

Chapter 7

City Approaches Compared



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

7.1 Limited Recognition of Precarious Migrants Despite Commitments to Inclusion

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

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

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

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

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

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

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

7.2 Fragmented Policy Frames

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

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

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

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

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

7.3 Complexity of Legal Provisions

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

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

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

7.4 Limits on Capacity and Poor Coordination

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

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

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

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

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

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

7.5 Healthcare

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

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

for devolved legislation of the Welsh Government (e.g., refused asylum seekers have been exempt since 2009) and the local NHS health board can determine individual eligibility for charging—but for all local actors there is a lack of clarity on actual entitlements. Migrants with irregular status are in practice likely to be treated as overseas visitors. Emergency treatment is free while primary care¹ is free for ‘immediately necessary’ treatment regardless of immigration status. In secondary care, ‘immediately necessary’ treatment is chargeable for ‘overseas visitors’ but cannot be denied for lack of financial capacity. By contrast, ‘urgent treatments’ are chargeable, upfront. Some treatments are nevertheless provided free irrespective of whether someone is deemed to be ‘ordinarily resident’—including vaccinations and the treatment of communicable and sexually transmitted diseases (because of their public health importance), as well as treatment provided to victims of trafficking or domestic violence, and family planning services. Many barriers exist in practice, however, to accessing these services.

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

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

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

Table 7.1 Access to healthcare in Cardiff, Frankfurt and Vienna

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

<p>Vienna</p>	<p>insurance system and only have restricted access to treatment. In case of other needs for medical treatment, applications regarding costs can be made to the social welfare office. Free treatment regardless of immigration and insurance status in case of medical emergencies without reporting obligation to immigration authorities. Free screening and treatment for some communicable diseases, e.g. Tuberculosis, COVID 19</p>	<p>hospitals for reimbursement for emergency health care, leading to financial losses for hospitals and to patients being turned away. Even for emergency care, fear of information on status being transmitted to immigration authorities severely restricts access. Further barriers: fear of high cost of treatment; lack of knowledge on health system and entitlements; lack of professional translators</p>	<p>Municipality responsible for public health, screening of communicable diseases, and operates several of the large public hospitals in Vienna, which must provide emergency treatment regardless of insurance</p>	<p>NGOs key in providing primary and secondary health care to people without health insurance. Few hospitals run by Catholic orders are more inclusive of the uninsured</p>
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Compiled by the authors

7.5.1 Diverse Measures to Address Exclusion

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

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

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

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

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

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

7.5.2 NGOs Play Different But Crucial Roles

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

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

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

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

7.5.3 Persistent Barriers to Accessing Care

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

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

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

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

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

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

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

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

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

7.6 Accommodation

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

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

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

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

7.6.1 National Laws Severely Constrain Provision

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

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

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

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

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

7.6.2 Contrasting Approaches to Emergency Accommodation

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

Table 7.2 Access to accommodation in Cardiff, Frankfurt and Vienna

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

(continued)

Table 7.2 (continued)

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

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

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

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

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

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

7.6.3 *Shared Reliance on NGOs*

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

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

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

7.6.4 *Provisions for Women Address Particular Vulnerabilities*

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

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

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

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

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

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

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

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

7.7 Education

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

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

Table 7.3 Access to education in Cardiff, Frankfurt and Vienna

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

Compiled by the authors

7.7.1 Significant Access to Primary and Secondary Schools

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

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

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

7.7.2 Barriers to Pre-school and Post-school Education

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

²See <https://rundschreiben.bmbwf.gv.at/rundschreiben/?id=761>

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

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

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

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

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

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

7.8 Legal Advice and Counselling

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

7.8.1 Trained Counsellors Can Address Scarcity of Legal Expertise

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

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

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

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

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

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

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

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

Compiled by the authors

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7.11 Dependence on Non-governmental Organisations (NGOs)

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

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

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

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

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

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

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

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

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

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

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

7.12 Conclusion

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

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

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

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