

LoReMi

Local Responses to Precarious Migrants
Frames, Strategies and Evolving Practices in Europe



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Local Responses to Migrants with Precarious Status: A Comparative Report on Frames, Strategies and Evolving Practices in Europe

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Contents

| | |
|--|----|
| Introduction | 3 |
| Contextualising the Cities..... | 7 |
| The Cities' Approaches to Migrants with Precarious Status..... | 13 |
| Health..... | 15 |
| Housing and Accommodation..... | 26 |
| Education | 35 |
| Legal Services | 39 |
| Findings and Discussion..... | 44 |
| Ways Forward..... | 48 |
| Conclusion | 53 |
| References | 54 |

Introduction

This report presents comparative findings and analysis from research on access to services for migrants with a precarious status in three European cities: Cardiff, in Wales; Frankfurt, in Germany; and Vienna, in Austria. It is the concluding report of the 18-month project “*Local Responses to Precarious Migrants: Frames, Strategies and Evolving Practices in Europe (LoReMi)*” carried out in 2021-2022.

The aims of the project were to investigate the ways in which local authorities provide access to municipal services for migrants whose immigration or residence status is pending or precarious and, in that context, to explore their cooperation with public and civil society organisations. It included a particular focus on issues relating to women. The research set out to consider the ways in which each local authority frames its approaches in the context of the authority’s overall framing of its mission; and to look at the actual policies and practices in place in relation to key service sectors such as health, education and accommodation. The study considered the legal, political 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 on this issue.

This project has received funding in the framework of the Joint Programming Initiative Urban Europe, ‘the 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. Comparative analysis of the contrasting legal frameworks, policies and practices in Cardiff, Frankfurt and Vienna, and knowledge-exchange between them and a wider group of European cities, has aimed to strengthen transnational networking to inform and enhance future practice.

The LoReMi project was carried out by three research teams working closely together: in Austria Professor Dr. Simon Güntner and Adrienne Homberger, at the Faculty of Architecture and Planning, Centre for Sociology, Technische Universität in Vienna; in Germany, Professor Dr. Ilker Ataç and Dr. Maren Kirchhoff, at the Department of Social Welfare, 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, UK.

Migrants with Precarious Status in Europe

Migrants in European countries regularly experience restrictions on their entitlements to access public services. Third country nationals who have an irregular status (through overstaying their visa, for instance, or unauthorised entry into the country) have legally and practically the most limited entitlements. The focus of the LoReMi study has been on this group of people; but also included those at risk of losing their immigration or residence status, e.g. spouses who would lose their right of residence if they leave the marriage due to domestic violence or EU citizens who risk losing their right to reside in another EU member state if they are deemed inactive and unable to support themselves.¹ 'Migrants with precarious status' (to whom we also in short refer as 'precarious migrants') are defined in this study 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, most basic social rights and access to services (see also Homberger et al. 2022).

The paths to precarious status are fluid and multi directional. Due to de jure or de facto exclusions, these individuals often find themselves in precarious living situations. At the same time, precarious working conditions, such as a lack of formal employment eligibility, can be the starting point for legal precarity. The people who fall within this definition vary between countries, as do

¹In Germany and Austria, EU citizens have the right to freedom of movement and thus to residence, but during the first (five) years they are only entitled to social benefits under very specific conditions and mostly ineligible for public support. Attempts to receive social benefits can lead to a review or withdrawal of the right to freedom of movement by the immigration authorities.

the entitlements that they may have to rights and services. In essence, 'migrants with precarious status' encompass five categories:

- Third country nationals without regular status (irregular or "undocumented" migrants);
- Third country nationals with temporary residence status subject to conditions they no longer meet or are in danger of losing;
- Third country nationals who have a 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.

Although asylum seekers have a temporary status, in each of the three cities, asylum seekers have access to basic social services, such as health insurance and housing². While they face distinct barriers, they are not included in this research, which focuses on those facing the most restrictions to rights and service access.

Research Questions

Research has established that, for local authorities in Europe, the exclusion of a section of local residents from public services can pose challenges in relation to achieving their policy goals, such as public health and crime prevention, and reducing street homelessness and domestic violence. Some local authorities have responded with initiatives designed to ensure that basic service needs are met, whether by municipal services directly or through partnering with non-governmental organisations (NGOs). In some cases, the authority has developed a corporate strategy setting out its approach. More commonly, there are ad hoc initiatives that may not be consistent across the local authority as a whole (Delvino & Spencer 2019).

In this context, the LoReMi study set out to explore the approach of three local authorities, focusing on the following research questions:

² In some countries like Germany, this also holds for rejected asylum seekers or other migrants who cannot be removed due to legal or factual reasons. The still highly precarious status of "Duldung" at least grants them some access to basic social services (Kirchhoff and Lorenz 2018).

- What is the municipality's approach to including precarious migrants within municipal services, in particular regarding access to healthcare, accommodation, education and legal advice? Is there an awareness of the particular challenges facing women?
- What actual measures are in place to include precarious migrants in key services provided by the municipality, related public agencies and NGOs? What are the legal, political and practical barriers to inclusion and rights protection for this section of the population?
- How and why do governmental and non-governmental bodies cooperate in this context? Which processes of cooperation and conflict emerge in these interactions?

Research Methods

In each city, an official within the municipal council, a formal partner in the project, facilitated the study. They have 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 method of the study was threefold:

- Background research on the national legal and policy frameworks, on the local authority'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, other public sector staff, NGO staff, and, where possible, with migrants with a precarious status.

Based on this, we prepared three case study reports. To analyse the cases and to be able to compare them, we identified key themes to be covered in each report. In the qualitative data analysis software used for analysing the interviews, we worked with open coding and a set of joint codes. The three reports, which can be retrieved from the LoReMi website,³ form the basis of this comparative report.

³ The LoReMi website contains all of the outputs of the project:
<https://www.compas.ox.ac.uk/project/loremi/>

Contextualising the Cities

Cardiff, Frankfurt and Vienna differ significantly in terms of their size: Cardiff, the largest city in Wales, has a population of 369,000; Frankfurt, the fifth largest city in Germany, has a population of just over 750,000; Vienna, by far the largest city in Austria, has 1.9 million people. In addition to differences in political leadership and approach (see section 3), the approaches of these cities to migrants with precarious status are affected by their national contexts: including differing governance arrangements, legal and policy frameworks, and the presence of precarious migrants in the country.

Governance Arrangements and Municipal Responsibilities Relevant to Migrants with Precarious Status

The cities operate, firstly, within contrasting governance arrangements. *Cardiff* is the capital city of Wales, a nation within the United Kingdom. The Welsh Parliament has devolved legislative responsibility for education, housing, health and social care, but immigration policy is not devolved, coming under the responsibility of the UK Home Office. Immigration law restricts entitlements to services, which limits but does not remove the power of the Welsh Parliament to vary them. Cardiff Council is a 'unitary 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 that differ for different categories of migrants and are subject to the restrictions on entitlements 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. 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 gaps in provision, provide advice, and signpost migrants to services to which they may be entitled.

Frankfurt is located within the German federal state of Hesse ("Hessen"). Immigration policy, social law as well as health policy are fields of concurrent legislation. This means that the federal government has priority in formulating laws. However, if there is no explicit federal legislation, the states can regulate by their own laws until the federal government makes use of its competence

and regulates the matter for the entire federal territory. Education, in contrast, is exclusively a state competence (“Ländersache”). Concerning executive competences, Frankfurt, an independent municipality, acts as a sub-state administrative authority in relation (*inter alia*) to social affairs and health care. The local administration e.g. has to process applications for social welfare payments and has to offer health services necessary to ensure public health. Responsibility for decisions regarding residence are delegated to municipal immigration authorities that have to follow the national Residence Act. It also has responsibilities in relation to implementing policies regarding the protection against violence. Beyond these executive tasks, the Frankfurt City Council has the autonomy to regulate Frankfurt’s own local affairs within the limits prescribed by the national law.

Vienna is not only the capital of Austria but has the status of a federal province so that the city council fulfils the functions of a provincial government. Unlike in the UK, in which the Welsh Government has no delegated authority on immigration controls, Austrian provinces are responsible for processing applications and extensions of residential status for foreign residents already living in their province, according to the National Residence and Aliens Act (NAG). However, the Federal Office for Immigration and Asylum, the national authority processes Asylum claims. Basic social assistance for asylum seekers (“Grundversorgungsleistungen”) is then provided by each federal province and includes accommodation and health insurance. Federal provinces also are responsible for providing other social support and welfare and check the entitlements of migrants to services and benefits, allowing some variation in whether and how inclusive in their approach. Costs are shared between the federal province and the national government. Vienna is also responsible for the provision of social services and education as well as health services, according to national regulations. Social and some health services are largely outsourced to the Vienna Social Fund (a company wholly owned by the local authority), which provides some facilities for refugees and asylum seekers, including rejected asylum seekers, and some services that are important for other migrants with precarious status such as homelessness shelters. 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.

Relevant National and Regional Regulations and Policies

In relation to the legal framework, the UK (which has been under Conservative leadership since 2010⁴) has seen a progressive hardening of provisions restricting access to services and welfare support. Migrants are subject to a 'No recourse to public funds' (NRPF) rule, preventing access to some but not all services and welfare benefits, which can lead to destitution. Some destitute refused asylum seekers are eligible for Home Office support; and children 'in need' are entitled to local authority support, in both cases at a minimal level. In contrast, the Welsh Government (currently under Labour leadership) takes a more inclusive approach, to the extent possible within UK law. It is a 'Nation of Sanctuary' with a strategy to improve outcomes for refugees and asylum seekers and some recognition of the need for inclusion of precarious migrants such as permitting access to the preschool family support programme it funds in deprived areas, regardless of immigration or residence status. These aims are reflected in the entitlements and duties defined, for example, in devolved legislation on social services (Social Services and Well-being (Wales) Act 2014) and the protection of women (The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015).

Germany's federal policy on immigration and asylum as it has evolved from numerous legislative reforms in the last decades under different government coalitions is characterised by an ambivalent mix of exclusionary and inclusive measures. Numerous complex regulations govern restrictions and entitlements, including for unemployed EU citizens who have been in Germany for less than five years, with significant restrictions on access to services, health insurance and welfare support. The exemption from welfare support effectively restricts the possibility of migrants with precarious status even to get access to accommodation for homeless persons as well as migrant women's access to shelters for victims of violence. Regarding the latter there are some changes on the way due to the implementation of the Istanbul Convention. Another major barrier to social services arises from the fact that most public bodies in Germany (except schools) are obliged to notify the immigration authorities if they become aware of individuals without a valid residence status (§§87 Residence Act). To substantiate the right to education, schools and other educational institutions have been exempted since 2011 from this obligation to notify the immigration authority (an inclusive measure that Hessen had already integrated in its Education Act in 2009). The Hessian government, since 2014 a coalition of the Conservative Party (CDU) and

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

the Green Party, does not necessarily take a more inclusive approach than the national government (which between 2013 and 2021 was formed of a coalition of the CDU and the Social democratic party (SPD)). Nevertheless, it has recently announced further inclusionary measures such as the introduction of a treatment fund from which urgently needed specialist and inpatient treatment can be paid for.

Austria, after 10 years of a government coalition of the Austrian People's Party (ÖVP) and Social Democratic Parties (SPÖ), between 2017 and 2019 had a coalition of the central right Austrian People's and the far right Austrian Freedom Party (FPÖ). That led to a further tightening of immigration and asylum law, a process already underway since the 1990s. Further, integration policies were reversed, while integration requirements for individuals were increased. Further, there was a sharp increase in deportations, especially of EU citizens. The coalition between the ÖVP and the green party since 2020 has not brought about significant changes concerning migration and integration. There are more than 30 different residence statuses, each with differing entitlements. Some temporary statuses can be deemed precarious because they are subject to annual renewal and bring no entitlements to social benefits or access to the labour market. EU-citizens as well as most third country nationals only receive a permanent residency status after a minimum of 5 years continuous legal residence in Austria, during which they have had regular employment. Before that, they mostly are not entitled to receive any tax-based welfare benefits or homelessness aid. The federal states are responsible for providing welfare and homelessness assistance and are also responsible for checking entitlements, according to the national law. There are differences in implementation practices at the federal level. Vienna has acted 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 or by not fully implementing a change in the social benefits law: In contrast to the proposed exclusion, it still grants refugees with subsidiary protection access to social welfare.

Share of Migrant Population and Estimations on Numbers of Migrants with Precarious Status

Austria, Germany and the UK have a long history of migration. In all countries, the EU Eastern enlargements of the 2000s and 2010s led to an increase in immigration, especially of EU citizens from the Southeast and Eastern European new EU member states. In the UK, in a population of

67million in 2021, 9.6 million (around 14 %) were born abroad, including 3.4 million EU nationals⁵. In Germany an equal share of the population, around 11.8 million did not have German citizenship in 2021. Of these almost 5 million were EU citizens from other EU countries. In Austria, in 2021 over 1.5 million, i.e. 17.1% of the population did not have Austrian citizenship (9.1% from other EU countries and 8% third country nationals).

It is difficult to estimate how many of these people may be considered migrants with precarious status, as pathways to precarity are fluid and not reflected in official statistics. The desire of irregular migrants to remain undetected makes estimates even more difficult. As we pointed out in more detail in the introduction, migrants with precarious status are a very diverse group with a range of different status, including EU citizens who have no employment (some losing their jobs during the pandemic); overstayers (e.g. after expiry of a study visa) and other third country nationals who lack a regular residence status; spouses who have separated before acquiring a residence status in their own right; and rejected asylum seekers as well as third country nationals with a protection status from another EU member state. In the UK, there were an estimated 674,000 irregular migrants in 2017⁶; and just over 1 million adults (and 142,496 children) with temporary leave to remain on condition of NRPF. Following Brexit, EU citizens who fail to acquire settled status will expand the number of those with NRPF. One of the most recent estimates available for Germany suggests that in 2014 at least 180,000 and up to 520,000 migrants were staying irregularly. There are no estimates on the number of EU citizens living in Germany without entitlements to social welfare benefits. There are no conclusive estimates for irregular migrants in Austria. An estimate in 2015 by the Migration Council for Austria set the number of persons staying irregularly in Austria between 95,000 and 254,000.⁷

Migrants with Precarious Status in the Three Cities

The cities, too, are strongly influenced by migration as reflected in their ethnically diverse populations. In Cardiff, 13% of the official residents were born abroad and 1 in 5 residents is from a Black or Minority Ethnic background, as are 1 in 3 children of primary school age. In Frankfurt, around 30% of official residents do not have German citizenship and more than 50% have a

⁵ <https://commonslibrary.parliament.uk/research-briefings/sn06077/>

⁶ <https://migrationobservatory.ox.ac.uk/resources/commentaries/recent-estimates-of-the-uks-irregular-migrant-population/>

⁷ <https://www.emn.at/wp-content/uploads/2021/06/emn-national-report-2021-long-term-irregular-staying.pdf>; it was highlighted that the numbers for Austria should be treated with caution, as there is no information on how they were collected.

'migration history'. The city is therefore considered 'super diverse'. Among Vienna's population, around 30% similarly have a foreign citizenship, higher among 25-45 year olds. Persons with precarious status that are partly not included in the official population statistics add another dimension to this diversity that has not been fully acknowledged yet by the three cities. It is generally assumed that there is a correlation between the size of particular migrant communities and the number of migrants with precarious status from their regions of origin. The composition of migrants with precarious status differs between the cities.

Cardiff is one of four Welsh cities to which asylum seekers are dispersed by the UK government, and so the initial home of many who are refused. Home Office statistics indicate that in 2021, the most common countries of origin of irregular migrants detected to arrive to the UK on small boats were Iran, Iraq, Eritrea, Syria, Vietnam, Afghanistan, Sudan, Albania, Ethiopia and Kuwait, with 84% of them coming from one of these countries. The majority of them were men (over 90%) between the ages of 18 and 39 (84%).⁸ However, there is no data on them or on the overall number or characteristics of precarious migrants in the city of Cardiff, and the municipal council itself does not have easily and systematically accessible data on the immigration statuses of those who are receiving its support.

As a global city and financial metropolis with diverse working opportunities, Frankfurt is a magnet for different groups of migrants. Migrants with precarious status are highly diverse in age, employment background and length of residence. While not entitled to work, many do so informally on construction sites, in the cleaning industry, in the hospitality sector or private households. Despite the precarious living conditions many migrants with precarious status face, they remain in Frankfurt because they have little hope for a better future elsewhere.

While there is no data on residents with precarious status in Vienna, neither, as the largest city in Austria with the most relevant services, it is assumed that most migrants with precarious status live there. Interviews and stakeholder meetings indicate that the majority are from Eastern and South-Eastern Europe, some 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 benefit from services. Deportations of children from Vienna in 2021 drew attention to their presence and vulnerability.

⁸ <https://www.gov.uk/government/statistics/irregular-migration-to-the-uk-year-ending-december-2021>

Assessments of the profile of migrants with precarious status are complicated by the fact that they are based on information from the different fields in which services are provided. Each service attracts different categories of people and faces different challenges. Concerning health services, we see, for instance a high rate of young women in all three cities, while male migrants predominantly request legal advice with regards to labour relations and accommodation services.

Despite differences between the cities and between the national contexts, it is clear that there are also similarities. Each city is situated in a country with a long history of migration and is marked by a significant share of a migrant population including migrants with precarious status. Legal frameworks governing entitlements to services are complex and contain exclusionary elements, but also room for inclusive measures. Sub-state authorities in the UK and Germany, and Vienna itself, have some capacity to temper restrictive national frameworks and in each case have done so.

The Cities' Approaches to Migrants with Precarious Status

The 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, and in the approach that they take.

Cardiff has been a 'City of Sanctuary' since 2014. Cardiff Council (since 2012 composed of a majority of labour councillors) frames itself as inclusive, with a commitment to community cohesion and to equality of opportunity for all. The city is at an early stage in that commitment in relation to migrants with a precarious status. Its four year Equality and Inclusion Strategy 2020 refers to *all* the city's residents but refers by name to asylum seekers, refugees and EU nationals. A recent 'Needs Assessment' published with the local Health Board in 2022 goes further, however, in identifying 'undocumented' migrants among those for whom there is a need for training and support for professionals to improve service provision; for data collection, co-location of health services for the most vulnerable, and for models of primary care that could overcome barriers for this group of people. It 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. In practice, it has provided support to some migrants with a precarious status, such as children 'in need' and inclusion was extended during the coronavirus pandemic when additional funding enabled provision of accommodation and, significantly, legal advice to resolve immigration status – as further detailed below. The Council and NHS rely on NGOs to fill some of

the gaps in provision. In many cases, where feasible, their role is to advise and signpost to municipal and NHS services rather than to provide a parallel support system. Cardiff's participation in the LoReMi project and dialogue with NGOs on meeting the needs of precarious migrants indicates an intention to develop its approach further, for which the recent Needs Assessment is a helpful official evidence base.

Frankfurt for more than two decades has had an Office for Multicultural Affairs, attached to its Department for Integration, to ensure that people of different origins, religions and worldviews have equal opportunities to participate in public life. Its official approach includes a commitment to find solutions to mitigate social problems arising from irregular status, and to resolve irregular status where possible as this is seen as a prerequisite to equal access to rights. Still, there is no comprehensive approach towards addressing the needs of those who remain with a precarious status. There are, however, strong examples of good practice in relation to healthcare, schooling and increasingly to protection against violence. Furthermore, legal advice and counselling is partly funded by the local authority. For other services high access barriers remain, as for accommodation. However, the need for accommodation especially for homeless EU migrants with no recourse to public funds has recently 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. Thus, both inclusive and exclusive municipal responses can be identified in Frankfurt. The majority of support services are in practice provided by NGOs, some with financial support from the council, federal government or EU institutions. Funding criteria that do not meet actual needs, and short-term project funding, impede continuity and forward planning. Major gaps in provision remain. Since September 2021, Frankfurt has been governed by a coalition of Social Democrats (SPD), The Greens, Liberal Democrats (FDP) and Volt. The coalition agreement of 2021 announced some inclusive measures that have only very partially been implemented so far.

Vienna has had a social democratic mayor since 1945, in recent years governing in coalition with other parties. 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. However, these target mainly regular migrants. Some of the municipal services, such as certain counselling services, are open to all, regardless of their status. However, those with a precarious status are excluded from many of the services and benefits aimed at ensuring basic social security. Despite the inclusive and human rights-based discourse by 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 that would otherwise have serious consequences for them, and the city's other residents. Although a variety of NGOs are active in this regard, there is nevertheless a lack of financial and human resources in the sector and not all needs can be met. There is a commitment in parts of the municipal council, including the Vienna Social Fund, to explore means of addressing these gaps and match provision for precarious migrants with the city's human rights commitments. However, some within the municipality mentioned financial or legal barriers that cannot be overcome by the local authority. Others however appear to have very limited interest in the situation of migrants with precarious status and in facilitating access or reducing barriers to their services.

Health

Although Austria, Germany and the UK have ratified various international agreements that provide for a right to health care regardless of residence status (e.g. Art. 12 International Covenant on Economic, Social and Cultural Rights, Article 35 of the EU Charter of Fundamental Rights), migrants with precarious status have only limited access to the regular health systems. While the National Health Service (NHS) Wales offers 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 the municipal actors in Frankfurt) to offer services to persons without health insurance, including migrants with precarious status. In order to assess access to health care for migrants with precarious status in the three cities and to reflect on (remaining) problems, it is first necessary to understand the differing national health systems that influence the way in which access to health care is generally organised.

Health systems and entitlements for migrants with precarious status

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. Within the Austrian and German insurance based systems the access to statutory health insurance is closely connected to either regular employment or to recourse to public funds. Migrants with precarious status mostly do not have access to the regular labour market either due to prohibitions on work (this holds for migrants with irregular status as well as for rejected asylum seekers) or because of discriminatory practices and structures (this especially holds for EU migrants). Furthermore, in the first (five) years of their presence in Austria and Germany unemployed EU citizens who worked for less than one year in formal employment are explicitly excluded from the regular welfare systems, which

cover health insurance costs for unemployed people and people in need of social support. EU citizens who have worked for at least a year in regular employment are entitled to unemployment money for a limited amount of time, which includes health insurance. After some months, they will lose these entitlements. In theory, in both countries there would be the option to pay for insurance privately. This is very expensive, however, and mostly unaffordable in the precarious economic situations in which most migrants without access to the regular labour market find themselves. In addition, migrants in an irregular situation often fear and avoid contact with official institutions, posing another deterrence to health insurance. Furthermore, EU citizens – including Austrian and German citizens – sometimes drop out of health insurance systems due to bureaucratic barriers, structural gaps and social inequality. These barriers are particularly high for people who have little or no command of the German language. Due to these different barriers, migrants with precarious status in Austria and Germany are mostly uninsured and thus do not have access to the regular health system⁹. Exceptions hold for some vaccinations and the treatment of certain diseases of public health importance (like Tuberculosis or COVID-19).

Apart from this, migrants with precarious status are entitled to emergency care¹⁰ in both countries. In Germany, access to emergency health care regardless of residence status is provided by law. When hospitals treat migrants without health insurance, they can afterwards send an application for reimbursement to the social welfare departments to get costs refunded. To ensure access to emergency care without fear of deportation the so-called “extended confidentiality” is in practice. Medical and other personnel in the health sector are subject to a medical confidentiality obligation, which, according to an instruction on the implementation of the Residence Act by the Federal Assembly (2009), extends into public bodies. It has been reported, though, that some social authorities do not see this confidentiality as mandatory. In addition, social welfare agencies frequently question the medical classification of individual cases as emergencies and apply high standards to evidence of indigence (von Manteuffel 2018: 35-36).

In Austria, in a medical emergency, hospitals are also obliged to treat patients regardless of whether they have insurance or not. However, patients are then usually processed as private

⁹ Exceptions hold for rejected asylum seekers who are entitled to restricted access to health care.

¹⁰ Spencer and Hughes (2015: 10) have proposed to adopt the following grouping of services by the Fundamental Rights 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).

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.

In Germany, migrants without health insurance furthermore do have access to primary and secondary care to a certain degree. If patients are not able to pay the costs for treatment privately, they can again apply for reimbursement at the social welfare department. However, it remains unclear if the requirement of “extended confidentiality” applies for health care beyond emergency cases or if the so-called “reporting obligation”¹¹ holds here. This uncertainty dissuades migrants who do not want to risk discovery and deportation from accessing necessary health services.

The National Health System in the UK is operated as a residence-based system. Most of the tax-financed NHS services are free to people who are “ordinarily resident in the UK.”¹² Those deemed to be “overseas visitors”, i.e. people who are not ordinarily resident in the UK, may be charged for treatment. Charging regulations in Wales are determined by the devolved legislation of the Welsh Government. The Welsh Government has issued guidance on the eligibility of overseas visitors to access free primary healthcare and advises GPs to contact the local health board for circumstances that are not listed in the guidance. The local health board can determine eligibility for charging. Asylum seekers with active claims are exempt from NHS charges across the UK; while in Wales, refused asylum seekers have been exempt since 2009. Migrants with irregular status are likely to be treated as overseas visitors. EU citizens without pre-settled or settled status can, in some cases, access free NHS care in the UK through reciprocal agreements when they are insured in another EU member state or receive an authorisation for planned health treatment. Emergency treatment is free in emergency departments. Primary care is free for emergencies and ‘immediately necessary’ treatment regardless of immigration status. In secondary care, ‘immediately necessary’ treatment is chargeable, but cannot be denied for lack of financial capacity (overseas visitors receive a bill after treatment). By contrast, ‘urgent treatments’ are

¹¹ According §87 of the Residence Act most public authorities are obliged to notify the foreigners authority if – while performing their duties – they become aware of persons who do not possess a valid residence title.

¹² Under the UK Immigration Act 2014 and consequent Immigration (Health Charge) Order 2015, an immigration health surcharge applies to applications for leave to remain or entry into the UK. Asylum seekers and their dependents are exempt from the surcharge, as are some other groups, including victims of trafficking and those eligible for the Destitution Domestic Violence Concession. However, the health surcharge directly affects those with a temporary status needing to secure continuity of residence – for example, a migrant seeking to extend their leave to remain for an additional 30 months must pay a health surcharge of £1,560 in addition to other immigration fees.

chargeable and expected to be paid up front. With regards to primary care and secondary care, including services administered in a hospital or requiring a referral, it is the responsibility of the primary healthcare provider or the local health board to ascertain whether a patient should be charged. Some treatments are provided for free, irrespective of whether someone is deemed to be 'ordinarily resident'. These include, for example, vaccinations and the treatment of certain diseases of public health importance (like Tuberculosis or COVID-19), treatment for communicable and sexually transmitted diseases, those provided to victims of trafficking or domestic violence, and family planning services.

In all three countries, next to the general entitlements with regards to emergency, primary and secondary care there are special entitlements for pregnant women. The nature of these maternity services – that is, of pre- and post-natal care and delivery – differs. Furthermore, despite being entitled e.g. to health care when giving birth, women may be charged for delivery afterwards (see 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.

Local Responses to Exclusion

To counteract exclusion from health services, different measures have been taken at the local level in Cardiff, Frankfurt and Vienna.

Creation of an inclusive health service to overcome access barriers to the health system

In Cardiff, the National Health Systems Wales runs an inclusive local health service, the Cardiff and Vale Health Inclusion Service (CAVHIS), in order to address access barriers within the larger NHS, including those stemming from charging regulations. As an NHS institution, CAVHIS provides health care to migrants with precarious status. This includes free health screenings, primary care consultations and midwifery services, and provision of help in accessing the wider NHS. Our interviews with NGOs and the local authority depicted this service as effective and highly beneficial for including irregular migrants even if some problems remain that will be addressed below. CAVHIS is generally recognized as being a welcoming institution for migrants who might be fearful or unsure of how to access healthcare and, ultimately, a means of orienting migrants within the larger NHS.

Provision of health services by the local authority

In Austria, Germany and Wales, municipalities do not have a comprehensive healthcare mandate. However, in all three countries, local authorities have the task of promoting public health. This mandate is interpreted differently in the three cities. The only local authority in our sample that offers health services specifically targeted at migrants with precarious status, respectively people without health insurance regardless of their status is the City of Frankfurt. Since 2001, the Local Health Authority Frankfurt offers the Humanitarian Consultation Hours, which are recognised also internationally as a best-practice model (Delvino & Spencer 2019, 51). Twice a week there is a general medical consultation and once a week a paediatric and gynaecological consultation for migrants who are not insured or undocumented. This is carried out by staff of the Local Health Authority in cooperation with Maisha¹³, an association for African women in Germany. The treatment is free of charge and confidential. This cooperation began in 2001. Over the years, the municipal budget has included 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 are provided by the Local Health Authority. Since 2021, the Local Health Authority furthermore 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. Counselling includes, among other things, the clarification of insurance coverage, support with applications, as well as the determination and, if necessary, perusal of claims for social benefits.

The employees of Frankfurt’s Local Health Authority refer to the Hessian Law on the Public Health Service (HGöGD), which states that the task of health authorities 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 persons who do not have sufficient access to health care; for this group of persons, the health offices can provide outpatient treatment on a case-by-case basis” (HGöGD § 7 Section 1). Accordingly, the Local Health Authority's staff considers the provision of health care to people without health insurance as a task for the public health service.

In contrast to this, Cardiff Council and Vienna City Council do not directly provide 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

¹³ In addition to medical treatment, social counselling by Maisha makes up an essential part of the service.

(Spencer & Hughes 2015, 25). In Cardiff, the local authority furthermore assesses the needs of adults, carers, and children within its area, as well as the services that would be required to meet those needs. It is obliged to work with the NHS (and its local health board) to secure the provision of information, advice and assistance and signposts individuals to CAVHIS and other parts of the NHS (primary care physicians, trauma specialists, etc.) for health assessments and healthcare provision.

Financial support for health services provided by NGOs

In Vienna, to counteract exclusion, NGOs have assumed responsibility for health care for uninsured people (see below). These services receive partial funding from the local authority through its Viennese Social Fund (FSW) from the budget for Homeless Assistance as well as from the Austrian Health Insurance Fund. The main part of the work is however provided by donations and through the work of voluntary staff. The local authority in Frankfurt, too, financially supports a streetwork health centre, which provides medical care for homeless people and people without health insurance regardless of residence status. Two thirds of the cost for the facility run by Caritas are covered by the social welfare authority and the rest by Caritas' own funds, i.e. donations. In addition, the Local Health Authority supports a student-run polyclinic that holds consultations in its facilities. In Cardiff, health services are exclusively provided by CAVHIS and the broader NHS. However, NGOs play an important role in supporting migrants to overcome access barriers to the system. These NGOs are partly funded by the Welsh government.

Special Health Services for Women & Children

As mentioned above, Frankfurt's Health Authority offers free consultation hours for women and children. In Vienna, such paediatric and gynaecological consultations are provided by AmberMed and Neuenerhaus. In both cities, there are special arrangements for pregnant women in order to provide a risk-free delivery. The Local Health Authority Frankfurt and several Frankfurt clinics agreed on an outpatient birth programme for patients of the humanitarian consultation hours for a reduced price of 700€. The sum is either paid by patients in instalments or financed, or at least subsidised, by emergency funds of civil society organisations. This ensures that women can register for childbirth at a clinic and give birth there without having their data passed on to the foreigners' authority¹⁴. While the programme is generally regarded as positive, it is not possible

¹⁴ 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.

to ensure sufficient follow-up care for women and newborn children. In addition, there are problems if complications arise during the birth and an inpatient stay becomes necessary, since this is not covered by the agreements and results in high additional costs. In Vienna, AmberMed had initiated a similar birth programme. It 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 newborn child. In both cases, the patients must cover the costs privately. For women who do not have enough income from irregular work this is often only possible because they receive financial support from NGOs or private networks.

In Cardiff, particular services for women are part of the regular NHS system. Free midwife services are for instance provided by CAVHIS. A midwife specialised in the needs of migrants with precarious status offers appointments lasting one hour, longer than those typical in the NHS do. In order to enable pregnant women who already have children to access prenatal care, CAVHIS works together with the municipality's Children's Services.¹⁵ However, problems may arise when women with precarious status need to access the regular NHS system, e.g. when giving birth in a hospital, as they may be charged for maternity services. Furthermore, fear of deportation poses a major barrier to access to health care. This is why NGOs have a strong role in supporting healthcare for female migrants with precarious status. It was reported that NGOs sometimes 'hide' pregnant migrant women from the local authority (and the Home Office) until they are 34 weeks pregnant and thus non-deportable.

The role of NGOs and their relation to the municipality

Despite differences described above, NGOs play a crucial role for access to health services in all three cities. This ranges from being the main providers of health care to persons without health insurances (Vienna) to providing special services for this precarious group, which includes migrants with precarious status as well as citizens, in close cooperation with the municipality (Frankfurt), to facilitating access to healthcare for migrants with precarious status (Cardiff). It was reported in all three cities that insufficient and insecure funding poses a major challenge for several NGOs. This leads to staff working long hours and beyond their professional duties to fulfil the needs of their clients.

¹⁵ The local authority identifies potential hosts able to care for an existing child temporarily while the mother is in labour and arranges a meeting between the host family and the migrant's family to establish familiarity. Women are often distrustful of this, however, and worried that their children will be permanently removed, requiring additional reassurance from caseworkers.

In Vienna, NGOs like the Neunerhaus Health Centre and AmberMed (a facility run by Diakonie and Red Cross) offer primary health care by general practitioners, but also specialist health care, ranging from dentists, to gynaecologists and paediatricians. In cooperation with the Red Cross, AmberMed also offers free medication to destitute patients. There is also collaboration with laboratories and diagnostic centres that provide their services pro bono for patients of these NGOs, as well as collaboration with doctors in private practice. Neunerhaus and the Louise Bus (operated by the Caritas) also offer mobile health care, often in shelters for the homeless. A private hospital offers inpatient and outpatient treatment for people without health insurance. Furthermore, some hospitals of the Vinzenz Group cooperate with Neunerhaus and offer inpatient treatment for their uninsured patients. These services can also be used anonymously. In addition, there are other counselling and therapy services offered by civil society organisations, especially in the field of mental health. These NGOs use different strategies, including lobbying at a city level or public campaigning to highlight the health gaps that leave people highly vulnerable. It has repeatedly been mentioned that there is a need for a closer collaboration with the public hospitals and the municipal health office.

In Frankfurt, in addition to the health services provided by the local authority, numerous other facilities offer health services for people without health insurance regardless of their residence status. These include a streetwork health centre, the Malteser Medicine for People without Health Insurance as well as a student-run free polyclinic. Over the years, a good division of labour has developed between the Local Health Authority and the non-governmental institutions. All participants emphasised the effective, hierarchy-free cooperation, which is based less on formalised meetings and more on informal exchange. There is a lot of day-to-day communication. Patients are referred to the other institutions. Despite the active role that the Local Health Authority plays in providing health care for people without health insurance regardless of their residence status, the provision largely depends on NGOs. As they lack sufficient public funding, they greatly depend on private donations and voluntary work. This has been criticised by some interview partners who highlighted the fragility of these arrangements.

In Cardiff, while in theory migrants with precarious status have access to some NHS services without payment, various barriers exist. NGOs provide bridging services to overcome barriers and facilitate NHS access. The British Red Cross works alongside CAVHIS for social prescribing and signposting to NHS services. To help migrants make appointments, NGOs provide access to phone lines and mobile data, and in rare cases, distribute mobile phones. NGOs provide other support services, including helping migrants understand their interactions with the NHS.

Responses to COVID

The pandemic posed enormous challenges to the local health systems, especially at the beginning. In Wales, COVID-19 was added as an exempt disease for which Local Health Boards should not charge patients considered as 'overseas visitors'. However, the movement to online services and telephone services, and the closure of NGO face-to-face services, complicated access to the NHS for some migrants. In Frankfurt and Vienna, some services offered for people without health insurance could only run in a reduced format, not least because a large part of the volunteer staff belonged to the 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. The network formed by the Local Health Authority Frankfurt and several NGOs played a central role in providing health care to people without health insurance, regardless of their residence status. The existing structures were used for the treatment of infections and vaccinations against Covid. This was dependent on the additional, largely voluntary commitment of the staff.

In all three case studies, the need to include everyone in public health responses has become apparent during the pandemic. Several of the interviewees emphasised that there was also something positive to be gained from the reactions to the Covid-19 pandemic. They appreciated the sensitivity to the need for low-threshold information (with multilingual leaflets, pictograms, etc.), which would also be desirable after the pandemic. The pandemic showed what could be possible: namely, the inclusion of uninsured people in the municipality's health strategy, as this was done with testing and vaccinating.

(Remaining) Problems

Despite the different health systems and entitlements and the different measures at the local level to counteract exclusion, there were several remaining access barriers that were common in all three case studies: The first deterrent for accessing existing entitlements is a lack of information. Even in medical emergencies, migrants with precarious status may avoid hospitals, as they are uncertain of whether they will be treated. They may be misinformed by peers, as well as from abusive partners or employers wishing to isolate them. In general, we found that there is a lack of information on healthcare services and rights that is accessible and targeted to migrants with precarious status.

Uncertainty of outcomes is another other major barrier. Migrants with precarious status frequently hesitate to go 'on the radar' by interacting with healthcare systems because they fear

that their data will be passed on to immigration authorities or the police, and may eventually lead to detention or deportation. Some also fear their children being taken away.

Despite positive approaches there are no effective firewall regulations in place to ensure that existing entitlements to health care can effectively be used without risk (or respective regulations are jeopardised by competing legislation). While Frankfurt, NGOs and the Local Health Authority take strict care to collect as little data as possible and not to pass on any data to public authorities, problems arise when there is the need for more complicated treatment. Even if for emergency cases the national law in Germany provides in theory for an 'expanded confidentiality' (preventing transfer of data on residence status), this does not seem to be clear to all relevant actors. Furthermore, the right to health care for irregular migrants in Germany is de facto undermined by the general requirement on public bodies such as social welfare offices to report the personal data of persons without regular status to the immigration authorities. There is no explicit firewall provision for primary and secondary care when it comes to applications for reimbursement. Likewise, in Wales, migrants may be dissuaded from accessing services if they expect data sharing between the NHS and the Home Office and fear deportation or negative consequences for future immigration applications. In Vienna, migrants with irregular status similarly fear contact with authorities and tend only to use the services provided by NGOs and private hospitals with which there is a cooperation, as these services can be used anonymously.

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. Migrants may fear being misunderstood, or be dissuaded from accessing services due to previous negative experiences. When migrants are turned away or misunderstood, they may lack the persistence to continue seeking access, the knowledge of how to seek recourse for being denied access, or information on alternative routes to accessing services. For example, our interviews indicate that primary care providers in Cardiff sometimes (improperly) refuse to register prospective patients who cannot provide an address. These exclusionary practices can also sometimes result from a lack of a common language. In all three cities, it was reported that there is a shortfall of interpreters or an inconsistent use of interpretation by medical staff, despite it being available. The shortage of interpreters may also be a barrier to the detection of victims of trafficking or abuse, as they might be accompanied by the perpetrator who acts as an interpreter. The NGOs in Vienna therefore have a strong focus on providing multilingual medical care.

In addition, access to health care is restricted by the real and perceived costs of treatments. These dissuade migrants from accessing services and service providers from providing services. In

Austria, while migrants with precarious status will be treated in a medical emergency, they receive a bill afterwards, which poses a deterrence for people without insurance to access healthcare services in hospitals. In Frankfurt, interview partners reported financial losses for hospitals if the social welfare office rejects applications for the reimbursement of costs, including for emergency treatment that has already been provided. Reasons for this rejection are non-acceptance of the documentation relating to the indigence of the treated patients or the lack of proof of identity. In this case, the hospitals are left with the costs of treatment. In 2019, costs for such treatments amounted to more than €1.5 million. Several interviewees reported that due to this decision-making practice by the social welfare office and the increasing privatisation of hospitals, it has become more difficult to accommodate patients. In recent years, patients referred by them to the central emergency room have increasingly been turned away without treatment. In the UK, unpaid NHS debts of over £500 (incurred after 6 April 2016), and of £1000 (incurred since 1 November 2011) are discretionary grounds for the Home Office to refuse immigration applications. If migrants with precarious status are charged for NHS as 'overseas visitors' and are unable to pay the bill, this might thus negatively influence their possibility of regularisation. Where migrants are informed or otherwise made aware that they may be sanctioned in future immigration applications, this may dissuade their access to healthcare, or perpetuate the precarity of their legal status by adding financial burdens to immigration applications.

Challenges & Conclusions

Overall, inclusive measures with regards to health exist in all three case studies albeit to varying extents and with different involvement of local authorities. In Cardiff, migrants with precarious status are included in the regular health system by a specialised inclusive service and local authorities play a minor role. While installation of an inclusive local health service increased the access to free health care for migrants with precarious status, barriers e.g. resulting from the fear of deportation remain.

In Frankfurt, a parallel health system has evolved providing basic access to health care for persons without health insurance. While the Local Health Authority plays an active role in this, the provision of inclusive services is largely done by NGOs that only receive partial funding and strongly rely on donations as well as on voluntary work. The help system reaches its limits e.g. when it comes to the treatment of mental or chronic diseases or complicated surgeries. In order to ensure a comprehensive and sustainable inclusive health care for all residents of the city,

additional and long-term funding of the existing services as well as further central services would be needed.

Vienna's local authority, despite being a Human Rights City, contributes only little to ensure the right to health for all the people living in the city. The civil society sector, though, provides quite comprehensive primary and secondary health care services that are low threshold, free of charge and anonymous. Despite various gaps regarding the 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, these depend highly on donation and voluntary work and more permanent funding would be necessary.

Housing and Accommodation

The three cities have different responsibilities regarding the provision of housing and accommodation for their population in general and for migrants with precarious status in particular. The numbers of migrants with precarious status in need of housing vary greatly. Important are also the different legal frames regulating access to the housing market, social housing and homelessness services, as well as how these are implemented by each local authority. Rejected asylum seekers should generally continue to receive state support, including accommodation in Vienna and Frankfurt. In Cardiff, rejected asylum seekers are eligible to receive assistance from the Welsh Government's Discretionary Assistance Fund if they are destitute. This influences the different compositions of people with housing needs in the three cities. Migrants with precarious status are generally excluded from social or council housing as well as 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, but also at times towards NGOs, might discourage migrants with precarious status from accessing the options available to them. This leaves them highly dependent on the private housing market. There, they might also face discriminatory behaviour as well as exploitation. Accounts of substandard housing, with mould or insect infestation, as well as overcrowded and overpriced rooms, or even only rented beds, are common. Also, couch-hopping is a practice of destitute migrants with precarious status, 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 extremely vulnerable to possible exploitation and abuse.

Comparing local competences, policy responses and frames

Under UK law people with no recourse to public funds (NRPF) are excluded from receiving council housing (social housing) or accessing homelessness services, with the only exception of receiving advice. The Welsh Government has however put combating street homelessness as one of its priorities, and under the Nation of Sanctuary Plan includes action to accommodate asylum seekers and refugees seeking sanctuary in Wales. They established an independent Homelessness Action Group whose task was to find solutions to end homelessness in Wales. The Action Group recommended 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, they cannot accommodate migrants with NRPF in their council housing nor in homelessness schemes. They can only meet accommodation needs of migrants with NRPF insofar as it is not explicitly restricted in the UK immigration rules. The local authorities for example have a statutory obligation under the Social Service and Wellbeing Act 2014 to support NRPF households with children, young care leavers and vulnerable adults in need, such as adults at risk of exploitation, trafficking or with health issues. *Cardiff* Council therefore works closely with NGOs to aid precarious migrants with NRPF and aims to collaborate with civil society actors such as private landlords, as in Wales there is no requirement for landlords to verify immigration status of their tenants, unlike in England. There is a general lack of accommodation in the city and a need for a holistic approach to combat homelessness.

In *Frankfurt*, there is a general lack of affordable housing, tied to a sharp decrease in available social housing, making it altogether hard to find affordable accommodation in the city. Migrants with precarious status are generally excluded from both social housing and homelessness assistance. Only persons who can prove permanent residence in Germany or have a valid residence permit and have been registered in Frankfurt for at least one year are entitled to social housing. There are various support services for homeless people in Frankfurt, but entitlements to this assistance, like most other benefits under the Social Welfare Code, are not (or no longer) legally available to most foreign homeless persons, including EU citizens. This means that precarious migrants cannot access large parts of the services offered by the homelessness assistance system. However, under the federal state of Hesse's security and public order law, the municipality has the duty to prevent acute risks, such as homelessness, irrespective of the

person's residence status. The local authority is thereby obliged to provide shelter to involuntarily homeless persons. The practice by the local authority's social welfare office however is to offer EU citizens tickets to their country of origin. The assumption in the social welfare office is that they can get shelter elsewhere and therefore are no longer considered "involuntarily homeless", thus releasing the local authority from its obligation to provide shelter. This restrictive policy of the municipality is contested by civil society actors.

In *Vienna*, there is a comparatively large sector of social housing and subsidised housing available to the Viennese population. However, migrants with precarious status are excluded from this sector. The Basic Act on Social Welfare from 2019 regulates access to welfare support, also in regards to housing. It is granted only to settled foreign nationals who either have asylum status or have been "residing permanently, actually and lawfully in the territory of the Federal Republic of Austria for at least five years" and therefore excludes migrants with precarious status.¹⁶ The Viennese Assistance for the Homeless (WWH) offers a wide range of services to people affected or threatened by homelessness and is considered rather innovative in a European comparative perspective. The WWH is organised by the Vienna Social Fund (FSW), a public company owned by the municipality. The FSW has additional criteria of eligibility to receive support from the homelessness assistance, from which migrants with precarious status are usually also excluded. Although there is no legal entitlement to homeless assistance, temporary accommodation options are available for migrants with precarious status, which are partially funded by the municipality, 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. From the side of the local authority, there have also been concerns raised that the city of Vienna is a magnet for people within Austria, but also neighbouring countries, particularly to the east. It has been argued that the municipality does not want to provide shelter to all homeless people in the region, but rather those who permanently live in Vienna. We can hereby see that even within a local authority that provides a comparatively large amount of services to migrants with precarious status, it is felt to be necessary to have some bordering practices in place. Several experts working in the field have nevertheless pointed out that the approximately 900 beds provided by the winter emergency shelter (see below) are proving sufficient. There has been no increase in demand when more beds

¹⁶ People with a subsidiary protection status are excluded from receiving social welfare since its update in 2019. However, Vienna has only partially implemented the new Basic Act on Social Welfare and is still including people with subsidiary protecting status as receivers of social welfare.

were available, so it does not seem to be the case that the Viennese homelessness aid is a so-called “pull factor.”

Accommodation available to migrants with precarious status

Provision of emergency accommodation for migrants with precarious status varies among the three cities. In all cities, it is done in a combination and sometimes in collaboration between various NGOs and the local authorities. How these collaborations work varies greatly among the three cities. It depends on the approach of the municipality in general and the particular department in charge, as well as on the approach and financial resources of the various 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.

Winter emergency shelters

In winter, Vienna and Frankfurt offer low threshold emergency shelters, which are 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. People get a mat and a sleeping bag if needed. They also run a day centre cafe. This has been criticised by NGOs as not amounting to accommodation, but rather “protection against freezing”. In *Vienna*, the FSW funds around 900 beds during the winter in various NGO-run emergency 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 rooms and have access to hygiene products and food there. Additionally, a number of day centres operate in the winter months. In Cardiff, however, the municipality does not have any specific programme that runs in the winter month, but it can provide emergency accommodation under exceptional circumstances (see below).

Homelessness shelters

There is no universal access to the municipality funded emergency shelters for migrants with precarious status that are open the whole year. In *Frankfurt*, migrants with precarious status may stay in emergency shelters funded by the local authority for a maximum of ten days. The main organisations offering accommodation are the Frankfurter Verein, an association closely related to the municipality, and the Christian NGOs Diakonie and Caritas. As some of the shelters are lump sum funded, the NGOs may have some discretionary power at hand. However, persons in the emergency shelters must see the youth and social welfare office after three days in order to

check whether they are entitled to accommodation. There is a 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 so-called “Vital list”. In this case, the youth and social welfare office covers the costs of accommodation.

In *Vienna*, the newly developed concept of “opportunity houses” (Chancenhäuser) is intended to provide low-threshold temporary accommodation for people in need for a maximum of three months, with around 600 rooms available, mostly for men, but also for women, couples and families. The stay in private rooms is accompanied by counselling from social workers to clarify entitlements and develop further housing prospects. The staff in the facilities are given discretionary powers to decide whom to admit and for how long, provided there is a suitable vacancy in the facility. Migrants with precarious status are therefore sometimes able to stay in these houses for up to three months. However, as there are usually no realistic follow-up housing prospects at hand within three months, as precarious migrants are not entitled to any subsidies housing program and often excluded from the labour market. This may lead to places being given to people with more realistic follow-up housing options (Diebäcker et al. 2021). In addition, the FSW-funded and Caritas-run “social and return counselling centre for EU-Citizens” (Sozial- und Rückkehrberatung) plays a key role for precarious EU migrants. It provides multilingual counselling on legal entitlements and signposts to and coordinates accommodation options.

In *Cardiff*, refused asylum seekers are eligible to receive assistance from the Welsh Government’s Discretionary Assistance Fund if they are destitute (Petch & Stirling 2020, 68). However, in practice, it is difficult to provide emergency accommodation for the local authorities (e.g. 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 - such as a bed space in a shelter - funded by the local authority is only offered in exceptional circumstances, for instance, on humanitarian grounds to migrants with precarious status who have undergone surgery and need to recover after their discharge from the hospital.

NGO-run shelters

Many of the shelters funded by the cities are run by NGOs. While the local authorities generally appreciate the work done by NGOs in the housing and accommodation sector, as the whole city benefits from less street homelessness, NGOs tend to be more critical of the local authority’s work. There is a general feeling among many NGOs in all three cities that local authorities could and should do more. However, some also appear to be hesitant in uttering criticism partly due to

financial dependencies. In Vienna, NGOs collaborate rather closely with the local authority's FSW, which funds a great deal of the shelters. However, some NGOs also decide deliberately to not be funded by the FSW in order to stay independent and accommodate all people in need. There is recognition by some NGOs that the local authority in Vienna is doing a lot in the field of homelessness aid and that there are financial limitations to what the municipality can offer. In addition, the issue of trust was raised: In Cardiff for example, there is a certain amount of distrust from some NGOs towards the local authority, as they fear they might pass on migrants with precarious status' data to the Home Office.

Initiatives by NGOs, faith-based institutions, and activist groups therefore provide different support, including emergency shelters and in some cases long-term housing options to migrants with precarious status who are excluded from the local authority's homelessness assistance. The amount of options, the quality of them and the length of time that migrants with precarious status can stay in these facilities vary greatly among the three cities as do the NGOs providing them, and the different groups of migrants to whom they cater.

In *Cardiff* for example, the Destitution Clinic or Home4u offer accommodation to single male refused asylum seekers in shared housing, while the Huggard Centre provides temporary emergency accommodation to people experiencing street homelessness generally, including those who have exhausted their accommodation options. It offers options ranging from a camp bed in a shared room, up to rooms in hotels for more vulnerable groups. Although migrants with precarious status were not typically eligible for these prior to COVID, they may have occasionally been provided an emergency bed space while their rights are being established. Additionally, several faith groups provide emergency accommodation or practical support in partnership with other NGOs.

In *Vienna*, various NGOs offer donation-funded accommodation to migrants with precarious status, such as the Ute Bock House which provides housing to around 200 third country nationals, many of whom are rejected asylum seekers from the surrounding area, for as long as needed. They have varying options ranging from flats for families to single rooms. Caritas runs a similar house as well as some other accommodation options for different groups of migrants with precarious status. One house offers accommodation to people with health issues, where they can recover from surgery or illness and receive medical attention. This is open to all people in need who do not have access to any other care institution. Caritas also keeps one of the winter emergency shelters open all year round, covering the costs during the summer months from

their own budget. Another example of a NGO offering emergency shelter to all people in need regardless of status is the VinziRast, which largely depends on volunteer work.

In *Frankfurt*, various actors such as local churches are providing temporary accommodation to fill the gaps. The activist self-organised “Project Shelter” organises private sleeping places for migrants with precarious status and at the same time campaigns politically for longer-term changes. Similarly, the Roma support association (“Förderverein Roma”) has been campaigning for a house for Romani people with accommodation options according to their needs.

Accommodation and Shelters for Women and Protection against Violence

Women have been found to be particularly vulnerable when faced with homelessness. In Vienna, support services working with homeless persons found that there are significantly more men than women who use homelessness services. Consequently, there are also less accommodation options provided for women than for men. However, it cannot be concluded from this that migrants with precarious status are predominantly male. The estimated number of unreported homeless women is likely to be very high, but women try to avoid street homelessness for as long as possible and instead tend to seek accommodation through informal networks, stay with partners, friends or in an accommodation tied to (often informal) employment. Women are thus more difficult to reach for support services. Consequently, women are also at greater risk of becoming victims of violence, abuse or exploitation. The risk of becoming victims of human trafficking is also significantly higher for women with precarious residential status. Precarious transgender and intersexual persons face similar vulnerabilities. In the three cities there is a slow but increasing sensibilisation towards these communities to varying degrees, with specific services being directed at precarious LGBTQIA* persons in the last years. Still, there is a general shortage of places for women and LGBTQIA* persons.

There is also a lack of places in women’s shelters for migrant victims of domestic violence. The funding of a majority of these places depends on entitlements to social welfare payments, which poses a severe barrier for female migrants. In 2021, the City of *Frankfurt* started to fund some places in women’s shelters for victims of domestic violence regardless of their welfare entitlements as part of the Implementation of the Istanbul Convention. In *Cardiff*, Bawso is an NGO particularly active in providing support to ethnic minority women affected by abuse, violence and exploitation. It provides emergency accommodation at refuges and safe houses, as well as a vast array of services including advocacy and advice, outreach services, and empowerment programmes. It works in collaboration with the municipality and local authority

staff may refer individuals to them when needed. In *Vienna*, women's shelters as well as flats for victims of human trafficking are open to migrant women with a precarious status. However, there is a lack of follow up options if women are not entitled to homelessness assistance and social housing. The lack of longer-term perspectives may make it hard for women to leave abusive and violent settings.

There are hardly any preventive accommodation or housing options available to female migrants in legal precarity. This is necessary for vulnerable women to seek safety and support, before they become victims of violence or exploitation. There are few low-threshold accommodation options for women and even fewer for women with children. These are especially important, as women with children have been found to be especially afraid to seek help, as they fear their children will be taken 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). In Vienna, there is a good-practice example by the NGO St. Elisabeth-Stiftung, which recently also received funding from the local authority's FSW. It provides 15 housing spaces for single mothers with precarious status and their children and supports and counsels them in order to find long-term solutions, access to the labour market and regularisation.

COVID-related Accommodation Measures

The Covid-19-Pandemic presented each local authority with huge challenges, not least with regard to the provision of accommodation during the lockdowns and quarantines. In all three cities, the local authority opened up emergency shelters or accommodation options to everyone in need, regardless of their residential status and often expanded night shelters to be open 24 hours, and winter shelters to open all year round, as was the case in Frankfurt and Vienna. The positive outcome this had on migrants with precarious status was mentioned by many experts working in the field and in all three cities, there were calls to keep these inclusive services in the future.

Cardiff implemented a "No-one left out"-approach, which entailed the accommodation of all rough sleepers. The Welsh Government allocated a significant budget to provide shelter, but also to consider long-term housing solutions for all people destitute and homeless. It launched the Private Rented Sector Leasing Scheme Wales, which invites property owners to lease their properties to the local authorities. Recognizing the benefits of the 'no-one left out' approach, the Welsh Government intends to keep these provisions for all people affected by homelessness in its post pandemic policies. The Council considers its work on homelessness during the pandemic

was ground-breaking, not least because it ensured provision of legal advice as well as shelter - thus addressing the underlying problem: *'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)" However, local authorities and NGOs worry that because the Welsh Government must comply with Home Office legislation, there could be a "U-turn" so that many migrants would become street homeless again.

In *Vienna*, a return to pre-pandemic policies is already visible, with only around 270 of the 900 beds kept open during the summer months of 2022. Civil society actors call for the year round provision of low-threshold emergency shelters open to all people in need, highlighting the positive effects that could be seen during the past two years not only on migrants with precarious status' health and wellbeing but also on the staff working in winter emergency shelters and the general public (Verband Wiener Wohnungslosenhilfe 2022). In *Frankfurt*, entitlement-free accommodation beyond immediate emergency situations was available for single men from January until autumn 2021 in a shelter run by Caritas. In response to the pandemic and the demands of an NGO advocating for Romani people, 20 places had been financed by the social welfare office on a lump-sum basis, which thus could be assigned without having to check social welfare entitlements. In autumn 2021, the Social Welfare Office decided to let the program run out and not allocate new people when spaces become available. The discontinuation of the offer was criticised by several interview partners who underlined the continuous need for this kind of accommodation.

Challenges & Conclusions

Cardiff, Vienna and Frankfurt offer at least a very basic humanitarian support to all people and therefore some basic services are open to migrants with precarious status. In Cardiff, constraints are mainly located at a UK national level, while in Frankfurt, but also in the two other cities, there is room for manoeuvre and for practices that are more inclusive. All three cities depend heavily on NGOs providing support. NGOs, despite partially good collaborations with local authorities, found that there is a lack of political will to really change things for migrants with precarious status living in their city, which is visible in a lack of allocation of necessary funding. NGOs in all three cities are at the forefront of fighting for more holistic and long-term solutions for these migrants, particularly for the most vulnerable groups. 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 persons regardless of status in the long term.

In Frankfurt, the main concern is that there are no adequate and low-threshold accommodation options available all year round and independent of entitlements to social benefit. This could be achieved in all three cities through more lump-sum funded places, that also are available long-term and should be combined with counselling. The Viennese “Opportunity Houses” point in this direction, despite various stakeholders noting that three months are hardly ever sufficient to solve residential precariousness and create long-term prospects. The social and return counselling centre for precarious EU-Migrants also points in this direction, with a multilingual counselling service specialised in the situation of precarious EU-Migrants. However, they also need more resources. In Cardiff, with restrictive UK policies in place, some stakeholders point towards a way forward by increasing collaboration between the local authority and NGOs, but also with other non-governmental actors, such as private landlords, to make housing options available to migrants with precarious status.

A lack of firewalls limiting transfer of personal data, in housing support and emergency shelters in all three cities, makes it difficult for people who fear detection or deportation to access these services. This means that they will stay in private accommodations, which makes them especially vulnerable to exploitation and abuse. In all three cities, there is a need for preventive housing options for migrants with precarious status in order to be able not only to react to violence, abuse and exploitation, but also to help prevent it. This is especially necessary to protect precarious women. A permanent place to live is also important to find and keep regular employment, which again could lead to regularisation of status, especially 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 solutions must be found, especially 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 between NGOs and the governmental bodies are important steps towards improving the situation of migrants with precarious status in all three cities.

Education

Overall, there is a mixed picture with regards to access to education for precarious migrants in Cardiff, Frankfurt and Vienna. While in the field of primary education, there is comparatively good

access for children with a precarious status, barriers exist especially around access to places in day-care centres and to further education.

In Austria, Germany and Wales primary education is compulsory and free of charge for all children over the age of 5, until they are 15 (Austria¹⁷ and Germany) or 16 (Wales) years old. In Cardiff, education is a devolved responsibility, and the Welsh Government is responsible for education policy and oversight. Welsh law (Social Services and Well-being (Wales) Act 2014) states that the local authority has a duty to safeguard children and conduct a wellbeing assessment when issues are raised, and practice guidance states that migrant children should be regarded as *children first and migrant second*. Similarly, in Frankfurt, the state of Hessen explicitly provides the right of access to school for children regardless of their residence status and abolished the duty to report migrants with irregular status to immigration authorities in 2009. Furthermore, schools and other educational institutions have been exempted from the duty to report through a legislative change in Residence Law at the federal level in 2011. 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 status¹⁸. These reforms and clarifications had a positive impact on access to primary education.

School for Children of School Age

In *Cardiff*, local authority staff have reported using their discretionary powers to support migrant children, to whom they apply higher eligibility criteria to circumvent their heightened vulnerability. This may translate into providing a free school uniform, free transportation, or 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 people in need of help. In *Frankfurt*, even though there seems to have been no information campaigns provided to schools regarding the change of the law and the interruption of the reporting obligation, schools seemed to be aware of it and provide inclusion to all including children regardless of their residence status. In *Vienna*, a recent 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. Overall, even if some parents with precarious children may fear that their children will be detected or picked up at

¹⁷ In Austria, further education is also mandatory for children between 15 and 18 years old. However, this does not apply to asylum seekers as well as other young migrants with precarious status, who are explicitly excluded from mandatory further education after the age of 15.

¹⁸ <https://rundschriften.bmbwf.gv.at/rundschriften/?id=761>

school for deportation, access to primary schools was described as generally unproblematic. However, several challenges were nonetheless reported: in Vienna, teachers and school management seem to sometimes lack the sensibility and knowledge of the situation of precarious children and might for example be overly concerned about a potential lack of health insurance for this group of pupils in case of an accident. In other cases, exclusion is related to poverty: mainly civil society actors such as parents organisations have started to distribute schooling materials and schoolbooks to all destitute pupils, including those with a precarious status.

Pre-school

More problems exist with regard to access to kindergarten or day-care. Before the age of 5, access to pre-school seems rather difficult in Frankfurt, as stakeholders reported that access to pre-school can be challenging due to long wait lines to get into day-care. The cost of meals can pose a further deterrence for destitute families, despite there being options to have these fees waived in both Frankfurt and Vienna. In Cardiff, conversely, the Welsh government emphasised that the needs of pupils who require extra support such as those with special needs, health needs, as well as migrant and refugee pupils and looked-after children, should be met. For instance, the Welsh Government introduced the Flying Start program in 2010 for all children under the age of 4 regardless of immigration status and who are living in disadvantaged areas of Wales. The programme offers part time childcare, health support services, and parenting support as well as speech, language and communication support. However, we could not confirm whether or how this was implemented in practice.

Post school provisions

Another major challenge that seems to be shared in all three cities is the lack of support for further education for migrants with precarious status. Once migrant children reach the end of compulsory schooling, they are no longer eligible for all types of free education. In *Frankfurt*, young adults with an irregular status are unable to get internships or training programs. They are explicitly excluded from German language courses and integration courses funded by the Federal Office for Migration and Refugees and are officially not allowed to participate in alternative services provided by local organisations funded by the Frankfurt women's department. EU citizens in need of public financial support face problems with further education, too. One of our interviewees described difficulties in completing an apprenticeship after finishing school. The job centre had told her that she had to work; otherwise, she would lose her right to

freedom of movement. Instead of doing an apprenticeship, the interview partner started working as a cleaner.

In *Vienna*, migrant pupils who are 15 years old and above may continue on to Gymnasium if they received high grades. However, there are various barriers for migrants with precarious status to access further education. They are mostly excluded from apprenticeship or vocational programs, partly because their residence status excludes them from the labour market and therefore from most vocational programs, but also due to lack of information and lack of financial support. Indeed, migrants with precarious status are excluded from most subsidised programs offered by or through the local authorities or the Public Employment Service ("Arbeitsmarktservice"), including German language courses. NGOs offer some programs to fill this educational gap, especially for young adult migrants. However, migrants with precarious status often remain excluded nonetheless because they need to work (usually in the informal market) in order to contribute to their families income, pay for their rent and other basic expenses, and thus lack the time needed to enrol in such programs. This holds for precarious third country nationals as well as EU citizens who are often working in the informal sector. They may also face discrimination, such as migrants from Roma communities.

In *Cardiff*, most young adult migrants are also excluded from further education, whether it be secondary education and apprenticeship or higher education. There are some exceptions such as basic skills courses which are free (e.g. literacy, numeracy or ESOL) but migrants with precarious status also lack the time or support needed (e.g. childcare) to take these classes. However, while they are not normally eligible for grants such as the Welsh Government Learning Grant Further Education, they may benefit from the discretionary funds such as the Financial Contingency Funds. Local authorities in Cardiff have also sometimes offered financial support to those refused asylum seekers who are not allowed to appeal their refusal (i.e., who are ARE, 'appeals rights exhausted') so that they can attend university. Overall, local authority staff in Cardiff reported that young adults leaving the care system were a group that was particularly vulnerable and difficult to support. Similar difficulties have been mentioned in Vienna. It was recommended to adopt a more holistic approach that involves several departments to be more efficient and provide young adults with long term planning that would prepare them better for their transition into adulthood.

Implications of COVID for Education

Overall, the COVID-19 pandemic had negative effects on school-aged children. Lockdowns made continued learning particularly difficult for those living in destitution. In Vienna, schools remained open in subsequent lockdowns to help mitigate the disruption to vulnerable children. In Cardiff, COVID-19 raised awareness of the heightened vulnerabilities of migrant children. During the pandemic, Education Services were judged to have tried as best they could to support families, regardless of status. Schools were able to provide additional help to families struggling with lack of food or digital exclusion. They knocked on families' doors to check on people and be better able to provide individualised support, and to ensure that their basic needs were covered. However, with schools reopening, this support has been withdrawn and some families have begun struggling again with digital deprivation. In Frankfurt, COVID-19 also stressed the importance of a conducive home environment for learning and highlighted the vulnerability of migrant children when it comes to housing.

Challenges & Conclusion

In all three countries, children of school age (5 to 15 - or 16 in Cardiff) with precarious status are relatively protected by national laws and granted free access to education. Over the years, the legislation in all three countries has evolved towards greater inclusion. These clear regulations as well as available information on rights lead to a good access to schools for children regardless of their immigration or residence status. However, this relative degree of protection abruptly comes to an end when they reach the age at which compulsory education ends, and they lose both the rights they were afforded and access to (free) education. Across the three cities, access to further education and higher education as well as access to language classes is particularly challenging, in some cases especially with regards to young adults with precarious status. Similarly, access to kindergarten or day-care was also reported to be difficult in Frankfurt, which could benefit from implementing programs such as the Flying Start program in Cardiff, subsidising access to childcare to all families, regardless of immigration status.

Legal Services

Migrants are affected by multiple, complex and continuously evolving areas of law including immigration law, social law, and alien's law. This makes it hard for them as well as NGOs and local authority staff to understand and stay up to date on rights and entitlements. In all three cities, legal assistance proved to be important to address the underlying problem of migrant precarity

and to ensure that rights and benefits become accessible. Legal expertise is also important for local authorities, who may be able to address issues such as homelessness by enabling access to benefits through social law claims or adjustments of status. The latter was especially foregrounded in Cardiff where restrictive immigration conditions (NRPF) limit access to benefits.

Legal Advice Systems and Entitlements for Migrants with Precarious Status

The provision of immigration assistance in the UK is regulated by the Office of the Immigration Services Commissioner (OISC). It is an offence to provide unregulated immigration advice. Legal advice should not be provided by anyone who is not certified to the correct level by the OISC, including by uncertified local authority staff and NGOs. In addition, there has been a progressive reduction in the number of legal service providers. Legal aid reforms have made immigration cases less appealing to solicitors, so it is difficult for migrants to find representation for most cases other than initial asylum claims. Further, because legal aid does not cover all of the legal processes needed by migrants with precarious status, such as family reunion, these migrants typically have to secure the funds to pay costly legal and filing fees. This has led to Wales being called a 'legal advice desert' – and there is a widely recognized need for legal assistance for migrants and a need for legal expertise for the local authority and NGOs.

In Austria, the provision of legal advice is not regulated. However, the right-wing ÖVP/FPÖ coalition government from 2017 to 2019 further impaired the provision of legal advice, by introducing a new state agency which provides legal assistance for asylum seekers, the Federal Agency for Reception and Support Services ("Bundesagentur für Betreuungs- und Unterstützungsleistungen", short: BBU) under the Ministry of the Interior. This reorganisation raised questions regarding the independence of its legal mandate. Formerly, the Austrian state had funded NGOs to provide legal counselling and representation for asylum seekers, but this funding has now ceased due to provision by the BBU. Counselling services and legal representation for issues that go beyond what the BBU offers or that are outside of the asylum system, are mainly provided by donation-funded NGOs. Migrants might also seek the support of these NGOs or lawyers (for which they have to pay privately), if they are not happy with the provision by the BBU. There further is a wide variety of NGOs specialised on different counselling services, ranging from social to labour issues or focusing on specific groups. These services run as 'social counselling' and are often provided by social workers. They e.g. determine eligibility for benefits, help to claim benefits, and offer other auxiliary services with regards to labour rights, housing or health.

While legal advice in Germany is also generally reserved for fully qualified lawyers, the Legal Services Act (“Rechtsdienstleistungsgesetz”) creates an exception: non-lawyers are allowed to provide free legal services, if a legally qualified person guides the advising persons. This aims to ensure that the high demand for legal advice can be met and at the same time quality can be guaranteed. Under these conditions, legal counselling in Germany is provided by a broad range of institutions, mainly by the large welfare associations of the Catholic and Protestant churches (Caritas and Diakonie), but also by other organisations. This is funded through public resources as well as the NGO fundraising. There are further offers by unions including legal advice for migrants working in the informal labour market. If they want to challenge public decisions like asylum or residence application, migrants often depend on professional legal advice and representation, for which they will have to pay, as NGOs offering free legal advice are fully occupied with their advisory work. In recent years, it has been harder to get lawyers specialised in asylum and residence law due to the increased number of cases.

Services Provided

Legal assistance for precarious migrants is principally provided through Asylum Justice in *Cardiff*, the only charity in Wales that does not rely on legal aid and is sufficiently certified to provide both advice and representation. Asylum Justice aids refused asylum seekers seeking to file new asylum claims, those with deportation notices, and those seeking to secure or extend their immigration status based on personal grounds. Asylum Justice is oversubscribed and dependent on short-term funding, and so has difficulty with long term planning and hiring. Other NGO sources of assistance exist, but these often only have OISC certification to provide advice and not representation and have wider arrays of (non-legal) services. Other firms, such as Newfields Law, provide representation but there are few of these. The local authority is lacking in internal legal immigration expertise and has applied for funding for Asylum Justice to build their capacity and fund formal referral pathways. For the time being, there is still a substantial lack of capacity.

In *Vienna*, legal assistance beyond what the BBU provides is offered by NGOs with strained capacities, some working with volunteer counsellors and some lacking translators. Stretched resources in addition sometimes mean that legal counselling sessions are brief. Migrants with precarious status often have legally complex situations that relate to various areas of law. There is a range of ‘social counselling’ services that focus on social or labour issues and may cater to migrants with precarious status. Few NGOs specialise on migrant women and provide counselling in specific languages; they mostly provide social counselling and offer support for migrant women who, for example, navigate divorce proceedings. Some of these NGOs receive

partial funding from various municipal departments, such as the integration and diversity or the women's department, as well as funding from the national or EU level. Others are exclusively funded through donations. Caritas runs the "Social and Return Counselling Centre for EU-Citizens" (Sozial- und Rückkehrberatung für EU-Bürger*innen), which assists destitute EU-migrants with arranging accommodation in emergency shelters, but also, when possible, supports them in claiming social benefits and with other social issues that may arise. It further funds and assists with transportation to the countries of origin, if a migrant desires to return. This service is funded by the municipality's FSW. The varying focus areas of the different counselling services can sometimes lead to variability in the attention given to cases, based on the commitment and knowledge of individuals within the counselling services, who may lack the resources or specific expertise needed to refer migrants to a different service.

Frankfurt's local authority financially supports various facilities that offer 'social counselling' for migrants. In addition, the Women's Department funds counselling services for women who have experienced violence, which are open to women regardless of their residence status. Furthermore, various organisations providing counselling to migrants receive partial funding by the state of Hesse. Between 2015 and 2018, three projects also received funding under the Fund for European Aid to the Most Deprived (FEAD). However, none of the three projects had their funding extended; and this became known only shortly before the planned extension. In the case of the counselling centre "Womens' Rights are Human Rights" ("Frauenrecht ist Menschenrecht", short: FiM), this meant that the social worker funded through the project could no longer be employed. In the case of the newly founded "Multinational Drop-in Centre for EU Citizens" (MIA), Caritas and Diakonie negotiated with the local authority to continue financing the counselling services with municipal funds; yet here, too, were cutbacks and three previously full-time staff were transitioned to part-time positions. The "Clearing House", a partnership between the Local Health Authority and Department of Social Affairs and the Frankfurt University of Applied Sciences, is based at the facilities of the Humanitarian Office Hours. This provides healthcare assistance, including determining and supporting claims to social benefits. However, it does not provide legal services related to immigration or residence permits.

Implications of COVID

In Frankfurt and Cardiff, NGOs providing legal services experienced greater demands as other NGOs and local authorities moved to phone and digital communication. In Frankfurt, the high demand for advice because of COVID led to a long waiting list, a situation that pre-existed in Cardiff. Remote language interpretation is either not routinely provided (in the case of Frankfurt,

where privacy concerns are sometimes cited) or seen as of limited quality due to the lack of visual cues (in the case of Cardiff). In Vienna, some counselling services worried about the loss of low threshold access through the shift to digital communication, as they also observed a shift in the clients seeking advice towards more highly educated migrants. In Cardiff, the backlogs in processing cases at the Home Office stalled the processing of many applications. Conversely, dwindling initial asylum claims pushed solicitors to apply for Exceptional Case Funding from the legal aid agency, to cover additional applications, which ultimately increased the access of a limited section of these migrants to legal assistance.

Challenges & Conclusions

Migrants face many obstacles in securing advice, which often means that they must seek assistance multiple times before securing it. They lose valuable time by approaching multiple solicitors or NGOs, pushing them closer to filing deadlines and the risk of losing their legal status. In both Cardiff as well as Vienna, interview partners reported that migrants might be turned away if counsellors or lawyers do not consider their case of sufficient merit or does not fall into their specific focus area.

Despite the central importance of legal advice, we found a lack of legal capacity across the cities. This is due principally to financing infrastructures. In Cardiff, reforms to legal aid have led to the closure of national providers and disincentivised local solicitors from taking cases beyond initial asylum claims. In Frankfurt and Cardiff, legal assistance for migrants with precarious status is funded through donations and short-term funds; and in Frankfurt, large EU grants have not been renewed. In Vienna, as in Cardiff, legal services for these migrants largely depend on donations and volunteer counsellors with strained capacities.

Consequently, in all three cities, legal and social assistance for migrants with precarious status is largely provided by NGOs, which in turn rely on charitable donations as well as funding from the local or national authorities. This has the benefit of increasing the independence of the advice and may reduce migrants' fears of accessing such services. In contrast, where the government provides legal assistance, such as by the BBU, which is directly subordinated to the Austrian Ministry of the Interior, migrants may fear that their interests may not be represented.

The precarity of migrants can sometimes also be addressed by social services law and alien's law, in addition to immigration law. In Cardiff, there is little crossover between these areas – because the few lawyers certified in immigration law need to heavily specialise. In contrast, in Frankfurt and Vienna, legal counselling is often provided as a part of 'social counselling', and is partly offered

by the same providers. Some of the NGOs that provide legal counselling in Vienna, for example, also offer specialised counselling on issues such as housing, education, or employment. These services are mostly provided by social workers trained in this particular field. In theory, this 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 of Vienna, which shows that the local authority recognizes the importance of legal assistance. It also reflects that counselling is framed within access to information, rather than a niche legal service.

National politics, regulations, and rhetoric also limit capacity. In Wales, legal expertise is especially needed as authorities are limited in their ability to address migrants' service needs by the NRPF condition imposed by UK law, although the Welsh Government has sought to increase legal capacity in general; while in Vienna the national government restricted capacity by restructuring legal assistance. The regulation of immigration assistance also limits who may provide immigration assistance. In all three cities, there is less provision for the legal needs of migrants with precarious status than for asylum seekers and refugees, the latter of which are most frequently mentioned.

There has been a worsening availability of legal advice in Cardiff, where the legal sector is considered to be 'in crisis', and with legal assistance for this group of migrants being provided by progressively fewer providers, all of which are overburdened. In Frankfurt, the availability of legal advice appears steadier, as the municipality continued the funding of the Multinational Drop-In Centre for EU citizens (MIA), when the initial funding by the EU was stopped. In Vienna, the local authority also funds a counselling centre for precarious EU-migrants and financially supports a variety of other counselling NGOs. However, the political changes brought about by the government left counselling NGOs in the asylum sector with limited funding. In all three cities, NGOs providing legal and social counselling face difficulties in long-term planning due to reliance on short-term funding.

Findings and Discussion

The aims of this study were to investigate the different ways in which the local authorities in Cardiff, Frankfurt and Vienna respond to migrants with precarious status. It explored the approaches of the local authorities and their departments, the ways that the local authorities framed their roles, and the relations between the local authorities and NGOs. We find that there is variability both between and within municipalities. Leeway sometimes exists for staff or

departmental discretion, and this produces a variety of conspicuously inclusive, inconspicuously inclusive, and exclusionary practices.

Municipal Responses to Migrants with Precarious Status

Each local authority has adopted, within some contexts at least, inclusive interpretations of regional or national laws that enable the provision of services to migrants with precarious status. For example, in Frankfurt, the Local Health Authority adopted a transparent, well-supported, and inclusive policy of providing health care irrespective of residence status. Likewise, Cardiff Council follows discretionary Welsh Government guidance to supply precarious migrant children with school uniforms. The local authority in Vienna funds counselling services and temporary shelter spaces available to precarious migrants.

However, local authorities sometimes depend on staff discretion for service provision. This provides flexibility but adds uncertainty, due to variability in assessments of deservingness or need. In Frankfurt, only selectively vulnerable persons are provided with accommodation services beyond short-term emergencies or in winter. In Cardiff, the Council provides emergency accommodation on humanitarian grounds whose criteria can also be subjective (e.g. level of disability). In Vienna, while “opportunity houses” (*Chancenhäuser*) are intended to be open to all, they are in practice selective and tied to staff impressions of future prospects, which may lead to prioritising those with a regular status over those with a precarious status. Such practices are detrimental to universal service access.

There are instances in which local authorities ignore opportunities for inclusion. For instance, although Vienna as a city-state has vastly greater autonomy than other cities, it is highly selective in the services it extends to precarious migrants, focusing on social counselling and the provision of emergency winter accommodation. Generally, political will is explicitly needed (in designing policy, allocating budgets, and providing services) to ensure the inclusion of precarious migrants.

Reliance on Non-governmental Organisations (NGOs)

NGOs, activist groups, and community organisations are key actors in alleviating the challenges faced by precarious migrants. Some precarious migrants may have experienced negative interactions with service providers, and many fear interactions with government (including municipal) authorities. NGOs are at the frontline of building trust and facilitating access to services. In addition to having cultural awareness, they can ensure confidentiality, provide appointment-free consultation hours and drop-in centres, furnish mobile phones and other

technological infrastructure necessary to access services. They are also able to develop new services, as with the Humanitarian Office Hours initiated by the NGO Maisha in Frankfurt, and provide services beyond the remits or abilities of municipalities. In Frankfurt and Vienna, some NGOs offer parallel services to those of public bodies, including medical services that are explicitly accessible irrespective of health insurance and residence status; whereas in Cardiff, NGOs are key to ensuring that migrants access public services and approach the local authority. NGOs bring attention to emerging local issues faced by precarious migrants. Different forms of relationships have 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 (see Ataç and Schilliger, 2022):

- a) Close collaborations: A few NGOs in the cities are commissioned by local authorities, which specify tasks and guidelines, determine service eligibility conditions, and provide the majority or entirety of a budget. In Vienna and Frankfurt, for example, the local authority funds and determines eligibility for shelters run by NGOs, who have limited discretionary power. Close collaborations can raise workflow conflicts, and NGOs noted at times struggling with high workloads and the bureaucracy associated with government funding. In addition, NGOs sometimes hesitate to criticise or make demands of the local authority on which they are dependent for funding. Conversely, close collaborations are sometimes successful; for example, as seen in the collaboration between the local health authority in Frankfurt and the NGOs providing healthcare, the success of which is attributed to an effective division of labour and open communication that includes numerous opportunities for informal meetings.
- b) Loose collaborations: Most NGOs in the cities are not commissioned by a local authority but may still receive minimal funding or other support from a local authority, which has limited control over the NGOs actions. In these situations, NGOs typically depend on additional funding and donations, which usually entails an enormous amount of extra work for those organisations to secure funds. As secured funds are typically short-term, NGOs are often limited in their ability to deploy long-term solutions. NGOs regularly exchange information on the presence and needs of precarious migrants, and are sometimes formally involved in networking meetings hosted by the local authority (such as the working group on victims of human trafficking in Vienna), trans-sector organisations (such as the Wales Strategic Migration Partnership in Cardiff), or NGOs themselves.

- c) No or confrontational collaboration: A few NGOs have no formal relationship with the local authority. This is the case of *Deserteurs- und Flüchtlingsberatung* (deserters' and refugees' counselling) in Vienna, which provides legal counselling to third country nationals. Those organisations usually rely on voluntary work and donations. Some NGOs noted that the local authority can be difficult to reach, or perceive it as working against the interests of NGOs. 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 local authority to counter its decisions, notably on age assessments.

Policy Frames

One of the aims of this research was to identify the relation between the frames of a municipality and its actual responses. Previous research has explored the range of frames that could be deployed to legitimise, defend and promote local policies and services in support of irregular migrants (Spencer & Delvino 2019). For example, policymakers might refer to security issues, humanitarian discourses, deservingness, socioeconomic benefit, or the efficiency of services. Neither Cardiff, Frankfurt, nor Vienna adopt municipal-wide policy frames that explicitly emphasise the situation of migrants with precarious status (as does Zurich, for instance). Instead, the cities adopted notions of "sanctuary, "multiculturalism" and "human rights" which had differential impacts on local practices. In Frankfurt and Vienna, frames were only mentioned by the interviewees when asked, and their impact is limited. By contrast, in Cardiff, the notion of 'sanctuary', and support of that frame by the Welsh Government, was raised in almost every interview; and the notion of sanctuary drives both municipal practices and the national frameworks that support these.

In Frankfurt and Vienna, and particularly for NGO-run services, sectoral and professional logics superseded the municipal frame (cf. Schweitzer 2022). For instance, the ethical and professional foundations of health care providers (such as the Hippocratic Oath) are closely related to a human rights frame; turning away someone in need of support does not match these ethical foundations. Equally, the professional ethos of a social worker e.g. working in homeless services will guide her or his response to someone looking for help and shelter. At the same time, how severe a need is, is up for negotiation. This may lead to a prioritisation of the treatment of acute pain or acute need over longer-term ills or preventative services. Ideas of deservingness influence decisions on whom to support.

Implications of the Covid-19 Pandemic

The COVID-19 pandemic disproportionately affected precarious migrants. The digital turn exacerbated their exclusion from services: as NGOs closed their doors and stopped offering face-to-face services, many precarious migrants struggled to receive support and advice. Those holding informal jobs, which do not provide security or benefits, suffered financially. Mental stressors increased as immigration application processing slowed. Some hesitated to seek medical attention. National governments responded to the heightened vulnerabilities of precarious migrants, and in particular, their digital exclusion (Bastick & Mallet-Garcia, 2022) by funding digital inclusion programs and lifting some barriers to services. Some schools provided IT kits enabling online schooling for children. Furthermore, all three cities offered free COVID-19 testing, vaccinations, and accommodation, irrespective of immigration or residence status.

These measures testify to a growing awareness of the need to include precarious migrants, as well as their essential role in society (Mallet-Garcia & Delvino, 2021). However, in all cities, there are fears that the inclusive measures implemented in the past two years might be reversed to the pre-pandemic exclusionary policies. Vienna has reduced the shelter and accommodation options available to those in need. Frankfurt has halted the already limited possibility to accommodate persons regardless of welfare benefit entitlements. Likewise, in Cardiff, there are ongoing concerns about the end of pandemic accommodation, and the reopening of schools has led to digital support being withdrawn, reintroducing digital precarity.

Ways Forward

The study highlighted barriers to the inclusion of migrants with precarious status as well as potential solutions. The analysis drew on reviews of the legislative and policy frameworks of each city, three meetings with stakeholders in each of the three cities (hosted by our respective cooperation partners from the municipal administration), as well as the interviews we conducted. Despite the differences between the cities, as well as the wide variety of actors involved and variations among the profile of migrants with precarious status, key issues that transcend the different fields of services and cities can be identified. In the following, we summarise these findings and reflect on some of the similarities and differences between the local responses to migrant precarity.

Clarify entitlements and reduce reliance on exercise of discretion

The legal frameworks that govern the entitlements of precarious migrants to basic services stretch beyond immigration law. They include topics of well-being, health, education, child protection, homelessness, as well as other provisions of social law and alien's law. These laws change quickly and may not have strong interpretive precedents (as is notably the case in Cardiff, where Welsh devolution has produced new legislative frameworks). This complexity makes it difficult for non-experts to be confident of entitlements and of the legal pathways for securing them. It is furthered by the overlapping remits of local, regional, and national governments, as well as between public bodies (such as the NHS in the UK). As a result, actors face obstacles in understanding options available for precarious migrants as well as their responsibilities in practice.

As research has also found in other European cities, a lack of clarity on entitlements, on the one hand, and on the resolve of the authority on the other, has led some local authority staff to exercise their discretion to provide access to a service without drawing attention to the fact that they have done so. While this may have positive effects on the individual level for some individuals, low visibility provision and unpredictability due to lack of consistent outcomes has significant disadvantages, in relation to this group. It fails to raise the issue within the local 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 staff working long hours to deliver above and beyond their designated responsibilities; and it is unsustainable when demand grows (as is likely in the growth of this section of the population).

There is an urgent need for clarity on the already existing entitlements of different categories of migrants to different Council services; this would be achievable through a review of provisions, updated on a regular basis and available to service providers. There is equally a need for clarity on the extent to which discretion can be inclusive; so that staff are clear both on what they should do and can do in relation to individual cases. The reliance on discretionary powers and the insecurities bound to this can be resolved by Councils clarifying their approaches and the implication of these approaches, and making clear the implications of the approach for the different municipal departments affected.

Reduce fear-based barriers

Barriers to inclusion remain even in those instances where there are explicit entitlements to services for migrants with precarious status. Fear of detection, detention, and deportation limit

access to services, as does fear that accessing services will negatively affect future immigration applications. Fears of child separation are also common. While policies differed in the three cities analysed, in each there were cases of precarious migrants delaying seeking care, pregnant women having no consistent prenatal care, and mothers being concerned that their children will be taken from their care. In contrast, clarity regarding inclusive regulations limits these fears. Such success was visible in all of the three cities with regards to education, where teachers, school principals and social workers were aware of the right to education regardless of immigration or residence status.

Where services can be accessed without fear of child separation, removal or withdrawal of the right of free movement, an unequivocal statement by the local authorities could be made, for migrants and the NGOs supporting them, so that unnecessary fears are assuaged. There is an urgent need to review and to clarify the circumstances under which there is a statutory duty to alert the immigration authorities and the room for manoeuvre that councils have to consider additional measures to be taken. A review could be conducted of each service (as Zurich City Council has recently done) to see whether information on status is currently collected and remove that requirement if unnecessary. Where there is no statutory duty to inform the immigration authorities but data on status is needed, a 'firewall' can be put in place: informing staff that it is council policy that no transfer should be made (with any necessary exceptions in relation, e.g., to non-immigration related criminal offences). Furthermore, the cities could advocate for changes of the respective national laws in order to be able to fulfil international requirements and ensure migrants' access to codified rights.

Increase capacities for legal advice

Legal advice is central to ensuring access to services, and the lack of legal advice can lead to holding a precarious status or prolonging it. Without advice, migrants might complete incorrect forms, miss filing deadlines, or be unaware of legal aid that can support (immigration) applications. There is a lack of legal advice provision; most notably in Cardiff, where the legal sector is widely considered to be in crisis, but also in Frankfurt and Vienna, where NGOs rely on short-term, insecure, and fragmented project funding in spite of some municipal funding of advice services. An effective local response to migrant precarity requires sufficient funding of legal support, both internally and externally to the local authority. The establishment of formal pathways between the local authority and third-party providers of legal services can aid both migrants and local authority departments. Finally, the establishment of multidisciplinary teams,

able to bridge the different areas of law that affect migrants, can help to identify solutions for complex cases.

Provide for professional interpretation

Language barriers can produce obstacles for seeking and obtaining appropriate care. In all three cities, there is a lack of capacity in interpretation services, on the one hand, and widespread knowledge of the importance of using professional interpreters, on the other. Local authorities and other public bodies should ensure the availability of funding for professional interpreters or the provision of multilingual consultation or services.

Increase Measures to Account for Women

Women with precarious status face distinct challenges including gender-based violence, female genital mutilation, trafficking, and sexual exploitation. While there are some important efforts deployed to provide and facilitate access to health services for pregnant migrant women's access, many problems remain, including: insufficient pre- and post-natal care; heavy fees associated with childbirth; a lack of female interpreters, and; a lack of sensitivity to gender-based vulnerabilities. There is a lack of shelter for victims of gender-based violence; and where such shelters exist for other categories of the population, these are sometimes denied to migrant victims of abuse due to language or immigration or residence status issues. An example of good practice can be gleaned from Utrecht where migrants with irregular status are explicitly granted access to accommodation in order to prevent abuse (Spencer and Delvino 2019, 42). Some improvements are expected for Frankfurt, where the City Council has decided on measures to protect victims of violence that are intended to include all council departments as well as NGOs and other relevant actors in this field in order to implement the Istanbul Convention.

Expand Capacity and Information Flows within the Municipality

There is a paucity of data on migrants with a precarious status and a lack of knowledge of their needs. Staff within the local authorities often have limited time to explore cases thoroughly. Staff frequently overly rely on a small group of committed workers, as there is a lack of shared institutional knowledge across local authorities and (as in the case of Vienna) across NGOs. There is a lack of privacy-protected data sharing on the needs of this population between levels of government; an example of a technical solution is NRPF Connect in the UK (although Cardiff Council has not adopted this). Across NGOs and local authorities, there is a lack of

multidisciplinary teams that can adopt linked approaches to assess and support migrants in legal precarity, and this could be addressed.

Municipalities rarely act uniformly, but consist of different departments that may or may not develop inclusive policies towards migrants with precarious status. Where one department may take an inclusive approach, another may not.¹⁹ In each of the three cities we analysed, departments had differing remits, ways of working, and resources. Their actions are based on different perceptions of policy problems, priorities and values (Homburger et al. 2022). Inter-departmental communication on local policies and individual cases is often limited. This was especially evident in Cardiff and Vienna. In Cardiff, there has been a slightly greater recognition of the need for coordinated services in relation to healthcare. In Vienna, some municipal departments do collaborate on the issues of precarious migrants, while others, such as the Department for Immigration or the Health Department do not. Also in Frankfurt, where some inter-departmental exchange on access to health care or protection against violence takes place, the need for a closer cooperation between the departments became visible. There is a need to address this fragmented approach through regular communication within relevant departments, and also between departments and external partners. In reaction to the Covid-19 pandemic, regular meetings took place in Cardiff between the local authority departments and with external partners. These were judged to have helped considerably. In Frankfurt, several working groups exist in which members from different municipal departments regularly communicate with NGO representatives.

Strengthen Cross-sectoral Cooperation between Municipalities and NGOs

The networking relations between local authority and civil society stakeholders vary greatly.²⁰ Existing cooperation is often informal, and based on personal relationships formed by a few committed individuals. In order to ensure that inclusive responses to migrant precarity are sustainable, there is the need to make these approaches last when staff change. Furthermore, while networking is sometimes well structured within specific areas, it can be lacking across areas. This can lead to access barriers, as staff across sectors may be unaware of important services and referral pathways. It is sometimes partly a matter of chance whether and how precarious migrants reach the appropriate contact point or service.

¹⁹ See also Price and Spencer 2015 on municipal responses towards destitute migrant families in the UK.

²⁰ See section 8 for a detailed discussion of the relationships between NGOs and municipalities in the three case-study cities.

It is important to strengthen collaboration between local authorities and NGOs systematically. To ensure inclusive responses to the needs of migrants with precarious status, the services of NGOs should not be a substitute for a state-funded provision of basic services. However, a municipal strategy to address the needs of precarious migrants has to build on consultation with NGOs - at least on an optimal division of responsibilities and allocation of available funds. This should recognize the skills and competences of NGOs, respect their capacities, and focus on building common and effective solutions. For this, it is essential to develop frameworks in which NGOs can contribute and municipalities respond to NGO feedback and suggestions.

Need for Vision and Council-wide approach

In all three cities, we observed inclusive responses to exclusive national regulations on migration and social welfare. What all three cities lack is an agreed, corporate approach towards this vulnerable group of residents: a vision for their inclusion, as neighbours, and a strategy to deliver that vision: allocating responsibility and with clear steps identified to achieve it. The narrative of the vision would fit well with the existing framings of the municipalities: Vienna as a Human Rights City that focuses on the rights of all its residents, Frankfurt as a Global City dedicated to inclusion and recognition of the diversity of its inhabitants, and Cardiff as a City of Sanctuary that prioritises equality and inclusion.

Conclusion

The LoReMi study has highlighted the challenges faced by local authorities in managing the presence of migrants with precarious status. The cities of Frankfurt, Vienna, and Cardiff have recognized the need for inclusion by framing themselves as a “Human Rights City”, “Diverse City” or “Sanctuary City”. Nevertheless, opportunities to improve remain. While local authorities have built significant support for refugees and asylum seekers, there is a need to adopt cohesive approaches, which include migrants with precarious status and, in doing so, address the pressing needs of this population as well as the risks of their exclusion for municipalities. Multiple barriers to accessing services exist due to fear, language, exploitation, as well as gender-specific vulnerabilities, and municipal actors should ensure that these are accounted for in policy and practice; for instance in building data firewalls, ensuring adequate interpretation, and ensuring clarity on entitlements. There is a need for consistent, council-wide approaches that act on a clear vision, encourage the formalisation of migrant-specific institutional knowledge, and balance predictability with flexibility. Local authorities should work with NGOs and other actors to increase their capacity, build formal pathways, share knowledge, and develop multidisciplinary teams.

The Coronavirus Pandemic heightened public awareness of the risks of excluding precarious migrants, both to migrants and to the cities in which they reside. In Cardiff, Vienna, and Frankfurt, local actors likewise highlighted the benefits of addressing this exclusion from the perspectives of urban development and human rights. This research evidences the need for city actors to work collaboratively towards an urban vision for including migrants with precarious status; but it also highlights the opportunities to share knowledge between cities, and for local authorities and their partners to work together to further empower them to achieve their visions.

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LOCAL RESPONSES TO PRECARIOUS MIGRANTS: FRAMES, STRATEGIES AND EVOLVING PRACTICES IN EUROPE (LOREMI)

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