Migrants with irregular status during the COVID-19 pandemic: Lessons for local authorities in Europe

Working Paper

City Initiative on Migrants with Irregular Status in Europe (C-MISE)

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This working paper was prepared under the auspices of the City Initiative on Migrants with Irregular Status in Europe (C-MISE), a project supporting knowledge-exchange between European cities discussing local responses to the presence of migrants with irregular status. Despite relatively limited resources and competences in the field of migration, local authorities are at the forefront of responding to the social needs of society, including migrant communities and informal residents with irregular migration status. In 2019, a C-MISE working group comprised of 11 European municipalities facilitated by the University of Oxford’s Centre on Migration, Policy and Society (COMPAS) and chaired by the City of Utrecht prepared the first ever Guidance for Municipalities on local responses to irregular migrants (hereafter, ‘the Guidance’) filling a gap left by national and European Union (EU) policies on how municipal service providers should respond to the social needs raised by the presence of (non-returned) third-country nationals without residency rights, work authorization, and restricted access to public services, including healthcare, housing, education, legal counselling and so forth.

In 2020, the COVID-19 pandemic and the lockdowns of European societies posed unprecedented challenges to European cities in their responses to new and old social needs. Only about a year after the publication of the Guidance, the pandemic dramatically overturned the social, economic, policy, migration and welfare landscapes of Europe. On the one hand, it exacerbated sanitary, social and economic vulnerabilities and exposed the risks of having groups of informal residents at the margins of society with limited or no contacts with the authorities. On the other, the new context revamped the policy debate over the opportunity of formally including (certain) irregular migrants into European societies, as a consequence of both public health considerations in relation to access to treatment for communicable diseases, but also reflections on the essential contribution to local economies and societies made by migrants, including those with irregular status, and particularly in the agricultural and care sectors.

This paper aims to give a snapshot of how the pandemic impacted irregular migrants residing in European cities, analyse the new policy scenarios impacting irregular migrants, and explore local authorities’ initiatives and practices addressing the social challenges posed to this group of migrants by the pandemic and related lockdown measures and economic fallouts. As this paper was prepared (August-October 2020) only a few months since COVID-19 hit Europe and the situation is constantly and rapidly evolving, the aim is not to offer an exhaustive analysis, but rather the basis for cities to develop an evolving body of evidence. The current paper builds on

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both desk research and conversations between COMPAS researchers and city officials in C-MISE, including two dedicated online city exchange (April and October 2020). The ultimate aim is to update and contextualise C-MISE expertise on city responses and governance of irregular migrants; foster inter-city dialogues and knowledge-exchange on best practices that reflect the new social, economic, mobility and policy scenarios; and ultimately draw from the crisis longer-term lessons for policy on how to best govern the presence of irregular migrants.

Irregular migrants’ extreme vulnerability lies in the intersection of their migration status, their socio-economic status, and often, their position as ethnic minorities. Several articles and reports have already focused on national and local measures adopted during the pandemic targeting migrants and refugees in general. This paper recognises that many of the challenges faced by irregular migrants in Europe are similar to those faced by all migrants and refugees irrespective of migration status, such as linguistic barriers to access information, structural limitations to access public benefits and risks of exploitation. However, this paper focuses, in particular, on the specific vulnerabilities related to having an irregular status, which translates into the conditions of being legally barred from accessing a wide range of services and the formal labour market (and to some extent related labour rights) and being subject to the constant risk and fear of being removed if detected by immigration authorities.

Irregular migrants’ vulnerabilities before and after the COVID-19 pandemic

Prior to the pandemic’s outbreak, irregular migrants’ access to services, including those related to basic human needs such as health and shelters, has been strongly restricted by immigration policies in Europe. Irregular migrants’ ‘exclusion’ has been based on the principle that Member States of the EU should not tolerate the presence of third-country nationals without residency rights and have an obligation to remove them to a third country. Thus, policies on irregular migration developed a system of incentives to encourage return (e.g. assisted voluntary return packages) and disincentives to stay for irregular migrants, including setting up a ‘hostile environment’ for these migrants by denying them access to most public services.

EU Member States have generally kept irregular migrants’ access to public services to a minimum: a 2015 COMPAS study found, for instance, that only emergency healthcare was being ensured to irregular adult migrants across all EU Member States, while higher levels of care were accorded only in some states or in relation to specific situations (children or certain medical conditions). In five EU countries, there was no entitlement for children with irregular status to attend mandatory
education. Even where irregular migrants were legally entitled to certain services, administrative prerequisites that irregular migrants cannot meet or high costs of services (not covered by public funds) in practice might nullify the entitlement. In other cases, the lack of a ‘firewall’ between the service provider and immigration authorities inevitably deterred these migrants from seeking services out of fear of removal. Studies suggest that, even though immigrants tend to underutilise social services, their vulnerable status, partly due to the fewer resources at their disposal, can make them uniquely dependent on these services.

The trend towards criminalization of irregularity and their exclusion from the formal labour market has often led to exploitative work environments that perpetuate their exclusion. Irregular migrants have been therefore dependent upon work characterised by high volatility and low wages, often in particularly exploitative contexts in the agricultural, care and other sectors. Given their combined exclusion from the formal labour market and social support, they are at higher risk of living in destitution, homeless or in overcrowded and degraded settings.

National policies’ exclusionary approach has been reflected in the shrinking of avenues for regularisation: before the pandemic European countries had not carried out any significant regularisation programme in the 2010s (apart from Poland in 2012), breaking with a previous tradition of European states coming to terms with the presence of irregular migrants through ‘mass amnesties’. The policy change had been in line with policy arguments that regularisations would be a ‘pull factor’ for irregular migrants and therefore at odds with the EU prioritisation of fighting irregular migration.

Even though there is no clear evidence of the effectiveness of exclusionary policies in deterring the arrival and permanence of irregular migrants, a near complete exclusion of irregular migrants would also have negative societal, legal, and economic costs. Besides obvious concerns over human rights, the increased marginalisation of a section of the de facto population entailed grave concerns in terms of public order, security, and public health for the whole population. These issues have been particularly salient for local authorities due to their proximity to the local population. As such, they could not overlook this marginalised group and often decided to

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4 MacPherson T. (2020), Even in times of COVID, we are still biting the hands that feed us (9 June), Brussels: PICUM, available at: https://picum.org/agricultural-workers-in-times-of-covid-19/
provide services and support to irregular migrants beyond the limited national legal entitlements, and thus tackle homelessness in the city, address health concerns, prevent situations of degradation and exploitation, ensure crime prevention and public order, foster social cohesion, protect children and other vulnerable individuals, as well as ensure that the basic human rights of all, irrespective of migration status, are respected in the city.\(^6\)

It is important to remark that national policymakers have at times felt the need to extend access to services to irregular migrants out of concerns related to, among others, public health or public order. In fact, although limited, the instances of national (re)inclusion of irregular migrants in the last decade have been increasing.\(^7\) An example is the extension of access to free HIV care for irregular migrants in 2012, which followed a significant debate at parliamentary level on, in particular, the public health implications of excluding this section of the public.\(^8\) Access to healthcare for communicable diseases is particularly relevant for the issue of focus. In 2015, it was found that public health concerns had led EU Member States to provide extended access to care – that is beyond the level of care normally afforded – to irregular migrants. In that year, at least 15 states allowed access to screening for HIV and 10 also allowed access to HIV treatment. A greater number of States (17) allowed access to screening for other infectious diseases such as tuberculosis, of which 14 also allow access to treatment, at least for tuberculosis. Conversely – and importantly – the same study found that in 11 EU countries irregular migrants were not entitled to access screening or treatment for any infectious diseases\(^9\) – a finding that could assume a whole new dimension in the context of the COVID-19 pandemic.

**Irregular migrants’ vulnerabilities during the COVID-19 pandemic**

The pandemic has accentuated the various intersecting vulnerabilities faced by migrants with irregular status, making them one of the most vulnerable groups in European societies.

**Health concerns:** recent figures indicate that they constitute one of the populations most exposed to the novel coronavirus given their occupational profile and living conditions at the margins of society.\(^10\) Irregular immigrants are disproportionately represented in what is

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\(^9\) Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, Lithuania, Luxembourg, Romania, Slovakia and Slovenia. In some cases, they may be able to access screening and treatment on the payment of the full cost of that service. Ibidem.

considered essential work, such as food and delivery services and their position as key workers makes them particularly at risk because of the nature of their work. In some European states, such as Ireland and Cyprus, migrants represent a third of the key workers that fulfil critical tasks on the frontline of the COVID-19 pandemic – ranging across occupational skill levels and including doctors, cleaners and helpers, food processing workers, and drivers. These occupations typically pose greater hazards and offer fewer protections against the contraction of illnesses like COVID-19. They limit the ability to abide by lockdowns, and their public-facing nature places migrants at increased risk of exposure and mental health-related issues. Irregular migrants’ restricted access to healthcare or basic services poses significant challenges for authorities’ contact tracing efforts against the spreading of COVID-19. Indeed, prior to the pandemic, their overall exclusion from mainstream health services in most European countries made them less aware and able to navigate sometimes complex healthcare systems. Their general lack of their rights, coupled with heightened fears of deportation, further reduces the likelihood of them accessing such aids and hampers efforts to medically monitor migrants even in localities where free access to treatment is granted. As a result, reportedly irregular migrants have been dying from COVID-19 without accessing any healthcare. Their exacerbated fear of deportation has led some to forgo or delay urgent medical care, which can prove fatal in the current pandemic. Additionally, overcrowded and sometimes unsanitary living conditions increase the risk of contracting the virus.

**Economic fallout:** irregular migrants are disproportionately represented in some of the industries most impacted by lockdowns and their subsequent economic fallouts, such as hospitality and personal services. Because of their status, irregular migrants rely on the informal economy for

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income. As this has been hit particularly hard by confinement measures, many were left without any income, labour protections or social security support. The economic fallout also raised the risk of more migrant workers becoming irregular as a consequence of losing employment. Vulnerabilities that predate COVID-19 related to lack of language skills, social networks, and a dependency upon informal and precarious occupations for income further heightened during the pandemic for migrants with irregular status. In a survey of 40 NGO organisations directly assisting irregular migrants throughout Europe, PICUM found that, according to 80% of the surveyed organisations, irregular migrants’ main concern was in fact the loss of income due to the interruption of work, and the impossibility for them to access state support, including unemployment benefits. The survey also found that requests for support from NGOs are on the rise. This finding resonates with information shared by local authorities in the C-MISE group, such as Barcelona, Ghent, Milan, Utrecht and Zurich, where a significant and increasing number of informal workers with irregular status who had never needed public assistance (and had been out of the radar of municipalities) suddenly came out of the shadows being in need of food, housing and financial support following the termination of their informal occupation. Many of these migrants, including many Brazilians in Dutch cities and Filipino migrants in Milan, also requested assistance to return to their country of origin where they could find a social network of support.

Risks of exploitation: It is reported that irregular migrants during the pandemic became more vulnerable to being exploited and falling into extreme poverty, while being ineligible for most relief programs. In Italy, for example, the demand for cost-effective labour in agriculture during the pandemic still attracted migrants with irregular status, especially from North Africa. These professions pose physical hazards and their informal nature places them outside of the scope of pandemic responses and legal protections. Some migrants with irregular status may secure income by borrowing identity papers, enabling them to work in gig-economy professions – such as Uber or food delivery drivers – which in turn increased their exposure to the public and yet denies them social benefits.


20 C-MISE online dialogue on irregular migrants and COVID-19 of April 2020.


**Impossibility to respect confinement measures and social distancing:** In addition to their vulnerable professional situation, migrants with irregular status often live and travel under conditions that deny them the ability to respect preventative measures suggested by governments and health authorities.\(^{25}\) Social distancing is complicated for those who live in crowded housing.\(^{26}\) For instance, farmworkers are often housed in repurposed shipping containers or shacks in communal housing camps and cannot obey social distancing, leading to the emergence of COVID-19 clusters.\(^{27}\) Government detention centres and informal migrant camps represent particular challenges for pandemic containment. Detention centres around the Mediterranean are often run beyond capacity and do not provide even the minimal infrastructure required to contain COVID-19.\(^{28}\) PICUM’s survey found that the impossibility for irregular migrants to keep social distances is a main concern for organisations assisting irregular migrants (50% of those surveyed) since many of the people they assist live in crowded and precarious settings, including detention centres and informal camps. PICUM in fact reports that authorities in four countries have detained irregular migrants for not respecting physical distancing and (de)confinement measures, which are often impossible to follow for migrants who do not have any accommodation.

**Impact on access to other forms of support and education:** Despite greater needs related to the economic fallout, the lockdowns also further prevented irregular migrants from accessing social networks that could provide relief and support. The PICUM survey confirmed this concern, as 41% of the NGO respondents informed that they were ‘less able’ to support irregular migrants, as restrictions during lockdowns made it hard to carry out community work. Similarly, interviewed city officials expressed the concern on the continuation of crucial services, such as immigration and homelessness case management. These could not fully be transferred to online

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services and became extremely difficult during the lockdowns because of migrant users’ limited or no access to digital devices.²⁹

Emerging evidence suggests that migrants had weaker educational outcomes during the lockdown due to less success in utilizing public resources.³⁰ Indeed, irregular migrants and their children further faced heightened vulnerabilities, which translated into both short-term and long-term negative consequences. During the lockdown, migrant children were no longer able to attend classes similarly to their native peers, but due to lack of technical equipment at their disposal or because of their parents’ limited ability to provide support for homework they have been more likely to lag behind. Similarly, adults enrolled in continued education or vocational training faced similar limitations, thereby hindering their ability to improve their career prospects.³¹

National policy responses to irregular migrants during the COVID-19 pandemic

During the first months of the COVID-19 pandemic, various European governments passed emergency legislation designed to mitigate the health and social impacts of the pandemic on irregular migrants and facilitate their access to services. Several governments adopted measures that temporarily broke with the traditional exclusionary approach towards irregular migrants, including extending their entitlements to services, opening avenues for regularisation, and releasing irregular migrants from detention. These measures set a new context for local authorities, as one of the most challenging aspects for municipalities responding to irregular migrants has long been having to navigate through highly restrictive national policies and legislation.

These measures were partially inspired by humanitarian concerns, but also by public health reasons, the need to fight back the spreading of COVID-19, concerns over the continuity of food provision and other essential services, and addressing unintended consequences of confinement measures. Importantly, these measures suggest that the crisis led policymakers in some countries to new reflections on the negative consequences of exclusionary approaches as well as on the important role played by irregular migrants in sectors that are essential for national and local economies. Negative impacts of migrants’ exclusion and migrants’ role in the economies of hosting countries are not new factors but rather were made particularly evident by the pandemic.

²⁹ C-MISE online dialogue on irregular migrants and COVID-19 of April 2020.
Indeed, local authorities have been for a long time taking into consideration both aspects, and well before the crisis had adopted inclusive measures to mitigate the negative impacts of migrants’ exclusion as well as advocated with national governments for the adoption of more inclusive measures.\textsuperscript{32}

Many of the national measures adopted in the first months of the COVID-19 pandemic in Europe are intrinsically temporary and contingent to the pandemic. However, it remains to be seen whether the crisis will allow for a longer-term partial rethinking of strictly restrictive national policies, in line with the perspective of certain more inclusive cities. It is important to notice that the measures indicated in this paper were adopted in the period March-August 2020. They were implemented at different stages of national responses to the pandemic, with some measures being exclusively contingent on the enactment of a lockdown. In fact, some measures, including for instance the interruption of migrants’ detention, were partially or completely discontinued with the lifting of lockdowns. Nevertheless, as a second wave of COVID-19 infections is on the rise in Europe and new lockdown strategies are being implemented, measures adopted during the first set of lockdowns may be resumed and offer an example for the adoption of new and longer-term measures.

In particular, national measures addressing the negative impacts on irregular migrants included the following:

- **Granting access to healthcare for COVID-19 treatment**
  Following recommendations from the WHO,\textsuperscript{33} OECD reports that most European countries have granted irregular migrants access to treatment for COVID-19.\textsuperscript{34} However, it should be recalled that, despite formal entitlements, irregular migrants may still face various challenges in effectively accessing healthcare (e.g. lack of awareness of their rights or administrative hurdles) or reimbursements for treatments.

  For example, in addition to granting irregular migrants access to health care, Irish authorities have ensured that no data is shared between service providers and immigration authorities.


in compliance with the firewall principle.\textsuperscript{35} Similarly, the UK government has provided guidance to the National Health Service to ensure that no immigration checks are performed for people accessing testing and treatment for COVID-19, which are provided free to all foreigners.\textsuperscript{36} Indeed, while some countries may require to be reimbursed for the costs, such as the Czech Republic, access was provided free of charge for COVID-19 treatment for the vast majority of EU countries. Already before the pandemic, irregular migrants had access to emergency or ‘essential’ treatment throughout the EU; in many cases access to COVID-19 treatments and screening is provided to irregular migrants simply as a consequence of considering this as ‘essential’ or ‘emergency’ care. Some treatments may not be considered urgent, and therefore might be out of the scope of free care. For example, OECD reports that in Greece treatment is free when the migrants are urgently admitted for hospitalization or are underage.\textsuperscript{37} While formal entitlements might be nullified by other impediments, including migrants’ lack of knowledge of their rights, PICUM’s survey revealed that irregular migrants have been able to access COVID-19 treatment effectively in at least ten countries.\textsuperscript{38}

- **Regularisations and extensions of residence permits**
  Certain EU countries have addressed barriers to access services through the temporary regularisation of migrants with irregular or precarious status. Regularisations have been linked to the role played by irregular migrants in certain essential production sectors. In Italy, for example, the government passed a law on 13 May allowing for the temporary regularisation of an estimated 200,000 irregular migrants working in the agricultural and caregiving sectors to address likely labour shortages due to the lockdown measures.\textsuperscript{39} Portugal announced that it would grant residence status to everyone with a pending residence application on any ground.\textsuperscript{40} This measure was also aimed at ensuring that migrants with precarious status can access both health services and social benefits. The OECD reports that Greece introduced an exceptional fast-track procedure for hiring irregular migrants in the agricultural sector to cover urgent needs, as well as an automatic 6-month extension of work permits granted on an exceptional base to irregular migrants. Spain

\textsuperscript{37} OECD, 2020, op. cit.
\textsuperscript{38} PICUM, 2020, op. cit.
developed a fast-track procedure to grant residence and work permits for irregular migrants with a background in the health sector.\textsuperscript{41}

Given the various travel bans and the closure of immigration offices during the lockdowns, most European countries also extended the validity of those holding temporary residence permits to avoid migrants lapsing into irregular status (‘befallen irregularity’). While some countries provided specific grace periods (France gave a 90-day extension), others only indicated that they would tolerate late applications for renewal (e.g. Belgium) or offered an extension until the end of the state of emergency (10 days after in Estonia, 45 days after in Hungary).

Regularisations are potentially the best example of the ground-breaking impact of the crisis on national approaches towards irregular migrants: as seen above, almost no large scale regularisations had been conducted in EU countries in the last decade, in line with an EU policy line strongly opposed to regularisations as they have been considered a ‘pull factor’ for irregular migration. By making evident the necessary role played by irregular migrants in certain essential sectors, the crisis could potentially inspire a longer-term re-thinking of blanket oppositions to regularisations.

- **Release from detention and suspensions of returns:**
  Immigration detention during a pandemic is particularly problematic due to poor sanitary conditions and the inability to observe social distancing in detention centres. In addition, restrictions on travel and reduced capacities of immigration enforcement authorities translated in significantly limited or nullified prospects of forced removals. Under EU law, detention is legal only insofar as there are reasonable removal prospects, or it should otherwise be ceased.\textsuperscript{42} Spain announced on March 18 that it would release immigrants held in detention centres.\textsuperscript{43} Since returns are not possible, irregular migrants were, at times, also given accommodation in state-funded reception programmes run by NGOs.\textsuperscript{44} In early May, Spain reported that its detention centres (CIEs) were empty.\textsuperscript{45} Other European countries have also implemented similar measures: Belgium and the United Kingdom each released an

\textsuperscript{41} OECD, 2020, \textit{op. cit.}
\textsuperscript{42} Art. 15 (4), Directive 2008/115/EC.
estimated 300 migrants detained in immigration facilities in March and May respectively.\textsuperscript{46} In the UK and the Netherlands, the general trend during the pandemic has been to use alternatives to detention such as case management, which entails a customised project usually coordinated by NGOs or local authorities, and leads to the active involvement of migrants in finding a solution to their case, possibly through regularisation.\textsuperscript{47} Though most EU countries have not formally stopped forced returns, these have often been suspended or significantly reduced, notably in Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Lithuania, Malta, Slovakia.\textsuperscript{48} In Slovenia, migrants in return procedures have been released and granted a temporary permit valid up to six months.\textsuperscript{49}

- **Social protection measures & unemployment support**
  Certain European countries increased irregular migrants’ entitlements to access services beyond health care during the pandemic (PICUM, 2020). For instance, Ireland set up a website to allow workers with irregular status who have lost their job due to COVID-19 to apply for ‘Pandemic Unemployment Payment’ (Department of Employment Affairs and Social Protection). This benefit, unique in Europe, was designed to provide relief to those most affected by the economic fallout of the pandemic.

- **Access to shelter and food**
  In order to provide relief to irregular migrants in situations of complete destitution - particularly those who lost their jobs and were left without income, food, and accommodation - seven European countries (Belgium, Finland, France, Luxembourg, the Netherlands, Spain and Switzerland), set up food and nutrition schemes to allow them to access basic necessities. At the same time, eight European countries (Belgium, the Czech Republic, Finland, Malta, the Netherlands, Norway, Switzerland and the UK) also provided them with access to emergency shelter.\textsuperscript{50}

- **Access to information in native language:**
  Lastly, several EU countries announced measures to share information on COVID-19 in additional languages, covering particularly those commonly spoken among irregular migrants. Indeed, following outbreaks of COVID-19 among irregular migrants in countries

\textsuperscript{46} Human Rights Watch, 2020, op. cit.
\textsuperscript{48} OECD, 2020, op. cit.
\textsuperscript{49} PICUM, 2020, op. cit.
\textsuperscript{50} PICUM, 2020, op. cit.
such as Sweden, these measures are designed to ensure that correct and up-to-date information is shared widely, in an attempt to reduce contamination.  

City responses mitigating the impact of the pandemic on irregular migrants

Municipalities have also taken a number of initiatives in different areas to directly counteract the negative societal impacts of the pandemic, a number of those targeting or mainstreaming irregular migrants. In this section, a few examples are presented with the aim of complementing the extensive list of practices presented in the C-MISE Guidance on services more generally, and to take account of the new municipal realities determined by the COVID-19 pandemic.

Access to health care

Local authorities in Europe have long been adopting initiatives facilitating access to healthcare services, at times extending the scope of treatments beyond those provided or reimbursed by national authorities. The C-MISE Guidance had identified at least four strands of initiatives that European cities have implemented to facilitate access to care (this paper refers to the Guidance, see footnote 1, for details on these initiatives). These include:

1. Establishing local firewalls shielding patients with irregular status from the risk of being detected by immigration enforcement authorities as a consequence of accessing healthcare.
2. Setting up or supporting medical facilities offering healthcare beyond national entitlements
3. Providing a safety net for migrants who are excluded from health insurance coverage
4. Simplifying administrative procedures to access healthcare and refraining from requiring documentation that irregular migrants may not be able to produce.

Access to healthcare has assumed a completely new relevance in view of the spreading of COVID-19 and cities have responded by either extending their already existing measures in the area of healthcare or by adopting new initiatives. Examples include the following:

- The city of Frankfurt (Germany) relied on its previously established humanitarian medical consultation centre (humanitäre sprechstunde) - created by the local Health Department

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52 Local initiatives in the area of access to healthcare are extensively addressed at pages 49-55 of the C-MISE Guidance, op. cit., note 1.
in 2001 - to provide healthcare treatments and referrals for COVID-19 treatment for patients with irregular migration status and without health insurance. The centre works in cooperation with medical NGOs, including Maisha, Malteser Migranten Medicine and Caritas to reach out to irregular migrants and refer them to hospitals in case they test positive for coronavirus. If irregular migrants are hospitalised, the city’s Health Department has set a budget to take charge of the costs for people without health insurance, including at least one case of an irregular migrant who was placed in ICU. At the same time, the centre continues its activities to ensure irregular migrants without insurance continue accessing healthcare that is not COVID-19 related. The Health Department also supplied organisations offering support to the migrant population (including NGOs and churches offering food) with surgical masks, disinfectants and other protective equipment.\textsuperscript{53}

- The city of Cartagena (Spain) in coordination with the Murcia Regional Health Services has facilitated access to healthcare for unregistered people with irregular status (or those who had other documentation impediments accessing care). The city in particular operated to verify the personal situation of migrants whose permits expired during the Spanish state of emergency to check their eligibility for healthcare in the country, with a view to extending access and providing guidance on how to obtain provisional healthcare. In addition, the city coordinated with health service providers to ensure mediation for migrants and ensure understanding of the special emergency rules. The city also established an agreement with the local Association of Pharmacists to manage access to medicines for people in a situation of risk and/or social exclusion.\textsuperscript{54}

- The city of Zurich (Switzerland), similarly to Frankfurt, allocated a city-run budget that covers the costs incurred by city hospitals and local ambulatories to care for people without health insurance, including irregular migrants. The city also decided to contribute financially to a local no-profit medical centre for irregular migrants run by the Red Cross, starting from 2021.\textsuperscript{55}

- The city of Milan (Italy) has entered into partnerships with NGOs collecting pharmaceuticals (e.g. Banco Farmaceutico) or providing health care (Croce Rossa Italiana) to provide medical assistance to rough sleepers including irregular migrants during the pandemic.

\textsuperscript{53} Frankfurt City Official (2020), C-MISE online dialogue on irregular migrants and COVID-19 of April 2020.
\textsuperscript{54} Council of Europe - Intercultural Cities (2020), Intercultural Cities: COVID-19 Special page, available at: www.coe.int/en/web/interculturalcities/covid-19-special-page#%7B"62433518":"%5B6%5D%7D
\textsuperscript{55} Zurich City Official (2020), Email to the author (N. Delvino), 18 May, personal communication.
Assistance to regularisations

Municipalities have no power to grant residence permits to third country nationals but can play a crucial role as intermediaries between migrants and national authorities in charge of immigration procedures. The C-MISE Guidance had identified at least five strands of initiatives that local authorities were implementing to provide information, counselling and support on regularisation. These include:

1. Setting up municipal information or counselling centres on immigration matters
2. Financially supporting independent organisations providing information or counselling
3. Offering mediation mechanisms between migrants and immigration authorities to obtain guidance on regularisation issues
4. Embedding immigration counselling within local shelters and other facilities providing services
5. Developing guidance and outreach activity for residents with irregular status.\textsuperscript{56}

Local authorities’ scope of activity in this field had been strongly limited by the general lack of avenues for regularisation in Europe. As we have seen however, this circumstance has evolved in the last months, with national laws exceptionally introducing avenues for regularisation and fast track procedures for the concession or extension of work and residence permits. This has opened new opportunities for local authorities to facilitate access to these processes. Indeed, at least one new and innovative kind of initiative could be found:

6. Mediating with the national government to identify and present target groups (e.g. essential workers) of potential candidates for regularisation.

Examples of local initiatives in this area during the COVID-19 pandemic include:

- The city of Barcelona: as Spain has introduced a fast-track procedure for the issuance of residence permits and approving of professional titles for individuals with a background in the health sector, the city of Barcelona actively reached out to migrants in the city and identified at least 300 medical professionals with irregular status. The city has used this list of professionals to press on the governments to approve the regularisation of migrants working in essential sectors.\textsuperscript{57} In addition, the city continues providing assistance to

\textsuperscript{56} Local initiatives in the area of support to regularizations are extensively addressed on pages 31-36 of the C-MISE Guidance.

regularisations and immigration legal counselling through its municipal one-stop-shop dedicated to immigration services (SAIER).

Providing food, shelters and housing for self-isolation

The C-MISE Guidance had identified at least four strands of local initiatives providing shelters or otherwise supporting the housing needs of irregular migrants. These include:

1. **Mainstreaming irregular migrants’ access to municipal shelters and adopting admission procedures that facilitate their access**
2. **Funding or reimbursing NGOs for the provision of shelter to irregular migrants**
3. **Supporting irregular migrants’ access to the private housing market**
4. **Providing accommodation for irregular migrants cooperating in their return.**

The pandemic has posed new challenges for local authorities in the area of shelters and housing for irregular migrants, including in terms of capacity and new sanitary needs. The pandemic required the provision of shelters to an increasing number of individuals to allow for social distancing and the respect of national lockdown measures for homeless individuals. In fact, cities that adopted shelter models based on accommodating families and small groups of migrants in apartments rented by the municipality, as Utrecht (Netherlands), have had fewer issues. In addition, the economic fallout and the crash of the informal labour market has led a significant number of previously self-sufficient (and therefore unknown to the authorities) irregular migrants to request public assistance for basic needs, including food and shelters. Local authorities detected a significant number of Filipino irregular migrants in Milan or Brazilians in Dutch cities only after the pandemic led these migrants to seek assistance following their loss of employment in the informal sector. Often, these migrants requested assistance to return to their countries of origin, which is not a likely prospect given the various travel restrictions. The need to ensure social distancing also required a restructuring of existing shelters’ models. The release from detention of irregular migrants without alternative accommodation has also meant at times that local authorities had to take over the responsibility of sheltering of these individuals.

At the same time, a new social consciousness on the urgent need to address homelessness, irrespective of migration status, meant that local authorities had to navigate less hostile national policy frameworks vis-à-vis the provision of shelters to irregular migrants. In some cases, national authorities actively requested the involvement of municipalities to offer shelters to this group,

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Avui, 16 April), available at: [www.elpuntavui.cat/societat/article/5-societat/1774931-el-compromis-de-sanitaris-immigrats.html](http://www.elpuntavui.cat/societat/article/5-societat/1774931-el-compromis-de-sanitaris-immigrats.html)

58 Local initiatives in the area of shelters and housing are extensively addressed at pages 38-43 of the C-MISE Guidance, op. cit., note 1.


or decided to reimburse municipalities for the costs of care and shelters to irregular migrants, as in the Netherlands\textsuperscript{61} an approach that strikes with previous national attitudes of active hostility towards the local provision of shelters often translated in administrative and legal hurdles, as well as litigation between cities and national governments.\textsuperscript{62} In other cases, cities have been prompted to provide assistance to informal workers with irregular status, given a renewed social attention to migrant workers operating in essential sectors, such as agriculture.

As the provision of local shelters has increased dramatically, at the end of the pandemic there will be an open question for local authorities on the destiny of people who have found shelters and housing in these months: will these people continue receiving assistance, or will a sudden interruption of public assistance mean that they will become homeless again? In some cases, cities (see Bristol below) are already working on finding longer-term solutions for more sustainable accommodation.

Examples of city practices in this area adopted during the pandemic are many and include:

- maintaining emergency accommodation and extending the use of winter shelters into the spring and summer months, as well as night shelters into daytime hours (including for instance Milan, Frankfurt, and Utrecht).
- block-booking hotel rooms to allow rough sleepers, regardless of immigration status, to follow self-isolation guidelines. For example, Amsterdam offered hotel rooms to families and pregnant women with irregular status who were previously hosted in migrant reception centres when the latter closed during the pandemic. The city of Frankfurt contracted a hotel to host rough sleepers who need to self-isolate, including those with irregular status who test positive for COVID-19 and the people with whom they had been in contact. A similar arrangement has been made in Milan.
- setting up new facilities or repurposing municipal buildings.

Some examples include:

- The city of Amsterdam (Netherlands): the Dutch government assigned municipalities the task of making sure homeless people (including irregular migrants) had access to a shelter in order to prevent further outbreaks of COVID-19. Therefore, the city council of Amsterdam had to repurpose facilities, including sporting complexes, to provide for 500 additional shelter places. At the same time, the city had to open several new shelters to make sure that people previously sheltered in municipal facilities do not live in overcrowded settings and are able to respect social distancing. To ensure the respect of

\textsuperscript{61} Utrecht City Officials (2020), C-MISE online dialogue on irregular migrants and COVID-19 of April 2020.
\textsuperscript{62} See Delvino N. & Spencer S. on behalf of C-MISE (2019), op. cit., p. 39.
sanitary standards, the municipality hired medical staff to determine who should be transferred to municipal facilities for self-isolation and quarantine.63

- The city of Bristol (UK) has housed approximately 280 people in emergency accommodation, including more than 60 migrants with ‘no recourse to public funds’ (NRPF), a status often linked to irregularity and that significantly limits the possibility of accessing public support. With a view to finding accommodation that could solve homelessness beyond the crisis, the city has set up a special taskforce to identify and support people on pathways from this emergency accommodation into more sustainable long-term housing. In this case, the city has seen the emergency as an opportunity to end rough sleeping.64

- The city of Milan (Italy), the first major European city to be hit by the coronavirus pandemic, has taken various measures to address irregular migrants’ homelessness since the start of the Italian lockdown. These included: extending the opening hours of night shelters to offer a protected space 24 hours a day; identifying new facilities and closing those that would not allow for social distancing; transferring its CASC service of in-person homelessness case-management to a dedicated phone line; continuing the activities of ‘Street Rescue Teams’ reaching out to rough sleepers to identify needs; distributing sanitary equipment and food and referring the rough sleepers to shelter services offered by the municipality; contracting a hotel to host shelter guests who need to self-isolate and quarantine as a consequence of testing positive to COVID-19 or having had contact with positive cases.65

- The city of Leeds (UK) has ensured temporary accommodation with access to health care and essentials to refused asylum seekers falling out of national reception systems (and having no recourse to public funds). Similarly, the city also put in place measures to accommodate migrant victims of domestic violence.66

Local authorities in agricultural areas with settlements of informal workers have also taken specific initiatives to support workers with irregular status. For example:

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63 Amsterdam City Official (2020), CMISE and Amsterdam, Email to the author (N. Delvino), 3 July, personal communication.
64 Bristol City of Sanctuary (2020), Mayor of Bristol calls for ‘A Safety Net For all’, available at: https://bristol.cityofsanctuary.org/2020/06/01/mayor-of-bristol-calls-for-a-safety-net-for-all
o The town of Odemira (Portugal) adopted a plan to set up several facilities across the municipality, including sport halls, to accommodate up to 500 migrants who work in agriculture in the town’s proximity.67

o In Italy, the Regional Government of Campania adopted a resolution, which provides 604 million euro to support families, businesses and vulnerable groups. It also includes funds for African agricultural workers who are not unentitled to protection. This included a 3.8 million euros fund to provide temporary housing for immigrants, mitigate the risks of contagion among workers, psychological support, communication and information campaigns to increase awareness of the risks of the epidemic and contain contagion, and the purchase of hygiene kits.68

Besides shelters, cities have intensified their provision of food and other basic needs, responding to raising needs of local communities, including irregular migrants.

o The city of Barcelona (Spain) increased its shelters’ capacity from 2,200 to approximately 3,000 places, and has opened new locations for food distribution, providing more than 8,000 meals on a daily basis to people in need, including migrants with irregular status.69

o In Italy, municipalities received funds to distribute food vouchers to people in need, with priority given to those that have not received any other public assistance. A tribunal in Rome established that municipalities must not exclude irregular migrants from the provision of food vouchers. Each municipality is responsible for determining the criteria for allocating the vouchers and the amount to be distributed, but as the purpose of this benefit is to help those in vulnerable situations, the Roman tribunal found it illegitimate to set conditions not requested by the law such as having a registered address, which de facto would limit the number of beneficiaries. As stated by the court, this includes irregular migrants in light of their fundamental rights necessary for a free and dignified life.70

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In addition, an innovative initiative of the City of Barcelona aimed to avoid certain homeless migrants without the possibility to self-isolate at home being sanctioned for not respecting stay-at-home orders. In particular, the municipality activated an internal system to allow these individuals – including those with irregular status – to show that they are homelessness (or that they need to go out to go to work) and thus avoid sanctions.71

Measures of financial support

Apart from limited practices, the C-MISE Guidance did not specifically address financial support to irregular migrants. This was mostly due to a general paucity of practices in this area related to legal limitations as well as the politically sensitive nature of the issue, which limit the possibilities of municipalities adopting measures in this area. However, the economic fallout and generalized economic crisis produced by the COVID-19 pandemic have led several cities to revisit the possibility of assisting migrants financially, regardless of status.

Examples of financial support offered by municipalities include:

- The city of Barcelona (Spain): the municipal council increased the allocation of economic aid (including exemption from the payment of certain fees and services) and extended financial support to irregular migrants. Migrants’ informal labour (particularly in the field of domestic work and elderly caring) has been officially recognised as qualifying for labour subsidies offered by the municipality, thus allowing irregular migrants to become eligible. The measure was also aimed at favouring visibility and social recognition of domestic workers, as these are increasingly considered essential workers.72

- The city of Zurich (Switzerland): the municipal social department, together with the Canton’s authority, provided funding to a local NGO supporting irregular migrants, so that the latter can provide for urgent support to them.73

- The city of Forlì (Italy): the municipality cooperates with a volunteering association (‘Forlì Città Aperta’) that promoted fundraising to support financial help for people who did not meet national or local requirements to receive financial help as a consequence of the loss of employment. The fundraising was aimed at distributing "shopping vouchers" and/or small amounts of money (for telephone top-ups, washing clothes, buying water, etc.).74

- The city of Cartagena (Spain): has reached out to migrant families in need with a special focus on irregular migrants, coordinated the distribution of food and basic hygiene products, and provided tailored advice in situations of difficulty, including on payments

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71 Ibid.
73 Zurich City Official (2020), Email to the author (N. Delvino), 18 May, personal communication
74 Ibid.
of rent, loss of employment, renewals of applications, extension of deadlines, and administrative procedures, etc.\textsuperscript{75}

- Two regional governments in Spain – Balearic Islands and Canary Islands – have increased the protection of irregular migrants by providing a basic income.\textsuperscript{76}

**Providing information, in native languages**

The C-MISE Guidance addressed the provision of information in two areas: 1) immigration advice to facilitate regularisations or promote voluntary returns; and, 2) awareness-raising of migrants’ rights and orientation of newcomers. The first was dealt with above in this paper. The latter included the following strands of initiatives:

1. **Offering orientation and language courses for newcomers, regardless of status**
2. **Conducting information campaigns and outreach activities targeting irregular migrants**
3. **Offering training and guidance to public employees and service providers on the rights of irregular migrants.**\textsuperscript{77}

As a society’s response to a pandemic is only as strong as that of its most vulnerable members, the need to raise awareness and spread information on sanitary measures and governmental restrictions to irregular migrants, who very often live at the very margins of society, assumed a new dimension and importance. Many cities have adopted communication and campaigning strategies specifically targeting their irregular population, through the use of innovative communication channels, providing specific information relevant to that group (e.g. on their entitlements to get treatments), and sharing information in migrants’ native languages. Examples include:

- The city of Leeds (United Kingdom) has put in place the “Migrant Access Project (MAP) Virtual Drop-In and Facebook” to provide information on COVID-19 related services for vulnerable migrants, particularly irregular migrants. Specifically, the city created a weekly virtual drop-in during which over a dozen migrant community networkers provide accurate information regarding COVID-19 to their fellow compatriots. To reach different age groups, a Facebook page was also created to relay this information.\textsuperscript{78}

Some initiatives targeting migrants in general further benefited migrants with irregular status. These include:

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\textsuperscript{75} Ibid.

\textsuperscript{76} Pallarés Pla, Yurema (2020), op. cit.

\textsuperscript{77} Local initiatives in the area of awareness raising are addressed on pages 62-65 of the C-MISE Guidance, op. cit., note 1.

\textsuperscript{78} “Intercultural Cities: COVID-19 Special Page.” Intercultural Cities Programme, [www.coe.int/en/web/interculturalcities/covid-19-special-page#%2262433518%22%5B6%5D]
The city of Ioannina (Greece) has partnered with police forces, NGOs and migrant representatives to provide targeted information on prevention of COVID-19. To this effect, police vehicles broadcast key information on loudspeakers in messages recorded in native languages of the migrant populations in specific neighborhoods known to host migrant population, including migrants with irregular status, and refugee camps. With this partnership, some radio stations have also begun to provide similar information in native languages and the city distributed leaflets to those likely to be in contact with vulnerable migrants such as those with irregular status.\(^79\)

The city of Reggio Emilia (Italy): translated COVID-19 related information into the main languages of its migrant population and established a WhatsApp group to keep in touch with some of the most vulnerable groups such as irregular migrants.\(^80\)

The city of Erlangen (Germany) has created a specific webpage containing COVID-19 related information. The page has been translated into the main languages of the immigrant population and offers an option to play the content, for those unable to read.\(^81\)

The city of Oslo (Norway) teamed up with NGOs working with vulnerable groups, particularly irregular migrants and created a webpage in different languages to provide information on COVID-19. This information was further relayed through posters displayed in shops, places of cult and other facilities to ensure that irregular migrants get access to accurate information on COVID-19.\(^82\)

The municipality of Botkyrka (Sweden) in partnership with the Pakistan Cultural Society, provided recommendations, guidelines and accurate information on COVID-19 by broadcasting in migrants’ native language through a local radio channel. This particularly targeted recently arrived migrants and the most vulnerable such as migrants with irregular status.\(^83\)

Access to digital services

As COVID-19 suddenly forced most activities to shift online, it is fundamentally important that some of the most vulnerable members of society - such as irregular migrants - keep access to basic services on which they rely daily for subsistence. The online shift left cities struggling to ensure the continuity of certain services such as immigration or homelessness case management. Additionally, as recommendations on COVID-19 are rapidly evolving, it is also crucial that irregular migrants gain regular access to up-to-date information to ensure that they follow the latest guidelines. The best way to ensure this is by providing free access to internet – sometimes in

\(^79\) Ibid.
\(^80\) Ibid.
\(^81\) Ibid.
\(^82\) Ibid.
\(^83\) Ibid.
alternative settings, as libraries or other usual internet access points may have closed or may be operating on reduced hours. Information on this topic is scarce, but some cities have identified this issue as a major challenge and have implemented measures to remedy the situation.

Although they did not specifically target migrants with irregular status, the measures taken to provide access to digital services during COVID-19 may also benefit them. Examples of such measures include:

- The city of Leeds (UK) is partnering with NGOs to provide vulnerable people with access to the internet. The city is funding the issuance of phone credit vouchers to immigrants in need. The city also created the Migrant Information Hub, which has been translated into 40 languages, and aims to provide updated information on guidelines related to COVID-19.84
- The city of Milan (Italy) decided to tackle the growing risks posed by isolation by offering free access to a phone or Skype for migrants housed in guest centers. They also purchased 10 laptops to be used by migrants in these structures in order to facilitate communication with social workers, educators, and other providers.85

**Municipal advocacy towards national government**

Service provision to irregular migrants has traditionally been a sensitive area of policymaking, one that has at times created tensions between local authorities providing services and national governments focused on disincentivising migrants’ stay in the country.86 This has often restricted some more inclusive cities in openly advocating with the national government for policy and legal reforms that would expand irregular migrants’ access to basic services or simply provide local authorities with proper funding to do so. In some cases, cities have engaged in strategic litigation with national governments in order to be allowed to provide their services to the irregular migrants in need in their territory. In the recent months, the outbreak of the pandemic and its serious social and economic consequences on migrant communities seem to have favored a new impetus of local authorities’ advocacy towards national governments asking that national policy expand the legal and funding possibilities for cities to respond to the social needs related to migrants with irregular status. At times this has resulted in mutual understanding between the two levels of governance and in commitments from national authorities towards local authorities, an outcome probably favored by a new policy awareness of the contrasts between irregular migrants’ extreme vulnerability and the essential role they could play in local


85 Ibid.

economies, as well as a renewed acknowledgment of the central role played by local authorities in identifying and addressing the most pressing social needs.

Examples include:

- The Mayors Migration Council (MMC), which launched the Global Solidarity Campaign for Inclusive COVID-19 Response and Recovery. The mayors of Bristol, Milan and Zurich lead this initiative in Europe, and its aim is to promote the inclusion of all migrants, regardless of their migration status, and to build an equitable, sustainable response to the pandemic. The MMC has also created a Live Action City Tracker and Resource Hub that provides city leaders with practical solutions to ensure that vulnerable migrants – including irregular migrants – are included in COVID-19 responses. The goal is to provide access to services to all migrants – including those with irregular status – but also to empower them by advocating for the regularisation of essential workers and to combat misinformation, racism and xenophobia to strengthen recovery efforts.\(^\text{87}\)

- The city of Barcelona (Spain) has been calling for the regularisation of migrants with irregular status. The city has argued that these migrants are in extremely vulnerable situations, as they cannot benefit from assistance from their host government but cannot return to their home country either.\(^\text{88}\)

- In the UK, several cities have contacted the national government to advocate for widening access to migrants currently ineligible for public assistance. This is notably the case of London\(^\text{89}\), Bristol\(^\text{90}\), Birmingham, Oxford \(^\text{91}\) and others.

\(^{87}\) Mayor Migration Council (2020), *Migrants and refugees are being forgotten in the COVID-19 response. This has to change*, available at: www.mayorsmigrationcouncil.org/#:~:text=The%20Mayors%20Migration%20Council%20(MMC,%20regional%20and%20national%20level


Conclusions

This paper outlined the first impacts of the COVID-19 pandemic on irregular migrants in Europe, on national policies governing their condition and access to services, and on city’s actions to meet the irregular migrants’ social needs during the first months of the pandemic. As these issues are constantly evolving, this paper aimed only to set a first step towards building a body of city knowledge on the context set by the pandemic and form an addendum to the 2019 C-MISE guidance. Many questions remain for cities to discuss with their counterparts to understand how the pandemic is changing the legal and policy landscape regulating cities’ scope for action vis-à-vis municipal governance of irregular migration and service provision. This paper therefore aims to stimulate a discussion on such questions, including and not only the ones mentioned below.

The pandemic is highlighting old and new social, public health and economic challenges for national and local authorities, including major health concerns over the spreading of the pandemic locally; concerns over the continuation of agricultural production; economic fallouts and an increase in destitution due to the contraction of the informal economy; an increased need of shelters for irregular migrants, also due to loss of employment, releases from detention and confinement measures; digital exclusion; and travel restrictions preventing voluntary returns.

Before the pandemic, immigration policies had regulated irregular migrants’ access to services towards an increasing restrictiveness, including in relation to access to care for communicable diseases – a circumstance that today might seem counterintuitive in light of the renewed world awareness on public health. This trend was in some form overturned by the pandemic, and in a few months at the start of lockdowns in spring 2020 national authorities have adopted more inclusive and less restrictive approaches. These were mostly due to national concerns in terms of public health (as in the extension of access to healthcare or in the release from detention), but also efficiency of national immigration systems (as in the extension of residence permits during the closure of immigration offices) or public order and economic concerns (as in the case of regularisations of agricultural workers). At the same time, these measures also demonstrated national authorities’ renewed awareness of the legitimacy and necessity of irregular migrants’ access to basic services and, importantly, of their role in national and local economies. This is for example the case of Ireland, where irregular migrants who lost their employment could access unemployment benefits or in Italy, where the Minister for Agricultural Policies shed tears of empathic emotion when announcing the Italian regularisation of agricultural and care workers as, in her words, the Italian government was supporting the ‘invisibles to become less invisible...
people who will win back their identity and dignity’.\(^2\) Regularisations, in fact, are the most emblematic measures of a change of approach led by the pandemic, as before 2020 they have been explicitly fought against by national and EU policymakers. This new awareness was also reflected in cities’ scope of action to provide services to irregular migrants, as C-MISE cities have been finding certain service provision initiatives less controversial during the pandemic. This is the case for the provision of shelters to irregular migrants, including cases where national governments actively sought the support of local service providers and offered to fund local authorities for shelters provided to irregular migrants needing to self-isolate. In fact, a renewed awareness of the central role played by local authorities in managing social challenges that would normally fall into national competences can also be observed. This new awareness ultimately allowed an increasing number of cities in Europe to feel confident in openly advocating with national authorities in support of irregular migrants’ access to services.

This new context raises the question of how policy approaches will develop as the pandemic evolves towards new and different forms of lockdowns, but also eventually when the pandemic will come to an end. Will there be a slow return to the \textit{status quo ante} with a renewed exclusionary attitude towards irregular migrants? Alternatively, will there be a renewed vision of policies on irregular migrants stemming from considerations on the public health benefits of allowing access to certain public services, as well as the acknowledgment of migrants’ role into European societies and economies? In both cases, how will municipal authorities ‘keep the gains’ that they have made and ensure that service provision to this group will not again be as challenging and controversial as it was before the pandemic?

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The Global Exchange on Migration and Diversity is an ambitious initiative at the Centre on Migration, Policy and Society (COMPAS) opening up opportunities for knowledge exchange and longer term collaboration between those working in the migration field.