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Opinion: Precarity, a Pandemic and a 'Hostile Environment'

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Abstract

Within migrant communities, the precarity which characterises neoliberal, neo-colonial and patriarchal global society can be exacerbated as these dimensions intersect with legal precarity and curtailed service access – rooted within xenophobic and racist policy structures. In a time of pandemic, interlocking dimensions, which already induced heightened precarity, have been intensified. Insecure immigration status intertwines with constrained access to healthcare, exclusion from the social safety net, inequitable bargaining power and discriminatory labour practices, all of which have stark consequences in the COVID-19 context.

Keywords: precarity; migration; Hostile Environment; No Recourse to Public Funds (NRPF).

Precarity can occur as a by-product of inequitable systems and structures of oppression – an accidental albeit predictable consequence of neoliberal operations of power[1]. It can also be constructed and enforced as a deliberate strategy. Precarity – and the interconnected but distinct concepts of precariousness (Butler 2004) and precarization – have been theorised in a myriad of ways alongside their widespread use in European activist spheres. The literature on precarization has arisen partially as a critique of changes within labour conditions but the consequences reach far beyond economic insecurity and have implications which 'embrace the whole of existence' (Lorey 2015; 1). Butler (2004, 2009) elucidates 'precariousness' as a socio-ontological aspect of bodies and of lives. Whilst contending that corporeal vulnerability may well be universal, Butler argues that precarity ultimately frames vulnerability. Lorey (2015) underscores precarity as conceptually distinct from precariousness. It is defined as a, 'category of order,' which delineates precariousness by socio-economic-legal dimensions and is inextricable with, 'naturalised relations of domination' and the, 'social positionings of insecurity' (ibid, 12.) I base my own conceptions of precarity on Lorey's framework. Within this piece, I conceive of precarity as the 'differential distribution of symbolic and material insecurities' or, 'the hierarchised difference in

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insecurity' (2015; 21). The differential distribution of precarity has explicit consequences for migrants where exclusionary policies - which bar access to public funds or employment - can coexist alongside overt discrimination and vulnerability to deportation (Donà & Block 2019; 169). I apply this conception of precarity to interrogate the hierarchised distribution of insecurities faced by migrants[2] within the UK immigration system and how these insecurities have been amplified within the pandemic context. Through this I highlight how deliberate political strategies - which constrain access to housing, healthcare, education, formalised work and public funds - cause precarity to suffuse multiple interconnected aspects of migrant lives. Each aspect of exclusionary policy needs to be resisted both by individuals and broader collectives. Yet, this resistance can only occur when each policy is seen as a component of a broader ideological project which serves to heighten racial, class-based and gendered inequity.

The ideas within this piece were influenced by my experience as a casework volunteer for a migrant support and advocacy organisation in East London from 2019 to 2021. Before COVID-19, the organisation ran a weekly community drop-in centre where people came for immigration and housing advice alongside broader advocacy, be that related to foodbank access, Free School Meals or NHS charging. With the advent of the first UK-wide lockdown, the organisation shifted to a remote advice service and instigated practical forms of collective care – such as providing grocery shops, shopping vouchers or weekly support calls. This shifted the nature of the work and created more tangible quotidian forms of interaction and interconnection. Although precarity is often greatest for those who are undocumented, it also suffuses the lives of many who exist within legal immigration frameworks, such as those with Limited Leave to Remain (LLTR)[3]. Family members, faith groups and community systems often play an active supporting role whilst individuals navigate the complex immigration system. For many who are undocumented, sofa surfing can become the only pathway to shelter, as insecure, draining and unpredictable as this is. Soup kitchens, drop-in centres and friends' homes become a place to eat. Yet in the past year, these support networks have diminished as services closed, financial support became harder to find and the space of the 'home' became the only legitimised place to occupy. For those without a place to call home or precluded from the mainstream benefits system, the pressures of insecurity were and remain immense.

The 'Hostile Environment'

Differential exposure to precariousness is exemplified by the UK immigration system; a system actively designed to 'create a really hostile environment'[4] for migrants, curtail options, disempower communities and make migrant life untenable. The 'Hostile Environment'[5] was a raft of legislative policies adopted by the Coalition Government from 2010 onwards with the stated purpose of making the UK an inhospitable place for migrants. This set of policies was

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bolstered by the UK's Immigration Acts of 2014 and 2016. These policies are rooted within politically and strategically utilised narratives which portray particular kind of migrants as physical and economic 'threats' (Griffiths 2015; Mayblin 2019, 6)[6]. This pervasive narrative is founded upon racial and gendered tropes and has been used to legitimise increasingly securitised policies which have narrowed the legal pathways available for migrants – and increased the cost of accessing these pathways. In tandem, political narratives have increasingly associated migrants with criminality, promoted the narrative of the 'bogus asylum seeker' (Gabrielatos & Baker 2008; Griffiths 2015) and curated a false dichotomy between 'voluntary' - read economic - and forced migration (Freedman 2015, 4). High processing fees, bureaucratic procedures and the decimation of legal aid[7] continue to exclude migrants from acquiring legal status and the necessities this equates to - the ability to open a bank account, to work legally, and for thousands of people in the UK who are placed in bureaucratic detention - the right to be free.

Healthcare Access

With the instigation of the 'Hostile Environment', immigration checks seeped into every part of the UK bureaucratic system (O'Neill et al. 2019). Data-sharing across a myriad of levels route back to the Home Office and doctors, nurses, employers, university staff and landlords have been forced to assume the role of de facto border guards (Hiam et al. 2018)[8]. Within the healthcare system, access for migrants is severely constrained. Primary care is free for all but complex registration processes - such as requests for a passport or proof of address - can inhibit individuals from accessing care (Healthwatch Hackney 2020). For an individual without legal status, NHS secondary services can be charged at up to 150% of the standard cost of treatment (ibid). Incidents of data-sharing between the Department of Health and Social Care and the Home Office have also exacerbated distrust of the system and a reluctance to seek treatment[9]. Although COVID-19 diagnostic tests and treatments are charging exempt, the charging system still acts as a deterrent as treatments for any comorbidities discovered in the process are not. There is significant prior evidence that migrants do not access healthcare even in instances where exemptions exist for infectious diseases - such as tuberculosis – due to a deeply ingrained fear of charges and data-sharing (Potter et al. 2017). In the midst of a global health crisis, this access disparity has deadly consequences. In order to reduce these disparities, there is a need to build trust between migrants and the healthcare system, such as providing strong guarantees on data sharing and reformulating the charging system. Alongside this, GP practices need to refrain from asking new patients to provide a passport or a proof of address when registering in order to make their services more accessible.

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Precarity & Informalised Labour

Informal work and zero hours contracts do not provide employees protection or security and therefore are crucial in dictating differential distributions of precarity. Sectors dominated by low-paid precarious work are disproportionally occupied by migrant workers (Waite et al. 2015, 3). The UK immigration system also criminalises asylum seekers and undocumented migrants from working. This forces people into more irregular and exploitative work environments where collective organising or bargaining power are weaker; thus, reducing the opportunities to collectively resist precarious working conditions. The prevalence of migrants in informal work environments - particularly zero-hour contracts - equates to unpredictable income, lower levels of employee protection and ineligibility for government COVID-19 schemes. Enormous income fluctuations - or the disappearance of income all together - has left many with growing rent arrears, an inability to afford essentials and a reliance on foodbanks.

In terms of COVID-19 susceptibility, the ability to self-isolate is a luxury that many in informal work cannot afford. Even if a work environment is deemed unsafe - with insufficient Personal Protective Equipment (PPE) or social distancing measures - or an individual has underlying health conditions putting them at high risk, without a safety net to fall back on, the ability to refuse to work is unavailable[10]. Overlaying - and underlying - these dynamics, death rates from COVID-19 in the UK are highest amongst people of Black and Asian ethnic groups (Public Health England 2020) and government data shows that the largest relative increase in deaths in 2020 compared to previous years were among people born outside the UK, particularly those, 'born in Central and Western Africa, the Caribbean, South East Asia, the Middle East and South and Eastern Africa' (ibid., 7). Given all of these intertwined dimensions, any factor which inhibits individuals from seeking treatment is massively consequential. Constrained migrant healthcare access is not accidental, it is a deliberately constructed result of an exclusionary system and resisting this conglomeration of policies is the only avenue to ensure migrants can seek healthcare without prohibition or fear. In the pandemic context, precarious working conditions combined with constrained healthcare access differential expose migrants not just to economic insecurity but existential corporeal vulnerability.

No Recourse to Public Funds

In Castel's (2003) analysis of precarity, he suggests a dichotomy - between the secure but declining welfare-state and insecure precarity. Lorey (2015) critiques this binary and underscores how some kinds of bodies were never safeguarded by welfare systems in the first place (42). This is especially prescient in relation to migrants within the UK who are often excluded from the welfare-state. Inequitable service access is not constrained to healthcare, it has become

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widespread practice to attach a 'No Recourse to Public Funds' (NRPF) condition to Limited Leave to Remain (LLTR) (Project 17 2020). NRPF can apply to two distinct categories; undocumented migrants, who by nature of their lack of immigration status have de facto 'No Recourse to Public Funds' and NRPF is also a deliberately imposed condition of LLTR. This means that migrants - even after paying large processing fees and the 'Immigration health surcharge' (IHS)[11] - are excluded from the social safety net. Although an NRPF condition can be lifted in cases of extreme destitution, the process is immensely complex, bureaucratic and slow. In May 2020, the High Court ruled part of the Home Office's NRPF policy unlawful (Taylor 2020). This forced the Home Office to revise their guidance for caseworkers when accessing individuals facing 'imminent destitution.' Yet, the ruling largely leaves the policy in its entirety and makes no changes for undocumented migrants who have NRPF by default. The consequences of NRPF also operate in distinctly gendered ways[12]. Female-headed single parent homes are proportionally more common and, for a single parent, NRPF means that no support is available to supplement a sole income. When combined with the gendered inequity in pay and the broader societal devaluing of care work (Folbre 2018)[13] - which is disproportionality conducted by migrant women - a secure income is often unattainable. Many single parents with LLTR with NRPF faced destitution - even in pre-pandemic times - because a single salary is often too low without statutory support to afford childcare, rent and basic necessities. When NRPF comes in tandem with widespread job losses, school closures which increase the childcare burden and constrained access to regular support services, pre-existing insecurity is exacerbated and accelerated. Before the pandemic there were calls to override the widespread use of NRPF condition, yet the changes of the last year have further highlighted the inequitable, gendered, racialised ways in which the policy operates. There is a desperate need to end the policy and extend access to public funds to all who are in need of support in the wake of the pandemic.

Precarity & Education

Precluded access to child benefit is only one of many ways that the children of migrants are punished by the immigration system. Free School Meals (FSM) are another avenue. Until forced to change their policy due to sustained legal pressure, families with NRPF were ineligible for FSM. The policy directly discriminated again migrant families and, in many cases, contributed to extreme food insecurity (Project 17 2020). The threshold to qualify for FSM has now been altered and the government conceded that children from NRPF families or receiving Section 17 or Section 4 support[14] - who could prove their low-income status - could access vital vouchers temporarily. Yet it remains unclear how long this will continue, and the implementation process has been slow and inconsistent. Even with the temporary extensions, many undocumented families are still unable to qualify, despite often experiencing extreme exposure to destitution. In London in 2018, only 15.3% of children in state schools were claiming FSM (DfE 2019) but it

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was estimated that 39% of children were living in poverty (Leeser 2020). Using Greater London Authority (GLA) statistics and child poverty rates, Hackney Migrant Centre estimated that in London each year approximately 230,000 children in poverty are missing out on FSM, which disproportionately impacts upon migrant families (Chalabi 2020, 6). In addition to pre-existing classroom inequities, the move to remote learning places an additional burden on families. For many, unsuitable or overcrowded accommodation makes it impossible to find space to work and a lack of technology excludes children further. For example, many families are trying to do schoolwork on a phone screen whilst buying bundles of internet data, which adds further financial strain. Alongside pre-existing educational disparities and disproportionate exposure to child poverty, the pandemic has the potential to further exacerbate the educational losses and inequity experienced by the child of migrants within the UK schooling system.

Precarity & Housing

In the case of housing, the UK government heralded the success of the 'Everyone In' scheme which provided local authorities with funds to accommodate rough sleepers in hotels during the first lockdown. Despite this, the numbers of rough sleepers in England radically increased between April and June 2020 (Marsh & McIntyre 2020). A fear of being known by the local authorities and the potential of data being shared with the Home Office precluded many undocumented migrants in acute need from accessing the accommodation. The pathways into accommodation also varied by local authority and navigating the numerous gatekeepers in place was immensely complex. The scheme did not re-open in the second or third lockdown. In the case of registered asylum seekers, the government continued their dispersal policy throughout. A person applying for asylum support first has to prove that that they are destitute before 'dispersal' occurs to accommodation throughout the UK (Right to Remain 2018). Asylum seekers are placed in temporary 'initial accommodation' before being moved to longer-term options. This process is particularly problematic during a national lockdown as individuals are uprooted to a new city, often with only a day of warning. Once dispersed, asylum seekers were - and continue to be - unable to access local support services or meet people in the local community as many of these spaces remain closed. For many this exacerbated feeling of isolation and continues to exclude them from essential support and advocacy. Initial accommodation has also been provided for protracted periods with individuals placed in hotels for months at a time often without a kitchen or Section 95 support - the £37.75 a week provided once asylum seekers are moved to more permanent accommodation. In September 2020, the Home Office began using two former Ministry of Defence barracks – Napier and Penally – to house asylum seeking men alongside the more extensive use of hotels. By January there were up to 600 men in the overcrowded barracks with reports coming out about restricted healthcare and legal access, the widespread use of confidentially agreements for volunteers on the sites and

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concerns over privacy and safety (Grierson 2020). Up to 120 men tested positive for COVID-19 in January 2021 in Napier Barracks and there were concerns about the inability for individuals to isolate (Taylor 2021). Numerous civil society organisations have protested and underscored the traumatic psychological and physical implications of forcing asylum seekers live in crowded accommodation behind barbed wire fences. The nature of seeking asylum means an individual is seeking protection - seeking sanctuary - after experiencing persecution or fleeing warfare, yet the UK continues to push asylum seekers into isolated, precarious and marginal positions which do not consider the nature of the trauma they have experienced or the imperative to provide support which acknowledges this.

Conclusion

Overall, precarity can be enforced actively or passively by oppressive power structures. Within the UK immigration system, the differential distribution of precarity is an active strategy, designed to make the UK an unappealing and 'hostile' place for migrants. This precarity is not new, yet over the course of the pandemic, the support networks which many migrants rely on - in the absence of formal or state-based support - have been weakened by the overarching economic, physical and psychic environment. This has further increased the economic insecurity and corporeal vulnerability faced by migrants who are deliberately marginalised by the state. This impacts people at all stages of the immigration system and is intended to disempower migrant voices and silence their concerns. There are practical policy steps that could be taken to reduce this exposure to precarity; ending the widespread use of NRPF conditions on individuals with LLTR, extending public funds to all in need, building trust between migrants and healthcare systems, simplifying the GP registration process, providing more support for migrant families educating their children at home, providing humane material and psychosocial support within the asylum system, allowing asylum seekers to work, ending indefinite detention and permanently extending the criterion for Free School Meals. Yet at this juncture, when the political class continue to promulgate the narrative that migrants are not welcome, these changes seem almost utopian. Despite this, it is essential for civil society, individuals and collectives, to uplift the voices of migrant communities, listen to their concerns, highlight the embodied consequence of government policies, resist the structures deliberately created and offer solidarity be that in a material, practical or political sense.

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Author Biography

Lizzie Hobbs is a second year PhD student in the Department of Gender at the London School of Economics. Lizzie is exploring the role of discourses regarding migrant masculinities upon the formation of hostile immigration policies.

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[1] See also Butler (2004, 2009); Lorey (2015); Puar (2012).

[2] I use the term 'migrant' to refer to all individuals be that refugees, asylum seekers and irregular migrants, as I contend that the bureaucratisation of the 'refugee' designation is an avenue for oppression and exclusion (Zetter 2019, 27). This decision is not intended to elide the specificity of those seeking asylum but merely to highlight the arbitrary ways in which distinctions are drawn between 'forced' and 'voluntary' migration and the problematic ways in which the current asylum process operates.

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[3] Limited Leave to Remain (LLTR) allows an individual to remain in the UK for a specified period of time, usually 30 months after which further fees need to be paid for renewal. Indefinite Leave to Remain (ILR) provides permission to live and work permanently in the UK. LLTR usually has more immigration restrictions than ILR including in respect to entitlements to benefits and services (Morris 2019).
[4] In 2013, the then Home Secretary, Theresa May referred to the proposed Immigration Bill as designed to, 'create a really hostile environment for illegal immigrants' (Travis 2013).
[5] The collection of policies comprising the 'Hostile Environment' has since been rebranded, the 'Compliant Environment' (Sparrow 2018).
[6] For more on the visual representation of migrants – and particular migrant men – as threats see; Holzberg et al. (2018); Johnson (2011); Sager & Mulinari (2018).
[7] See James & Killick (2010); Burridge & Gill (2017).
[8] See also Yuval-Davis et al. (2018); Schweitzer (2020); Goodfellow (2019).
[9] See Hiam, Steele & Mckee (2018) regarding the Memorandum of Understanding of Understanding (MoU) allowing expediated data-sharing of patient's non-clinical data from NHS England to the Home Office.
[10] Bambra (2011) has highlighted how the interconnection between job insecurity and poor health are lessened in countries with strong social security systems. In the case of migrants, many are excluded from social security systems entirely.
[11] The Immigration Health Surcharge was first introduced in 2015. It is payable by non-European Economic Area (EEA) nationals when they apply for a visa to enter or remain in the UK for more than 6 months. Since it was introduced it has continued to increase in cost and in February 2020 it was announced that the cost will rise from to £400 to £624 per applicant per year and a 'discounted rate' of £470 per year for child applicants. See; Home Office News Team (2019).
[12] See Dudley (2017); O'Neill et al. (2019).
[13] For example, Eva Kittay outlines the concept of 'secondary dependency' as the political and cultural dependency endured by carers due to the devaluation of care work, their socio-economic position and the privatisation of care (1999; 46).
[14] Section 17 support is available to children and their families through the Children Act 1989 which imposes a general duty on local authorities to 'safeguard and promote the welfare of children in need' (Coram 2019). This can include accommodation or essential living expenses. Section 4 support is a form of support for refused asylum seekers, but very particular circumstances need to apply in order for an individual to be eligible (Right to Remain 2018).

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