

Essential and Invisible

Filipino irregular migrants in the UK's ongoing
COVID-19 crisis

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Executive Summary

For many in the United Kingdom, it might feel as if the “crisis” of the COVID-19 pandemic is coming to an end. Yet for irregular migrants, the pandemic has become a protracted struggle to survive.

This report is based on interviews with Filipino irregular migrants based in the UK conducted in Spring 2021, compared to the same interviewees’ responses in Spring 2020.

All the interviewees usually did “frontline” work, with all but one performing domestic and care work. Essential workers in such roles have been rightly celebrated by the UK Government and public. Yet irregular migrants have remained largely invisible, performing such work “behind closed doors,” while excluded from state services and support. Amidst increasing anti-Asian attacks, Filipino migrant workers have been perceived through a troubling and racialised slippage between “carers” and “carriers” of the virus.¹

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

Hostile Environment policies force irregular migrants into exploitative “no work, no pay” employment, and into transient and crowded housing conditions, making it difficult to stay safe from the virus. They also

deter irregular migrants from seeking healthcare – including vaccination – for fear of deportation. No Recourse to Public Funds (NRPF) conditions prevent those most exposed to danger from accessing appropriate services and support.

In the absence of state support, community groups and organisations such as Kanlungan Filipino Consortium have stepped in to provide crucial services such as disseminating medical information, holding pop-up vaccination clinics and delivering basic supplies to those facing destitution.

This report finds a significant contrast between interviewees who had engaged with Kanlungan’s services and those who had not, especially in combatting isolation, enhancing knowledge of rights and access, increasing the likelihood of accessing healthcare (including the vaccine), and better mental health.

The report therefore makes the following recommendations:

- Increase sustainable services and resources that are responsive to irregular migrants’ needs and wants.
- Raise awareness of irregular migrants’ rights and safe modes of access, especially to healthcare, via trusted sources of information such as community groups.
- End the Hostile Environment policies putting the public in danger.
- Ultimately, we recommend the regularisation of all those without leave to remain.

Methodology

Scope and Process

This report draws primarily on 14 interviews conducted with Filipino irregular migrants in the UK in Spring 2021. We are using the term “irregular” to encompass migrants who have no leave to remain in the UK, or whose status is highly precarious or under review.

The interviewees had been previously surveyed and then interviewed in Spring 2020; the findings and methodology of that research are published in our report of June 2020, ‘A Chance to Feel Safe: Precarious Filipino migrants amid the UK coronavirus outbreak.’² This report therefore also compares the recent interviews with the responses given in 2020.

The interviewees were selected from 79 respondents to an online survey which was shared with Filipino migrants in the UK with irregular or precarious migration status in Spring 2020. The interviewees were selected for the diversity of their experiences; neither the interviews nor the survey should be considered representative of the experiences of all Filipino migrants in the UK.

Published alongside this report is *Hear Our Voices*, a zine produced by irregular Filipino migrants through a series of creative workshops led by Rogelio Braga and Kay

Stephens (daikon* collective). Although reflecting on similar issues, the zine foregrounds the makers’ own modes of self-expression and creative communication.

Roles

Interviews were conducted by Ella Parry-Davies with Cielo Esperanza Tilan present to advocate for interviewees. This report was written by Ella Parry-Davies with input from Mariko Hayashi and Francesca Humi.

Cielo Esperanza Tilan is a founding member of the Filipino Domestic Workers Association, a member organisation of Kanlungan. Mariko Hayashi is Executive Director of Southeast and East Asian Centre CIC (SEEAC), a member organisation of Kanlungan. Francesca Humi is Advocacy and Campaigns Officer at Kanlungan Filipino Consortium. Ella Parry-Davies is a Postdoctoral Researcher funded by the British Academy.

Acknowledgments

We are grateful to the participants, without whom this research would not be possible, and to the Royal Central School of Speech and Drama and the British Academy, for funding the project.

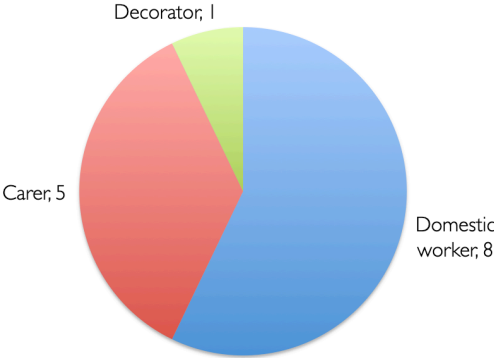
Participant Profile

14 people were interviewed for this report. All are originally from the Philippines.

Interviewees arrived in the UK between 2004 and 2020, and had been in the UK for an average of 10 years. They are between 32 and 68 years old, with an average age of 46.

All the participants usually did “frontline” service work, and all except one were domestic or care workers. Due to the nature of informal work arrangements, some participants perform overlapping work of caring and domestic services.

Interviewees' usual occupation

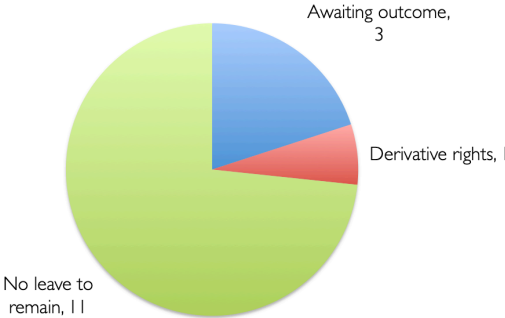


One interviewee has temporary derivative rights relating to a British child, 3 are awaiting Home Office decisions about their status (two for asylum claims), and 11 have no leave to remain (describing themselves as undocumented).

9 described themselves as female, 4 as male and 1 as transgender.

3 interviewees were financially supporting somebody in the UK, 10 supported somebody (or multiple people) in the Philippines and 1 interviewee was not supporting anybody else financially.

Interviewees' immigration status



Background

The impact of COVID-19 on the UK Filipino community has been significant. This is in part due to the high proportion working in 'frontline' services including health, care work and domestic work. At the time of writing, over 100 Filipino migrants in the UK have died due to COVID-19.³

For Filipino migrants without legal status or whose status in the UK is temporary or precarious, the risks encountered through their occupations intersect with the effects of Hostile Environment policies to further expose them to the virus itself, and other negative effects of the pandemic and 'lockdowns'.

Coronavirus in the UK

Coronavirus (COVID-19) was declared a global pandemic by the World Health Organisation on 11 March 2020.

Since March 2020, the UK has been through three full "lockdowns" involving the closure of certain businesses and services, restricted travel and self-isolation. At the time of writing, almost 163,515 people have died in the UK with COVID-19 on the death certificate, and 86.9% of the population aged 12 or over have received at least one dose of the COVID-19 vaccine.⁴

It is widely acknowledged that COVID-19 has both exposed and exacerbated existing social inequalities.⁵ Extensive research has demonstrated that the pandemic and lockdown have had disproportionate effects on Black, Asian and Minority Ethnic (BAME) populations in the UK, as well as socially excluded groups such as irregular migrants.⁶ Ethnicity and deprivation were recognised as COVID-19 risk factors in February 2021.⁷

Public health in the "Hostile Environment"

The Hostile Environment (since 2017 officially re-named the "compliant environment") is a set of policies that prevent migrants without leave to remain from accessing housing, healthcare, education, employment, bank accounts, welfare and drivers' licences. The policies were primarily implemented through the 2014 and 2016 Immigration Acts. Those most relevant to this report include:

- The criminalisation of work performed by irregular migrants, with increased financial penalties and prison sentences for employers. This pushes irregular migrants into informal employment that can be exploitative, low income and 'no work, no pay', forcing them to choose between exposure to the virus and destitution.
- The requirement for landlords and letting agents to check tenants' immigration status before renting to them, and powers to evict tenants without the right to rent. This pushes irregular migrants into informal, crowded and transient housing conditions that can make it difficult to self-isolate or socially distance.
- Charges for NHS care for certain migrants, at 150% of the cost to the NHS, and patient data-sharing between the NHS and the Home Office for the purposes of Immigration Enforcement.⁸ Charges and data-sharing significantly deter irregular migrants from seeking healthcare, even in emergencies.
- No Recourse to Public Funds (NRPF) conditions apply to all migrants without Indefinite Leave to Remain, preventing them from accessing most state-funded benefits (including emergency refuge for survivors of domestic violence), and heightening their exposure to the risk of destitution.

Access to healthcare

Immigration status and the NHS

“Even though there is information, it is my fear that makes me not want to go to doctor or hospital. It is not easy to remove the fear. The best thing to remove the fear is when I am regularised. That is what I am waiting and longing for” – Matilda

Extensive evidence has shown that NHS charging and data-sharing for the purposes of immigration enforcement discourages irregular migrants from seeking healthcare.⁹ This was consistent with our findings in the June 2020 report ‘A Chance to Feel Safe’, in which only 1 of the 13 survey respondents who had symptoms of COVID-19 sought any medical care or advice from the NHS. They described feeling fearful of being charged fees, detained, or deported, and not knowing if they were eligible for treatment due to their status.

The UK government has announced that diagnosis and treatment for COVID-19 is free and available to all (regardless of immigration status), although treatment for “secondary or subsequent illnesses”, including complications arising from the coronavirus infection and “long COVID” do not fall under this exemption.¹⁰

Individuals who do not have an NHS number or are not registered with a GP are still entitled to free COVID-19 vaccinations. On its “COVID-19: Migrant health guide” webpages, the Government provides links to explanatory information translated into multiple languages (not including Tagalog/Filipino).¹¹

Despite these assurances, fear cultivated by immigration policy and enforcement over several years continues to prevent many irregular migrants from accessing these services.

This demonstrates that government messaging has lacked clarity and reach, despite the efforts of organisations like Kanlungan to disseminate information (see section on Kanlungan’s Perspective for more details).

It has been reported that healthcare professionals themselves are inconsistent in their application of policy, causing further confusion and deterrence.¹²

Interviewee Fundics, for example, tried to register with a GP but was asked for his passport in order to do so. This is not required by GP surgeries, but an example of inconsistent practice. This deterred Fundics from accessing any NHS care when he had COVID-19 symptoms in Spring 2020. His wife, also an irregular migrant, currently works as a carer for multiple employers. She had “flu-like” symptoms, but took paracetamol and orange juice instead of seeking professional healthcare.

Vaccination

“I’m afraid to go to the vaccine because they’re going to get my details. It could be a trap: if they have our details, they can catch us. I’m not going to do the vaccine” – Fundics

At the time of the interviews, the COVID-19 vaccine in the UK had become available to Priority Group 6, which included frontline health and social care workers, adults 65 years of age and over, and adults in a clinically at-risk group.¹³

5 of the 14 interviewees had already received a dose of the vaccine as they met these priority categorisations. It was notable that interviewees who had had more contact with Kanlungan, which has been implementing a multi-lingual COVID-related information dissemination project, were more knowledgeable about the vaccination

programme and more likely to access it (see section on Engaging with Kanlungan).

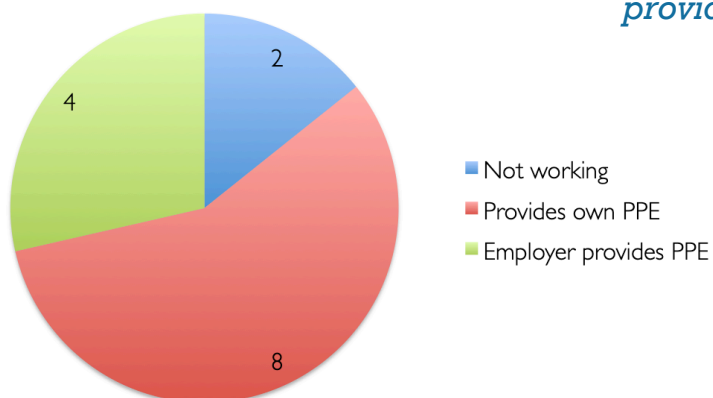
Bruno registered with a GP via the NGO Doctors of the World, but is frustrated that other irregular migrants are not aware that they can access healthcare and COVID-19 vaccines in the UK. In his opinion, government information about care for COVID-19 has not been disseminated clearly or widely enough.

"Why is it not known, not in the newspapers, how you can access healthcare as undocumented? I don't know why it's not being publicised. There are so many people like me, who don't know. Some are still afraid to register because there is no proper announcement from the government, so we know it's not fake news" - Bruno

Almost half of the interviewees (6 of 14) said explicitly that they were afraid of trying to get vaccinated because of their status, or were hesitant because they did not have enough information.

"Because of being undocumented, I don't know if they will consider us for the vaccine. This is what I'm worried about" – Jonels

Personal Protective Equipment



Maria Nola did not know how she would access the vaccine programme, and was also hesitant because of reported side effects:

"I need more advice or knowledge before I have it. I'm scared, nervous" – Maria Nola

Contact tracing and PPE

All the interviewees needed to use Personal Protective Equipment (PPE) to stay safe at work, as their work was carried out in person in their employers' homes.

8 of the interviewees paid for their own PPE, with half that number reporting that their employers provided PPE for them.

John was afraid to use the NHS Test and Trace app because of his status and the fear of getting caught and deported by the Home Office. He also felt a greater police presence on the street because of the pandemic. Fundics avoided going to any places where he would be asked to use the tracing app.

"We always want to keep our status secret: that's our mentality" - Fundics

Bry described physically shaking every time her phone rang after she tested positive for COVID-19, as she was afraid of giving her address to NHS authorities because of her irregular status. Eventually she gave an incomplete address for fear of being caught and deported.

"Definitely we're scared. Every move that we do, we're scared. But life must go on, I have a family to provide for" – John

Work and income

"If we cannot work, we're going to die as well. Maybe that's why a lot of people have the virus - because they are in the same situation as us" – Fundics

All of the interviewees worked in “no work, no pay” conditions.

All usually did frontline service work involving face-to-face contact with clients or employers. 1 is a painter-decorator, 5 are professional carers employed privately or in care homes, and 8 are domestic workers, including childcare, housekeeping, and cleaning. 2 of the domestic workers are living in their employers’ homes.

As Fundics explains above, irregular migrants in “no work, no pay” conditions who do frontline work find themselves having to make the impossible choice between exposing themselves to the virus at work, or becoming destitute.

"Tomorrow I don't know if I'm working or not. We're waiting for the signal" – Fundics

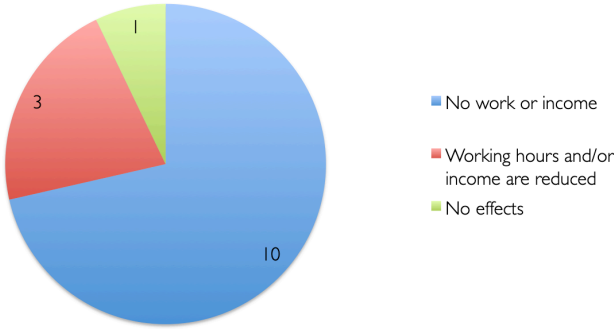
Finding work

"The big problem is that I'm undocumented. That was my realisation. I was very confident I would be able to land a job, because of my previous experience and my skills. But no matter how good or smart you are, if you don't have the proper documentation, it's so hard" – Bruno, carer

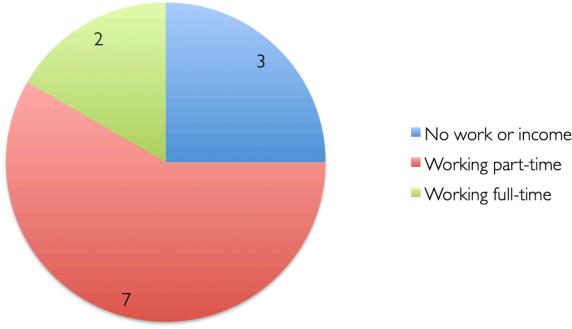
In our Spring 2020 interviews, two thirds of interviewees had lost all their work and income, and only 1 out of 15 reported that their income had not changed due to the pandemic.

10 months later, 3 of the interviewees were entirely without work (1 due to asylum seeking regulations and 1 due to childcare issues), half of the interviewees had picked up part-time work, and only 2 had gone back to full time employment. 1 of these two, Markova, was actually in a better situation than before the pandemic, thanks to the support of employers who had helped Markova to find more work as a cleaner in the LGBTQ+ community.

Impact of pandemic on work and income in Spring 2020



Impact of pandemic on work and income in Spring 2021



Earning enough income to avoid destitution was difficult for most of the interviewees because they could only look for work through informal networks (rather than professional recruitment agencies) and because their irregular status deterred prospective employers. Some reported that they could only work when employers were out of the house, to avoid the risk of contracting COVID-19.

Exploitation and precarity

The jobs that irregular migrants do manage to find are often precarious, because they do not have formal contracts and enforcing employment rights is extremely difficult. For domestic workers and carers who live in their employers' homes, lacking written agreements and respect for hours of work can make them especially exposed to exploitation. Labour abuse can occur out of public view or "behind closed doors". Before she lost her job, Jonels was earning just £2.00 per hour, working 16 hours a day, 6 days a week.

"She always said I was 'part of the family'. I expected more motherly care – I was insulted, in a way. I'm just crying all the time" – Bry

Bry, a domestic worker, lost her job when she contracted COVID-19 for the second time in January 2021. Although she had worked for her elderly employer for five years and they had a close relationship, she was dismissed without notice or care for her health and wellbeing. Now Bry survives on only 4-6 hours part-time work per week and has cut down to eating just one proper meal per day to save money. She was very distressed by her employer's treatment and its impacts, and experienced depression as a result.

Maria Nola, who has found part-time work as a carer since losing her job at the start of the first lockdown, uses her spare time to volunteer for a charity in exchange for hot meals.

Paying for basic needs

Several interviewees were on the brink of destitution and struggling to pay the rent and access basic needs. Over half reported that they were relying on borrowed money from friends, or support from non-governmental organisations, in order to pay for rent, heating and household bills, food and nappies.

John, who supports his partner and their child (who is profoundly autistic and needs full time care), was unemployed for 4 months following the UK COVID-19 outbreak, with no income. He is a qualified nurse and has now found part-time work as a carer for between two and four night-shifts per week. He records a register of his debt on his phone, which has reached almost £2,500, owed to at least three different friends. The family share a bed in the living room of a shared flat, and use the borrowed money to pay for rent, food, and nappies.

Jonels is a domestic worker and is afraid to work while her employers are in the house due to the risk of contracting the virus. As a result, she can only work part-time. Her landlord sometimes agrees to let her pay her rent in instalments, and she is dependent on some support for food from her mother, who is 75 years old and recently spent a month in hospital with COVID-19: "But I feel I should work for her, not the other way around!", she said.

Lola has not managed to find work since losing her job due to the pandemic, and is dependent on her sister. Like other interviewees, she would like to use her skills and qualifications to work legally in the UK:

"It's a blow to my self-esteem, my self-respect. All the academic accomplishments I have, all the experience I have, and here I am having to depend on someone" – Lola

Housing conditions

Under Hostile Environment policy, irregular migrants do not have the “right to rent,” and landlords must check the immigration status of prospective tenants. Alongside low wages and precarious employment, this often results in crowded accommodation and frequent moving between residences. Transience and crowded housing conditions make it difficult to stay safe from the virus.

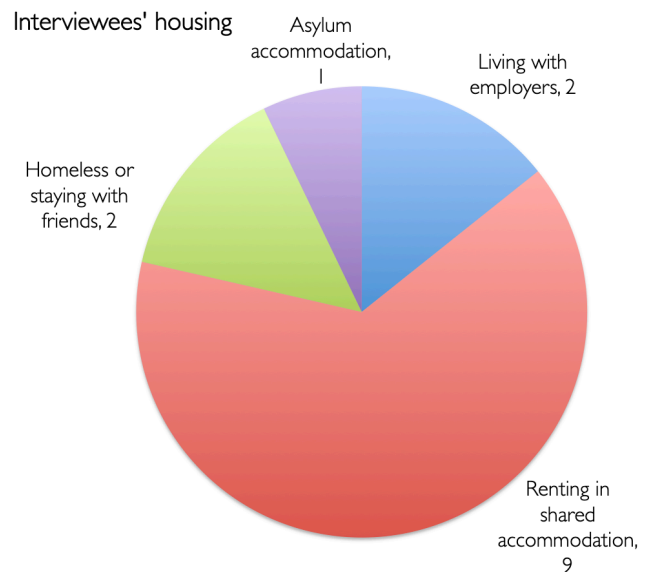
Among survey respondents in Spring 2020, the majority (58%) lived in shared houses, but 1 in 5 were homeless, had no fixed address (NFA), or were staying temporarily with friends. Among the shared house and NFA groups, respondents on average shared a bedroom with 1-2 others, and communal spaces such as a bathroom and kitchen with 4-5 others.

When he was interviewed in Spring 2020, Fundics, for example, shared a 5-bedroom flat with 14 people, all of whom had contracted COVID-19. By Spring 2021, he had moved to a two-bedroom flat with three other people, but was planning to recruit two more housemates to sleep in the living room to lower the cost of rent.

Maria Nola reported that she had lived in four or five different places in the 10 months prior to her interview in Spring 2021.

Remittance

The accounts of interviewees reveal the global effects of the outbreak of COVID-19 in the UK, especially for families who are dependent on remittances and may have also been affected locally by COVID-19.¹⁴ The Philippines is one of the top remittance-receiving nations in the world, with remittance accounting for 9.6% of GDP in 2020¹⁵. Though the World Bank predicted the biggest decline in global remittances in history (20%) for 2020, remittance to the Philippines has remained resilient.¹⁶ This could indicate that Filipinos overseas have absorbed loss of income by going without so that they can continue to send money to loved ones, as illustrated by Matilda.



Matilda, who is 62 years old, lost her job soon after the UK COVID-19 outbreak and has only managed to find part-time work of up to 12 hours per week. She has cut down on the food she buys for herself in order to support her daughter in the Philippines, who has a physical disability:

“If I cannot send money, she will starve” – Matilda

Interviewee Jayree is awaiting the outcome of an appeal in her asylum claim. She has been told that she is being kept waiting because of a Home Office backlog, and the process has lasted several months. In the meantime, she is prohibited from working. Her “biggest problem” is supporting her children in the Philippines, and she has experienced anxiety attacks because they have no means of surviving without her financial support.

Ferrari also has financially dependent children in the Philippines and has incurred around £3,000 in debt to various friends to support them:

“They're saying they need something to eat. As a mum, it really melts my heart” – Ferrari

Mental health

“I get anxious and worried about how things will end up for me with regards to my survival. How will I be able to pay my rent? How will I be able to buy my food? The very basic things” – Lola

Key causes of mental health challenges for interviewees included anxiety about loss of income, fear of contracting the virus, and heightened worries about families and financial dependents in the Philippines, as interviewees were unable to visit and were remitting less (if any) money.

Matilda, for example, is 62 and has only been able to find part-time work since Spring 2020. She worries about her own survival in the UK due to loss of income, as well as that of her daughter in the Philippines, who is disabled and financially dependent on her. She reported that she has “mental problems” and frequently felt fearful, confused, and forgetful.

Jonels reported that her anxiety was at “80%” in Spring 2020, and by Spring 2021 it had become higher.

Ferrari also described her mental health as worse than it was in Spring 2020, as she is still unable to access housing for herself and her young daughter or travel to see her children in the Philippines, due to her immigration status.

Ferrari would like to attend counselling, but is unable to because she does not have childcare. Ferrari and her 3-year-old daughter (who is a British citizen) live with her ex-partner. Ferrari described herself as homeless, as they argue frequently and he tells her they can only live there temporarily, which Ferrari believes negatively affects their child’s wellbeing.

For interviewees who reported that their mental health had improved since Spring 2020, finding work and/or accessing counselling or group therapy via Kanlungan had contributed to the improvement. There was a clear contrast between those whose mental health had improved due to this; and those who were living in an extended crisis because they were isolated, had no work, or were waiting on Home Office decisions, and reported feeling like they had no future.

“I’m getting crazy in this situation. I easily get depressed and feel low. Honestly, I really need counselling - I can’t help myself being so low with the situation, especially if it involves my family in the Philippines. My brother was hospitalised, and he’s the one who takes care of my youngest son. It really worries me if something will happen to him” – Ferrari

Engaging with Kanlungan

"Kanlungan is encouraging people like us, who always stay at home, to do activities. They give you a new life!" – Jonels

For over two thirds of the people we interviewed in Spring 2020 (11 out of 15), their interview was the first contact they had had with Kanlungan as an organisation. Since then, 8 have engaged actively with Kanlungan services, or the member group Filipino Domestic Workers Association UK.

These included receiving grocery deliveries when self-isolating or unable to buy food; advice and webinars on health, immigration, employment, and welfare rights and access; mental health workshops and one-to-one counselling; referrals and signposting to other services and charities; peer-support groups for undocumented members and parents with young children; LGBTQ+-specific workshops; fitness and yoga sessions; and an online Christmas party.

"I would love to meet other members, because they are my fellow Filipinos. Meeting them would be like home" – Ferrari

Breaking the cycle of isolation

"To still be in touch - it's one way of connecting with somebody out there who shares the same experience as you. They are out there, you are not alone; it gives you courage that you are all in one big fight. It boosts your morale, it gives you a little more strength that you don't face dangers and risks alone. It uplifts you" – Lola

Interviewees noted that awareness of their rights in the UK and how to negotiate access to services helped them to break out of a cycle of fear and isolation.

They became likely to engage with the extended Filipino community and build relationships of trust, which in turn connected them to reliable services and sources of information.

This is especially important for irregular migrants who have spent months or even years avoiding close friendships and community groups in order to keep their immigration status secret.

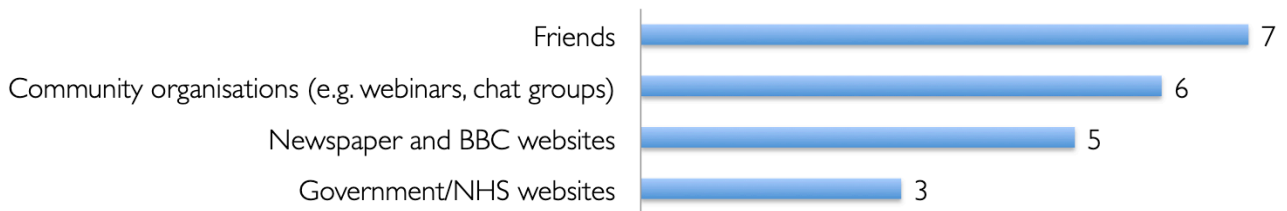
In her first interview in Spring 2020, Bry spoke about the severe isolation this caused, and the implications for her mental health. After joining Kanlungan's mental health and art therapy workshops, she emphasised the importance of community engagement:

"I'm not used to sharing my side of the story; sometimes I just listen. But it helps your mind to see that other people are struggling but they want to help. It's a relief. Listening helps me to feel that you're not alone, suffering. I always thought that by myself I'd be fine, but I know now that's not the correct answer" – Bry

Accessing information

Interviewees' responses to how they access information about public health demonstrated the importance of community organisations and networks for disseminating reliable information. While some interviewees considered government websites and high profile media outlets (such as newspapers or the BBC) to be "reliable sources," others were more likely to trust friends or members of the extended Filipino community who had been in similar situations.

Accessing public health information



Kanlungan implemented a COVID-19 Information Project to disseminate COVID-related information in Tagalog/Filipino, Ilocano and Bisaya/Cebuano through infographics, webinars, and social media chat groups. It also hosted pop-up vaccination clinics where people could receive vaccination without booking, NHS numbers, or proof of identity.

At these pop-up clinics, people also received information and assistance with registering with a GP, accessing the NHS, and signposting to free immigration advice lines from Tagalog and Bahasa Indonesia speaking staff and volunteers.

Despite the Filipino community being the second largest nationality group among East and Southeast Asian communities in the UK, information translated into languages of the Philippines is not widely available from the Government or local authorities. The limited resources that are available on official websites can be very difficult for migrants and speakers of other languages to navigate, exacerbated by the digital poverty.

Information that Kanlungan provides in accessible language and formats and via trusted sources is filling these gaps.

Social media chat groups administrated by Kanlungan staff have proved a particularly effective way of reaching irregular migrants and others who may not otherwise be accessing Government public health guidance.

Speaking Out

Interviewees also noted that they were keen to support Kanlungan's activities by signing petitions, sharing information with fellow migrants, or volunteering. Those who had participated emphasised that they encouraged other irregular migrants to join the organisation.

"It's better if you join the organisation, because you feel you have a family here in London" – Fundics

Kanlungan advice and support service users were encouraged and supported to participate in broader Kanlungan campaigning activities, including: attending demonstrations and protests, participating in focus-group discussions and consultations with local and national government, researchers from academia and the third sector, and specialist support providers to share their experiences and advocate for their rights.

They are also supported and mentored to take part in media interviews and public-facing events, such as webinars and talks.

As an organisation led for and by migrants, Kanlungan's campaigning and organising on migrants' rights is steered and guided by the lived experiences of its community, staff members, volunteers, and Management Committee.

After overcoming initial fears or hesitation about trusting the organisation with sensitive information, Kanlungan caseworkers have observed that the growth in trust in Kanlungan as an organisation also leads to a growth in service users' confidence in asking questions about their rights more generally, and accessing external support services.

Improving and extending Kanlungan's activities

One interviewee noted that accessing Kanlungan services was challenging because of the technology and data needed to attend workshops on Zoom. In the creative workshops conducted alongside this research, reliable internet connections and technology proved an obstacle for several participants. The "digital divide" has come under scrutiny as a public health concern during the COVID-19 pandemic, but remains an under-researched factor affecting migrants' lives in the pandemic.¹⁷

Even though workshops were conducted on Sundays, some participants were working. Boundaries around working hours are particularly difficult to enforce for live-in domestic workers and irregular migrants in 'no work, no pay' conditions.

Interviewee Peachybelle is 68 years old and is a domestic worker with no legal status in the UK. She noted that moving out of her employer's house as a live-in domestic worker, and into her own accommodation, had made a significant difference to her ability to access Kanlungan services like webinars, and therefore her understanding of how to access NHS healthcare, her mental health and her sense of community in the UK.

Although she experienced COVID-19 symptoms in March 2020 and did not seek NHS care, in her Spring 2021 interview Peachybelle said that she would now access healthcare if she became unwell. This shift could potentially have life-saving consequences, and is a result of her engagement with Kanlungan's activities.

"No fear. We have to voice out because we have to save our lives" - Peachybelle

Online activities also pose challenges for those who live with abusive employers or partners, as their home is not a safe place to attend sessions and talk about issues they are facing. People with No Recourse to Public Funds are prevented from accessing refuge for survivors of domestic violence.

Lack of access to childcare is also a problem for those with young children in the UK. This prevented some participants from attending the creative workshops that culminated in the zine partnering this report, or meant that they were caring for children during the workshop, which restricted their participation.

Interviewees noted that further services would be useful, including childcare; assistance with finding accommodation; assistance with finding employment; and basic financial assistance such as for food, milk, and nappies.

Although work performed by irregular migrants has been criminalised by Hostile Environment policies, interviewees emphasised that this policy was a barrier to their survival and contribution to UK society, and that they would welcome support with finding safe and non-exploitative employment.

"We want to work to support ourselves and not seek support from the government or other organisations" – Jayree

Messages for the future

“All I want to do is to work and have freedom in this country because I have established my life here – I want a more decent life for myself and my family, and good education for my children. If they have better education they will work to make the world a better place” – Matilda

For some interviewees, the future looked more hopeful than it had in Spring 2020. But for interviewees who were still struggling to earn enough to survive, or awaiting Home Office decisions on their status, the future seemed “daunting,” uncertain and fearful.

Shane is a live-in domestic worker being paid around £6 per hour. She does not have status in the UK and, like others, emphasised that this was a severe obstacle to any good future. “Walang future ko!” (I have no future!), she said.

John, a qualified nurse, had been waiting for the result of a claim to leave to remain based on family life for approximately five months at the time of his interview. He has a child in the UK who is profoundly autistic and needs full-time care. When asked about the future of his family, John said:

“Maybe I could see a clearer future for my family if we got the result from the Home Office. But we're still hanging. It's hard to see my family in the future, at the moment. So we live each day as it comes” – John

Messages to law and policy makers

“I want to be beneficial to this country; I want to be part of those skillful men and women helping Britain to move forward” - Bruno

A key message to law and policy makers from interviewees was that they wanted

regularisation, and were eager to pay taxes and contribute to life in the UK in return. Jayree, who is awaiting the outcome of an appeal in her asylum claim, said:

“I'm asking the government to give asylum seekers the right to work so that British people would not be saying that they are just taking benefits. They are scapegoating migrants” – Jayree

For irregular migrants, regularisation entails not only security of residency in the UK, but an end to living in fearful and isolated conditions.

Messages to other migrants

“To my sisters and brothers in struggle: hang on more, light is at the end of the tunnel. The struggle will end soon and we can go back to our lives” – Lola

Interviewees like Lola and Fundics also had hopeful messages for other irregular migrants in similar situations. They encouraged others to break out of a cycle of fear and isolation through engaging with community organisations and networks.

“Share your life in the UK, join the groups, be open-minded, don't be afraid of anybody. Otherwise you live like dead” – Fundics

Bruno echoed this in his message to Kanlungan and other community groups:

“Continue the campaigns and create more programmes, because it changes one's life without you even knowing it. I've learned a lot by just talking, by just sharing. I'm just trying to be positive. There's so much positivity, and that's what we need” – Bruno

Kanlungan's perspective

The pandemic has brought to light existing problems and created new ones for the UK Filipino community, including unsafe working conditions, precarious immigration status, lack of access to safe and affordable housing, anti-Asian racism and disproportionate COVID-19 death rates.

This crisis, which many other migrant and BAME communities have also faced, has put significant strain on community members and on those supporting them.

However, it has forced local and national government, statutory agencies, and other service providers and policy makers to listen to the experiences of our community.

Successes

Since the beginning of the pandemic, Kanlungan has established its position as the leading organisation advocating for the Filipino migrant community and as a key player in the growing number of organisations and groups representing East and Southeast Asians in the UK.

The shift to online and over-the-phone service delivery has also made Kanlungan's services available to a wider range of people who could engage through mediums they already used, such as social media messaging apps.

Online workshops and webinars made it easier for community members across the UK to access Kanlungan services and participate in focus-group discussions and consultations with external parties.

As a result of the greater needs of the Filipino community amidst the pandemic, Kanlungan's service delivery has expanded by the hundreds.

Additional funding has enabled Kanlungan to engage more thoroughly with a range of service providers and decision makers, including the Mayor of London, the Domestic Abuse Commissioner, Public Health England, and the Low Pay Commission.

Kanlungan staff and service user participation in consultations, research, and advisory groups with such organisations and institutions have led to changes which have had a direct impact on the experiences of Filipino migrants in the UK.

These include a wider range of public health information and COVID-19 government guidance in languages of the Philippines, and recommendations put to government on removing legal barriers to accessing support services for migrant women who are survivors of gender-based violence.

Kanlungan campaigning also led to a Parliamentary debate on the regularisation of migrants on 19 July 2021, as part of the Status Now 4 All Network, of which Kanlungan is a founding organisation.

Challenges

While these gains ought to be celebrated, increased external engagement with Kanlungan and inclusion of the community's concerns need to be sustained through long-term funding and resourcing for the time and labour provided by Kanlungan staff, volunteers, Management Committee, and service users.

For example, more unrestricted and core funding is needed to support Kanlungan's immigration and welfare support work for migrants with NRPF or who have limited or no leave to remain in the UK.

As a first responder to victims/survivors of domestic abuse, human trafficking, and modern-day slavery, community-trusted organisations like Kanlungan need funding and resources to provide emergency temporary accommodation for those fleeing abusive or exploitative living situations.

However, this should be seen as a temporary solution necessitated by the Hostile Environment policy's exclusion of migrants with NRPF from housing and refuges for survivors of abuse and violence.

A more appropriate long-term solution would be to remove these legal barriers to migrants and provide better funding to specialist housing providers.

Anti-Asian hate crimes reported to the police increased sharply following the outbreak of COVID-19 in the UK.¹⁸ The rise in anti-Asian racism in response to the pandemic and subsequent increase in public discourse on this matter has brought new awareness to issues faced by East and Southeast Asians in the UK, but more needs to be done to centre the needs and experiences of migrants.

Further resources, support, and funding need to be allocated to migrant organisations supporting East and Southeast Asian migrants in order to promote critical engagement with this emerging discourse, and to counter responses that result in over-policing and more violent immigration enforcement.

Finally, the shift to online working has posed difficulties for maintaining contact with service users who have limited digital literacy skills, and those experiencing digital poverty.

Kanlungan crowdsourced laptops, smartphones, and tablets for service users, in addition to providing data vouchers and training on how to use web-conferencing tools.

Remote working, coupled with the urgency of many of Kanlungan's service users' situations, has required a negotiation of boundaries between personal and professional to mitigate dependency of community members on Kanlungan and to safeguard the welfare of Kanlungan staff members, volunteers, and Management Committee.

Recommendations

Services and resources

- Lift barriers to organisations accessing sustainable funding for culturally sensitive and accessible community support for irregular migrants
- Listen to the wants and needs irregular migrants are expressing, for example by prioritising community-informed and community-led approaches

Raise awareness of rights and access

- A public commitment must be made that no data will be shared between health providers and the Home Office, including when accessing the vaccine, COVID testing and treatment.
- This commitment must be made loud and clear to irregular migrants, via trusted sources. Service providers must act consistently and clearly on this commitment.
- Relevant government bodies must ensure that resources are adequately distributed (e.g. to community groups and networks) to inform migrants about confidentiality, and about the services they can access to stay safe, including bespoke mental health services.

End hostile environment policies putting the public in danger

- The COVID-19 pandemic has highlighted the deadly implications of irregular migrants' lack of access to public services and support, but it also reveals inequalities that preceded the pandemic.
- No Recourse to Public Funds restrictions, "right to work" and "right to rent" checks force families to accept unsafe living and working conditions from unscrupulous employers and private landlords. They

exclude people from the means to keep themselves and others safe.

- Complexity, changes, unclear messaging around immigration laws and increasing visa fees means that migrants become undocumented when changes in the law apply to those already in the UK, and many irregular migrants are unsure about what their rights and modes of access are.
- These factors also deter migrants from seeking support and accessing services. This was starkly highlighted by undocumented migrants who did not seek treatment for COVID-19 symptoms and lost their lives, and those who are deterred from accessing the vaccine.
- Such information needs to reach migrants in a timely, coherent and accessible way, including through trusted sources such as community groups, and in appropriate languages and formats.

Status Now For All

- Status Now 4 All is a coalition of organisations and individuals established at the start of the pandemic, campaigning for all migrants in the UK and Ireland to be regularised, in order to guarantee safety, healthcare, and welfare for all.
- Other nations have addressed immigration inequality as part of their response to the pandemic, acknowledging that irregular migration status impacts access to healthcare, and safe working and living conditions, thus exacerbating the spread of the virus. For example, Thailand has offered temporary work permits and medical care to regional migrants,¹⁹ and Portugal has granted citizenship to all migrants and asylum seekers with applications underway.²⁰
- The UK population is only as safe as the most exposed. The regularisation of all migrants is a crucial step to ensuring public health for all.

¹ Roderick Galam (2020), 'Care and Solidarity in the Time of COVID-19: The Pandemic Experiences of Filipinos in the UK', *Philippine Studies: Historical and Ethnographic Viewpoints*, 68.3-4, p.446-447.

² Ella Parry-Davies (2020), 'A Chance to Feel Safe: Precarious Filipino Migrants amid the UK's Coronavirus Outbreak', London: Kanlungan Filipino Consortium and RAPAR UK. Available at: https://www.kanlungan.org.uk/?page_id=118 [accessed 1 November 2021]

³ This number has been estimated through Kanlungan staff and volunteers monitoring news coverage and fundraisers organised by bereaved friends and families; social media posts which have been fact checked by Kanlungan staff and volunteers; and through community members reaching out to Kanlungan directly after a relative or friend has died. This number counts for nearly 70 healthcare and social care workers, including NHS workers. However, these numbers are likely an underestimate due to reporting gaps, and because some Filipino migrants who died may have been undocumented and less likely to have been acknowledged in media reports, fundraisers, or publicly accessible social media posts.

⁴ UK Government, 'UK Summary', available at <https://coronavirus.data.gov.uk> [accessed 1 November 2021]

⁵ See The British Academy (2020), 'The COVID Decade: Understanding the long-term societal impacts of COVID-19', available at: <https://www.thebritishacademy.ac.uk/publications/covid-decade-understanding-the-long-term-societal-impacts-of-covid-19/> [accessed 1 November 2021];

⁶ We recognise the problems inherent in the term "BAME," and use it critically in order to engage with dominant documentation and policy-making language in the UK. See Public Health England (2020), 'Beyond the Data: Understanding the impact of COVID-19 on BAME groups'; Doctors of the World (2020), 'A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic'; Centre for Evidence-Based Medicine (2020), 'BAME COVID-19 Deaths – What do we know? Rapid Data & Evidence Review'.

⁷ Sarah Boseley and Aamna Mohdin (2021), 'Ethnicity and poverty are Covid risk factors, new Oxford modelling tool shows', *The Guardian*, available at: <https://www.theguardian.com/world/2021/feb/16/covid-almost-2m-more-people-asked-shield-england> [accessed 1 November 2021]

⁸ Data-sharing was formalised in a 2017 Memorandum of Understanding (MoU), which was later withdrawn in 2018 following legal action by rights groups. However, the NHS is legally obliged to share information with the Home Office in some circumstances (for example with regard to debt to the NHS). See UK Health Security Agency, 'Guidance: Information sharing with the Home Office for unpaid NHS patient debts: Privacy notice', available at: <https://www.gov.uk/government/publications/information-sharing-with-the-home-office-for-unpaid-nhs-patient-debts-privacy-notice/information-sharing-with-the-home-office-for-unpaid-nhs-patient-debts-privacy-notice> [accessed 1 November 2020].

⁹ Zoe Gardner (2021), 'Migrants deterred from healthcare during the COVID-19 pandemic', Joint Council for the Welfare of Immigrants; Patients Not Passports (2020), 'Migrants' Access to Healthcare During the Coronavirus Crisis', Medact, Migrants Organise, New Economics Foundation; Vasiliki Papageorgiou et al. (2020), 'Patient data-sharing for immigration enforcement: a qualitative study of healthcare providers in England', *BMJ Open*, 10:e033202, pp.1-10; Laura B. Nellums et al. (2018), 'The lived experiences of access to healthcare for those seeking and refused asylum', Equality and Human Rights Commission.

¹⁰ Office for Health Improvement and Disparities, 'COVID-19: migrant health guide', available at: <https://www.gov.uk/guidance/covid-19-migrant-health-guide> [accessed 1 November 2021]

¹¹ See

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1004653/Department-of-Health-40-Languages-COVID-19-FINAL-DOCUMENT__22.02.21___3_.docx [accessed 1 November 2021]. Public Health England has released information translated into

Tagalog/Filipino, available at: <https://coronavirusresources.phe.gov.uk/covid-19-vaccine/resources/> [accessed 1 November 2021]

¹² Nellums et al. (2018), p.44.

¹³ Public Health England, 'COVID-19 vaccination first phase priority groups,' available at: <https://www.gov.uk/government/publications/covid-19-vaccination-care-home-and-healthcare-settings-posters/covid-19-vaccination-first-phase-priority-groups> [accessed 9 September 2021]

¹⁴ See Francesca Humi (2020), 'Tragic intersections: Exposing the transnational precarity of Filipino migrants, healthcare regimes, and nation-states in the wake of COVID-19', *LSE Southeast Asia blog*, available at: <https://blogs.lse.ac.uk/seac/2020/10/01/tragic-intersections-exposing-the-transnational-precarity-of-filipino-migrants-healthcare-regimes-and-nation-states-in-the-wake-of-covid-19/> [accessed 1 November 2021]

¹⁵ World Bank, 'Personal remittances, received (% of GDP): Philippines', available at: <https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS?locations=PH> [accessed 9 September 2021]

¹⁶ KNOMAD/World Bank (2020), 'COVID-19 Crisis Through a Migration Lens: Migration and Development Brief 32'; Simeon Djankov and Madi Sarsenbayev, 'Remittances, a lifeline for many countries, have shown resilience during COVID', *LSE Business Review*, available at: <https://blogs.lse.ac.uk/businessreview/2020/11/09/remittances-a-lifeline-for-many-countries-have-shown-resilience-during-covid/> [accessed 1 November 2021].

¹⁷ Geoff Watts (2020), 'COVID-19 and the digital divide in the UK', *The Lancet*, vol. 2, e395-6.

¹⁸ Jamie Gierson (2020), 'Anti-Asian hate crimes up 21% in UK during coronavirus crisis' *The Guardian*, available at <https://www.theguardian.com/world/2020/may/13/anti-asian-hate-crimes-up-21-in-uk-during-coronavirus-crisis> [accessed 1 November 2021]; Samuel Lovette (2020), 'Hate crimes against Chinese people almost triple in UK during pandemic, police data shows', *The Independent*, available at: <https://www.independent.co.uk/news/uk/home-news/coronavirus-uk-hate-crimes-chinese-people-china-a9499991.html> [accessed 1 November 2021]

¹⁹ Nanchanok Wongsamuth (2021), 'Thailand offers work permits to undocumented migrants to curb COVID-19', available at: <https://www.reuters.com/article/us-thailand-workers-migrants-idUSKBN293193> [accessed 1 November 2021]; Reuters (2021), 'Thai Red Cross delivers COVID-19 vaccines to Thailand's vulnerable migrant workers', available at: <https://www.reuters.com/world/asia-pacific/thai-red-cross-delivers-covid-19-vaccines-thailands-vulnerable-migrant-workers-2021-10-05/>

²⁰ *EuroNews* (2020), 'Coronavirus: Portugal grants temporary citizenship rights to migrants', available at: <https://www.euronews.com/2020/03/29/coronavirus-portugal-grants-temporary-citizenship-rights-to-migrants> [accessed 1 November 2021]; *The Portugese News* (2021), 'Integrating immigrants and refugees', available at: <https://www.theportugalsnews.com/news/2021-10-20/integrating-immigrants-and-refugees/63069> [accessed 1 November 2021]