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**Exclusion through statistical  
invisibility. An exploration on what can  
be known through publicly available  
datasets on irregular migration and  
the health status of this population  
in Germany**

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# EXCLUSION THROUGH STATISTICAL INVISIBILITY. AN EXPLORATION ON WHAT CAN BE KNOWN THROUGH PUBLICLY AVAILABLE DATASETS ON IRREGULAR MIGRATION AND THE HEALTH STATUS OF THIS POPULATION IN GERMANY<sup>1</sup>

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## Introduction

It is widely known that one of the most statistically invisible populations around the world are those not holding a document allowing for personal identification. At a global level, not holding a valid identification document has notable dimensions: The World Bank Group's Identification for Development (ID4D) Initiative collects on an annual basis data across countries to estimate the number of individuals without proof of legal identity, independently on their place of birth. According to their most recent data, in 2018 around 987 million people in the world did not have an official proof of identity<sup>2</sup>, and as many as 1 in 4 children under the age of 5 weren't registered at birth<sup>3</sup>. Not having an identification document automatically excludes individuals from accessing even their basic rights and obligations in their countries, and numerous initiatives at national and international levels are currently being implemented in order to provide an identification document to individuals.

When it comes to international migrants without authorization or documents required under immigration regulations while living in a third country, there is a significant lack of data and estimates on the size of this group: researchers and international organisations agree on the fact that little is known on the scale of irregular migration in general, and more should be done in order to produce better data (IOM and McKinsey & Company 2018; Global Migration Group 2017; Laczko 2015; Koser 2010). Willekens and

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<sup>2</sup> Most of high income countries are not included in the estimates.

<sup>3</sup> <https://id4d.worldbank.org/>

colleagues argue that “our understanding of migration is handicapped by fragmentation of research and training along disciplinary lines and inadequate measurements” (Willekens et al. 2016, p. 897). Ironically, irregular migration is often at the center of public discussions and perceptions when referring to international migration in general (Jones-Correa and Graauw 2013, referring to the USA).

The lack of data occurs due to three main reasons: First, there is a lack of political will to collect and share data on the topic (Laczko 2017); second, by law, public institutions in many countries - Germany included - are forbidden to survey individuals not holding a valid resident status; and third, the clandestine nature of this population (Gonzales et al 2019) implies that individuals are most often not willing to disclosure information on their lives and personal characteristics. In Europe, the most updated estimation available on the dimension of irregular migration in the region comes from the research project CLANDESTINO: according to their calculations, around 1.8 to 3.8 million irregular migrants were living in the EU-27 in 2008 (Kovacheva and Vogel 2009). Eurostat publishes data on third-country nationals found to be irregularly present in EU-28 countries, and the data series is available since 2009. Data accuracy is questionable as it comes from different sources depending on the country and estimation procedures are not harmonized, which makes cross-country comparison of on the scale of irregular migration difficult. This panorama could be changed if comprehensive systems of registration for irregular migrants would be implemented. A notable example is Spain: since 2000, individuals must be registered at their municipality of residence to access welfare services, independently of their legal status. They should renew their registration every two years to keep municipal records updated, and police authorities cannot have access to this data (Triandafyllidou 2010).

Regarding outcomes, and from a human rights perspective, it is of major importance to monitor the processes of integration and social inclusion of all immigrants in receiving countries, independently of their status. Among the multiple dimensions of integration and inclusion, health is a crucial one. Health is a fundamental human right and it also constitutes an essential prerequisite for individuals to be a social and economic resource in any society. The enjoyment of good health conditions might be particularly challenging for some segments of the migrant population, such as irregular migrants, asylum-seekers and refugees. The Office of the High Commissioner for Human Rights brings attention to the

vulnerability of these populations and underlines that “the right to health is closely related to and dependent upon the realization of other human rights” (United Nations High Commissioner for Human Rights 2000, p. 2) and that “states are under the obligation to respect the right to health by refraining from denying or limiting equal access for all persons, including prisoners or detainees, minorities, asylum-seekers and illegal immigrants, to preventive, curative and palliative health service” (United Nations High Commissioner for Human Rights 2000 p. 12). However, the current scientific knowledge on the physical and mental health conditions of migrants is almost exclusively focused on the regular ones.

In the context of the WiMi project, the very limited data availability and more specifically the prohibition of data collection on irregular migrants by public authorities on specific domains (for example not allowing to identify degrees of participation in public life or access to services guaranteed by law) may be interpreted as an act of exclusion as it denies membership or participation in a group, namely the immigrant population as a whole. However, it can also be seen as a guarantee against persecution as these individuals cannot be traced in public registers. The irregular status can also be seen as a moment of exclusion, as it may not constitute the whole life course of individuals in the destination country. For instance, previous studies often show that a great proportion of irregular migrants are overstayers after a specific visa expired (Foblets et al 2018).

From a historical perspective, policy discourses have barely used statistics to refer to irregular migration in Germany. Instead, vague references are to be found on its dimensions as social phenomena by political circles and media vehicles, which mostly refer to its underestimation. While the underestimation argument has been used by governmental agencies to downplay the relevance of irregular migration, civil society organisations used the same argument to raise awareness to the need of targeted policies (Volmer 2011b). According to results from a series of interviews with civil servants and representatives of NGOs, Volmer (2011b), attributed the reason why irregular migration is an “uncomfortable subject”, “discursively marginalised” subject or a “no-go issue” to two main factors: first, irregular migration is a criminal offense in the country, and attempts to regularise those lacking authorisation to reside in the country would lead the de-criminalisation of this group; second, the wider discourse of integration policies in Germany never included irregular migration as a component.

However, this scenario has changed in recent years, with extremist groups using data from the Police Crime Statistics - that includes asylum seekers and already deported individuals - to refer to the magnitude of irregular migration both at national and local levels, often misinterpreting numbers to create distorted interpretations of what they really indicate. In this sense, it is of key relevance to reflect on the data available both at governmental and non-governmental spheres, and to progress towards reliable estimates based on clear definitions.

In order to contribute to this field of research, this working paper offers an overview on the availability of data on irregular migration in Germany. Precisely, it critically describes the main data sources available, indicating that it is extremely difficult, if not impossible, to conduct an accurate assessment of the dimensions of irregular migration as a social phenomenon in the country, the characteristics and challenges faced by this population, and the extent to which their rights are protected with the data currently available. Second, it further discusses how the lack of data on irregular migrants makes it particularly challenging to monitor specific outcomes, such as their health conditions. The final section of the document provides an overview on future prospects for the study of irregular migration in Germany, underlining the need to develop new data sources that focus on this excluded population.

### **Defining irregular migration in Germany**

Individuals not entitled to enter, stay or work in a country have been the object of study in different disciplines, and plenty of terms have been used to name this population: “undocumented”, “sans-papiers”, “illegal”, “clandestine”, “unauthorized”, “unlawful”, “aliens without residence status” and “illegalised people”, among others (Vollmer 2011a). This working paper adopts the term “irregular”, as it is a neutral term used by most researchers of international migration and by non-governmental and international organisations working on the topic. According to the International Organisation for Migration (IOM), irregular migration involves individuals who enter, stay or work in a country without the necessary authorisation or documents required under immigration regulations ([www.iom.org](http://www.iom.org)).

The definition of who is an irregular migrant derives from specific national frameworks of immigration regulations and restrictions (Schweizer 2017). This varies over time and space and is “embedded in specific conditions, histories, and structures of power (Gonzales et al 2019). In the German case as it stands today, there is no legal definition of an “irregular migrant” as the law only regulates entry and residence procedures (§§ 3-38 Aufenthaltsgesetz (AufenthG), the Residence Act). An entry is understood as being unlawful when foreign nationals enter the country without the obligatory passport or travel documents, and/or without the obligatory residence documents (§ 14 para. 1 AufenthG). A foreigner is obliged to leave the Federal territory if he or she does not possess or no longer possesses the necessary residence title, and a right of residence does not exist or no longer exists under the EEC/Turkey Association Agreement (§ 50 para. 1 Residence Act). After a person is enforceable required to leave the Federal territory, received a final return decision and a previously granted period for voluntary departure has expired, the residence becomes irregular (§ 95 para. 1 no. 2 Residence Act).

Individuals can also become irregular by obtaining his or her first residence permit or a settlement permit and then losing it due to a variety of reasons, or due to expiration. In the following section, different paths towards irregularity are listed. This is based on typologies by Lederer and Nicker (1997) and Schneider (2012), and on the Residence Act. The authors also consulted experts in German migration law working at the Max Planck Institute for Social Law and Social Policy - Tim Rohmann and Constantin Hruschka (both researchers part of the WiMi project) - for this exercise. These paths reflect the fact that “irregular migrant” is not an homogeneous category and the reasons for irregularity are closely connected to individual migration trajectories. Categories may also overlap in some cases.

1 - *Individuals entering the German territory without the obligatory travel documents*: This includes individuals who are arrested by the Federal Border Police after trying to enter the country with forged or altered travel documents.

2 - *Overstayers who entered the country regularly, but never obtained a residence permit*: Individuals may enter Germany as tourists (with or without a visa depending on requirements for the country of origin), and do not leave the country after the permitted length of stay (usually three months).

3 - *Victims of trafficking*: There are also individuals in this category who belong to one of the two previous categories, but once their situation as victim of a criminal offence is verified, they can apply for a special temporary residence permit (§ 25 para. 4a AufenthG) for the duration of the criminal proceedings against their traffickers. Trafficking for the purposes of exploitation of workers is a criminal offence since 2005.

4 - *Overstayers after losing the right of residence*: these are all individuals who obtained a residence permit, but it expired or it was revoked due to no longer complying with the requirements for their residence in Germany. Students with an expired visa and foreign workers who, before their stay became irregular, had a temporary residence status, are part of this group. These may also be contractors and seasonal workers, or individuals with a general employment visa who didn't leave the country after the end of their contract. It also includes citizens of a third country who overstay after having lost the right of residence in the case of divorce if the marriage lasted for less than three years. Once a residence permit expires, individuals are required to leave the country.

5 - *Individuals whose applications have been rejected in a final decision and who have been ordered to leave the country, but remain in Germany and do not comply with the return decision*. German return policies do not distinguish between individuals holding a rejected asylum application and those holding a rejected application due to other reasons (Federal Office for Migration and Refugees 2016).

6 - *Asylum seekers or third-country nationals who are no longer pursuing their application procedure, but are still in Germany*.

7 - *EU-citizens who have no right to or lost their right of residence because they would require social benefits to make ends meet*.

Governments have traditionally used three policy strategies to address irregular migration: deportation, toleration or regularization (Visser 2017). In Germany, deportation has been the main governmental response to irregular migration. Since 2015 with the increase of refugee flows to Europe, not only Germany but most of the EU countries assumed a stronger position into this matter, reinforcing return as the only desirable policy response to irregular migration (Kraler 2019). How does this work in practice? Once the irregular stay of a foreigner is uncovered by the State, individuals are registered by authorities and generally obliged to leave the country. If the person does not leave on a voluntary basis, removal and/or expulsion procedures are applied. Forcible removals are not straightforward

procedures due to practical impediments. For example, to establish the person's identity, to obtain a travel document from the country of origin and their willingness to re-admit their own nationals, cases of sudden illness, unavailability of transport, lack of funding and organisational difficulties, among others.

If the supreme authority of Federal States, namely the Ministries of the Interior, order the suspension of a removal – for different reasons – individuals receive a toleration certificate attesting a specific status, namely Duldung. The suspension of a removal does not imply individuals are entitled to reside in the country, and the obligation to leave Germany still applies (§50 I AufenthG). A toleration certificate is valid for a maximum of three months. If the Federal State authority wants to extend the time period over six months, they need the approval the Federal Ministry of the Interior (§ 60<sup>a</sup> para 3, § 23 para. 1). According to the Federal Office for Migration and Refugees (2011, pp. 34), “Illegal migration also includes the treatment of third-country nationals who do not have a right to reside in Germany, but whose deportation has been suspended because the obligation to leave the country or the deportation cannot be enforced” (however, these individuals are registered and known to the authorities (Schneider 2012)). In 2015, another publication of the Federal Office for Migration and Refugees (Budesamt für Migration und Flüchtlinge, BAMF) defines irregular residence as a residence without legal status as an asylum seeker or alien, *without toleration* and without official registration (Federal Office for Migration and Refugees 2015: 185). For the purposes of this working paper, we will follow the understanding that Duldung does not constitute an irregular status.

### **Official statistics: from no-data to poor data**

There is very few data produced by public institutions on the dimension of irregular migration as a social phenomenon in Germany. In addition, there are strong barriers preventing researchers to access data produced by governmental institutions (Koser 2010). It is impossible to discern a pattern of irregular migration and the living conditions of irregular individuals with the data available, as well as the heterogeneity inside this group (Sinn et al. 2005), which implies that policies and public debate on the topic are based on a very limited amount of evidence (Vono de Vilhena 2018). On a regional level, it must be noted that the scenario of data availability in Germany is not an exceptional case. Legal trajectories of overstayers in France, Spain, Italy and the UK have been the object of study in



the framework of the EU-Project TEMPER (Mateos et al. 2017). In none of these countries, access to microdata from population registers is provided by State organisations for the purpose of academic research, and most of the surveys available do not include irregular migrants. Trends over time are only available at the website of Eurostat and start in the year 2009, but it includes asylum seekers in the German numbers, contradicting the definition of BAMF previously mentioned.

There are two main sources of data on stocks of irregular migrants in the country: 1- the Police Crime Statistics (PCS) provided by the police authorities of each German Länder. The data from the German Länder are collated by the Federal Criminal Police Office (BKA) and transferred to the Ministry of the Interior. The Ministry of Interior is then the organisation supplying the data for the whole country to Eurostat. Eurostat displays the data in their tables “Third country nationals found to be illegally present – annual data (rounded)”, and “Third-country nationals refused entry at the external borders – annual data (rounded)”. 2- the Central Register of Foreigners (Ausländerzentralregister – AZR, managed by BAMF). The numbers provided by the AZR contain mostly register data provided by local foreigners authorities working at a district level, and the Federal Police. Numbers are then supplied to the German National Institute of Statistics (Destatis), who publishes the number of individuals not holding residence status (ohne Aufenthaltsstatus) disaggregated into three categories: 1- individuals in possession of a toleration allowance (Duldung); 2- Asylum applicants with permission to reside in Germany, and who are still in the asylum proceedings (Aufenthaltsgestattung); and, 3- individuals not holding a residence status who are not part of the two previous groups, namely ohne Aufenthaltstitel, Duldung or Gestattung. It is not clear by any publication or methodological notes to what extent the data provided by Destatis is composed by data from the Police Crime Statistics.

The data from the Police Crime Statistics is available online on the website of the BKA and is disaggregated by gender. Criminal offenses are not recorded until the police investigations have been concluded. Table 1 shows statistical registers of entries without travel documents and entries with forged or altered travel documents from 2008 to 2018. It must be noted that those irregular entries are only registered when individuals are arrested by the Federal Border Police. According to the values presented in this data source, the number of irregular entries in Germany is relatively low on a comparative perspective, and tend to be a rather stable phenomenon in the last five years.

**Table 1: Third-country nationals refused entry at the external borders, selected countries 2008-2018.**

| Country                       | 2008    | 2009    | 2010    | 2011    | 2012    | 2013    | 2014    | 2015    | 2016    | 2017    | 2018    |
|-------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| European Union (28 countries) | 634,975 | 499,640 | 394,800 | 344,440 | 317,170 | 326,320 | 286,805 | 297,860 | 388,280 | 439,505 | 471,155 |
| Spain                         | 510,010 | 387,015 | 290,045 | 227,655 | 199,830 | 192,775 | 172,185 | 168,345 | 192,135 | 203,025 | 230,540 |
| France                        | 16,695  | 14,280  | 9,840   | 11,100  | 11,310  | 11,745  | 11,365  | 15,745  | 63,390  | 86,320  | 70,445  |
| Poland                        | 16,850  | 26,890  | 23,015  | 20,225  | 29,705  | 40,385  | 20,125  | 30,245  | 34,485  | 38,660  | 53,695  |
| Greece                        | 2,055   | 3,000   | 3,805   | 11,160  | 9,415   | 6,995   | 6,445   | 6,890   | 18,145  | 21,175  | 14,295  |
| Hungary                       | 5,530   | 7,700   | 10,475  | 11,790  | 9,240   | 11,055  | 13,325  | 11,505  | 9,905   | 14,010  | 15,050  |
| Italy                         | 6,405   | 3,700   | 4,215   | 8,635   | 7,350   | 7,370   | 7,005   | 7,425   | 9,715   | 11,260  | 8,245   |
| Germany                       | 7,215   | 2,980   | 3,550   | 3,365   | 3,820   | 3,845   | 3,605   | 3,670   | 3,775   | 4,250   | 5,175   |

Source: Eurostat ([www.eurostat.eu](http://www.eurostat.eu)).

The second and last comparative table from Eurostat on irregular migrants that includes numbers for Germany refers to third-country nationals found by authorities to be irregularly present in German territory (Table 2). It refers to individuals apprehended or who otherwise come to the attention of national immigration authorities. It also includes the values presented in the previous table on refusals, individuals found to be irregularly present, individuals ordered to leave, and individuals who had returned to the country of origin either by following an order to leave or on a voluntary basis.

Finally, and importantly, this data also contains cases of asylum seekers who should not be counted as third-country nationals found to be irregularly present in Germany. Due to shortage of capacities and delays in administrative procedures by public authorities, many asylum seekers were not able to submit an asylum application during the peak of the refugee crisis and stayed in a “limbo” situation for longer than expected. These cases have been included at PCS statistics, and it is not clear to what extent they are not included anymore in the data. In the framework of the EU-project CLANDESTINO, Vogel and colleagues estimated the total stock of irregular third-country nationals living in Germany based on the data provided by the PCS from 2010 to 2014. However, due to the poor data quality derived from the incorrect counting of asylum seekers, Vogel decided not to continue with this exercise from 2015 onwards (Vogel 2016).

Disaggregated numbers by sex show that the vast majority of individuals are men (70% in 2018). This distribution has to be interpreted very cautiously as an important bias is at play, leading to an underestimation of the stock of irregular women in the country. According to the literature (for example, Satola 2015; Gottschall and Schwarzkopf 2010; Alscher et al. 2001), irregular women usually find a job in the care sector, inside private

homes, and are much less visible and at risk of being identified by authorities in comparison to men, particularly those working in construction or agricultural sectors.

**Table 2: Table 2: Third-country nationals found to be irregularly present, selected countries 2008-2018.**

| Country | 2008    | 2009    | 2010    | 2011    | 2012    | 2013    | 2014    | 2015      | 2016    | 2017    | 2018    |
|---------|---------|---------|---------|---------|---------|---------|---------|-----------|---------|---------|---------|
| EU28    | 579,825 | 563,990 | 505,130 | 468,850 | 433,325 | 452,270 | 672,215 | 2,154,675 | 983,860 | 618,730 | 601,500 |
| Germany | 53,695  | 49,555  | 50,250  | 56,345  | 64,815  | 86,305  | 128,290 | 376,435   | 370,555 | 156,710 | 134,125 |
| Greece  | 106,715 | 108,315 | 115,630 | 88,840  | 72,420  | 42,615  | 73,670  | 911,470   | 204,820 | 68,110  | 93,365  |
| France  | 111,690 | 76,355  | 56,220  | 57,975  | 49,760  | 48,965  | 96,375  | 109,720   | 91,985  | 115,085 | 105,880 |
| Austria | 14,500  | 17,145  | 15,220  | 20,080  | 23,135  | 25,960  | 33,055  | 86,220    | 49,810  | 26,660  | 18,840  |
| Hungary | 1,875   | 2,305   | 3,255   | 3,810   | 6,420   | 28,755  | 56,170  | 424,055   | 41,560  | 25,730  | 18,915  |
| Spain   | 92,730  | 90,500  | 70,315  | 68,825  | 52,485  | 46,195  | 47,885  | 42,605    | 37,295  | 44,625  | 78,280  |
| Italy   | 68,175  | 53,440  | 46,955  | 29,505  | 29,345  | 23,945  | 25,300  | 27,305    | 32,365  | 36,230  | 26,780  |

Source: Eurostat ([www.eurostat.eu](http://www.eurostat.eu)).

Regarding the data derived from the population register that is then organised by the Central Register of Foreigners (AZR) and publicly available in the form of summary tables referring to “individuals not holding a residence status” at the website of Destatis, it includes three separated categories: 1- individuals holding a Duldung status, 2- asylum applicants with permission to reside in Germany, and 3- individuals not holding a residence status who are not part of the two previous groups, and that could be assumed are those who do not have a residence status and are living irregularly in the country (as individuals part of the two previous categories have a specific authorisation to stay in Germany). However, this is not the case. Until the 31st of December 2015, this category included all EU-citizens fully entitled to freedom of movement. Since the reporting year 2016, the number of EU citizens is presented in a separate category, and it includes: 1- Individuals without a residence permit who are obliged to leave the country after refusal, expiration or measures to terminate their stay (German return policies do not distinguish between individuals holding a rejected asylum application and those holding a rejected application due to other reasons. For details see Federal Office for Migration and Refugees 2016); 2 - Persons without a registered residence permit who have been identified by authorities; and 3 - Incomplete individual registers containing missing information on the status of the residence permit and duplicates.

There is an effort by public authorities to clarify the actual status of foreigners without a residence status in the AZR data: problematic cases are being identified and officers are asking local foreigners authorities for further clarification. The authors of this study have asked Destatis about the reasons beyond the significant decrease in the numbers provided by them in 2016 and 2018 (from 482.415 cases to 348.605 cases respectively), and it was explained that most of it is due to work in cleaning the data from missing cases and duplicates. Consequently, this number should be taken with caution as it serves – to a large extent - as a residual category to all that cannot be classified as individuals holding a tolerance allowance or asylum applicants holding a permit to stay in Germany.

### **Irregular migration and health: limited data, limited knowledge**

The limitations of statistical information previously described lead to fragmented and insufficient knowledge about the physical and mental health conditions of irregular migrants that is valid not only for Germany but worldwide. The reasons of the scarcity of research and knowledge on the health outcomes of irregular migrants lie mostly on the fact that official statistics are based on population registers, which typically contain information only on individuals residing regularly in the receiving country. Consequently, and as already mentioned, the main sources of data on international migration - national population censuses, administrative records such as civil registers and residence permits, and survey data (that should be based on a nationally representative selection of individuals) do not include irregular migrants.

The study of migrant physical and mental health has been developed mostly in countries of long tradition of immigration such as the US, Canada and Australia. However, due to the increase of the immigration flows in the European countries, this strand of research is rapidly developing in many European countries, too, for instance in Germany, the UK, France, and Italy. However, the research on migrant health lacks of a theoretical framework which is agreed by the scientific community. A good example of a theoretical framework useful to study migrant physical and mental health, and in particular the multi-staged and cumulative nature of the health risks associated with each stage of the individual migration history, and with each migrant group differently (labor migrants, refugees, asylum seekers and irregular migrants in general) has been proposed by Zimmerman and colleagues (2011).

This framework is based on the acknowledgement that migration is not conceived as a move from a point of departure A to a point of destination B, but rather as a multi-staged process, known as “circular migration” (Vertovec 2007). Zimmermann and colleagues (2011) identify five main phases of the individual migration history, each one characterised by different health risks that may cumulate during the individual experience: ‘the pre-departure phase’, ‘the travel phase’, ‘the destination phase’, ‘the interception phase’ and ‘the return phase’. In addition to that, it is known that the effects of migration at the different stages of the individual migration history on health vary according to who is migrating, their origin and the receiving countries, the time at migration, and the type of health measure (McKay et al. 2003; Acevedo-Garcia et al. 2012).

The ‘pre-departure phase’, as described by Zimmermann and colleagues (2011), refers to the time before migration, in the origin country. The factors influencing health conditions at this stage include: biological characteristics, local chronic disease patterns, environmental factors and political and personal circumstances. Forced migrants are at particular risk of traumatic events at this stage. Before migration, refugees, asylum seekers and irregular migrants may be exposed to persecution, traumatic conflict experiences and economic hardship (Priebe et al. 2016, Zimmermann et al. 2011). The ‘travel phase’ refers to the migration event itself and, more precisely, to the period when individuals are between their place of origin and a destination. During migration, refugees, asylum seekers and irregular migrants can experience physical harm and separation from family members, which affect physical and especially mental health (Priebe et al. 2016, Zimmermann et al. 2011). In addition to that, pathogens may be carried across different areas by migrants and produce changes in international and local transmissible disease epidemiology (Zimmermann et al. 2011). The means of transportation are obviously a crucial aspect for health outcomes in this phase, and of course irregular migrants are the most vulnerable ones.. The ‘destination phase’ refers to the arrival in the receiving country and it is the stage at which most of the literature on migrant health focuses. In the receiving countries, particular attention must be paid to the health risks connected to the socioeconomic, living and working conditions of migrants (Zimmermann et al 2011). After migration, poor socioeconomic conditions (i.e. social isolation and unemployment) are the main factors associated with poor mental health outcomes for refugees. Asylum seekers, and irregular migrants may also face uncertainty about asylum applications and detention (Priebe et al.

2016). The 'interception phase' regards specifically forced migrants, irregular migrants and undocumented workers. It refers to eventual temporary detention or interim residence. In this phase psychological and mental health may be at particular risk. The return phase refers to when individuals go back to their origin countries (return migration) and it may involve the development of poor physical and psychological wellbeing in the returned country, due to the cumulative exposure to unfavorable socio-economic conditions, social environment and social exclusion, in the receiving countries (Priebe et al. 2016, Zimmermann et al. 2011).

Irregular migrants are particularly exposed and vulnerable to the impact of multiple dimensions of exclusion on health. If studies only consider the regular migrants when looking at health outcomes, results are likely to end up underestimated by not considering the irregular population. In fact, there are many notable differences in the health outcomes of migrants when considering their legal statuses. Regular migrants, those who usually are captured by official statistics, have a quite well documented health profile. One of the main characteristics of this health profile is shaped by the so called health selection at entry in the receiving country. The concept of self-selection in the literature is known as "*the healthy immigrant effect*" (Mc Donald et al. 2004, Kennedy et al. 2015), which it refers to the selective nature of the migration event: only the healthiest and the strongest individuals are able to engage in the migration process, to survive to it, and to better adapt in the receiving country. In addition to self-selection at the entry in the receiving countries, it has often been observed that migrants tend to be self-selected at the exit, in the return phase to the origin countries, also known as "*the salmon bias*" (Abraido-Lanza et al. 1999). Migrants, in fact, tend to return to their origin countries at the insurgence of an illness, or more generally at pension ages, to spend their last years of life with their families, in their origin places. This second phenomenon is responsible for the loss of statistical information about ill migrant individuals in the receiving countries. For irregular migrants, it is frequently hypothesized that these mechanisms of selection might operate in a different way, but no representative large-sample size study has yet been carried out to test this hypothesis.

Although the need for better data on migrant health and on the health conditions of irregular migrants particularly has been recognized for some time, the research on these populations in the European countries is still limited compared to other countries like the US, Canada and Australia (Rechel et al. 2012). While studies on health conditions of regular migrants are increasing in Europe, the knowledge we have on the health of irregular

migrants in particular is extremely limited, usually based on very small and local surveys, or on qualitative studies, many of which only focus on mental health outcomes. The World Health Organisation (WHO 2010) underlines that the evidence on health conditions is particularly limited for irregular migrants, who have rarely been systematically studied. Due to their legal status, access to health care is quite restricted.

Specifically in Germany, irregular migrants are entitled to access public healthcare only in case of acute illness, pregnancy and birth. Social welfare officials are obliged to report individuals if they access medical services that are not considered as emergency care (PICUM 2016, Flegar et al. 2016). Due to rules related to medical confidentiality, this is not valid in the specific cases of healthcare providers or administrative staff within healthcare institutions. However, when individuals are directed to a specific sector of the hospital other than the emergency department, their identity and migration status must be disclosed by the social welfare office (PICUM 2017). This, along with the fear of being reported to the authorities by health professionals, complicate both access to health care and timely diagnosis and treatment of potentially life-threatening condition among irregular migrants and their participation in research studies (Priebe et al. 2016, p. 7).

### **A focus on mental health among irregular migrants**

The World Health Organisation (WHO) has published an important report on the literature examining public health aspects of mental health among migrants (Priebe et al. 2016) that underlines the risk factors for mental disorders in refugees, asylum seekers and irregular migrants. The exercise is based on a literature review of European scientific articles written in English and Russian only, and includes a total of 69 studies, among them 11 on irregular migrants, and among these 11 studies, 3 covers Germany (all cross-national studies).

The report argues that refugees, asylum seekers and irregular migrants are particularly exposed to mental health risk factors in receiving countries in comparison to other migrant groups (Priebe et al. 2016). Some of them include the waiting time for their asylum applications - asylum seekers who have been in a host country for longer are more likely to have a number of mental health issues, including symptoms of post-traumatic stress disorder (PTSD), depression and anxiety, compared with those who have arrived more recently (Fazel et al. 2005); failure or expiration of being entitled for staying in the host

country, or even detention: there is evidence that detention negatively affects the mental health of asylum seekers (McColl et al. 2006, Hebebrand et al. 2016), and the longer the length of time held in detention, the greater the deterioration (PTSD, anxiety, depression, suicidal ideation, suicide (Procter et al 2015). More specifically, the WHO underlines these uncertainties about the asylum application is a factor in that legal admission to a host country is often a long and unpredictable process.

Very important for the mental health of migrants is the social integration and social inclusion in the receiving country. It has been observed how social isolation and unemployment have a long-term effect on mental health (Steel et al. 2009, Bogic et al 2015): in refugees resettled for more than five years this is particularly linked to depression (Bell et al. 2009, Bogic et al. 2015). Like in the case of refugees, among irregular migrants duration of stay in the receiving country appears to be of great importance for their health, and specifically for mental health problems. Specifically, for irregular migrants who have been living in the receiving countries for less than 5 years, the prevalence of mental health disorders is generally similar to that of natives. Examples include psychotic disorders (schizophrenia, schizoaffective disorders, delusional disorders or other psychotic disorders), mood disorders, such as depression, anxiety, stress-related and somatization disorders (generalized anxiety disorders) (Fazel et al. 2005). On the contrary, for long-term irregular migrants (who have been living in the receiving countries for more than 5 years) it is generally observed an increased likelihood of developing mental health disorders.

### **Access to health care, and health conditions of irregular migrants in Germany**

There has been a few number of projects led by non-governmental organisations aiming at investigating directly or indirectly – from a quantitative perspective, socio-demographic characteristics and the life of irregular migrants in Germany. As part of an initiative led by the Belgian King Baudouin Foundation and the Migration Policy Group, the Immigrant Citizens Survey focused on the integration process of third-country nationals in selected European cities, including Berlin and Stuttgart in Germany. Although the sample size is relatively small and data only includes “non-EU-born legal immigrants”, the survey conducted in 2011 is still relevant for the purposes of this study as it allows for the study of a specific group of migrants who at one point in time were irregular residents, but have regularised their stay afterwards, and hold a regular status at the moment of the interview.



Sinn et al. (2005) reported two surveys conducted by the two main organisations led by the church in the country: Caritas (catholic) and Diakonisches Werk (lutheran). Caritas conducted a survey in 1995 on the national level covering 310 organisations for refugees and foreign workers, support centres at train stations, homeless shelters, pregnancy advice centres and lawyers with expertise in immigration law, among others. Results have been published in a three-page report (Schäfers 1995). The survey conducted by the Diakonisches Werk was restricted to church-based organisations affiliated with it, and aimed at investigating the support provided by these organisations to irregular migrants in North-Rhine Westphalia. The survey was part of the project “Illegality” and results were published by Sextro (2003). Both surveys focused on the extent to which organisations provided services to irregular migrants, and which type of assistance they were looking for, more than focusing on the characteristics of individuals.

In 2007, a survey on subjective health was carried at the Medibüro, an NGO based in Hamburg providing healthcare for irregular migrants. The sample consisted of 96 persons who approached the organisation for treatment, and data have been analysed by Kuehne et al. (2015). The study shows that due to the avoidance of accessing healthcare, when irregular migrants finally search for help, their health status tends to be rather poor (Kuehne et al. 2015).

As it happens in different fields of research in population studies, in the absence of large datasets, social researchers have done a fundamental work in exploring the lives of irregular migrants using qualitative methods. The task of identifying and interviewing this population is a challenge by itself as it has been vastly documented by previous research (Düvell 2006), and the value of these studies in presenting and describing different aspects of the complex reality of living without documents is tremendous. What should never be forgotten, however, is the fact that they do not reflect the scale of problems faced by irregular migrants and the scale of inequalities when compared to other groups, which is unknown when larger datasets are not available. According to Ambrosini (2018), studies critically analyzing State policies of migration control and its consequences on individuals highlight different perspectives. The author mentions two main approaches: 1- a focus on injustices, sufferings, and harsh living conditions of irregular immigrants, suggesting little autonomy of individuals, on the one hand, and framing irregular migrants as victims, on the

other hand. 2- the second approach frame irregular migrants as active actors and stress the spaces for agency that individuals have while holding an irregular status.

The overall picture of these studies suggest that individuals rarely seek healthcare provided by public institutions fearing deportation, and that irregular migrants have poor physical and mental health, as well as wellbeing due to the levels of stress they are exposed to, on the one hand, and the time individuals wait until seeking medical assistance, on the other hand. In the only systematic review on the use of healthcare services by irregular migrants in Europe, Germany is referred as a country providing minimum rights to irregular migrants. The few studies on the country quoted by this review report an increase in service provision by the city of Frankfurt between 2008 and 2009, poor use of prenatal care services in the city of Berlin and a change in the use of healthcare services among irregular migrants living in Berlin, Bonn and Cologne between 2006 and 2007 due to EU enlargement (Winters et al. 2018). The most used sources of support reported are informal networks and non-governmental organisations that provide access to healthcare in an anonymous way. However, those organisations can only provide limited support due to the limited availability of funds and its territorial presence, which is concentrated in big cities (Spieß 2007).

A variety of studies further illustrate these findings: For example, Susann Hutschke (2009), who described the experiences of irregular Latin American women in Berlin when they become sick, and Sandra Schmidt (2009) who studied access to healthcare among irregular migrants in Bremen. Local experiences in dealing with health needs of irregular migrants (for example, the cases of Berlin: Misbach et al. 2009, and Bremen: Lotze 2009) and the health status of undocumented migrants in Hamburg (Kuehne et al. 2015) have also been an object of study. Analyses on assessments of doctors related to the provision of healthcare for irregular migrants and the experience of non-governmental actors providing care in major German cities also point to an overall situation of poor access to health services and its consequences on individuals' health status (German Institute for Human Rights 2008; Mylius et al. 2011). Currently, a three-year pilot project (2016-2019) providing an anonymous medical certificate card to irregular migrants is being implemented in Niedersachsen and Thuringen, and will also be implemented in Berlin. Studies on its results are to be expected in the upcoming years.

In terms of health conditions, a limited number of studies has been conducted in Germany, mostly with data coming from local institutions providing support to undocumented migrants and individuals without health insurance (Lotty et al. 2015), or with the implementation of ad hoc surveys (Castañeda 2009), with the use of quantitative methods in some cases (Lotty et al. 2015), and qualitative methods (Linke et al. 2019). A study conducted in Munich with data from the Malteser Migranten Medizin (MMM), an institution providing health care for persons without health insurance in Germany, including irregular migrants did not show an increased likelihood to have mental health among undocumented migrants. Concerning all outcomes considered (ICD-10), the comparison with the general population indicated that MMM patients showed a very similar spectrum of diseases as compared with the general population (Lotty et al. 2015).

## **Conclusions**

This working paper has shown that reliable statistical data on irregular migrants is extremely limited in Germany. The current definition of irregular residence by the Federal Office for Migration and Refugees (2015) is not reflected in the data the German Government transfers to Eurostat nor in the data publicly available at DESTATIS' website, which is a reason of big concern as these are the only official numbers available. A serious dialogue among researchers and different German institutions on this matter is urgently needed to achieve a common definition of irregular residence that is also aligned with German law, on the one hand, and to ensure that the data publicly available respects this definition, on the other hand. There is also much to be done by improving the already existing system of data collection in the country, particularly in terms of facilitating access for academic researchers to work on secured and anonymised data files containing administrative data.

Monitoring of health conditions of migrants is essential to improve health equity and integration of migrants in the receiving countries (Nielsen et al. 2010). Achieving good health conditions is a fundamental human right and - as such - disparities among different populations and minorities must be monitored and ideally eliminated (WHO 1946). According to the WHO (2010), policies and strategies at the national levels aiming at managing the health consequences of migration in Europe have not been sufficiently addressed, and as shown in this working paper, the knowledge on the health conditions of

some segments of the migrant population, such as irregular migrants, are still extremely limited. As data sources monitoring health outcomes of migrants are based on samples of individuals drawn from population registers, irregular migrants are automatically excluded from the main representative national surveys because of their absence in official registers. Thus, the current knowledge on the health conditions of migrants is almost exclusively focused on regular migrants. That produces a considerable source of bias, considering that irregular migrants are those mostly exposed to the detrimental social and economic conditions that affect their health conditions, such as, first, their legal status, and then, consequently, their socioeconomic status, working conditions and life opportunities - more broadly.

Much would need to be improved in order to guarantee the enjoyment of equal health conditions for irregular migrants. In order to achieve this goal, statistical information on the health of this population must be improved, especially with the design of representative and ideally, longitudinal surveys. That could be useful to monitor the dynamic of irregular migrant's health, enhance its knowledge and consequently implement specific policies.

The claim for better data on irregular migration has been presented in numerous declarations signed by world leaders, the most recent being the United Nations' New York Declaration 2016. To improve data availability and its quality is also indirectly part of the agenda of the Sustainable Development Goals (SDG), as one of the target goals is to monitor whether migrants are "left behind". For these goals, it is necessary to produce official statistics that allow for the measurement of the relative position of migrants inside societies, and for that, reliable, disaggregated data on work, income, education and health, by migratory status, should be produced (Laczko 2017). Civil society organisations also tend to argue in favor of better numbers on the dimension of irregular migration due to its importance to increase knowledge of the reality on the ground and to provide adequate support and services to this population (Vollmer 2011b).

Regarding future prospects, overall and in ethical terms, irregular migration must be considered a "sensitive and potentially vulnerable" issue (Düvell et al. 2010) and therefore, privacy and ethical issues, such as anonymity and safe data storage, must always be guaranteed. One strand of research that could help filling the gap of data availability about irregular migration is constituted by digital and computational data collection and analyses.

The methods and techniques surrounding the use of digital data have developed recently and rapidly growing. International Organisations and “Big Data” scholars have started to devote attention to the role of big data for the study of international migration, and the extent to which it can be a good alternative to identify migrants’ characteristics, risks, needs and integration into host societies.

However, even if concerns about capturing information on irregular migration is always considered, few concrete initiatives has been reported so far (Vono de Vilhena, 2018). From the academics side, no study using big data to study characteristics of irregular migration in destination countries has been identified. However, there are reasons for expecting studies in the near future. A recent publication explored the potential of Facebook’s advertising platform to elaborate population estimates and projections (Zagheni et al. 2017). Even if not addressing irregular migration specifically, the study indicates a great potential to be further investigated in terms of using Facebook Adverts Manager as a sampling frame to target specific difficult-to-reach populations. Pötzschke and Braun (2016) reported similar findings. Their study looked at target advertising on Facebook as a way to reach migrants, and show very positive results. With a total budget of 500 Euros and without using incentives, researchers were able to sample 1,103 individuals from their target population who completed their questionnaire within the field period of eight weeks. Finally, Ojala and colleagues (2017) looked at Google Correlate to explore contexts surrounding different fertility rates across U.S. states. They were interested in making predictions based on linear combinations of search intensity of specific terms, which could be replicable when targeting irregular migrants.

It is clear that more interdisciplinary collaboration is needed in studies on irregular migration. As mentioned by Willekens and colleagues (2016), “We need a comprehensive approach to migration and a central understanding that transcends disciplinary boundaries” (Willekens et al. 2016, 897). Better data on irregular migrants will provide research and political communities with estimates of social, economic, and health inequalities in this segment of the population and subnational variations of these inequalities across German counties. This knowledge will help to design strategies aiming to improve irregular migrants’ health which is an important determinant of individual’s participation in the country’s economic and social life.

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