access to the regular health system. While the funding base of the health system and means of access to it are thus quite different from the UK, the outcome in effect is the same—a significant level of exclusion from regular services except where the law provides—whether for humanitarian or public health reasons—that all should be included.

In each of the three countries, there are further entitlements for pregnant women. The extent of access to these maternity services—that is, of pre- and post-natal care and delivery—differs. Furthermore, despite being entitled, for instance, to health care when giving birth, women may be charged for delivery afterwards (Spencer & Hughes, 2015). In all three case studies, we found that, irrespective of the official entitlements, there are several barriers that prevent pregnant women with precarious status from accessing sufficient pre-and post-natal care, to which we return below (Table 7.1).

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[1] Spencer and Hughes (2015: 10) adopt the following grouping of services by the EU Fundamental Rights Agency in order to be able to compare different entitlements among countries: Emergency care includes life-saving measures as well as medical treatment necessary to prevent serious damage to a person's health. Primary care includes essential treatment of relatively common minor illnesses provided on an outpatient or community basis (e.g. services by General Practitioners). Secondary care comprises medical treatment provided by specialists and, in part, inpatient care (FRA, 2011: 74).

**Table 7.1** Access to healthcare in Cardiff, Frankfurt and Vienna

| City | National policy framework | Barriers to access | Role of municipality | Role of NGOs |
|---|---|---|---|---|
| Cardiff | Tax based system. Free treatment in National Health Service reserved for 'ordinarily resident' people with regular immigration status. However, regardless of status: free treatment for some communicable diseases; in Sexually Transmitted Disease clinics; some treatment under the Mental Health Act 1983; family planning; in Accident and Emergency departments; 'immediately necessary' treatment (but chargeable in secondary care); for refused asylum seekers, victims of trafficking and of domestic violence, and EU nationals benefiting from national accords. Free specialised NHS clinic in the city (CAVHIS) | Restricted entitlements. Fear transfer of information to immigration authorities; fear charged for treatment; lack of awareness of entitlements; lack of expertise among health professionals on health provision to migrants and of entitlements, e.g. some GPs unnecessarily require proof of address | No municipal provision of any health services. Public health responsibilities include needs assessment, in 2022 covering not only refugees and asylum seekers but also 'undocumented migrants' | Advise, provide information and facilitate access to NHS services |
| Frankfurt | Insurance based system. Insurance is mandatory, covered through regular employment or social welfare, including family members. Possible to pay privately for insurance, but very expensive. Insurance entitles persons to free treatment. People with an irregular immigration status as well as asylum seekers excluded from regular | Lack of insurance and restricted access for persons without a secure immigration status. Authorities obliged to notify the Foreigners Authority if aware of people who lack a valid residence permit; including EU citizens who do not have a substantive right of residence. Social welfare offices may reject applications from | Municipality responsible for public health, including screening for communicable diseases. The local health authority is not required to provide medical treatment to uninsured persons, but does so based on a inclusive interpretation of regional public health service regulations | Despite the prominent role of the local health authority, key role of NGOs in providing primary and secondary health care to people without health insurance |

| | | | | |
|---|---|---|---|---|
| | insurance system and only have restricted access to treatment. In case of other needs for medical treatment, applications regarding costs can be made to the social welfare office. Free treatment regardless of immigration and insurance status in case of medical emergencies without reporting obligation to immigration authorities. Free screening and treatment for some communicable diseases, e.g. Tuberculosis, COVID 19 | hospitals for reimbursement for emergency health care, leading to financial losses for hospitals and to patients being turned away. Even for emergency care, fear of information on status being transmitted to immigration authorities severely restricts access. Further barriers: fear of high cost of treatment; lack of knowledge on health system and entitlements; lack of professional translators | | |
| Vienna | Insurance based System. Insurance is mandatory, covered through regular employment or social welfare, inclusive of family members. Possible to pay privately for insurance, but very expensive. Reduced fees available for students and self-employed people with low income. Mandatory treatment in medical emergencies but uninsured patients will receive bill after treatment. Free screening and treatment for some communicable diseases, e.g. Tuberculosis, COVID 19 | Lack of insurance excludes people from health care, unless they are able to pay for it privately. Even for emergency healthcare, there is fear of information on status being transmitted to immigration authorities; fear of high cost of treatment; lack of knowledge on health system and of existing entitlements; and lack of professional translators | Municipality responsible for public health, screening of communicable diseases, and operates several of the large public hospitals in Vienna, which must provide emergency treatment regardless of insurance | NGOs key in providing primary and secondary health care to people without health insurance. Few hospitals run by Catholic orders are more inclusive of the uninsured |

Compiled by the authors

### 7.5.1  Diverse Measures to Address Exclusion

None of our cities has a mandate to provide comprehensive healthcare services but each does have responsibilities relating to public health. To counteract exclusion from health services, we saw that different measures have been taken in each city. In Cardiff the NHS (Wales) itself runs a clinic, CAVHIS, that is designed to overcome barriers to accessing NHS services, including barriers stemming from charging regulations. It provides free health screenings, primary care consultations and midwifery services, as well as help to access wider NHS services. Frankfurt uses its public health mandate to justify its provision of a healthcare service to people without health insurance, including precarious migrants: the Humanitarian Consultation Hours. A twice weekly general medical clinic and weekly paediatric and gynaecological clinics are delivered in long-standing cooperation with an NGO. The treatment is free of charge and confidential. The municipal budget for the service and related costs, such as medicines, are drawn from different municipal departments. Premises and staff are provided by a subsidiary body, the Local Health Authority—a notable example of cross-departmental cooperation. In a significant development, the Local Health Authority now also runs a "Clearing House" that provides advice and support to people to obtain long-term health insurance coverage and thus access to the regular healthcare system, as well as potentially to make claims for social benefits.

In contrast, neither Cardiff nor Vienna directly provides individual health services but interpret their role as ensuring public health through population and service needs assessments, as well as the screening, containment, and treatment of infectious diseases. Cardiff has a duty to work with the NHS and its local health board to secure the provision of information, advice and assistance, and it signposts individuals to NHS services for health assessments and healthcare provision.

Whereas Frankfurt provides its own service for those who are uninsured, and in Cardiff the NHS provides the CAVHIS clinic (albeit in both cases with significant additional services provided by NGOs) in Vienna the key role of ensuring health care for uninsured people falls to NGOs. Their services receive partial funding from the local authority through its Viennese Social Fund—interestingly from the budget for Homeless Assistance. The main part of the work is however funded by donations and through the work of voluntary staff. Frankfurt also contributes to the cost of NGO healthcare services, supplementing its own contribution, e.g., a Caritas streetwork health centre which provides medical care for homeless people and people without health insurance regardless of residence status. In addition, we saw that the Local Health Authority supports a student-run polyclinic that holds consultations in its facilities. In Cardiff, in contrast, the contribution of NGOs in relation to health is largely to help migrants to overcome access barriers to the NHS system; work partly funded by the Welsh government.

It is notable that in each city there is access to special services for women and for children, recognising that they have particular needs and the barriers they can face. In Frankfurt, this is provided by the city Health Department's own Consultation

Hours; in Vienna, paediatric and gynaecological consultations are provided by two NGOs. In both cities, there are also special arrangements for pregnant women to provide a risk-free delivery at a reduced price, facilitated by NGOs and the health department in Frankfurt. Nevertheless, we saw that it is difficult to reassure women that they will not be reported and deported if they use the service. It is also difficult to ensure sufficient follow-up care for either the mothers or new-born children and, if complications arise during the birth, to cover the costs of an inpatient stay. Vienna has such an arrangement, to ensure a reduced price which, unlike a similar arrangement in Frankfurt, covers complications during birth and with the new-born child. Patients must nevertheless find the funds to cover the rate of around 800 €, from their own resources from irregular work or from an NGO.

In contrast, in Cardiff these services are provided as part of the regular NHS system. In practice, many access this through CAVHIS which provides the service of a midwife who has specialised in the needs of migrants with precarious status. However, as in Frankfurt and Vienna, problems can arise when women with precarious status need to move on from that service to access the regular NHS, e.g., when giving birth in a hospital, as they may be charged for maternity services. The fear of detection is also present here and the role of NGOs was seen to be crucial in providing reassurance.

### 7.5.2 NGOs Play Different But Crucial Roles

NGOs clearly play crucial, if differing, roles in facilitating access to health services in each city. This ranges from being the main providers of health care to people without health insurance (Vienna); to providing special services for this group, including migrants with precarious status, in close cooperation with the municipality (Frankfurt); to facilitating access to healthcare in the regular system (Cardiff). A common theme across the three cities is that, for the NGOs, insufficient and insecure funding poses a major challenge, leading staff to work long hours and going beyond their professional duties to fulfil the needs of their clients.

In Vienna, clinics run by NGOs are not only offering primary health care by GPs but also specialist services ranging from dentists to gynaecologists and paediatricians. For this to be viable it needs the collaboration of laboratories and diagnostic centres willing to provide pro bono services, as well as the collaboration of doctors in private practice and private hospitals who are willing to allow their services to be used anonymously. Significantly, NGOs have more freedom than public sector staff to speak out about the gaps in services and their negative consequences and to lobby for reforms.

In Frankfurt, it is striking that despite a municipal run clinic there remains a need for numerous other facilities run by NGOs, offering health services for people without health insurance regardless of status. Over the years, a good division of labour has developed between the municipal clinic and these NGO players—reportedly an effective, hierarchy-free cooperation, based less on formalised meetings and

more on informal exchange. Most of the care is provided by these non-state actors, yet they lack sufficient public funding and greatly depend on private donations and voluntary work: a fragile base for a vital service. In Cardiff, NGOs also play a vital role in bridging between services to overcome barriers and facilitate access to NHS care. It can be simply a matter of facilitating communication through access to phones and mobile data or interpreting the way in which the NHS works to those unfamiliar with its structure and processes.

### 7.5.3  Persistent Barriers to Accessing Care

It is evident that in each city, despite differing health systems, infrastructure, and details of entitlements—and notwithstanding measures taken at city level to counteract exclusion—there are several access barriers in common. The first deterrent for accessing those services to which this group is entitled is a lack of information and clarity on whether they are permitted to use the service or not. Even in medical emergencies, migrants with precarious status may avoid hospitals as they are uncertain whether they will be treated or be required to pay. Across the three cities there is a lack of accessible information on healthcare services and entitlements to use them that is targeted to migrants with precarious status.

Secondly, migrants with precarious status can hesitate to go 'on the radar' by interacting with healthcare systems because they fear that their data will be passed on to immigration authorities and may lead to detention or deportation. There are not sufficiently effective firewall regulations in place to prevent transfer of data or reassure the migrants that the service is indeed confidential. The lack of confidentiality is most problematic in Germany. Although medical personnel are exempt from the requirement to notify the immigration authorities when in contact with people lacking regular status, the social welfare offices responsible for reimbursement of fees are required to keep migrants' data confidential in the event of a medical emergency, but this information is less clear to the relevant actors. This uncertainty dissuades migrants who fear discovery and deportation from accessing necessary health services. In addition, social welfare agencies frequently question the medical classification of individual cases as emergencies and apply high standards to evidence that the patients are indeed destitute (Von Manteuffel, 2018: 35ff).

Furthermore, the systematic review by FitzGerald and Hurst (2017) underscores a less visible but equally significant barrier to healthcare access: implicit bias among healthcare professionals. This review found that healthcare providers, like the general population, exhibit implicit biases that can negatively influence their clinical decisions, impacting patient care quality. This is particularly relevant for migrants, who may already face challenges in accessing healthcare due to language barriers, fear of detention, or lack of clarity about their entitlements. Acknowledging and addressing these implicit biases is crucial in ensuring equitable and effective healthcare for all, including vulnerable migrant populations.

In Austria, in a medical emergency, hospitals are as in Germany obliged to treat patients regardless of whether they have insurance. However, patients are then usually processed as private patients and receive hospital bills after treatment. There is the option, through handing in a social report, to have the bill waived or to pay it in instalments. This is a rather high-threshold process, though, which usually needs the support of social workers. There are fee constraints even to access emergency care. While there is no obligation on public services in Austria to report the personal data of irregular migrants to the authorities, there is also no clear protection against it. While there have been no reports of irregular migrants being turned over to the police by hospital staff, this insecurity is still a deterrent for migrants with precarious status who fear detection (Stiller & Humer, 2020). Thus, they tend only to use the services provided by NGOs and the private hospitals with which they cooperate, as these services can be used anonymously.

In Wales, although medical and support staff are bound by confidentiality, the hospital departments responsible for collecting payments from those who are ineligible for free treatment do notify the Home Office if such bills are not paid. That debt can then affect eligibility for renewal of immigration status or re-entry to the UK at a later date. The firewall between healthcare providers and the immigration service in the UK is thus by no means complete. As in Germany and Austria migrants may be dissuaded from accessing services if they believe there is data sharing between the NHS and the Home Office, fearing deportation or negative consequences for future immigration applications.

Further, in all three cities, albeit to different extents, receptionists, nurses and doctors act as gatekeepers of the regular health system and may dissuade or prevent access—for instance in the UK by wrongly refusing to register an individual who cannot provide an address. Migrants may, in turn, fear being misunderstood, or be dissuaded from accessing services due to previous negative experiences. When migrants are turned away they may lack the persistence to continue to seek access, the knowledge of how to seek recourse, or information on alternative routes to access services.

Language barriers were also common to all three cities—a shortfall of interpreters or an inconsistent use of interpretation by medical staff. A shortage of interpreters may also be a barrier to the detection of victims of trafficking or abuse, as they might be accompanied by the perpetuator who acts as an interpreter. NGOs, as we saw, thus give some priority to providing multilingual medical care. Further, access to health care in each case is restricted by the real and perceived costs of treatments—the fear, for migrants, of being sent a bill which they cannot pay and, in Frankfurt for hospitals, of not being able to recoup their costs. An unpaid hospital bill in the UK is grounds for refusing future immigration applications. This system of cost recovery dissuades migrants from accessing services and service providers from providing them.

In summary we can say that a basic level of inclusive measures with regards to healthcare exist in all three case studies, albeit to varying extents and with different involvement of local authorities. In Cardiff, migrants with precarious status are partially included in the regular health system, facilitated by a specialised NHS

service, and the local authority plays a minor role. In Frankfurt, in contrast, a parallel health system has evolved providing basic access to health care for people without health insurance. While the municipality's Local Health Authority plays an active role in this, the provision of inclusive services is largely undertaken by NGOs that only receive partial funding from the municipality and strongly rely on donations as well as on voluntary work. This system reaches its limits when it comes to the need for ongoing treatment and for mental or chronic diseases or complicated surgeries. Finally, Vienna's municipality contributes little towards ensuring the right to health for all the people living in the city. The civil society sector provides quite comprehensive primary and secondary health care services that are low threshold, free of charge and anonymous. Despite various gaps regarding in-patient treatments, long and expensive treatments and the treatment of mental health issues, the NGOs providing health care are often mentioned as best practice examples. They offer multilingual services and have social workers that accompany the health treatments, offering a holistic approach to health. However, as in Frankfurt, these depend highly on donations and voluntary work.

## 7.6  Accommodation

The three cities have differing responsibilities regarding the provision of accommodation for their population in general and for migrants with precarious status in particular. The legal frames regulating access to the private rental market, social housing and homelessness services also differ, as well as how these are managed by each local authority.

Rejected asylum seekers should in each case generally continue to receive support from the national/federal government, including accommodation in Vienna and Frankfurt and in some cases in Cardiff. Rejected asylum seekers who are ineligible for government support and are destitute in Cardiff are eligible to receive assistance from a Welsh Government's Discretionary Assistance Fund. In Vienna rejected asylum seekers who have been living in Vienna previously continue to receive basic benefits for foreigners in need of assistance and protection ("Grundversorgungsleistungen"), which should cover accommodation. However, they often come to Vienna from other federal states in which case they are not eligible for support in Vienna. In Frankfurt rejected asylum seekers who have been accommodated in Frankfurt before the rejection of their asylum claim are allowed to stay in the accommodation until the expiry of their obligation to leave the country or their deportation. As in Vienna, this does not hold for rejected asylum seekers who had officially been accommodated elsewhere in Germany. Migrants with precarious status are otherwise generally excluded from social or council housing, and from most of the services offered through the regular homelessness assistance in all three cities.

In addition, fear of detection and deportation and a lack of trust towards local authorities (and at times towards NGOs), can discourage precarious migrants from

accessing the few options available to them. This leaves them highly dependent on the private housing market in each city, where they can face discriminatory behaviour and exploitation. Accounts of substandard housing, with mould or insect infestation, as well as overcrowded and overpriced rooms, or even bed-only rentals, are common. Likewise, 'couch-hopping', where a person stays temporarily with a friend, family member or acquaintance and then moves on. Another form of accommodation is provided through formal or informal employment relationships, often directly at the place of work. All these forms of living leave migrants highly dependent on either the landlord, employer or the person they are staying with, which renders them vulnerable to exploitation and abuse. In Germany, the situation is exacerbated by the fact that landlords can face criminal charges if they rent to a person without a residence permit. In contrast to this in Austria and Wales (itself in contrast to the rest of the United Kingdom), no immigration status check is required.

## 7.6.1   National Laws Severely Constrain Provision

Comparing the policy frameworks, we saw that in Cardiff, under UK law, people whose immigration status requires that they have no recourse to public funds (NRPF) are excluded from receiving council housing or homelessness services. The Welsh Government has however made combating street homelessness one of its priorities and its Nation of Sanctuary Plan (2019) includes action to accommodate asylum seekers and refugees seeking sanctuary in Wales. A Homelessness Action Group tasked with finding solutions to homelessness in Wales went further in recommending that all people who are homeless or at risk of becoming homeless, "regardless of their migration status, as far as this is possible in current UK law" should be included. However, as local authorities in Wales are bound by UK law, Cardiff cannot accommodate migrants with NRPF in its council housing nor in homelessness schemes. It does have a statutory obligation to support NRPF households with children, young care leavers and vulnerable adults in need, such as adults at risk of exploitation or with health issues. We saw that Cardiff Council therefore works closely with NGOs to aid precarious migrants with NRPF, as well as with other civil society actors such as private landlords. Significantly, it can do this as in Wales there is no requirement for landlords to check the immigration status of their tenants. There is however a general lack of accommodation available in the city.

In Frankfurt there is similarly a lack of affordable housing. Migrants with precarious status are, as in Cardiff, excluded from social housing and homelessness assistance. It is limited to those who can prove permanent residence in Germany or have a valid residence permit and have been registered in Frankfurt for at least 1 year. There are support services for homeless people in the city but entitlements to this assistance, like most benefits under the Social Welfare Code, are not legally available to most homeless precarious migrants, including unemployed EU citizens who are not eligible for welfare services. This means that precarious migrants cannot access large parts of the services offered by the homelessness assistance system,

although the local authority is obliged to provide shelter to involuntarily homeless people. Under the federal state of Hessen's security and public order law, the municipality has a duty to prevent acute risks, such as involuntary homelessness, irrespective of the person's residence status. A response by the local authority's Youth and Social Welfare Office is instead to offer EU citizens a ticket to their country of origin. The assumption is that if EU citizens can get shelter elsewhere, they are not "involuntarily homeless", in which case the local authority is released from its obligation to provide shelter. This interpretation of the municipality's duty, an example of discretion exercised restrictively, is contested by civil society actors. However, if facilities encounter people for whom remaining on the street would endanger their life, they can be placed on a so-called "Vital list" in which case the municipality does cover the costs of the accommodation.

In Vienna there is a comparatively large sector of social and subsidised housing available to local residents, but migrants with precarious status are excluded. The law that regulates access to welfare support, as in the UK and Germany, includes accommodation. In Austria it is available only to settled foreign nationals who either have refugee status or have been "residing permanently, actually and lawfully in the territory of the Federal Republic of Austria for at least five years" (Basic Act on Social Welfare 2019). We saw that the Viennese Assistance for the Homeless, organised by the municipality's Vienna Social Fund, nevertheless offers a wide range of services to people affected or threatened by homelessness and is considered rather innovative in a European comparative perspective. It has additional criteria of eligibility that enable a wider group to receive homelessness assistance. Nevertheless, migrants with precarious status are again usually excluded.

Although there is thus no entitlement to homeless assistance, temporary accommodation options funded by the municipality are available for migrants with precarious status, particularly in the winter months. This is justified on the one hand by the humanitarian obligation to prevent people from dying of cold, and on the other by the fact that the city and its residents benefit from less street homelessness: an example of framing the justification in terms of the city's social policy goals. There is some concern within the local authority, however, that the city could become a magnet for homeless people in Austria and from neighbouring countries to the east. Yet it appears that the 900 or so beds provided by the winter emergency shelter have proved sufficient with no apparent increase in demand when more beds became available. It does not seem to be the case that the Viennese homelessness aid is indeed a "pull factor" (Table 7.2).

### 7.6.2   Contrasting Approaches to Emergency Accommodation

Provision of emergency accommodation for migrants with precarious status varies among the three cities. In each case it is provided by NGOs, in some cases in collaboration with the local authority. How these collaborations work depends on the legal context, approach of the municipality in general and on the department in

**Table 7.2**  Access to accommodation in Cardiff, Frankfurt and Vienna

| City | National policy framework | Barriers to access | Role of municipality | Role of NGOs |
|---|---|---|---|---|
| Cardiff | Homeless migrants excluded from council housing if immigration status requires 'No Recourse to Public Funds' (except during COVID). Private landlords penalised if fail to verify tenants have a regular immigration status. Children 'in need' (e.g. destitute), with their parents; and vulnerable adults, are eligible for Council funded accommodation. National funding of some rejected asylum seeker families | Lack of entitlements and of affordable accommodation; fear of approaching Housing Department | Duty to provide information and advice to homeless regardless of status. Under COVID provisions (still in place) able to accommodate all street homeless. Some funding of NGO provision | Several provide temporary emergency accommodation |
| Frankfurt | Homeless migrants with precarious status excluded from social housing as well as mid-term and long-term homelessness services Private landlords penalised if they rent to tenants without regular immigration status | Lack of entitlements and of affordable accommodation; danger of exploitation; fear of approaching homelessness services; lack of long-term accommodation options available | Provides and funds winter night shelters and emergency shelters as well as day centres. Migrants with precarious status only accommodated for short time periods (up to 3 or max. 10 days). Exceptions in response to COVID have been withdrawn. In case of severe health emergencies, if homelessness endangers life of the person, accommodation may be covered regardless of status | Several NGOs support migrants with finding (emergency) accommodation |

(continued)

**Table 7.2**  (continued)

| City | National policy framework | Barriers to access | Role of municipality | Role of NGOs |
|------|---------------------------|--------------------|----------------------|--------------|
| Vienna | Excluded from social housing as well as homelessness services. Landlords not required to check residence status, but often ask for it. Rejected asylum seekers should continue to receive accommodation until they leave the country, but only if they cooperate in their return and stay in the same federal state. Otherwise, they can get moved to freedom-restricting return centres run by the federal Ministry of Interior | Lack of entitlements and of affordable accommodation; danger of exploitation; fear of approaching homelessness services; lack of long-term accommodation options available | Provides and funds winter night shelters and day centres, as well as access to Opportunity Houses for some people for up to 3 months, as well as counselling and return tickets for homeless EU-citizens. Funds some additional NGO services | Several NGOs provide accommodation, ranging from homelessness shelters to long term accommodation, mainly for rejected asylum seekers and/or for families/women with children |

Compiled by the authors

charge, as well as on the approach and financial resources of the NGOs working in the field. Sometimes these actors collaborate closely with the local authority funding NGO-run shelters. Other shelters are provided by the local authority directly, or independently by NGOs.

In Winter, we saw that Vienna and Frankfurt offer low threshold emergency shelters, open to all regardless of status. In Frankfurt, the largest emergency night shelter is in a hall on a separate floor of a tube station, with access to a day centre cafe. People simply receive a mat and a sleeping bag if needed, so that NGOs argue that this amounts to no more than "protection against freezing". In contrast in Vienna there is more substantial provision, 900 or so winter beds spread across NGO-run shelters across the city. These beds are available regardless of status and entitlements and are therefore very often used by migrants with precarious status, mainly from EU-countries. Usually, several people share a room and have access to hygiene products and food. Additionally, several day centres operate in the winter months. In sharp contrast, in Cardiff the municipality does not itself have any shelter programme but does provide some funding for NGO emergency shelter places.

In Frankfurt and Vienna there is limited access to municipal-funded emergency shelters to which access is available throughout the year. In Frankfurt, migrants with precarious status may stay in emergency shelters, run by NGOs and funded by the local authority, for a maximum of 10 days. The NGOs have some discretion whom to admit up to 10 days. However, people in the emergency shelters must see the municipality's Youth and Social Welfare Office to check whether they are entitled to regular accommodation. Those who are not entitled to social benefits have no option for mid- or long-term accommodation beyond the emergency provision.

In Vienna the provision is more generous. The newly developed concept of Opportunity Houses is intended to provide low-threshold temporary accommodation for people in need for a maximum of 3 months, with around 600 rooms and counselling available to clarify entitlements and develop further housing prospects. However, there are usually few realistic follow-up housing prospects, as precarious migrants are not entitled to any subsidised housing programme. Discretion is thus often exercised to give available places to people with more realistic follow-up housing options (Diebäcker et al., 2021).

In Cardiff, although refused asylum seekers are eligible to receive assistance from the Welsh Government's Discretionary Assistance Fund if destitute, it is difficult for the municipality to provide accommodation in practice, in part because of delays in Home Office processing of cases and lack of communication with the local authority. For migrants with precarious status more generally, emergency accommodation funded by the local authority—such as a bed space in a shelter—is only offered in exceptional circumstances (such as, on humanitarian grounds, to someone who has undergone surgery and needs to recover after their discharge from hospital).

### 7.6.3   Shared Reliance on NGOs

In this sector there is, as in healthcare, a heavy reliance on NGOs. The municipalities contribute, to a greater or lesser extent, to the funding of the shelters and they benefit the city as a whole by reducing street homelessness. NGOs in each city are critical of the limited contribution that each local authority makes, albeit not all feel able to voice that criticism publicly as dependent on municipal funding. In Cardiff a separate concern was raised—a certain amount of distrust from some NGOs towards the Housing Department, unsure whether it would pass on to the Home Office data on migrants with precarious status who, through their need for accommodation, become known to them.

Across the cities, initiatives of NGOs and faith-based institutions provide differing levels of support, primarily shelters, but in some cases longer-term housing options to migrants who are excluded from the local authority's homelessness assistance. The range of options, the quality of them and the length of time that migrants with precarious status can stay in these facilities vary greatly between the cities as do the NGOs providing them, and the different groups of migrants to whom they cater.

In Vienna, while there is close collaboration between some NGOs and the Vienna Social Fund homelessness service, which provides the most significant funding, others have chosen to forego municipal funding in order to stay independent and be able to accommodate all people in need regardless of any restrictions that the municipality has to impose. These NGOs thus rely on donations to provide their services, not on public funding. In Frankfurt, on a smaller scale, various actors similarly provide temporary accommodation to fill the gaps, some combining the role of service provider with that of campaigner for policy change. In Cardiff the offer is yet more limited. NGOs and some faith groups can offer accommodation, for instance to some single male refused asylum seekers in shared housing, and temporary emergency accommodation to people experiencing street homelessness, including those who have exhausted all other accommodation options. Although migrants with precarious status were not typically eligible for these prior to COVID-19 they may have occasionally been provided an emergency bed space while their rights were being established.

### 7.6.4   Provisions for Women Address Particular Vulnerabilities

Women have been found to be particularly vulnerable when faced with homelessness but there is a shortage of places in each city for those who have been victims of domestic violence. In Vienna, the perception that there is a greater need from men for homelessness services has led to fewer accommodation options provided for women. Women try to avoid street homelessness and seek accommodation through informal

networks, partners, friends or in an accommodation tied to (often informal) employment. Women are thus more difficult to reach by the support services, and at greater risk of becoming repeat victims of violence, abuse or exploitation. The risk of becoming victims of human trafficking also appears significantly higher for women with precarious residence status.

In relation to domestic violence, the public funding of most places in a shelter depends on entitlements to social welfare payments, posing a severe barrier for female migrants. Frankfurt has begun to fund some places in women's shelters for victims of domestic violence regardless of their welfare entitlements as part of its implementation of the Istanbul Convention. In Cardiff, one NGO that is particularly active in providing support to ethnic minority women affected by abuse, violence or exploitation, provides emergency accommodation, advice and empowerment programmes.

In Vienna, women's shelters run by NGOs (funded by the city and/or the state) are open to migrant women with a precarious status, as are their flats for victims of human trafficking. However, there is a lack of follow up options if women are not entitled to homelessness assistance and social housing. There is concern that lack of longer-term perspectives may make it hard for women to leave abusive settings. Crucially, there are hardly any preventative accommodation options available to women in a situation of legal precarity that would enable them to seek safety and support before they become victims. There are even fewer for women with children. The latter are particularly important as women with children have been found to be especially afraid to seek help as they can fear that their children will be taken into care by children's services if they are homeless. This has been described as a barrier in all three cities, as well as in earlier studies (Riedner & Haj Ahmad, 2020). Vienna has a rare good-practice example in this respect, granting municipal funding to an NGO that provides a small number of places for single mothers with precarious status and their children. It not only provides accommodation but counselling to find long term solutions, access to the labour market and regularisation.

In summary, in relation to accommodation overall, Cardiff, Vienna and Frankfurt all offer at least a basic humanitarian service to some migrants with precarious status, but with limited spaces and with time limits. In Cardiff, constraints (beyond a general shortage of housing) are mainly derived from UK policy, mitigated by Welsh Government policy, while in Frankfurt and Vienna there is a little more room for manoeuvre and greater resources for more inclusive practices. All three cities nevertheless depend heavily on NGOs to provide the accommodation and support. For the homeless in particular, shelters are usually provided by NGOs, in some cases with municipal funding. NGOs are also at the forefront of advocacy for more holistic and long-term solutions. The emergency measures adopted as a reaction to the COVID-19 pandemic have repeatedly been highlighted as an opportunity to call on municipalities to take responsibility for all people living in their city, to keep inclusive measures open, and to improve the situation of homeless people regardless of status in the long term.

In Frankfurt, the main concern is that there are no adequate, low-threshold accommodation options available all year round that are independent of entitlements

to social benefit. This could be achieved in each of the cities through more lump-sum funded, long term places; and the underlying problem addressed by combining shelter with counselling. The Viennese Opportunity Houses point in this direction, although the three-month limit on stay is insufficient to solve residential precariousness and create long term prospects, which can lead to persons with regular status being prioritised over migrants without. Vienna's social and return counselling centre for precarious EU-Migrants also points in this direction, with its multilingual, specialised, counselling service. In Cardiff, constrained by restrictive UK policies, albeit mitigated (at the time of writing) by the continuation of the COVID-19 'everyone in' provision, the way forward may need to be increased collaboration between the local authority and NGO accommodation providers, and with private landlords, to increase the emergency and long-term housing options available.

A lack of firewalls limiting transfer of personal data in housing support and emergency shelters in all three cities will nevertheless continue to make access difficult for people who fear detection or deportation. This means that many will stay in private accommodation, which makes them especially vulnerable to exploitation and abuse. In all three cities there is a need for preventative housing options if the municipality is to be able not only to react to abuse but to help prevent it. A permanent place to live is also important to find and keep regular employment, which again could lead to regularisation of status especially, in Frankfurt and Vienna, for precarious EU-migrants. Collaboration with the health sector is particularly important, as homelessness has a severe impact on mental and physical health. The necessity of a holistic, long-term, cross disciplinary and departmental approach would be key in all three cities. In addition, individual housing solutions are needed for the most vulnerable, such as young care leavers or elderly people with care needs. Better communication among sectors and departments, but also internally and with NGOs and other public bodies, would be important steps in increasing the effectiveness of the municipal responses in each city.

## 7.7   Education

There is a mixed picture regarding access to education for precarious migrants in Cardiff, Frankfurt and Vienna. In primary and secondary education (that is, for children of compulsory school age) there is comparatively good access for children with a precarious status. There can nevertheless be areas of inequality, such as in relation to school transport or eligibility for free school uniforms in those cases where eligibility is associated with receipt of those welfare benefits from which migrants with precarious status are excluded.

Barriers are most significant, however, in relation to places in pre-school education or day care, and in further and higher education (Table 7.3).

**Table 7.3** Access to education in Cardiff, Frankfurt and Vienna

| City | National policy framework | Barriers to access | Role of municipality | Role of NGOs |
|---|---|---|---|---|
| Cardiff | Schooling between ages of 5 and 16 compulsory for all children. Those with irregular status are not excluded No right of access to free pre-school or to grants for post-16 education Access to some free post-school classes e.g. basic skills, literacy, numeracy & English language Welsh Government provides access to pre-school 'Flying Start' programme in deprived areas regardless of status; and a few discretionary grants for Further Education | Limited barriers to schooling as entitlement is clear. Major cost barriers to pre-school, Further and Higher education | Responsible for providing and over-seeing education services for young people aged 3–18, including allocat-ing school places, supporting schools, ensuring standards, and providing additional educational ser-vices Several schools have 'School of Sanctuary' status Use of discretion to provide educa-tion necessities e.g. uniforms or school transport | Provide information and reassurance |
| Frankfurt | Schooling between ages of 6 and 18 is compulsory. Those with irreg-ular status are not excluded. Duty to report to immigration authorities not applied to educational institutions since 2011 (in Hessen since 2009). No right of access to grants for post-18 education | Limited barriers to schooling as entitlement is clear. Major barriers to pre-school due to restricted places available. Severe barriers to Further and Higher education | No active role of municipality. Edu-cation is "Ländersache" (that is, an exclusive state competence) in Germany | Provide information on free access to education regardless of immigration status |
| Vienna | Schooling between ages of 6 and 16 is compulsory. Those with irreg-ular status are not excluded. One kindergarten year before school is compulsory, prior access to munici-pal kindergarten also possible regardless of status | Limited barriers to schooling as entitlement is clear. Severe barriers to Further and Higher education | Vienna's education department is responsible for schooling, bound by the Federal Ministry of Education | Provide information and addi-tional support, such as free schooling materials and tutoring |

Compiled by the authors

### 7.7.1  Significant Access to Primary and Secondary Schools

In Austria, Germany and Wales the law provides that primary and secondary education is compulsory and free of charge for all children: from the age of 5 to 16 years in Wales (as in all of the UK); from age 6 to 15 years in Austria; and for 9 years of full-time schooling from age 6 in Germany. In Cardiff, education is a devolved responsibility so that the Welsh Government is responsible for education policy and oversight of local authority provision of schooling. Local authority staff use their discretion to provide free school uniforms and transportation, or to cover other basic needs such as a warm coat for the winter. With the support of Cardiff Council, the City of Sanctuary movement initiated a School of Sanctuary offshoot, designed to provide a welcoming and caring environment for those pupils in need of support. Welsh law states that the local authority also has a duty to safeguard children 'in need' and Children's Services conduct a wellbeing assessment that can lead to provision of basic accommodation and welfare support. Welsh Government practice guidance makes clear that migrant children should be regarded as children first and migrant second.

In Frankfurt, the state of Hessen has also encouraged an inclusive approach, explicitly providing a right of access to school for children regardless of status. It abolished the duty to report migrants with irregular status to the immigration authorities 2 years before schools were exempted by law reform at the federal level. Although little information appears to have been disseminated to raise awareness of the removal of the reporting obligation, schools seem to be aware of it and to take an inclusive approach.

In 2017, we saw that the Austrian Federal Ministry of Education explicitly stated in a circular letter to educational and counselling institutions that the right to education must also apply to children with unclear residence status.[2] In Vienna, a focus on multilingual outreach to parents by the Department of Education has increased the level of inclusion of all migrant children, including those with precarious status. Although some parents fear that registration at school may lead their children to be picked up for deportation, access to schools has generally been described as unproblematic.

### 7.7.2  Barriers to Pre-school and Post-school Education

More problems exist regarding access to kindergarten or day care, on the one hand, and schooling post compulsory education. For those under five in Frankfurt, there can be long waiting times to get into day care due to a shortage of places, a challenge not only affecting families with a precarious status. For those living in poverty, the cost of the children's meals can pose a further challenge, despite there being options

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[2] See https://rundschreiben.bmbwf.gv.at/rundschreiben/?id=761

to have these fees waived, as there is also in Vienna. In Cardiff, the Welsh government has emphasised that the needs of pupils who require extra support such as those with special needs, health needs, inclusive of migrant and refugee pupils and looked-after children, should be met; and funds a programme for children under 4 that provides childcare, health services, and parenting support as well as support with speech and language issues—in geographical areas identified as disadvantaged.

A greater challenge in all three cities is the lack of support for further or higher education. Once migrant children reach the end of compulsory schooling, they are no longer eligible for all types of free education. Thus, young people with a precarious status in Frankfurt are unable to get internships or access to training programmes and are explicitly excluded from those German language courses and integration courses funded by the Federal Office for Migration and Refugees. They are also not allowed to participate in any alternative services provided by local organisations if those are funded by the local authority. EU citizens in need of public financial support similarly face problems with further education, informed that they must work rather than take an apprenticeship if they want to retain their freedom of movement status.

Young people in Vienna face similar issues. As in Frankfurt they are mostly excluded from apprenticeships or vocational programmes; partly because their residence status excludes them from the labour market and therefore from related programmes, but also due to lack of information and financial support. They are likewise excluded from most subsidised programmes offered by or through the local authority or the Public Employment Service, including German language courses. NGOs offer some programmes to fill this educational gap. However, those with a precarious status often remain excluded simply because they need to work in order to live, and thus have no time to participate.

The picture is similar in Cardiff but there appears to be greater use of discretionary funds—from the Welsh Government and the Local Authority itself—from which a minority of young people with precarious status can benefit. While most young adult migrants are excluded from apprenticeships, further and higher education, there are some exceptions such as basic literacy, English language and numeracy skills courses, which are free. That said, migrants with precarious status can, as in the other cities, lack the time or support needed (such as childcare) to take these classes. Beyond the limited discretionary funds, they are not normally eligible for grants such as the Welsh Government Learning Grant for Further Education. Cardiff has also sometimes offered financial support to those refused asylum seekers who have no further appeal against their refusal of refugee status, so that they can attend university. There is a particular concern for young adults with precarious status when they are leaving the care system.

In summary, we can say that in all three countries, children of school age with precarious status are relatively protected by national laws and granted free access to schooling. Over the years, the legislation in all three countries, and regional legislation in particular, has evolved towards greater inclusion. The regulations, moreover, are clear, making it easier to convey entitlements to parents. However, this relative degree of protection abruptly comes to an end when young people reach the

age at which compulsory education ends, and they lose both the right to access free education, except where classes are provided by NGOs without local authority funding, or in the case of Cardiff if some limited discretionary funds are available.

## 7.8  Legal Advice and Counselling

The complexity of the legal frameworks governing migrants' legal status and associated entitlements makes it difficult for migrants to know what steps they can take to resolve their status. In each city we found that access to legal advice was crucial to addressing the underlying problem of migrant precarity: that is, not only for resolving irregular status but also for avoiding the loss of a temporary regular status ('lapsed regularity'). Some people would indeed also be entitled to insurance or social benefits if their documents were complete. This may not be the fault of the people affected, but of employers who did not register them, or due to a lack of information. They need support in submitting their claims, as well as a sympathetic and solution-oriented response from the authorities. Provision of advice is however limited by a series of factors which differed between the three cities. The underlying problem is financing infrastructures. In each city, NGOs that provide legal and social counselling face difficulties in long-term planning due to reliance on short-term funding. There is less provision for the legal needs of migrants with precarious status than for asylum seekers and refugees.

### 7.8.1  Trained Counsellors Can Address Scarcity of Legal Expertise

In the UK, to avoid inappropriate offers of advice for exorbitant fees, we saw that provision of immigration advice is regulated by law so that it is an offence to provide advice if not certified to do so. This restriction applies equally to local authority staff and NGO advice providers. There is however a severe shortage of certified providers in Cardiff, while across the UK cuts in legal aid (government reimbursement to lawyers for advice and representation provided) have made immigration cases less feasible for solicitors. It is thus difficult for migrants to find representation for most cases other than initial asylum claims. Where legal aid does not cover legal procedures, such as family reunion, they can only pursue such claims if they can secure the funds to pay costly legal and application fees. In practice we saw that in Cardiff there is only one charity that is fully equipped to provide immigration advice and representation. It is over-dependent on short term funding and oversubscribed. Other NGOs can provide advice but not representation. The local authority itself also has limited expertise. The precarity of migrants can sometimes be addressed by steps taken under social services law, not only immigration law. In Cardiff, however, there

is little capacity to act across these areas because the few lawyers certified in immigration law need to specialise in it, in all its complexity. The Welsh Government has sought, through making funding available, to increase legal provision.

In contrast, in Austria, legal advice on immigration matters does not require additional accreditation. However, provision of independent legal advice to asylum seekers was replaced by a state agency so that asylum seekers may fear that their interests will not be well represented. Advice and representation on issues beyond its asylum mandate are provided by donation-funded NGOs, some working with volunteer staff and with strained capacities. Beyond immigration advice, however, there is a wide variety of NGOs in Vienna providing social counselling on broader social and labour issues, including eligibility for benefits, or focusing on the needs of specific groups. Some receive funding from the municipality, or from the national or EU level. These services, significantly, are mostly provided by social workers trained in this particular field which allows problems to be addressed in a way that integrates multiple areas of law and social services. Some of these counselling services receive partial financial support from the municipality, which shows that the local authority recognises the importance of legal assistance. It also shows that counselling is framed within access to information, rather than as a niche legal service.

While legal advice in Germany, as in the UK, is generally reserved for fully qualified lawyers, non-lawyers are allowed to provide free legal services if the advisers are guided by a legally qualified person. This notably helps to address the shortage of expertise. Under these conditions, we saw that legal counselling in Germany is provided mainly but not exclusively by the large welfare associations of the Catholic and Protestant churches. This is supported by public funding as well by grants to NGOs and donations. It is nevertheless hard for individuals to get lawyers specialised in asylum and residence law due to an increased number of cases. As in Vienna, social counselling is more readily available, in some cases funded by the local authority or EU but, as in the other cities, the short term and unpredictable nature of this funding means services cannot be guaranteed (Table 7.4).

The COVID-19 pandemic led to a rise in demand for legal services, in part because other NGOs and the local authority moved to phone and digital communication and thus to a loss of low-threshold access. In Frankfurt, high demand led to a long waiting list, a situation which pre-existed in Cardiff. Remote language interpretation is either not routinely provided or seen as of limited quality due to the lack of visual cues. Some NGOs in Vienna observed a shift in the clients seeking advice towards more highly educated migrants. In Cardiff, the growing backlogs in processing cases at the Home Office during the pandemic stalled the processing of many applications.

In conclusion, migrants thus face many obstacles in securing advice. There is a lack of legal capacity which often means that migrants must seek assistance many times before securing it. They lose valuable time by approaching multiple solicitors or NGOs, pushing them closer to application deadlines and the risk of losing their legal status. In both Cardiff and Vienna, interviewees reported that, in a situation of scarce resources, migrants are turned away if counsellors or lawyers do not consider their case of sufficient merit or it does not fall into their specific focus area. Thus, the

**Table 7.4** Provision of legal advice and representation in Cardiff, Frankfurt and Vienna

| City | National policy framework | Barriers to access | Role of municipality | Role of NGOs |
|---|---|---|---|---|
| Cardiff | UK law regulates provision of immigration advice and representation through certification. Legal aid reimburses lawyers but at low rates and does not cover some immigration procedures such as family reunion | Severe shortage of legal expertise on immigration in city, and within the Council itself. Cost barrier if advice from lawyer not funded by legal aid; on top of high cost of fees for applications | Provides some funding to NGO advice provider | One (over-subscribed) NGO certified to provide advice and representation |
| Frankfurt | Legal advice reserved to fully qualified lawyers. Non-lawyers are allowed to provide free legal services, to meet demand, if a legally qualified person guides the advising persons, to guarantee quality | Lack of sufficient long-term funding | Provides some funding to NGOs providing legal services and social counselling, e.g. a counselling service for EU citizens | Several NGOs and especially the large welfare associations of the Catholic and Protestant churches (Caritas and Diakonie) provide legal services. Mostly funded through donations, but also some funding from municipal, federal or European level. Some work with volunteer counsellors |
| Vienna | Immigration advice and representation is not regulated. Since 2021, people claiming asylum receive free legal advice and representation from a federal agency, directly under the Interior Ministry (responsible also for decisions on asylum claims) leading to concern that it lacks independence. Before 2021, the state funded NGOs to provide counselling and representation for asylum seekers | Scarce resources for independent legal advice and representation, especially for people out of the asylum system | Provides some funding to NGO advice providers, mainly those providing immigration advice on aliens law, outside of the asylum system. Funds a counselling service for precarious EU-citizens | Several NGOs provide legal advice in the city. Mostly funded through donations, some working with volunteer counsellors |

Compiled by the authors

service most likely to address the underlying problem of precarity in each city is not sufficiently accessible to fulfil that role. The provision of social counselling, and of legal advice by non-lawyers under the supervision of lawyers, points to one potential solution that could be more widely explored.

## 7.9   Positive Lessons from Local Responses to the Covid-19 Pandemic

The implications of the COVID-19 pandemic were a significant issue across each of these services. On the one hand, there was a disproportionately negative impact on precarious migrants. Those holding informal jobs which did not provide security or benefits suffered financially. Mental stress factors increased as immigration application processing slowed. As NGOs had to close their doors and cease face-to-face services, many struggled to receive any support and advice. On the other hand, the responses by national, regional and municipal authorities provide examples of inclusive practices from which much can be learnt. Relaxation of legal restrictions on access to healthcare and accommodation, in particular, led to significant benefits for both individuals and local communities.

The pandemic posed enormous challenges, first of all, to accessing local health systems. In Wales, movement to online and telephone services and the closure of NGO face-to-face services posed were problematic when language barriers made it difficult to communicate online. In Frankfurt and Vienna, some services offered for people without health insurance could only be run in a limited format, not least because a large part of the volunteer staff belonged to the at-risk group. In Frankfurt, the Humanitarian Office Hours were reduced for some time partly because the staff of the Local Health Authority was occupied with building up an infrastructure for pandemic related tasks.

Yet the response to the pandemic had some clear benefits in each city where the need to include everyone in public health responses was soon apparent. In all three countries COVID-19 was added to the list of diseases for which patients should not be charged nor reported, regardless of status, so that everyone could access free and anonymous testing, vaccination, and treatment. In Cardiff this meant access to NHS services, encouraged by NGOs. In Frankfurt, the municipal clinic and NGOs together ensured access to treatment for people without health insurance, regardless of status. This was however dependent on an additional, largely voluntary commitment of the staff. In Vienna, testing and vaccination could also be accessed regardless of health insurance or status. To facilitate access, vaccination opportunities were repeatedly offered at the NGO run clinics.

The pandemic equally presented each local housing authority with vast challenges, not least regarding provision of accommodation during the lockdowns. In all three cities, the local authority took the unprecedented step of opening emergency shelters or accommodation options to everyone in need, regardless of status. The

positive outcome this had on migrants with precarious status was mentioned by many interviewees working in the field and, in each city, there were calls to keep these services open long term.

In Vienna, as in Frankfurt, night shelters were often expanded to be open 24 h, and winter shelters to open all year round. Yet a return to pre-pandemic policies was already visible at the time of our study, with only around 270 of the 900 beds in Vienna kept open during the summer months of 2022. Civil society actors argued in vain for year-round provision of low-threshold shelters open to all people in need, highlighting the positive effects seen during the 2 years of the pandemic on migrants' health and wellbeing. That change also benefited the staff working in winter emergency shelters, as they had to deal with fewer mental health emergencies, and the general public in experiencing less street homelessness (Verband Wiener Wohnungslosenhilfe, 2022). In Frankfurt, accommodation regardless of status was available beyond immediate emergency situations for single men from January until Autumn 2021 in one NGO run shelter, and a small number of places for Roma people in another, funded by the Council—but only during the pandemic. Cardiff similarly implemented a "No-one left out"-approach, which entailed the accommodation of all rough (street) sleepers; a service coupled with legal advice. In this case the benefits of the approach led the Welsh Government to fund its continuation— although for how long is uncertain. The uncertainty arises not from a lack of will on the part of Cardiff Council or the Welsh Government but from concern that they must comply with restrictive Home Office legislation. A reversal of the policy would lead to many migrants becoming street homeless again.

Education services in each city were similarly adapted to mitigate some of the negative impacts of the pandemic on school aged children. Lockdowns made continued learning particularly difficult for all those living in destitution. In Vienna, schools remained open in the later periods of lockdown to help mitigate the disruption to vulnerable children. In Cardiff, the local authority enabled schools to provide additional help to families struggling with lack of food (school dinners no longer being available) and with digital exclusion, including home visits to check what support children and parents needed. When schools reopened this support was withdrawn but the challenge of digital deprivation remains.

## 7.10   Common Barriers to Accessing Services: Legislation, Resources and Fear

Having reviewed the key services to which migrants with precarious status seek access, we can observe some barriers that, notwithstanding the short-term relaxation of restrictions during the COVID-19 pandemic, are common across the three cities, albeit to differing degrees.

The foremost barrier is the restrictive legal frameworks which limit entitlements to access services. The impact of these restrictions is occasionally, to differing and

limited extents, mitigated by more inclusive provisions of regional authorities: that is, of the Welsh Government and the federal state of Hessen, for Cardiff and Frankfurt respectively, and in Vienna by its own authority as a federal state as well as municipal authority.

Beyond restrictive entitlements are a further series of barriers. Lack of funding, in particular long term core funding, is a constraint on both municipal and NGO service provision. Lack of legal expertise within the municipality was noted as a particular constraint in Cardiff, and lack of data on migrants with precarious status across all three authorities.

On the 'supply side', the migrants themselves, a principal constraint is fear of detection, detention and deportation if they approach municipal (or even NGO services), because of a lack of information on entitlements and reassurance that there are appropriate firewalls in place (which indeed there are not in all cases). There was a telling comment from one local authority interviewee in Cardiff that a local authority, however well-intentioned towards people with a precarious status, is still part of the state. As such it has a responsibility, in some circumstances, to transfer the personal data of service users to the immigration authorities. Even where a council or NGOs have no obligation to transfer information to immigration authorities, the fear that a transfer may occur undermines service provision, in at least two ways: limiting the confidence of migrants to approach the Council for help; and the willingness of other public and non-governmental organisations to discuss individual cases with Council staff. NGOs equally can fear that communicating with Council staff may undermine the trust that they have built up with migrant service users.

There is also in some cases a fear that accessing services will negatively affect future immigration applications. Fears of child separation are also common. In contrast, clarity regarding inclusive regulations can limit these fears. This was apparent in each city with regards to education, where teachers, school principals and social workers were aware of the right to education regardless of immigration or residence status.

## 7.11   Dependence on Non-governmental Organisations (NGOs)

NGOs and other civil society actors such as faith groups, are key players in provision of advice and services. They are indeed indispensable, under current arrangements, both in alleviating the challenges faced by precarious migrants and the consequences of exclusion which would otherwise be more severe for the rest of the local population. They are vital for the three municipalities in helping to overcome the challenges which the formal exclusion of this vulnerable group pose for the municipalities' ability to fulfil their core responsibilities, not least addressing homelessness and protecting public health.

Some precarious migrants have experienced negative interactions with public service providers and many fear interactions with any government authorities. NGOs are thus at the frontline of building trust and facilitating access to services (Ataç & Schilliger, 2022). In addition to having cultural awareness, they can ensure confidentiality, provide appointment-free consultation, and potentially furnish mobile phones and other technological infrastructure necessary to access services. They are also able to innovate to develop new services as needs arise and provide services beyond the remits or capacity of municipalities. In each city, some NGOs offer parallel services to those of public bodies. In Frankfurt and Vienna, this includes medical services that are explicitly accessible irrespective of health insurance and residence status. In contrast, in Cardiff, NGOs in the health field are a key pathway to the regular health services. NGOs also serve to bring public and municipal attention to emerging issues. This is not to say that NGOs per se always take an inclusive stance towards all migrants. Those which have migrants among their service users may nevertheless apply their own criteria and categories of deservingness especially in the context of scarce resources. They may therefore reproduce "bordering practices" (Persdotter et al., 2021), notwithstanding that their major contribution may be to push back the border, enabling greater inclusion than national governments intend.

A few NGOs in each city are commissioned by local authorities which specify tasks and guidelines, determine service eligibility conditions, and provide the majority or entirety of a budget—a close collaboration. In Vienna and Frankfurt, for example, the local authority funds, and determines eligibility for, shelters run by NGOs, which in turn have limited discretionary power. Close collaborations can raise a series of issues such as the bureaucracy associated with funding from a public body. Further, NGOs sometimes hesitate to criticise or make demands on the local authority on which they are dependent for funding. Conversely, close collaborations have benefits beyond the funding received. The working relationships can be very positive where goals are shared, as in the collaboration between the local health authority in Frankfurt and the NGO running the Humanitarian Consultation Hours, the success of which is attributed to an effective division of labour and open communication that includes numerous opportunities for informal meetings.

There are looser collaborations where NGOs are not commissioned by the local authority to provide a service but receive some funding or other forms of support—at a level which gives the authority limited control over the NGOs' actions. As secured funds from a municipality are typically short-term, NGOs are often limited in their ability to deploy long term solutions. NGOs regularly exchange information on the needs of precarious migrants and are sometimes formally involved in networking meetings hosted by the local authority (such as a working group on victims of human trafficking in Vienna), trans-sector organisations (such as the Wales Strategic Migration Partnership in Cardiff), or by NGOs themselves.

A few NGOs have no formal relationship with the local authority and may operate at a distance or engage in advocacy to change municipal policy. Some NGOs noted that the local authority can be difficult to reach or that they perceive it as working against their interests. Conversely, confrontational relations can be useful for

holding actors to account; for example, NGOs in Cardiff have explored sending pre legal action letters to the council to challenge decisions, such as on age assessments.

The networking relations between local authority and civil society stakeholders also vary greatly. Existing cooperation is often informal and based on personal relationships formed by a few committed individuals—relationships that can falter when that staff member leaves. While networking is sometimes well structured within specific areas of service provision, it can be lacking elsewhere. This can lead to access barriers, as staff across sectors can be unaware of important services and referral pathways elsewhere.

Different forms of relationships have thus emerged between NGOs and the local authority of each city. These can be loosely classified as close collaborations, loose collaborations, and no (or confrontational) collaboration. If we analyse them within a horizontal governance framework, applying Scholten's typology (2013) of multi-level-governance relationships (Chap. 2), we can identify relationships with NGOs that are centralist, where the municipality is dictating the terms on which the NGO will provide a funded service; but also localist, where the NGO is funded but left to devise its own approach. There are examples of a shared responsibility and shared framing of the solutions needed, perhaps most evident in Frankfurt. While there are NGOs that do not cooperate with the municipality and make political demands for better treatment of precarious migrants, there is little evidence of entirely decoupled relationships: that is, where responsibility is shared but views differ on their approach, policy coordination is poor and interactions are conflictual. In the NGOs that are funded by municipalities, of which some may be more muted in their criticism than they might otherwise be, we could say that there is not an entirely shared framing of 'the problem' or the 'solution;' but that the relationship is nevertheless not as distant or fractious as in a 'decoupled' relationship—but Scholten's typology was always intended to describe 'ideal types', not to suggest that in practice there is no continuum on which these relationships fall.

Schiller (2018: 207) took as her criteria of analysis the degree of hierarchy in the power differential and the degree of intensity in the working relationship (Chap. 2). In each city, while there is an inevitable hierarchy between a statutory body with powers and resources, on the one hand, and NGOs on the other, we see clear efforts made by the municipalities to work closely with NGOs, respecting their expertise and contribution. We thus are not seeing a steep hierarchy coupled with a low degree of intensity in the relationship. With those NGOs with which the municipalities are in contact but not collaborating, we can say there is Schiller's second category—a consultative and coordinated relationship where there is a flat(ish) hierarchy but nevertheless a low degree of intensity. While we found no examples of a steep hierarchy and intense interaction (co-optation of NGOs sharing the municipalities agenda), there were significant examples across the three cities of Schiller's final category: a flat(ish) hierarchy and intense interaction with those NGOs with which it engages on this issue: a relationship of cooperation and coproduction in which the views of both the state and non-state actors inform the policy making process.

In contrast, horizontal relationships with other cities, through networks such as the Human Rights Cities, the City Initiative on Migrants with an Irregular Status, and

Inclusive Cities have (with one exception in Frankfurt) thus far played a less tangible role in the development of each city's approach on this issue.

## 7.12   Conclusion

In this chapter we have highlighted findings that are common or contrasting across the three cities. We noted the challenge posed in each case by the complexity of the legal provisions governing access to services; the fact that inclusion of this group of people is only at an early stage in each city, despite their long histories of migration; the fragmented policy frames which were apparent in each case; the limits on capacity that constrain them, in some differing ways and to differing degrees across the three cities; and their mutual lack of internal coordination and consistency on this issue.

We looked at the contrasting approaches in the cities towards healthcare, provision of accommodation, education, legal advice and counselling before once again drawing out some common themes: the significance of the Covid-19 pandemic in highlighting need but also in providing examples of good practice; the barriers to accessing services found in each city; and their reliance on non-governmental organisations to provide many services.

In the final chapter we draw together the key themes from the book and make further observations, reflecting back to questions arising from in the research literature that we highlighted in Chap. 2. We identify some issues for a future research agenda before setting out policy recommendations. Our evidence base, from cities of very different sizes and responsibilities, means that these have relevance to municipalities across Europe as well as to national and regional authorities, and to those setting policy at a European level.

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# Chapter 8
# Conclusion

In this book we have presented findings from a study of the approaches taken in three contrasting European cities, Cardiff (UK), Frankfurt (Germany) and Vienna (Austria), towards one section of their local population: migrants with a precarious status. We defined that group as 'individuals who lack regular immigration or residence status or, having a conditional or temporary status, are vulnerable to the loss of that status. They are therefore deprived of or run the risk of losing their most basic social rights and access to services.' This concept was deployed to ensure attention to the fluidity between regular and irregular status, in which we anticipated that municipalities might play a role. We set out to explore questions that would address gaps in the existing literature on municipal responses to irregular migrants and to those at risk of lapsing into irregularity.

It was known that many municipalities have initiatives to address the exclusion of this group but not how consistent or fragmented this approach is across each authority. The ways in which municipalities frame their rationale for providing access to a service had similarly been explored but not whether that framing is consistent across an authority and whether it connects, or disconnects, with a municipality's overall branding of its mission. We set out, further, to understand from service providers the nature of the needs of people with precarious status and of women in particular; and the extent of recognition across the municipal authorities of responsibility towards them. We explored the barriers municipalities experience in relation to addressing the exclusion of this group and how they navigate to overcome them; whether any service provision is visible or below the radar; and finally, the nature of relationships between municipalities and non-governmental organisations (NGOs) in this context. In this final chapter we summarise what we have learnt, make observations that reflect questions raised in the research literature, consider gaps in knowledge and analysis that remain for a future research agenda, and set out some suggestions for policy reform at municipal, regional, national and European level.

We saw first the diversity of migrants who have a precarious status. This is not a uniform group but varied not least in legal status and in the entitlements and

restrictions which each status entails. Status is fluid, easily lost—as for EU citizens who cannot find a job, for instance, and those who cannot afford the fees to renew their temporary status; confirming the value of the concept of precarious status to capture the significance of that process.

For individuals, exclusion from services can have serious consequences, from the risk of ill-health becoming life threatening to lost opportunities to regularise their immigration status. Women face particular vulnerability to violence and exploitation; vulnerabilities that are recognised by our three cities but not to an extent proportional to the greater risks women experience, nor with capacity to address the underlying causes of their situation.

For municipalities, the exclusion of any group of residents from access to public services poses a challenge. It undermines their capacity to deliver on key policy objectives including reducing street homelessness, protection of public health and child protection, as well as their responsibilities under international and European human rights law. As a result, some municipalities have taken steps to meet the basic service needs of these individuals, whether by inclusion within municipal services or through funding services provided by NGOs: but the pressures to do so affect some departments more than others. In experiencing this, our cities were no exception. In each case there are departments which are beginning to recognise that precarious migrants are part of the resident population for which they have some responsibilities; but in each city the administration remains highly fragmented in its approach. The study revealed a lack of consistency across each authority. They had no shared vision nor strategy towards this group of residents; or governance mechanisms that ensure shared information and effective forward planning.

A municipality, we argue, thus cannot be seen as either inclusive or exclusive of precarious migrants. Rather, it is an institution which internally can take differing approaches, a fragmentation that needs to be explained. Differing legal frameworks for different services, differing levels of demand and of resources play a part, as do perceptions of the deservingness of this group of people within the organisational culture of each department. The lack of authoritative data on the size or composition of this group of residents, and of administrative data on service users among them, contributes to low awareness of need. Yet staff working with them have no illusion that their presence might simply be a temporary phenomenon. Precarious migrants are not anchored as an interest group in the cities, nor present on any representative bodies where other migrant groups can voice concerns. Nevertheless, there is growing, if fragmented, recognition that residents with a precarious status, with limited entitlements to any means of financial support from work or social welfare, present a long-term challenge to be addressed.

We looked at one explanatory factor for the fragmented internal approaches—the limited interdepartmental coordination in the administration on this issue—through the lens of horizontal governance arrangements. We found, as others have between tiers of government, differing framing of the 'problem' and 'solution' in different departments, and the lack of targeted governance mechanisms to resolve that. In contrast to some of their counterparts in Europe, these city councils have had limited engagement with higher tiers of authority on the need for more inclusive responses to

precarious migrants. This may mean that they have experienced less need to develop arguments which spell out their rationales for them.

In the development of inclusive approaches in each of the three cities, the extent to which policy developments are 'bottom-up' is striking: that is, initiated by service providers or those with hands-on responsibility for policy relevant to precarious migrants within a department rather than originating with senior managers or politicians. This is not to argue that individual agency accounts for the approach taken by each department. Rather we find DiGaetano and Strom's (2003) explanatory framework of structural, cultural and individual agency to be entirely applicable here, as well as organisational factors. Structural factors (such as legal frameworks, local housing markets or the shortage of immigration lawyers in Wales) and the culture of each department (prioritising concepts such as public health or finding solutions relative to the perceived deservingness of individuals) are essential contexts in which to explain the contrasting approaches taken.

This bottom-up drive for policy and practice development, coupled with the lack of cross-department governance mechanisms addressing this issue, helps to explain the disconnect between each city's overall framing of its mission and the framing of its varying approaches towards precarious migrants. We found no evidence that a city's framing of its mission, as a human rights city or as inclusive, for instance, is shaping its responses to this group of residents—although, to the extent that that the city's framing impacts on the organisational culture of its departments, it may do so indirectly.

There are limits to which any municipality can meet the needs of precarious migrants because of the overarching framework of national or federal law (notwithstanding any ways in which the restrictions on entitlements they contain may be mitigated by regional measures). Yet it is interesting that none of our cities has been in significant contention with its national counterpart on this issue. Vienna, as a regional as well as municipal authority, has resisted implementing certain federal government restrictions, concerning asylum seekers and. to a limited extent, rejected asylum seekers. Through a vertical multi-level governance lens, however, we can say that these cities are largely operating within the policy framework on precarious migrants set at national level. To the extent that they are pushing the boundaries of restrictions they are doing so with low visibility. During the COVID-19 pandemic, when the cities felt the greatest pressure to be inclusive, relaxation of national rules on eligibility for healthcare and housing enabled them to take the action that they felt was needed without fear of confrontation.

The reliance on NGOs to meet many service needs raises further questions. We used a horizontal governance lens to look at the relationships of the three municipalities with this external group of actors: from a centralist, top-down approach, through co-production of services, to only limited evidence of any decoupling of those relationships: that is, where NGOs and a municipality lack a common perspective on the authority's responsibilities towards precarious migrants and their service needs. In no case was the city a 'battleground' as the research literature has found on other migration related issues.

In each country (and in Germany and Austria in particular) a reliance on NGOs to deliver welfare services is a normal part of the welfare system. Nevertheless, there is a very high degree of reliance in relation to precarious migrants. NGOs are of necessity operating a parallel system to regular services or, as in Cardiff, are vital in facilitating access, where possible, to those services. In each city they are fulfilling these roles with significant capacity issues and funding challenges. The NGOs in turn can be relying on health professionals willing to work without payment. We question the sustainability of this approach which relies, to an extent, on donations from the public and on professionals giving their time free rather than acknowledgement by the state of responsibility for the wellbeing of this section of the population.

While some examples of inclusive practices were found in each city, not least during the COVID-19 pandemic, we found that inclusion of this group of people is at an early stage despite their long histories of migration and differing capacities for inclusion in service provision. This lack of a consistent approach and of clarity on responsibilities has left space for individual departments and staff to use their discretion, to an extent, to adopt inclusive measures. It has also left scope for perceptions of lack of deservingness: to be shaped, for instance, by the migrants' apparent lack of long-term prospects for inclusion so that the scarce resources of a service are considered better allocated elsewhere. Whereas the research literature has identified (Chap. 2) that deservingness may be based on vulnerability, on the one hand, or on the basis of performance (in work, or more broadly through integration), the latter was rarely apparent in the discourse in our cities. Rather, where the long-term prospects of the migrants was a consideration, the criteria could be said to be whether they would be allowed to perform, in future, and thus merit the investment of resources now.

When we looked at the approaches in the cities towards healthcare, provision of accommodation, education, legal advice and counselling, we found a series of barriers to inclusion even where access was permitted. These ranged from the limited, short-term funding available and lack of capacity in the local authorities in relation to data and expertise, to migrants' fears of being reported to the immigration authorities or having their children taken into care. A requirement to transfer information on precarious migrants to the immigration authorities, or more often simply the absence of a firewall preventing that transfer, is a major obstacle in deterring service use. It is striking moreover that it is not only those services in which there *is* a transfer of information in which that fear is a deterrent. Rather, individuals have internalised the fear that it could happen and so self-censor, avoiding any approach to the service they need. Linda Bosniak wrote that, when governments impose restrictions on the entitlements of migrants, 'the border effectively follows them inside' (Bosniak, 2006: 2ff). The fear of detection beyond the actual reality of the threat takes her observation one step further: the border is internalised within the individual her or his self. Only clear, firm, firewalls preventing transfers of data can overcome this barrier to migrants accessing those public services for which access, as a matter of law and policy, is intended.

Much of the service delivery that is available takes the form of meeting basic needs for healthcare, accommodation and education. Each is also fundamental to

resolving other needs, as in the connection between accommodation and health status. It is provision of legal advice and representation, however, that stands out as the means of addressing the underlying problem of precarious status. Provision of the other services plays a vital role in meeting basic needs but does not address the cause of the individual's precarity in their immigration status. Legal advice and representation can do that. Each of the cities recognised provision of legal advice as central to the way forward, but to different degrees lacked the capacity to ensure access to that service, and more broadly to social counselling, for many of those who need it.

## 8.1   A Future Research Agenda

There nevertheless remains much that we do not know, for a future research agenda. Here we highlight three gaps of which we are particularly aware. First, our study was not able to focus on the population with precarious status itself in any detail. This is a gap in the research literature, but an authoritative database and needs assessment is also urgently needed at municipal level so that these authorities can be sure that they are fulfilling their responsibilities towards these residents and meeting their actual needs. Evidence is needed on the composition of this group, their pathways in to and out of precarious status, their needs, and their experiences of contact with municipal services and with NGOs. Included within this should be data on existing municipal and NGO service users and their experiences. This evidence, as we have seen in other cities and, for instance, in the inclusion of 'undocumented' migrants in Cardiff's 2022 population health needs assessment, would help to focus debate on this group of residents and to build support for a consistent approach across departments.

Second, there is a need to know more about the organisational culture within municipalities to understand the differing approaches that are taken. Why are some departments more resistant to inclusion of precarious migrants than others? Does this reflect their differing mandates, the differing levels of resources required to be inclusive (the cost of an additional house relative to an additional school place?); differing levels of demand from potential service users or differing perceptions of deservingness for instance? Is greater communication and coordination between departments a sufficient means of addressing this fragmentation and, if not, what mechanism is needed to secure change?

Third, we have seen that regional authorities have the capacity to create legislative, policy and funding conditions in which municipalities can be more inclusive but, with limited exceptions (e.g. Piccoli, 2016, in relation to healthcare; Wyn Edwards & Wisthaler, 2023) we know little of what drives their decision to do so, nor how far it could go beyond symbolic policymaking to mitigate national restrictions on entitlements to services. Research could throw light on the differing scope for regional authorities in Europe to create a more inclusive policy framework, the

drivers that have led some to do so, and the opportunities and constraints on taking that approach further.

## 8.2 Reform of Policy and Practice

Despite significant differences between the size and responsibilities of the cities studied, it is striking that similar issues arose so that it is possible to identify measures that could be taken by municipalities across Europe to address them, as well as by regional, national and European authorities. We conclude with some suggestions which were considered with policy makers during the closing stages of the research, in light of the findings that had emerged.

### 8.2.1 Clarify Rules on Access to Public Services

The laws and regulations governing migrants' access to public services are complex. Entitlements differ for each immigration status. This poses very significant challenges for service providers and for migrants, unsure if access can and should be permitted. As a result, migrants avoid or find themselves turned away from services to which they are in fact entitled, with negative consequences. Staff, lacking sufficient information on the rules, rely on their discretion to include or exclude.

National governments (or, where appropriate, regional authorities) could map, and clarify, the current entitlements of different categories of migrants and the access rules in relation to each service. This information, regularly updated, could be available for service providers and be the subject of staff training. Where entitlements are thus transparent, the responsibilities of individual departments and service providers would be clearer and reduce the need for staff to rely on their discretion. NGO service providers and advice agencies should equally have access to this guidance so that they can signpost individuals to public services where appropriate. Migrants themselves would benefit from access to clear, understandable, and multilingual information on which services they can access, relative to their status.

### 8.2.2 Develop a Council-Wide Vision and Strategy to Deliver It

Precarious migrants are often at the margins of society and invisible to elected representatives and senior policy makers. Yet these residents face complex and intersecting problems that cut across the differing responsibilities of council departments. In all three cities we observed some inclusive approaches, but each city lacks

an agreed, corporate approach towards this vulnerable group of residents: a vision for their inclusion as urban citizens, and a strategy to deliver that vision: allocating responsibility to achieve it.

Some municipalities have found that a valuable first step is to raise awareness about the presence of these residents, their differing needs and contributions to society as workers and members of the local community. The sensitivity of this topic can otherwise lead to a lack of open discussion and to favour discreet, low visibility provision. Evidence about these residents, their needs, diverse experiences and aspirations, as well as the barriers they face to accessing services and the consequences of their exclusion can help to bring the issues into the open and frame a necessary debate. Research, providing anonymised data, could be commissioned to provide this, to raise awareness and to build confidence to raise issues for debate. Further, municipalities could engage with those living with a precarious status to hear the voices of lived experience in order to ensure that their services are appropriate. Several cities beyond our study, (e.g. Munich, (Anderson, 2003)), used research as their first step towards addressing the needs of this group, the research both providing an evidence base and helping to secure the support necessary for the action to be taken.

Awareness could lead to dialogue on policy objectives. Cities such as Utrecht and Barcelona have a holistic strategy towards inclusion of migrants with a precarious status, moving beyond the ad hoc provision of basic services (Ajuntament de Barcelona, 2017).[1] This approach can help to ensure a consistent approach across municipal departments if the agreed approach is embedded in departmental action plans and within cross-municipal priorities such as ending child poverty, addressing domestic violence and homelessness.

This approach could fit well with the existing framings of many municipalities: as a Human Rights City, for instance, that focuses on the rights of all its residents; as a Global City, like Frankfurt, dedicated to inclusion and recognition of the diversity of its inhabitants, or as a municipality such as Cardiff which frames its priorities in terms of equality and inclusion. The alternative, low visibility provision in relation to this group of migrants has significant disadvantages. It fails to raise the issue within the authority for debate and resolution; it leaves migrants and NGOs unsure whether there is an entitlement and whom in the department to approach; it relies on a few staff working long hours to deliver above and beyond their designated responsibilities; and it may be unsustainable if the size of this section of the population grows.

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[1]Utrecht's Deputy Mayor Rachel Streefland explained in 2022 that the city's offer of services has a broader goal than meeting immediate needs: "We offer shelter, legal advice and all kinds of help to work on their future. The aim is a durable solution which is either a residence permit, return to their country of origin or shelter in the national asylum centre." https://eurocities.eu/latest/interview-with-the-deputy-mayor-of-utrecht-on-the-integration-of-refugees/ . Accessed 24.04.2023.

### 8.2.3   Ensure Low-Threshold Access to Essential Services

There is a strong case for ensuring that all residents have access to essential services such as healthcare, education, housing and language courses. European municipalities have spelt out the economic, social, legal and administrative efficiency arguments why this is the case.[2] To achieve municipal policy goals and avoid the negative consequences for all local residents of exclusion from basic services, national policies and municipal practices need to ensure a low threshold for access. This means addressing the structural barriers marginalised groups can experience, such as digital exclusion (Ragnedda, 2020). Not all service users can use on-line forms of access. Language barriers are another obstacle. A greater willingness for multilingualism within public authorities and additional resources for interpretation and translation would be beneficial.

As a minimum, municipalities could ensure that, where the law requires or permits, migrants are given access to the services to which they are entitled by law and which meet their needs. Where, further, local authorities have discretion to provide a local service regardless of immigration status, inclusion would contribute to meeting their social policy goals and human rights commitments. Wherever possible, access to services can be through regular channels. Alternatively, services can be targeted at residents experiencing social exclusion, including migrants. That is, services should be 'inclusive by default, targeted when necessary'. For people with special needs, such as those with mental health issues[3] or young care leavers,[4] it is of particular importance to have access to specialised support.

### 8.2.4   Build Internal Municipal Capacity to Deliver These Services

Capacity challenges are found at all levels: shortages of evidence (addressed above), of administrative data, of legal expertise, and of staff and resources to provide the services needed. In relation to data, some English local authorities have created a network that provides support on collection of data, information sharing and training in relation to this group of residents. The NRPF Network,[5] coordinated by a London local authority, also runs an online tool through which local authorities, NGOs and migrants can assess eligibility for support for a particular provision: accommodation

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[2]See Delvino & Spencer, 2019 section 1.3 on the full range of reasons cities have given for their need to provide a level of services regardless of immigration and residence status.

[3]For further policy recommendations on mental health see: https://picum.org/wp-content/uploads/2022/02/Insecure-residence-status-mental-health-and-resilience_EN.pdf

[4]For further policy recommendations on young adults: https://picum.org/wp-content/uploads/2022/04/Turning-18-and-undocumented_Executive-summary_EN-1.pdf

[5]see https://nrpfnetwork.org.uk

and subsistence for children in need, regardless of status. It also created NRPF Connect which enables local authorities to liaise more effectively with the immigration authorities on resolution of immigration status. These models may be valuable to consider elsewhere.

### 8.2.5   Build Long Term Collaborations with External Providers

Where inclusion in municipal services is not possible, funding can be provided to NGOs to provide services regardless of status. This can be with the aim of signposting individuals into regular services whenever possible to avoid the creation of a parallel welfare system.[6] NGOs are undoubtedly essential, complementary actors in providing and facilitating low-threshold access to services. In some cases, they have greater access to, and capacity to build trust with, precarious migrants. They may have particular expertise on issues relating to this group, may find it easier to provide services anonymously and can provide services beyond the statutory remit of public bodies. Collaboration with NGOs is therefore key in delivering an inclusive local approach (while respecting that some NGOs may prefer to remain financially independent and prioritise an advocacy role). Employers, trades unions, private and social landlords are also potential partners in a holistic approach to inclusion. NGOs should not, however, be a substitute for a municipal service because individuals are unnecessarily being excluded.

Existing cooperation is often ad hoc rather than based on a long-term strategy. While in some service areas communication channels between municipalities and NGOs can be well established, elsewhere networks and the transfer of knowledge and information is often informal and clusters around a few committed individuals. This can lead to a situation where employees, but also volunteers who are in contact with precarious migrants, are not aware of other important services and are unable to refer them. It is desirable to provide information within organisations in a systematic way and to strengthen networking within and beyond the individual service sectors. This can help to ensure that long-term working relationships between organisations remain consistent regardless of staff turnover and provide a safe space for mutual NGO and municipal feedback and suggestions.

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[6] For further discussion on this relationship see Spencer, S., & Delvino, N. (2018). 'Cooperation between government and civil society in the management of migration: Trends, opportunities and challenges in Europe and North America'. Background paper for the Autumn Academy 2018. Oxford: COMPAS.

### 8.2.6   Refrain from Unnecessary Data Collection and Install 'Firewalls'

In most European countries there is no broad, statutory duty to inform the immigration authorities about service users. Germany is an exception to this, but it has already removed that requirement for education, recognising that it deterred take up of that essential service. Unless there is a duty to transfer data on immigration or residence status, service providers can refrain from collecting that information unless it is needed by the local authority itself (that is, 'don't ask, don't tell').

Municipal authorities could take the essential first step of clarifying if there are any circumstances in which they have a statutory duty to transfer information on a service user to the immigration authorities. A simple review can then be conducted of each service to establish whether information on status is collected, as Zurich City Council has done.[7] Where information on status is needed by the municipality but does not have to be transferred, a data 'firewall' can be put in place to prevent sharing of that data.[8] Staff can be advised that it is council policy that no transfer should be made (with any necessary exceptions in relation, for instance, to non-immigration related criminal offences).

Where reporting obligations exist, as in Germany, they could be reviewed to consider if they are proportional, given the negative impacts not only on individuals but on local communities and municipal objectives. As a minimum it could be entirely abolished in health care in order to ensure risk-free access to health for all patients, regardless of their residence status. German Länder, and cities, could come together—the latter within the German Association of Cities and Towns ("Deutscher Städtetag") for instance—to propose such reforms. In addition, and independently of legislative change at the federal level, cities could clarify whether it would be legally permissible to issue an official instruction to the social welfare offices that no data collected in connection with health care services be forwarded in future to the foreigners' authority.

### 8.2.7   Reduce Fear-Based Barriers

Beyond internal communication on firewalls, the evidence suggests that local authorities need to provide unequivocal assurance to migrants, and to the NGOs that advise them, on which services can safely be accessed so that unnecessary fears

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[7]See Zurich report section 4.2, Access to Municipal Services (p. 16) in https://www.stadt-zuerich.ch/content/dam/stzh/prd/Deutsch/Stadtentwicklung/Publikationen_und_Broschueren/Integrationsfoerderung/themen_a-z/Sans%20Papiers/Report_Zurich-City-Card_E.pdf

[8]For further policy recommendations on this issue see: https://rm.coe.int/ecri-general-policy-recommendation-no-16-on-safeguarding-irregularly-p/16808b5b0b

are assuaged. This would ensure that, where the law and the municipality intend access, that aim is not undermined.

For some parents, the fear of detection is combined with fear that their destitution will lead to their children being taken into local authority care. Where services can be accessed without fear of child separation, of removal or withdrawal of the right of free movement, this should be transparent. Again, an unequivocal statement by the local authorities could be made, to clarify the position. There could be no justification for allowing the fear to remain, in circumstances where it would never be used, in order to deter parents from asking the authority for a service to which they are entitled.

## 8.2.8 Provide Access to Legal Advice, Information and Counselling

We saw that legal advice is pivotal in addressing the underlying problem. Limited access to advice is a clear factor in the loss of status ('lapsed regularity') and in prolonging irregularity due to incorrect applications and missed deadlines. Access to wider information and advice ('social counselling') can help further to clarify entitlements, signpost individuals to services available to them, and support them with immigration applications. Despite its great importance, legal advice and social counselling frequently lack adequate and stable public funding. NGOs, the main providers, provide it with short-term, insecure and fragmented project funds.

A problem-solving approach requires that all tiers of authority take steps to promote ready access to legal advice, in particular. The establishment of formal pathways between the local authority and third-party providers of legal services can aid migrants and local authority departments in reducing demand for their services. Funding requirements for advice services should be inclusive of people regardless of status and reflect the need to take account of migrants' varied and complex situations. National governments could be pragmatic in ensuring that the cost of applications for change of status is not so high that migrants are deterred from making an application and thus lapse into irregularity.

For those who are entitled to work, not least EU citizens in EU countries, there is a need for low-threshold labour market integration services. This could prevent people from slipping into or remaining in conditions of precarious residence.

## 8.2.9 Prioritise Inclusive Approaches on Gender-Based Vulnerabilities

Women with a precarious migration status often work or find accommodation in private households where they are especially prone to exploitation and abuse. Those

who are pregnant or have young children are particularly at risk.[9] While there are some important efforts being made to provide and facilitate access to health services for pregnant women, we saw that many problems remain including fees associated with childbirth and a lack of female interpreters.

There is also a lack of sufficient shelter places for victims of gender-based violence. Alternative accommodation options are necessary to prevent this. National and Local authorities need to ensure that victims of domestic violence can access women's shelters by decoupling the financing of this accommodation from migration status or social benefit entitlements. Protection also requires sufficient funding of gender sensitive counselling and support, where necessary with female interpreters. To ensure effective protection against violence, in accordance with the Istanbul Convention (Art 4), all victims of violence need to be able to obtain protection regardless of status. It is also necessary to create the possibility for victims of violence to obtain an independent residence status. Cities within a country could work with other municipalities to make the case for the necessary changes at the federal/national level.[10]

### 8.2.10  Capture and Build on Good Practice

The COVID-19 pandemic highlighted the vulnerability of marginalised groups, including those with precarious status. The need to ensure that everyone had access to testing and treatment for COVID-19 led national governments to ensure that individuals could access this care without fear that their details would be transferred to the immigration authorities. The need to avoid street homelessness during this period led municipalities to implement inclusive accommodation programmes, in some cases coupled with access to legal advice. Further measures included provision of home-schooling IT equipment regardless of status.

All tiers of authority could ensure that the gains from these measures, which extended well beyond public health protection, are maintained in the long term. National policy and local practice changes could be mainstreamed, and funding made available to ensure sustainable.

Municipalities that can demonstrate good outcomes or show that they are prevented from doing so by restrictive national policy frameworks, could propose reforms which would facilitate their approach. National as well as transnational municipal networks may help to raise awareness, share expertise, build confidence

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[9]See also https://www.ohchr.org/en/press-releases/2019/10/widespread-violence-and-mistreatment-women-childbirth-are-human-rights

[10]See also https://rm.coe.int/168008482e

and add authority to the case for reforms in law, policy and funding restrictions, at national and European level (Spencer, 2022).[11]

### 8.2.11   Use Existing Policy Levers at National and European Level

It will be clear that access to basic services and protection of fundamental rights irrespective of legal status cannot be achieved solely at the local level. A sustainable solution requires reforms in regional legislative frameworks, in countries with regional authorities, and at the national and European levels.

At the national level, access is already provided by law in Europe to some services regardless of status, such as (in most cases) education for children and healthcare for communicable diseases and emergencies. Permitting greater access would facilitate a proportional response to these migrants at the local level and enable municipal authorities to fulfil their responsibilities. Where access is permitted, removing any requirement to inform the immigration authorities, and encouraging the adoption of effective firewalls that prevent unnecessary disclosures, would increase take up of services. Clear pathways for migrants to regularise their status would reduce the number of residents with a precarious status; as the Portuguese government did in its response to the COVID-19 pandemic (Mazzilli, 2022).

At European level there are also immediate steps that could be taken. The Council of Europe could draw greater attention at municipal level to ECRI's guidance on firewalls[12] and to the relevance of the Istanbul Convention of protection from violence regardless of migration and residence status. EU institutions likewise could encourage good practice regardless of status, as in the EU's legal and policy framework on protection of victims, and on funding to prevent child poverty for all children, regardless of status, as foreseen in the Child Guarantee.[13] Funding of municipal practices related to migrants should always permit the option of inclusion regardless of status, so that municipalities can take the steps they see as necessary according to the situation on the ground. The European Commission could introduce or support a platform for shared learning and the development of constructive approaches that improve access to services for these most vulnerable residents.

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[11] Many European cities are part of C-MISE, *the City Initiative on Migrants with Irregular Status in Europe*, which provides access to information and guidance, and platforms to discuss challenges and policy and practice solutions. See: https://www.compas.ox.ac.uk/project/city-initiative-on-irregular-migrants-in-europe-c-mise/

[12] See https://rm.coe.int/ecri-general-policy-recommendation-no-16-on-safeguarding-irregularly-p/16808b5b0b

[13] See https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32021H1004&qid=1624453987845

## 8.2.12    Creating Prospects for a Sustainable Future

For all of those with a precarious status, the future is uncertain and fraught. If there was a realistic alternative in another country they would not remain in their vulnerable situation, with the hardship and risks it entails. For people who are not only excluded from the labour market but also experiencing challenges from illness or age, a way out of residence-related precariousness is particularly difficult. In the absence of prospects or the knowledge of possible opportunities for regularisation, remaining in precarious and exploitative working and housing conditions may seem to be without alternative.

There is a need to consider the sustainability of an approach to these residents in which local authorities try to alleviate the impact of exclusion that largely derives from restrictions imposed by national governments. Is this an appropriate long-term approach which contributes towards the management of migration, enables municipalities to fulfil their economic and social responsibilities, and meets the basic needs of migrants—if indeed these should be the criteria on which sustainability is judged—or could a more efficacious approach be developed?

There is a need for national governments to ensure that any restrictions on access to services and welfare support are proportional; and that there are clearer pathways for those with an irregular status to regularise their position. This is not only in the interests of the individuals concerned but of the wider community, and for local authorities to achieve their policy goals. Meanwhile, steps at national/federal level could include recognising apprenticeships as part of education, not employment, thus enabling those with a precarious status to continue their learning after the end of compulsory schooling. For EU citizens in the EU, apprenticeships could be recognised as a justification for continued freedom of movement.

Our study has thus identified many practical steps that could be taken to help municipalities respond effectively to their residents with precarious status and, of the greatest long-term importance, to address the underlying causes of that precarity itself.

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# Appendix: List of Interviews and Stakeholder Events

**Cardiff**

| Interview | Date | Interviewee/s (anonymized) | Interviewer | Language | Interview type |
|---|---|---|---|---|---|
| C1 | 30.07.2021 | NGO (Pro-migrant Advocacy) | Marie Mallet-Garcia (MMG) | English | Single |
| C2 | 04.08.2021 | NGO (Pro-migrant Advocacy) | MMG | English | Single |
| C3 | 07.09.2021 | Council (Homelessness) | MMG | English | Single |
| C4 | 17.09.2021 | NGO (Legal Services) | MMG | English | Single |
| C5 | 07.10.2021 | NGO (Housing/ Counselling) | MMG | English | Single |
| C6 | 07.10.2021 | Council (Homelessness) | MMG | English | Single |
| C7 | 27.10.2021 | NGO (Pro-migrant Advocacy) | MMG | English | Single |
| C8 | 04.10.2021 | Council (Children) | MMG | English | Single |
| C9 | 10.11.2021 | Council (Children) | MMG | English | Single |
| C10 | 11.11.2021 | Council (Education) | MMG | English | Single |
| C11 | 16.11.2021 | NGO (Legal Services) | MMG | English | Single |
| C12 | 25.11.2021 | Council (Adult Services) | MMG | English | Single |
| C13 | 25.11.2021 | Council (Children Services) | MMG | English | Single |
| C14 | 25.11.2021 | Council (Children Services) | MMG | English | Single |
| C15 | 26.11.2021 | NGO (Pro-migrant Advocacy) | MMG | English | Single |
| C16 | 26.11.2021 | NGO (Pro-migrant Advocacy) | MMG | English | Single |

(continued)

(continued)

| Interview | Date | Interviewee/s (anonymized) | Interviewer | Language | Interview type |
|---|---|---|---|---|---|
| C17 | 26.11.2021 | NGO (Pro-migrant Advocacy) | MMG | English | Single |
| C18 | 06.12.2021 | NGO (Women Services) | MMG | English | Single |
| C19 | 20.12.2021 | NHS (Health) | MMG | English | Single |
| C20 | 23.12.2021 | NGO (Counselling) | MMG | English | Single |
| C21 | 06.01.2022 | NGO (Homelessness) | MMG | English | Single |
| C22 | 10.01.2022 | NHS (Health) | Zach Bastick (ZB), MMG | English | Single |

## Frankfurt

| Interview | Date | Interviewee/s (anonymized) | Interviewer | Language | Interview type |
|---|---|---|---|---|---|
| F1 | 12.10.2021 | Council (Health) | Ilker Ataç (IA) | German | Single |
| F2 | 12.10.2021 | NGO (Health) | IA | German | Single |
| F3 | 20.10.2021 | Council (Health) | Maren Kirchhoff (MK) | German | Single |
| F4 | 20.10.2021 | NGO (Health/ Homelessness) | MK | German | Group |
| F5 | 21.10.2021 | NGO (Health) | IA + MK | German | Group |
| F6 | 21.10.2021 | NGO (Pro-migrant Advocacy) | MK | German | Single |
| F7 | 26.10.2021 | NGO (Counselling) | MK | German | Single |
| F8 | 27.10.2021 | NGO (Health) | IA | German | Single |
| F9 | 28.10.2021 | NGO (Counselling/ Education) | MK | German | Single |
| F10 | 23.11.2021 | NGO (Counselling) | MK | German | Group |
| F11 | 23.11.2021 | NGO (Women) | MK | German | Single |
| F12 | 24.11.2021 | NGO (Homelessness) | MK | German | Group |
| F13 | 24.11.2021 | NGO (Education) | MK | German | Single |
| F14 | 01.12.2021 | NGO (Homelessness) | MK | German | Single |
| F15 | 01.12.2021 | Precarious EU Citizen | MK | German | Single |
| F16 | 01.12.2021 | Precarious Third Country National | IA | English | Single |
| F17 | 01.12.2021 | NGO (Homelessness) | IA | German | Single |
| F18 | 09.12.2021 | Council (Social Office) | IA | German | Single |
| F19 | 16.12.2021 | Council (Women) | MK | German | Single |
| F20 | 17.12.2021 | Council (Multicultural Affairs) | IA | German | Group |
| F21 | 13.01.2022 | Council (Social Office) | IA | German | Group |
| F22 | 20.01.2022 | Council (Women) | MK | German | Group |
| F23 | 25.01.2022 | NGO (Education) | MK | German | Single |

(continued)

| Interview | Date | Interviewee/s (anonymized) | Interviewer | Language | Interview type |
|-----------|------|----------------------------|-------------|----------|----------------|
| F24 | 27.01.2022 | Council (Foreign Authority) | IA | German | Single |
| F25 | 16.03.2022 | Council (Education) | MK | German | Single |
| F26 | 30.03.2022 | Precarious Third Country National | MK | English | Single |
| F27 | 30.03.2022 | Precarious Third Country National | MK | English | Single |
| F28 | 30.03.2022 | Precarious Third Country National | IA | English | Single |

## Vienna

| Interview | Date | Interviewee/s (anonymised) | Interviewer | Language | Interview type |
|-----------|------|----------------------------|-------------|----------|----------------|
| V1 | 27.05.2021 | NGO (Counselling) | Adrienne H (AH) and Simon Güntner (SG) | German | Single |
| V2 | 10.06.2021 | NGO (Health) | AH, SG | German | Single |
| V3 | 11.06.2021 | NGO (Home-lessness/ Counseling) | AH, SG | German | Single |
| V4 | 24.06.2021 | Council (Homelessness) | AH, SG | German | Single |
| V5 | 08.09.2021 | National Government (Social Affairs) | AH, SG | German | Group |
| V6 | 03.11.2021 | NGO (Health) | AH | German | Single |
| V7 | 03.11.2021 | NGO (Women) | AH | German | Single |
| V8 | 03.11.2021 | NGO (Counselling) | AH, SG | German | Single |
| V9 | 22.11.2021 | Council (Social Security/Health) | AH | German | Single |
| V10 | 03.12.2021 | Council (Children) | AH | German | Single |
| V11 | 14.12.2021 | NGO (Housing) | AH | German | Single |
| V12 | 15.12.2021 | Precarious Third Country National | AH | German | Single |
| V13 | 15.12.2021 | NGO (Education) | AH | German | Single |
| V14 | 16.12.2021 | Precarious Third Country Nationals | AH | English & German | Group |
| V15 | 16.12.2021 | NGO (Education) | AH | German | Single |

(continued)

(continued)

| Interview | Date | Interviewee/s (anonymised) | Interviewer | Language | Interview type |
|---|---|---|---|---|---|
| V16 | 16.12.2021 | NGO (Counselling) | AH | German | Single |
| V17 | 21.12.2021 | Council (Refugees) | AH, SG | German | Single |
| V18 | 22.12.2021 | NGO (Housing) | AH, SG | German | Single |
| V19 | 12.01.2022 | Council (Education) | AH, SG | German | Group |
| V20 | 19.01.2022 | Council (Women) | AH | German | Single |
| V21 | 21.01.2022 | NGO (Housing/ Counselling) | AH | German | Single |
| V22 | 25.01.2022 | NGO (Health) | AH, SG | German | Group |
| V23 | 26.01.2022 | Council (Integration and Diversity) | AH, SG | German | Single |
| V24 | 27.01.2022 | Precarious Third Country National | AH | English | Single |
| V25 | 08.02.2022 | Precarious EU Migrants | AH | Rumanian with German Translator | Group |
| V26 | 18.02.2022 | Council (Children) | AH | German | Single |
| V27 | 02.03.2022 | Council (Police) | AH | German | Group |

## Stakeholder Events

| | Date | Place | Number of participants |
|---|---|---|---|
| SC1 | 23.09.2021 | Cardiff | 16 |
| SC2 | 26.01.2022 | Cardiff | 15 |
| SF1 | 26.08.2021 | Frankfurt | 23 |
| SF2 | 30.03.2022 | Frankfurt | 21 |
| SV1 | 23.09.2021 | Vienna | 12 |
| SV2 | 03.03.2022 | Vienna | 17 |

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