The Hostile Environment: turning the UK into a nation of border cops

a report by Corporate Watch

In 2012 Theresa May, then Home Secretary, announced a new approach to immigration: to make Britain a “hostile environment” for people who have “no right to be here”. The plan is to make it ever tougher for people without the right immigration papers to get a job, rent a flat, use a bank, drive a car, get medical treatment, send kids to school, or otherwise live a normal life.

This report outlines 13 of the main hostile environment policies introduced so far, including:

• The NHS will start compulsory ID checks in hospitals this month. “Overseas visitors” will be made to pay for non-emergency treatment; later in the year, the government wants to extend charging to A&E and GP surgeries too.

• Meanwhile, patient details collected when people register with GPs are systematically passed on to Immigration Enforcement who use them to track down “illegals”. Around 6,000 people were traced this way in 2016.

• Similarly, the Department of Education has agreed to hand over names and addresses of 1500 school pupils and their families each month, collected in the “School Census”.

• At the moment, such information sharing requires specific legal agreements. This will change if the Digital Economy Bill passes unamended this year, allowing government departments and corporate contractors to automatically share people’s confidential data.

• Other measures ban unwanted migrants from renting homes, opening bank accounts or getting driving licenses. Migrants are being criminalised with new offences of “working illegally”, “driving in the UK”, and employing or renting to “illegals”.

• Migrants forced onto the streets are being targeted by immigration raids against rough sleepers, coordinated with local councils and homelessness charities.

• Police and Immigration Enforcement are increasingly integrated, led by Operation Nexus in London which embeds immigration officers in police stations and standardises ID checks. Met Police are also handing over details of victims and witnesses of crimes.

• Local councils are being encouraged to launch immigration enforcement operations with money from a new “Controlling Migration Fund”.

• The introduction highlights three basic themes across all these measures: mass information sharing, criminalisation of migrants, and widespread citizen collaboration.

• The hostile environment relies on collaboration from bosses and workers in the public sector and in private companies, and also from many more of us as “members of the public”. The conclusion looks in more depth at how the government is trying to foster a culture of collaboration – and at some possibilities for resistance.
Introduction: information, criminalisation, collaboration

The “hostile environment” approach extends immigration control beyond the obvious national borders to a range of areas of everyday life including housing, homelessness, healthcare, school, higher education, driving, bank accounts, work and marriage.

The rationale, more or less, is: if the government can't actually seal tight the external borders, it can push unwanted “illegals” to leave, or deter others from coming in the first place, by making it near impossible to live a normal life.

None of this is really new, but it is escalating fast. We can identify a gear shift in 2012, when the government set up an Inter-Ministerial Group on Migrants’ Access to Benefits and Public Services, tasked with looking for new ways to make migrants' lives difficult. The upshot was two new Immigration Acts, passed in 2014 and 2016, which have drastically cut migrants' rights, and introduced a list of new criminal offences.

In October 2013, announcing the parliamentary bill that was to become the 2014 Act, Theresa May declared that its aim was: “to create a really hostile environment for illegal migrants”. In the formal language of the act itself, the main aim is to “limit … access to services, facilities and employment by reference to immigration status”. The Immigration Act 2016 made these measures harsher still, and added some new ones.

However, in many areas the new policies and interventions do not involve new legislation, but internal changes in policy or approach by the Home Office and other government departments. Some of these are formalised in protocols, guidance documents, and Memoranda of Understanding (MoUs) for cooperation between agencies. Others are informal shifts in practice.
As we look at the details of the different measures, we can also note a few core themes that run through them.

First, **information**. Many of the new measures involve ramping up data collection and data sharing between the Home Office and its “partners”. This can involve gathering personal data on migrants from other government departments (e.g., Department of Education, NHS England); from NGOs (e.g., the CHAIN London rough sleeper database run by the charity St Mungo's); or from private for-profit companies (e.g., banks and money lenders, including through the CIFAS databases).

The Home Office’s Immigration Enforcement directorate itself has notably poor databases and intelligence gathering. Its intelligence systems typically rely on low grade “tip-offs” from “members of the public”. Its central information system, the Case Information Database (CID), which stores files on all known immigrants to the UK, is notoriously out-of-date and error prone, and new generation replacements are behind schedule. Access to the personal details collected by banks, schools, doctors, homelessness charities or the DVLA is a big boost to the Home Office's ability to track and arrest “illegals”. While migrants are currently on the frontline of this growing surveillance state, these tools can also be turned against many more people.

**NB: we intend to publish soon a further report on the Home Office's databases, information sharing, and the new generation of “big data” systems it hopes to bring on line.**

Second, **criminalisation**. Just trying to live without the correct documents is becoming a crime. Working or driving a car, or renting a home to an “illegal”, can now lead to prison sentences of up to five years. A range of other harsh penalties, for example automatic evictions and freezing of bank accounts, can also hit anyone without the right to remain.

In the past, migrant campaigners have sometimes insisted “we are not criminals”. But growing numbers of people without the right papers are becoming just that.

Third, **collaboration**. Control is “outsourced” from the Home Office to other government agencies (e.g., the NHS, schools) or to private bodies (e.g., charities, banks, bosses, landlords).

The Home Office only has a limited number of Immigration Officers, and the general police force is already overstretched. So the government follows the path taken by police states throughout history: it seeks to make ordinary citizens into an army of informers, spies and collaborators. School teachers, doctors, nurses and hospital receptionists, charity workers, registry office staff, bank clerks, as well as employers, landlords and letting agents, are being turned into Immigration Enforcement agents.

In the conclusion we will look in a bit more depth at how the various hostile environment measures are underpinned by collaboration; and at different types of collaboration relationships involving government agencies, NGOs and charities, private companies, and individuals; and at different ways the government “incentivises” collaboration – e.g., by threatening penalties and criminal prosecutions, by offering profitable contracts, by trying to normalise hostility to migrants, or convince people they even have a “duty” to collaborate.

From this month (April 2017), hospitals in England will be required to ID check all patients and make any of those found not to be legal “residents” pay for their treatment. The new NHS regulations will not initially apply to emergency treatment (A&E) or to GP surgeries (primary care). But the government says it wants to extend charging to both in future, with more announcements due later this year. Further down the line, it will even look into charging for hospice care, which is part-funded by the NHS alongside charities.

NHS charges for migrants are not wholly new. They were first introduced in 1982, when the Thatcher government introduced a distinction between people classed as “ordinarily resident” in the UK, entitled to free health care, and “overseas visitors” who could be made to pay. But until now charging has been at the hospital's discretion, and has not been widely put into practice.

The present government intends to change this. In 2014, alongside the new Immigration Act, the Department of Health set up what it calls an Overseas Visitor and Migrant Cost Recovery Programme to encourage hospitals to charge, with a target of making £500 million per year from NHS charges. Now the new regulations will make charging a “statutory requirement” for the first time.

Also for the first time, payments will be demanded upfront before patients are allowed many hospital treatments. If treatment is urgent, patients may not have to pay in advance, but will be presented with a bill after.

Who has to pay?

The Immigration Act 2014 redefined who counts as “ordinarily resident”. Citizens of the European Economic Area (EEA) – the EU countries plus Iceland, Lichtenstein, Norway and Switzerland – are still included so long as they are “exercising their treaty rights”, i.e., are working, looking for work, studying, or are independently wealthy (for more on EEA rules also Section 6 below on homelessness). Non-EEA nationals must be ‘living lawfully in the United Kingdom voluntarily and for settled purposes”. For example, people who have been granted “indefinite leave to remain” are okay; but people on temporary student or work visas are not “settled”, and people without any valid papers are not “lawful”.

The 2014 Act also introduced a “health surcharge”: non-EEA citizens applying for a UK visa for six months or more (e.g., for work or study) must pay this fee before entry, and are then exempted from charges while the visa lasts. The fee is currently £200 per year or £150 for students. There are a few further exemptions: e.g., refugees with temporary leave to remain, or asylum seekers who have not been refused asylum or who are receiving “Section Four” support, do not have to pay.

What must be paid for?

For the moment, accident and emergency (A&E) care and GP services (primary care) are still free for everyone. So is treatment for many contagious diseases, including sexually transmitted diseases and plague; pregnancy care; and treatment to “victims of violence”, including, e.g., torture survivors – so long as they have not “travelled to the UK for the purpose of seeking that treatment.”
The April 2017 regulations will introduce some new charging areas, including secondary care outside of hospitals. But much bigger changes are due to begin later in 2017, as charging will gradually be extended to GP primary care and A&E. The Department of Health's thinking here is set out in a document published in February 2017, called “Making a Fair Contribution”, which followed a consultation exercise carried out in 2015-16. In the consultation, the government sounded out health professionals, migrant charities and “members of the public” on its proposals, which included: extending charges to all A&E care, to ambulance and paramedic care, and to primary care except for initial consultations with GPs or nurses (which are believed necessary to stop the spread of contagious diseases.)

According to the government, over 50% of those consulted agreed with all of the proposals except for two: charges for A&E and for ambulances. On these, more than half disagreed or “strongly disagreed”. The document concludes that the government will introduce some changes immediately in April, but the less popular ones will be phased in more slowly. On GP charges, it says (on page 12):

“While we believe that primary care has an important role in establishing chargeable status and charging overseas visitors and migrants we will take a phased approach to implementing this over a longer time scale.”

This will involve working “with stakeholders including the Royal College of GPs, the British Medical Association (BMA)'s General Practitioners' Committee (GPC) and the General Dental Council to consider how best to extend the charging of overseas visitors and migrants into primary care.” In particular:

“We will work with the BMA GPC to consider how we extend charging to primary medical services so that overseas visitors and migrants not exempt in the Charging Regulations will have to pay for these services, (excluding GP/nurse consultations).”

The negative responses on A&E and ambulance charges mean these proposals will be further delayed. But they are still very much on the table. The report concludes, in a section called “areas for further development”:

“Therefore, in the case of A&E care and ambulance services, we are still considering the points raised by respondents and exploring the feasibility of implementing the proposals. We will therefore respond on those points later in the year.”

**How the system will work**

Routinely checking documents of every patient will be a massive shift in NHS procedure and culture. Just who will be responsible for performing the checks and demanding the charges? How will staff be made to comply?

Similar measures have already been tested in pilot schemes. The main one has been at Peterborough and Stamford Hospitals NHS Trust, which has trialled document checks on all patients and upfront charges since 2013. In Peterborough, patients must bring two forms of document, including a photo ID, to prove identity and address when registering for non-emergency treatment. Another
pilot started in 2016 for maternity services at St George's hospital in Tooting, South London. A cadre of designated bureaucrats called Overseas Visitor Managers (OVMs) will play a central role. Currently, in hospitals where some charging already takes place, the basic procedure is often that “frontline” staff, particularly nurses and admin staff, should “flag” potentially chargeable patients to OVMs for assessment. But if checking and charging is to scale up, either trusts will have to employ much bigger OVM teams, or responsibility will have to be devolved much more widely through hospital staff.

The centralised patient databases run by NHS Digital (see the next section) will also play a big role in generalising charging. According to a recent parliamentary Public Accounts Committee (PAC) report: “The Department has been working with NHS Digital to make changes to IT systems, including the summary care record application, to help trusts identify whether a patient is likely to be chargeable or entitled to free NHS care.”

In the modern NHS, hospitals are run by semi-independent structures called NHS Trusts or NHS Foundation Trusts, the latter being the “better performing” ones that are rewarded with more autonomy and funding opportunities. They are subject to continual assessment and financial rewards or penalties. To ensure compliance with the “hostile environment”, it is likely that trusts will also become scored on performing ID checks and collecting charges. Such “incentives” are proposed in the same recent Parliamentary report. It is notable that Peterborough and Stamford was in the midst of an acute financial crisis, owing to massive PFI debt, and receiving special government bail-outs, when it took on the ID checking pilot in 2013.

The government is well aware that ID checking and charging patients does not sit easy with many health professionals. It recognises that it needs to create what it calls a “cultural change” where doctors and nurses will become happy immigration enforcers. In the conclusion to this report we will look a bit further at some of its moves to achieve this through propaganda campaigns within hospitals.

**See also** ...

NHS charging has so far caused the most controversy of all hostile environment policies. The campaign group “Docs not Cops” is working to highlight the issue (http://www.docsnotcops.co.uk/).

Doctors of the World, which has long provided free healthcare without ID checks to excluded people in its clinics, has been a loud voice against anti-migrant health policies (https://www.doctorsoftheworld.org.uk/).
Immigration policing in the NHS is a double attack. The more hidden aspect is how patient data is being transferred in massive quantities from the NHS to the Home Office’s Immigration Enforcement directorate. The NHS collects data on millions of individuals who willingly hand over addresses and phone numbers, details of family members, and other personal “demographic” information when they register with a GP, perhaps trusting that it is safeguarded by medical confidentiality. This information is gold dust for Immigration Enforcement, which uses it to locate and arrest “illegals”.

The data is automatically fed by GP surgery computer systems to a national database called the Personal Demographics Service (PDS), run by an “arms length” business unit called NHS Digital (previously the Health and Social Care Information Centre). A recent Freedom of Information disclosure showed that, in the first 11 months of 2016, the Home Office made 8127 information requests from NHS Digital; 5854 of these led to people being traced.\(^{16}\)

And this collaboration is just getting going. On 1 January 2017 a new “Memorandum of Understanding” (MoU) came into force between the Home Office and NHS Digital. This standardises direct data transfer between the two organisations so that patients' addresses and other personal information are now handed over without GPs' permission.

**NHS Digital's data goldmine**

The Personal Demographics Service (PDS) database is one of the most complete collections of personal information on people in England and Wales.\(^ {17}\) Anyone who has ever used NHS services in England and Wales and been given an NHS number is recorded, and records are updated and “synchronised” every time you access another NHS service.\(^ {18}\) It is widely accessible by NHS staff across the country.

The “demographics” collected include name, date of birth, gender\(^ {19}\), current and previous addresses, place of birth, “ethnicity category”, details of GP practice and preferred pharmacy, and details of relatives and other close contacts, cross-referenced to their own database entries. It also carries alerts about individuals flagged as “violent”. The NHS number is the key element of the system, acting as a unique identifier for individual patients.

The PDS does not contain medical records but is used as the basic identification tool that underpins the NHS Care Records System (CRS). The whole system of identification and care records together is often called the “Spine”.

Sharing of NHS medical records has been controversial, particularly when the recent care.data project was hit by worries about private companies' use of clinical information.\(^ {20}\) In response to these concerns, patients are given some (rather vague) “opt outs” on sharing of their medical data. This is reflected by a field in the PDS which records if patients have said they “express dissent” to their Care Records being shared. But there is no such opt out from the non-medical PDS.\(^ {21}\)

**The Memorandum of Understanding**

The January 2017 memorandum of understanding sets out the protocol by which Immigration
Enforcement goes to NHS Digital with “tracing requests” on named individuals.

In the current legal framework, data collected by government departments is intended for a particular purpose: e.g., the purpose of NHS data is medical care. It is not lawful to share data for any other purpose, even amongst government departments, unless some special circumstance or overriding concern applies. *(NB: see Section 13 on how this may soon change.)* So the memorandum sets out a legal basis for data sharing by arguing that the Health and Social Care Act 2012 allows “disclosure of information”, “in connection with the investigation of a criminal offence”, and that sharing this information is in “the public interest”. Every trace request has to be individually signed by an Immigration Officer affirming that the information requested is lawfully required.

The trace request then contains details on the target taken from the Home Office’s main immigration computer system, the Case Information Database (CID). NHS Digital searches against these on their databases and replies with personal information from their records, including: names, date of birth, gender, last known address, primary care (GP) details and date of NHS registration. The reply should be via “secure email” within 20 days, using a pro forma template set out in the memorandum.

The NHS Digital unit in charge of sending data to the Home Office is called the PDS National Back Office (NBO), based in Southport. The same unit also works with the Home Office on data for the Immigration Health Surcharge.

In the past, NHS Digital strenuously denied passing on individuals’ addresses (as opposed to just GP areas) to the Home Office, unless this was demanded by a court order. Doctors of the World and the National Aids Trust, in a briefing on the memorandum, argue:

“The MOU marks a departure from the principle that clinicians and the NHS respect patient confidentiality. Unless required by law the General Medical Council (GMC) only permits clinicians to share patient information when there is a risk of death or serious harm, or a public interest test on the individual circumstances has been carried out. Immigration offences do not present a risk of death or serious harm, and the MOU does not include case-by-case assessment of the public interest.”

The data shared by NHS Direct does not currently involve information about nationality, ethnicity, or birthplace. Birth place and “ethnic category” data are stored on PDS, but these entries are not demanded under the current memorandum. What Immigration Enforcement are looking for are current location information, i.e., addresses. The people targeted here are those already flagged as “immigration offenders”, for example, because their asylum claim has been rejected or they have overstayed a visa, and where the Home Office doesn't have their current contact information.

Recently, some GPs and campaigners have pledged that they will not ask questions about people's nationality or immigration status. This is an important stand, and will be very relevant in future as the government seeks to roll out ID checks and charges to primary care (see Section 1 above). But it will not address the main existing form of NHS Digital collaboration, which is focused on sharing addresses.

*NB: We have set out a few more thoughts on this last point in an appendix to this report.*
3. Education (1): the schools census

Since December 2015, the Department of Education (DfE) has had a Memorandum of Understanding with the Home Office to pass over an anticipated 1500 pupil records every month for immigration enforcement purposes. The memorandum states directly that it aims to: “create a hostile environment for those who seek to benefit from the abuse of immigration control.” (Section 15.1.2).

As with the NHS agreement, first the Home Office sends a list of names they want to trace – in this case, a monthly batch. These may be names of children or of their family members. The DfE searches its National Pupil Database and sends back information including the family’s latest address, within a target of 10 days.

The National Pupil Database (NPD) is a central database of all state school pupils in the UK. School teachers collect personal data from parents and children three times a year, each school term, in the School Census. The personal census data includes items such as: name, date of birth, address, family members, ethnicity, and first language. Schools and other bodies such as social services also feed in further data to pupils’ records, for example test results, and records of absences and exclusions.

It is a statutory obligation for schools to complete the census – but not for parents or children to answer all the questions. The census is collected on one given day each term: e.g., in 2016-17 on the third Thursday in October, January and May. The DfE unit responsible for replying to Home Office requests is the National Pupil Database and Transparency Team.

Although the memorandum anticipates about 1500 requests each month, in practice the numbers seem to have been lower. In response to a Freedom of Information request by Jen Persson, the DfE said it had received 599 trace requests from Immigration Enforcement in September through December 2016 - so more like 150 a month. The DfE only found matches in its database for 151 of these.

The new questions

In September 2016, additional questions were added to the Schools Census asking for pupils' nationality and country of birth. Education ministers have denied that data from these questions are shared with the Home Office, though there is no good reason to take their word on this: before the publication of the Memorandum of Understanding, they denied that any School Census data was shared at all. It may not be happening yet, but in future this information could certainly be useful to the Home Office to flag up potential “immigration offenders” they are not already targeting.

The guidelines on the new questions state that schools should record the answers as given by the pupil or guardian. The guidance explicitly states that schools are not allowed to ask for ID to check the answers. Leaked cabinet papers published last December show that the Home Office had indeed wanted to introduce ID checking in schools but this was resisted by the Department of Education. Despite these instructions, there are numerous reports of schools in fact asking to see ID documents. Pupils or parents may refuse to answer, in which case schools should mark “refused”, and not put their own answers down.
There have been calls to boycott these particular questions on the Schools Census. Like with GPs pledging not to ask for ID documents, this is an important stand. But it is worth remembering that it does not address the main use of pupil data by Immigration Enforcement at the moment: to track addresses of people they already know about.

See also ...

*The new Schools Census questions and the forced release of the memorandum have caused some controversy amongst teachers and parents. The campaign group Schools ABC ([https://www.schoolsabc.net/](https://www.schoolsabc.net/)) has been raising awareness of this issue and has called for a boycott of the questions on nationality and place of birth.*
4. Education (2): Higher Education visa monitoring

Higher Education was one of the first areas where the Home Office outsourced border control to other agencies, making universities and colleges responsible for vetting non-UK students. Here we briefly recap some main issues in this sector.

Student visas are known as Tier 4 visas, under the wider “Points Based” visa system which was first introduced in 2009. To get a Tier 4 visa, a student must show that they have sufficient funds for their study and living expenses, and must be sponsored by an educational institution which holds a Tier 4 Sponsor Licence. The government’s rhetoric is that education is a route for illicit migration where “bogus students” either enrol at a sham college or drop out of their courses after arriving: their real interest is in entering the country to work … or perhaps to prepare terrorist plots.

Foreign students are now central to many universities' and other institutions' income so they are anxious not to lose sponsorship status. To keep it, they must commit to collaboration with Immigration Enforcement. This includes agreeing to “support immigration control” and to:

“co-operate with the Home Office by allowing its staff immediate access to any of its sites on request (whether or not visits are prearranged) and complying with requests for information, including in connection with the prevention or detection of crime, the administration of illegal working civil penalties and/or the apprehension or prosecution of immigration offenders.”

It also involves intensive ongoing monitoring of foreign students. Students details, including addresses and other personal information, are entered on an online system called the Sponsorship Management System (SMS), and must be kept continually updated. The Home Office directorate in charge of this database, and of the Tier 4 visa system in general, is UK Visas & Immigration (UKVI) rather than Immigration Enforcement and in particular, the UKVI Sponsor Management Unit (SMU), based at Vulcan House in Sheffield.

Sponsoring institutions are required to continually monitor and report students' attendance. In general, they are expected to withdraw sponsorship and report to the Home Office if a student misses “10 consecutive expected contact points”, e.g., lessons, lectures, tutorials, supervisions, exams, or coursework submissions.

The Home Office does not specify just what internal monitoring procedures institutions must put in place. A certain amount of vagueness seems to work well for the Home Office: the burden is on institutions to prove that their systems are satisfactory, and precisely because the requirements are not spelled out colleges are likely to go well beyond the basics. For example, according to a 2012 article by the then NUS international student officer:

“At Coventry University 'all undergraduate students are required to Check-In on 3 days per week,' Checking in is done by 'present[ing] your Student ID Card to the member of staff at any monitoring station.' The University of the Arts London and the University of Glamorgan requires all its international students to 'check-in' once a week. The University of East London has introduced a ‘three-strikes' system where if a student misses '3 compulsory elements of a module' or 'whose overall attendance falls below 75' will be de-registered from the module. Other universities have introduced similar physical checks albeit not of the same quantity. Greenwich and UWE require
monthly check-ins.”  

In August 2012, the Home Office made a show of suspending London Metropolitan University’s “highly trusted” status. It regained the license in April 2013, but this served to scare institutions into tightening up their surveillance.

In many institutions, the “frontline” role of monitoring attendance is mainly carried out by lecturers and teachers taking class registers. Attendance registers will often be taken for all students, not just foreign students, which helps avoid an appearance of “discrimination”. Teachers may not even be aware that a main reason for taking registers is to comply with Home Office sponsorship requirements: instead, the university may say that the main aim is to help with “pastoral care”.  

Many institutions will have dedicated “international student” teams in charge of assessing this data and liaising with the Home Office.

There are also similar pressures on institutions to monitor international staff. For example, according to a report by the University and Colleges Union (UCU):

“At Bangor University, unauthorised absences of international staff for more than 10 days are reported by Human Resources. East Anglia University reports international staff failing to turn up for their first day of work, along with any reason for their non-attendance.”

See also ...

Both the main university teachers’ union (UCU) and students union (NUS) have issued statements against elements of this policy since it began. But there has not been much active campaigning on the issue in the last few years.
5. Housing: no passport no home

People who are not British or European citizens, or who have not been granted “leave to remain”, are now banned from renting a home. Or as the government puts it, they do not have the “right to rent”. The Immigration Act 2014 orders that landlords must check prospective tenants’ ID documents, or call a Home Office hotline to check people without the necessary papers. Renting to someone without the right immigration status can mean a civil penalty of up to £3000 (£1000 on the first occasion) for the landlord. The penalty will not apply, though, if the landlord can show evidence that they made the checks correctly and have kept copies of the documents.\(^{42}\)

The Immigration Act 2016 made things heavier still. As well as civil penalties, landlords or their agents can now also be charged with a criminal offence punishable by up to five years in prison. In this case, the prosecution will have to prove that they knew or had “reason to believe” that the tenant was illegal. The 2016 Act also allows landlords to evict existing tenants who do not have a “right to rent”, without any court order, and the Home Office can order them to do so.

Landlords can delegate their responsibility to letting agents, and landlords or agents are allowed to charge prospective tenants fees for checking their papers. The law also applies to lodgers in someone’s home, so long as money changes hands (the civil penalties for renting to lodgers are smaller, between £80 to £500). A few types of properties are exempt from the checks, including hostels, refuges, and student halls of residence.

Landlords need to check documents of all prospective tenants, not just those they suspect of being foreign (as that would break discrimination rules). A wide range of documents can be presented and small landlords are unlikely to be familiar with the procedures. A survey by the Joint Council for the Welfare of Immigrants (JCWI) of the Home Office’s initial “right to rent” pilot scheme in the West Midlands found that “42% of landlords are unlikely to rent to those without British passports. Over 25% would be less likely to rent to someone with a foreign name or foreign accent.”\(^{43}\)

The new regime is a boon for letting agents, who can profit by offering landlords their experience in document checking. Some local authorities are also looking to cash in by offering “right to rent check” services. The laws also, of course, create a good black market business opportunity for those willing to take on the risk of housing “illegals” in return for inflated rents.

The civil and criminal structures of the “right to rent” closely mirror the Home Office’s procedures for dealing with “illegal working” (see Section 7 below). In that field, it is common practice for Immigration Enforcement to approach bosses and employment agencies for information on “illegals”, offering reduced or waived penalties for collaboration such as setting up “arrests by appointment”. We may soon see similar moves in housing, e.g., involving letting agents in setting up sting operations against prospective tenants on their books.

**See also:**

6. Homelessness: rounding up foreign rough-sleepers

If the renting ban pushes more undocumented people to sleep on the streets, the Home Office’s Immigration Compliance and Enforcement (ICE) teams will be waiting for them. Rough sleepers are now a target group for ICE patrols, which rely on close collaboration from local councils, police, and charity “outreach” teams.

Here we summarise some key points from the recent Corporate Watch report on this topic, “The Round Up”. That investigation focused on London, which has by far the highest concentration of street homelessness in the UK. Similar developments have also been reported in Bristol, Brighton, and other cities with large numbers of rough sleepers.

Immigration Enforcement rough sleeping patrols largely target European nationals. In London, over half of all rough sleepers are non-British Europeans, compared to 41% British nationals, with smaller numbers from Africa (5.5%) and Asia (4.9%). Particularly large numbers are from Romania (19.5%), Poland (8.7%), and other East and Central European countries which joined the EU in the 2000s. Elsewhere in England, up to 85% of rough sleepers are British.

European Union and other “European Economic Area” (EEA) citizens normally have a right to remain in the UK for 90 days, and indefinitely after that so long as they “exercise their treaty rights”: i.e., are working, looking for work studying, or are independently wealthy. However, in May 2016, the Home Office published a new policy which defines sleeping rough as an “abuse” of treaty rights, making people liable for detention and deportation the first time they are found sleeping on the street. This policy was written into new legislation (Home Office rules) in February 2017.

Under these Home Office guidelines, ICE officers have the power to immediately issue a “decision to remove” notice to European rough sleepers, and put them into detention. However, they are supposed to assess whether detention is “proportional”. Another option, for example, is that individuals may be supported by homelessness charities to leave “voluntarily”. They may also be issued a “minded to remove” letter ordering them to attend a Home Office interview.

A notable feature of this initiative is the collusion of homelessness NGOs and charities, as well as local authorities including the Mayor of London and Greater London Authority (GLA), and local London boroughs. For local authorities, “reconnection” of European migrants is an easy way to make a quick impact on visible homelessness and help meet policy targets.

In central London, local boroughs contract charities to run street outreach services, the first point of contact with rough sleepers. The biggest player is St Mungo’s, which runs outreach teams for Westminster, the borough with by far the highest concentration of rough sleepers, and most other central councils. A charity called “Change, Grow, Live” (CGL) runs outreach in Camden and Lambeth. Another, called Thames Reach, runs a mobile outreach programme for most of outer London, contracted by the GLA. St Mungo’s also has a GLA programme called “Routes Home”, whose role is to “support” migrant rough sleepers identified by the outreach workers to accept “voluntary reconnection”. 10% of its fee for this contract is dependent on the number of rough sleepers removed from the UK.
All of these charities routinely work together with Home Office Immigration Enforcement. This collaboration involves three main routes:

- Accompanying ICE officers on joint patrols. Freedom of Information (FOI) responses showed that there were 141 such joint “visits” organised by the GLA and 12 other councils in 2016. Other local authorities, including Westminster, did not respond to FOI requests, and so the full figure will be considerably higher.

- Passing location information on foreign rough sleepers through the “CHAIN” database. This is a London-wide database, commissioned by the GLA and run by St Mungo’s, into which outreach teams upload data every night. The GLA then passes CHAIN information onto ICE.

- Liaising with ICE to target individuals who refuse “voluntary reconnection”. The outreach teams have agreements in place to hand over information on individuals to ICE for “enforcement” if they have refused to leave voluntarily.

In contrast with some other “hostile environment” policies, the Home Office’s “partners” in this sector have themselves been strong advocates of the tougher regime. Westminster Council has said that it “intensely lobbied” for the move to immediate deportation of EU rough sleepers, pushing the policy through a two month pilot with St Mungo’s called Operation Adoze, which involved 127 deportations. Much of the new “partnership” approach was developed by a GLA-led body called the Mayor's Rough Sleepers Group (MRSG), in which managers from borough councils, St Mungo's and Thames Reach were active members.

See also …

7. Work: employer collaboration

“Illegal working” has been targeted by the Home Office since long before the current “hostile environment” approach, and is still a main focus of Immigration Enforcement raids. The Corporate Watch report “Snitches, Stings and Leaks” examines workplace raids in detail. Here we summarise some key points from that report.

Immigration Compliance and Enforcement (ICE) teams carry out around 6,000 workplace raids a year. Raids are supposed to be “intelligence led”, i.e., based on specific information about the presence of “immigration offenders”. In reality, they are largely based on around 50,000 low grade tip-offs from “members of the public”, or are “fishing expeditions”. The most common targets are South Asian restaurants and takeaways, which are easy pickings for the squads.

While none of this is new, the recent Immigration Acts have escalated workplace enforcement. The 2006 Immigration Act made it a criminal offence to knowingly employ an “illegal worker”. And whether or not the employer could be proved to have knowledge, they could be charged “civil penalties” without any trial. The civil penalty system was souped up in the 2014 Act, and again in the 2016 Act, which also escalated the criminal sanctions.

For the first time, someone can now be imprisoned just for “illegal working”. The maximum penalty is six months, plus an unlimited fine. And any earnings from “illegal work” can be seized. Employers now face up to five years prison for “employing an illegal worker”, if the prosecution can show that they either knew or just had “reasonable grounds to believe” that the employee did not have a “right to work”.

This increased penalty system goes along with an increasing emphasis on employer collaboration by ICE teams. Penalties can be reduced or even waived on a first occasion, if employers agree to cooperate with investigations and hand over workers' details when they are first approached.

In 2014, the Home Office ran a London pilot scheme called “Operation Skybreaker”, which has since been rolled out nationwide. This new approach involves routinely conducting “educational visits” to employers ahead of raids “to encourage them to comply with employment requirements.”

During these visits, ICE officers may use the threat of penalties to try to persuade bosses to inform on and set up their workers. For example, they may be asked to hand over workers' home addresses, or even to set up “arrests by appointment” in the workplace, as in the notorious sting operation that took place at Byron Burgers in 2016. Also, larger or more public-facing companies may be approached to inform on their less visible contractors, such as cleaning agencies, who are more likely to use cut-rate “illegal” labour.

Another trend is the increasing role of multi-agency operations, where ICE teams work alongside other government agencies including Local Authority departments (e.g., alcohol or taxi licensing, environmental health, planning for building sites, street market regulation, neighbourhood “wardens”), HMRC, the Security Industry Authority (SIA) that registers security guards, transport police, etc. These liaisons can involve both intelligence sharing and full-on joint raids.
See also:

8. Driving Licences

Many of the “hostile environment” measures involve the Home Office accessing other organisations' data, particularly to track down current addresses of migrants they are targeting. Another invaluable information partner for Immigration Enforcement is the Driver and Vehicle Licensing Authority (DVLA), which collects detailed personal and location data on drivers and vehicle owners.

This is another long-standing collaboration: according to a report by the Independent Chief Inspector of Borders and Immigration (ICIBI), the Home Office has had an officer “embedded at DVLA” since 2005. And it is another one that is ramping up under the “hostile environment”.

The 2014 Immigration Act gave the DVLA the power to refuse new driving licence applications to people who are not “normally and lawfully resident” in the UK. This wrote into law what had already been practice since at least 2010, and involves wording similar to the NHS charging rules discussed above. It also introduced a new power to revoke existing licences of people who are not “lawful residents”. The 2016 Act added another new criminal offence: “driving unlawfully in the UK”, even with a licence, is now punishable by up to five years in prison. This act also gave ICE new powers to search people and buildings for driving licences they are not entitled to.

Again, data sharing is at the heart of the Home Office/DVLA collaboration, formulated through a Memorandum of Understanding (MoU). The arrangement goes two ways. The DVLA asks officers to check the Home Office CID database for the immigration status of licence applicants. And Immigration Enforcement officers are given “read only” access to the DVLA’s main database, called the Driver Validation Service (DVS).

Again, there is a double “hostile environment” aim. On the one hand, unwanted migrants are cut off from another right – the right to drive – but also from the use of a driving licence as an ID document that can help access other services. Secondly, the arrangement may help ICE identify and target “illegals” who make the mistake of applying for a licence. This is highlighted by the ICIBI report:

“In some instances, driving licence applications had revealed illegal migrants not previously known to the Home Office, or had provided an up to date address for an individual with whom the Home Office had lost contact. In some cases, the applicant had submitted a valid travel document with their application and this had been retained by ISD as the absence of a valid travel document is a barrier to removal. Some of these migrants received visits from local ICE teams, and some had since either been subject to an enforced removal or had made a voluntary return.”

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9. Bank Accounts

Before 2014, banks and building societies were legally obliged to verify customers' identities and check for “money laundering or terrorist financing”, but not required to look at immigration status. This changed with the 2014 Immigration Act. Since then, banks are required to check people applying for a current account against a Home Office list of “disqualified persons”, who are known immigration offenders (e.g., illegal entrants, visa overstayers, European citizens with deportation orders, etc.). The 2016 Act adds that existing accounts of “disqualified” people can be seized or closed.

The “disqualified persons” list is maintained by a private organisation called CIFAS. This is a membership organisation mainly comprised of banks and corporates which runs the UK financial industry's main National Fraud Database. Banks and other creditors (e.g., car dealers, phone companies) already check CIFAS databases for fraud alerts when opening customer accounts. Now they can check customers' immigration status at the same time.

Banks must refuse accounts if there is a three point or “best practice match” of name, address, and date of birth against the database; if there is only a “Same Individual At Address” (SIAA) match they have discretion. They can check using the standalone “CIFAS Immigration Portal” (CIP), or access the database via commercial credit check services run by Callcredit, Equifax, Experian, and Synectics Solutions.

According to the Independent Chief Inspector of Borders and Immigration (ICIBI):

“The Home Office shares data with Cifas on a weekly basis in the form of updates (additions and deletions) to the list of ‘disqualified persons’, and the list is updated by Cifas on the same day. At the time of the inspection, the list contained the details of around 200,000 individuals, including permutations of names, dates of birth and addresses, and the weekly updates affected around 2,000 individuals.”

The weekly updates are “extracted automatically” from the main Home Office Case Information Database (CID). CIFAS on its website states that anyone on the list “has exhausted their legal right to appeal in the UK and is either an illegal overstayer or an absconder ... they are criminals with no right to remain in the UK.” But according to ICIBI the categories are:

“individuals refused leave to remain; absconders; immigration offenders – e.g. illegal entrants, illegal workers, overstayers – who have been encountered and served with notice of liability for removal; and individuals for whom a deportation order is being pursued. The dataset includes any known aliases used and previous addresses.”

So the list will also include, for example, refugees who have been denied asylum. Also, according to the ICIBI inspection report, 10% of the sample they checked should not have been on the list. 5% still had outstanding appeals or applications; and 5% actually had leave to remain.

As with other hostile environment agreements, as well as depriving migrants of a right or service, this system could help ICE track down targets' locations. Every month, CIFAS sends the Home Office a list of all matches, giving details of people on the disqualified list who have tried to open
an account, including the addresses and other information they have submitted to banks. However, in its current form this information is less useful for ICE's tracking purposes than other sources – because any matches are against the same address the Home Office already has.
10. Marriages

Another staple of Immigration Enforcement for years has been targeting alleged “sham” marriages. In the past, the ICE approach involved handcuff-wielding thugs crashing weddings followed by UK Border Force TV cameras. In the “hostile environment” era, the Home Office has a less spectacular but more systematic approach.

The 2014 Immigration Act extended the official notice period couples have to give for a marriage to 28 days, from 15 previously. Registry offices are required to inform the Home Office of all planned marriages involving people of “non-exempt” immigration status that might be suspected “sham marriages”. The Home Office then decides whether to investigate further.

If Immigration Enforcement decides to investigate, it can extend the notice period to 70 days. So long as a couple complies with the investigation, by submitting documents and attending interviews, they can marry after the 70 days. If the investigators then decide a marriage is “sham”, the wedding may still go ahead, and in fact couples may not even be informed that the marriage is viewed as a fake. But any later immigration application based on it will be refused.

According to the Independent Chief Inspector of Borders and Immigration (ICIBI):

“The inspection found that the different approach had not been fully understood by all registrars, and the fact that ICE teams no longer routinely attended register offices had created an impression with some registrars that the Home Office was less active in relation to sham marriage.”

The Home Office unit set up a specialist team called the “Marriage Referral Assessment Unit” (MRAU), based in Liverpool, to evaluate sham marriages. However, according to the ICIBI report, there have been issues with the unit's performance and the job of judging couples' sincerity may return to local ICE teams.
11. Police liaison: Operation Nexus

The hostile environment approach is all about reducing ICE's workload and extending its reach through “partnership working”. Another key partner is the police.

Historically, police and Immigration Enforcement, despite often working together on joint operations, have not always had good relationships: in the eyes of real cops, ICE teams are basically jumped-up amateurs. This lack of cooperation may be reflected in information sharing arrangements. In January 2016, the Home Office asked the Independent Chief Inspector of Borders and Immigration (ICIBI) to review “the extent to which the police are identifying and flagging foreign nationals arrested to the Home Office and checking status”. Police said they arrested over 185,000 foreign nationals between April 2015 and March 2016; but only around half were checked for immigration status.

The Home Office review of this area may suggest a coming push to better integrate police and ICE checks. Anecdotally, there does seem to be a shift taking place towards much more systematic collaboration. This includes recent stories of the Metropolitan Police handing over victims and witnesses of crime to Immigration Enforcement.

Coordination is particularly advancing in London, under a scheme started in October 2012 called Operation Nexus. In this scheme, Metropolitan Police are required to pass details of all “foreign nationals or suspected foreign nationals” they “encounter or arrest” to a central Home Office unit called the Command and Control Unit (CCU). Staff in this central unit then check their details against the Home Office's databases, primarily the main Case Information Database (CID). If there is a “match” with a known “immigration offender”, the case is then referred to several ICE Immigration Officers (IOs) who are embedded as “police liaison officers” in a number of area “hub” police stations for this purpose. A group of other IOs and police work together in a dedicated Joint Operations Centre (JOC).

Outside London, the review found that referrals to the CCU for immigration checks were as low as 15% in West Yorkshire, although more cases were referred straight to embedded IOs. One other issue the Inspector found was that many cops outside London hadn't been taught that they should also check European citizens. The report mentions several times a Home Office priority to also target EEA nationals who are “not exercising their treaty rights”.

In general, police and IOs currently do not have full access to each others' databases. As of October 2016, only the police working in the Joint Operations Centre could access the Home Office CID database themselves. Home Office fingerprint databases were not available at all police stations. Police could access the Passport Authority's DVA database; IOs couldn't access it directly, but have to get the CCU to do so for them, and each check has to be requested individually. IOs could access the main cop database, the Police National Computer (PNC).

Police also routinely make “ACRO” criminal records checks on all arrestees. Where arrestees are foreign nationals, this can involve sending off criminal record requests to their countries of origin, and the responses may still take days or even weeks to come back. IOs can also make ACRO requests – but legally police and ICE are not allowed to share the results with each other (whether
they do in practice may be another question). ACRO results can only be entered on the Police National Computer in the case of serious, usually violent, offences. 

We could expect all of this to change in months or years to come, as we approach the Home Office dream of one big government database uniting police and immigration files, and much more besides. (NB: we will look more at this issue in a separate report.)
12. Local Authorities: Controlling Migration Fund

Local councils are another group of important partners. These authorities often conduct joint operations with ICE teams and police, e.g., involving departments that manage alcohol or taxi licensing, environmental health, planning for building sites, street market regulation, neighbourhood “wardens”, and more. They are also key in the targeting of rough sleepers, as they commission and manage many homelessness services including street outreach teams.

The Home Office is keen to foster these relationships. In November 2016, it announced a fund called the “Controlling Migration Fund” which local authorities in England can bid to for help with projects aimed at “mitigating the impacts of migration on local communities”. It's clear that the beneficiaries of the fund are meant to be “locals” as opposed to “migrants”. The amount is in fact small change, £140 million over three years. But £40 million of that is specifically earmarked for “enforcement” projects to develop collaborations between councils and ICE teams.

The fund's prospectus highlights two particular enforcement targets: foreign national rough sleepers, and “rogue landlords” who are breaking the new “right to rent” legislation. But it also invites councils to come up with new ideas in “an entirely different area”.

It is still early days, and there is no available information overall on what bids have been submitted so far. There is no particular deadline, but many councils report that they have been contacted by the Home Office and encouraged to submit immediate bids.

In responses to Freedom of Information requests sent in January, out of all London boroughs only Haringey Council stated openly that it was “considering a bid” to the fund for targeting rough sleepers. But others are also likely to be working on such schemes. For example, a February 2017 document from the Borough of Redbridge in East London says that it is investigating a range of options for enforcement targets, including rough sleepers, “rogue landlords”, and also sex workers. Outside London, Nottingham City Council is making a bid that includes ESOL classes and support for voluntary organisations, but also “a variety of engagement, cohesion & enforcement activities in communities”.


13. The Digital Economy Bill: towards the One Big Database

The last measure we will look at in this report is not in fact a Home Office “hostile environment” policy, but goes much wider than this.

Many of the hostile environment measures we have looked at are about the Home Office accessing data from other government departments, or from charities or private companies. At the moment, there are a few obstacles in the way of data flowing freely between these “partners”. For example, even units in the same department may use quite incompatible software systems. But also, there are still relatively tight legal restrictions on how data can be shared.

As we write, the House of Lords is having one of the final parliamentary debates on a new law that sets out to change all that, the Digital Economy Bill. Most publicity on the Digital Economy Bill has focused on its inept attempts to control pornography; but its potential to free up government data gathering is much more significant.

In the current legal framework, data collected by government departments is intended for a particular purpose. E.g., School Census data is meant to help planning in the education system. It is not lawful to share it for any other purpose, unless some special circumstance or “public interest” need applies. In bureaucrat language, an information-sharing memorandum establishes an “information sharing gateway” between two departments. It must be for a specific reason, and there must be a legal argument for why that reason is important enough to override confidentiality.

Part 5 of the Bill is on “digital government”. Its first clause, Clause 38, creates a general purpose “single gateway to enable public authorities, specified by regulation, to share personal information” from their databases. To be precise, Clause 38(1) provides that “a specified person may disclose information held by the person in connection with any of the person’s functions to another specified person for the purposes of a [...] specified objective”.

But who are the “specified persons”, and what are the “specified objectives”? This is the thing: they are not actually specified in the new law. Instead, they are left open to be decided later by secondary legislation. I.e., the government (or devolved regional authorities) can just add to a list of “specified persons” as it wishes later on, without this having to be approved by parliament.

What the Bill does say is that “specified persons” can be any “person who exercises functions of a public nature”, including a person “providing services to a public authority” (under clause 38(4)(b)). I.e.: they can also include private sector contractors.

Currently, it might just be possible to make a legal challenge to a data sharing memorandum such as the NHS or Schools Census agreement, e.g., arguing that it is not in the “public interest”. If the Digital Economy Bill passes without amendment, all the government needs to do is write a rule saying that the Home Office and the Department of Health – or Atos, Capita, G4S, Google, or another private contractor – are “specified persons” entitled to share their databases.

The Bill passed the House of Commons without amendment on this clause in November 2016. In January 2017, a House of Lords committee called for substantial amendments, particularly to remove the inclusion of private contractors. The Lords is now debating the bill’s “third reading”,
after which it will go back to the Commons for final debates on amendments.

**See also:**

*There is a lot more to say about the Home Office's plans to dramatically escalate data sharing in the future. We plan to discuss this further in another report.*
Conclusion: how collaboration works

This report aims to make a small step towards understanding how the hostile environment works, and so stimulate thinking about how to fight it effectively. People on the frontline will know a lot more about how things work in their own fields; but it may help to have an overview and see how many of the same patterns repeat.

Why do people collaborate with a police state … and why do some people resist? We can think about some of the different roles that people are asked to play in the hostile environment; the different incentives that encourage them to conform; and so where the hold of collaboration may be broken.

Besides recapping from the sections above, we will look at one interesting document. This is a report commissioned by the Department of Health from a private consultancy, Ipsos MORI Social Research Institute, on its project to get hospitals to ID check and charge “overseas visitors”. If you can wallow through the post-Blairite newspeak, this report is a fascinating study into how the government goes about destroying a culture of care, to create instead a culture of collaboration. In its own words:

“As well as aiming to increase awareness regarding the rules and processes for charging overseas patients, the Cost Recovery Programme also set out to support a culture in which all NHS staff are aware of their responsibilities to identify and recover costs from overseas visitors and migrants. It aims for an attitudinal shift to a point where all NHS staff feel a responsibility for recovering money from chargeable visitors and migrants and, where medically possible, do not treat patients until the eligibility for free NHS care has been established.” (page 40).

Collaborating roles

The hostile environment means depriving people of basic rights and services, blocking people's possibilities of life. One part of this is what we can call enforcement action. In the most obvious sense, “immigration enforcement” means ICE teams (or others such as police, security guards, or fascist vigilantes) using or threatening force: arresting, detaining and deporting people. But hospitals refusing to give someone medical treatment, or landlords refusing to rent someone a home, are also direct forms of immigration control, which may have similarly damaging consequences.

Denying people homes or healthcare causes immediate suffering. But it also helps create an environment of hostility which impedes every aspect of people's lives, and goes way beyond particular acts of force. The main impact of a workplace raid is not just a few arrests or a broken door, but spreading fear amongst many more workers who know they may be next. The impact of hospital ID checks is that many more migrants may never seek treatment in the first place.

By “collaboration” we mean people who are not professional Home Office immigration enforcers acting in ways that support the hostile environment. In the measures surveyed in this report, we see two main kinds of collaborative actions:
(i) **Controlling.** I.e., directly blocking migrants' possibilities of life. E.g., refusing someone medical care, refusing to employ someone or rent to them, refusing someone a driving licence or bank account.

(ii) **Informing.** I.e., passing on information which can help ICE or others who actually carry out enforcement. E.g., collecting the Schools Census, registering patients' details, collecting details for bank account or driving licence applications, taking a student register, recording locations of foreign national rough sleepers. In these cases, the information is fed into databases that may later be accessed by Immigration Enforcement. But there are also cases of more direct informing, e.g., bosses, landlords, bank staff, registrars reporting a suspected “illegal” to the Home Office. Or just “members of the public” grassing up their colleagues or neighbours in one of the 50,000 tip offs submitted every year.

In the second case, actual enforcement or control is carried out by other people – but it couldn't happen without the information supplied. There may be various links in the data chain: e.g., a teacher fills out a School Census form; which is passed on to school admin staff; who pass it on to the DfE’s central data unit (the “National Pupil Database and Transparency Team”); who pass it to the Home Office. Those at the start of the chain may have no idea where the information they pass on will end up.

Collaboration of both kinds involves workers in various roles and sectors. We can identify:

**Frontline roles.** People who deal directly with migrants, provide or block services, and/or gather their information. Including those in care roles such as teachers and classroom assistants, nurses, doctors, paramedics, homelessness outreach workers. Also receptionists in hospitals or GP surgeries, or registrars, or bank clerks. Also employers, landlords, or their agents.

**Admin roles.** People who collect information from frontline workers, organise and circulate it. Data workers in schools, universities, hospitals, the DVLA, credit check agencies, NHS Digital, etc.

**Managerial roles.** People who make strategies, targets and directives, arrange collaboration agreements and sign memoranda, who give the orders. From senior bureaucrats in government departments down to headteachers, charity bosses, local council executives, university assistant vice-chancellors and foreign student managers, local health commissioners, hospital trust boards, hospital accountants, hospital “Overseas Visitor Managers” (OVMs), etc.

**Technical roles.** Programmers who build the databases, IT geeks who maintain them. Management consultants who advise on how to achieve “attitudinal shift”. And others who lend their expertise to making control and information systems function.

All these roles can be found in public sector institutions, e.g., NHS hospitals or state schools; or in NGOs and “third sector” organisations, e.g., homelessness charities or universities; or in profit-making companies, e.g., banks and letting agents. In the modern market state, where NHS clinics are contracted to Virgin Care and schools become “academies”, these divisions are often fluid or intersecting.

Finally, we can also consider the roles we all play as **“members of the public”**.

Firstly, any citizen, or indeed other migrants, can also collaborate by passing on information on
migrants. We know that one of the main sources of Immigration Enforcement intelligence remains tip-offs from “members of the public”, i.e., people informing on their colleagues and neighbours. This too can happen unknowingly or with good intentions. E.g., citizens may inform a charity about people sleeping rough, believing this will help them, and never imagining that this information is passed to Immigration Enforcement.

Secondly, there is a broad sense in which we can collaborate by giving information just about ourselves. The Schools Census or NHS registration data require widespread participation by citizens in this data gathering. If many people stopped answering Schools Census questions, or giving their addresses to GPs, these systems could not be used to track down “illegals”.

**Incentives to collaborate**

People act from many different motives. Often a whole mix of different motives will lead us to act in a certain way, and often our motives clash and pull us in different directions at once.

One motive leading people to collaborate with the hostile environment may be downright malice, hatred and fear of migrants. Racist xenophobia is a constant and virulent presence in our lives, bombarding us in every politician's speech and TV news broadcast, from newspapers, billboards, social media, talk in the street or the playground. The norms of stranger-hating shape our environment, and make it much easier to ignore the consequences of our actions and inaction. But, for most people, hatred or fear of foreigners is not strong enough, on its own, to guarantee collaboration and override our empathy for others.

To make the hostile environment happen, government tries to set up a range of incentives which foster collaboration and deter resistance. We can group these into a few broad categories:

**Punishments: criminal sanctions.** The 2014 and 2016 Immigration Acts escalate the criminalisation of migrants with new offences including “illegal working”. They also criminalise landlords and employers who don't collaborate in refusing homes or jobs to migrants.

**Punishments: financial penalties.** Alongside the new criminal sanctions, civil penalties are still the mainstay of enforced immigration collaboration. In workplace enforcement, the civil penalties system is used to encourage bosses and employment agencies to inform on or set up workers, e.g., handing over their home addresses or arranging “arrests by appointment” as in the Byron Burgers case, in order to win reduced penalties. This approach now serves as a model being rolled out to the “right to rent” and possibly more areas in future. In other sectors, the Home Office doesn't directly fine non-collaborators, but, e.g., removing a licence to teach foreign students can have an even greater financial impact. And for many contractors or workers, refusing to collaborate could mean losing crucial income, promotion prospects, or your job.

**Rewards: money, contracts, and other opportunities.** Conversely, being prepared to collaborate can open up lucrative opportunities for individuals or organisations. Canny bureaucrats in government departments will be quick to latch on the new big thing. Management consultants, letting agents or councils offering right to rent checks, and many others stand to gain from the hostile environment. For some, like the software engineers working on the new generation of Home Office databases, it can even offer opportunities for creative excitement as they get to play with innovative new “big data” systems.
**Inertia.** For many other workers, it will be more a matter of keeping heads down and “just doing my job”. The habit of obedience, and the fear of asking questions or standing out, are some of the most powerful motivations of all.

**Doing good.** There are also those who genuinely believe, or at least tell themselves insistently, they are doing the right thing. Perhaps they are patriots who believe they are working for the nation. Or maybe they believe they are doing the best thing for migrants too: see the justifications given by charity bosses at St Mungo’s and Thames Reach who claim that “reconnecting” non-British rough sleepers with the streets of home is in their own best interest.62

**Towards a culture of collaboration in the NHS**

The Ipsos MORI study on hospital charging shows a government department mobilising a full range of motivations in its quest to create an anti-migrant “cultural change within the NHS”. First of all, financial incentives are the base level. In the “Non-EEA incentive scheme”, hospitals are allowed to bill non-Europeans 150% of the normal “national tariff” set for NHS charges. When a charge is collected, half goes to the local commissioning body which allocates NHS funds, but the other half – so 75% of the actual tariff – is now kept directly by the hospital trust.

And along with the carrot comes a stick. The commissioners “do not have to pay for services provided to chargeable patients if the Trust has failed to take reasonable steps to identify and recover charges from that patient”. And, in future, penalties for any hospital bosses who hold out will become more severe: both because the systems for identifying chargeable patients will become increasingly efficient, and because from this month charging will be a legal duty.

These rewards and penalties impact on hospitals as a whole, and will be felt most directly by senior managers. Their career prospects are directly linked to the hospital's financial success and to the approval of their NHS higher-ups. The more incentives bite them, the more they will be encouraged to pass them on to the frontline staff who will have to actually ID check patients. To help them, a whole new middle-management profession of “Overseas Visitor Managers” (OVMs) has been created to oversee charging, and to “educate” hospital staff on its necessity.

So far, hospitals have been allowed to operate very different charging systems. Often OVMs do most of the work: “frontline clinical and administrative staff are only engaged to the point of flagging cases to the OVM that need investigation whilst OVMs themselves have retained responsibility for interpreting complex rules, and making decisions on how to proceed.” (Page 44). But if ID checks and charging are to become routine, this will require much greater participation from frontline staff. This needs resources: staff will have to come off other duties to “investigate” and make charging decisions themselves, and will need more training to do so.

Furthermore, according to the Ipsos MORI report, financial incentives are not enough to get staff on board with ID checking: they also need to believe that it is right. In the report's wording, the programme's success is linked to “driving cultural change across staff groups” so that staff come to believe they have a 'duty to charge', and “understand and support the principles of fairness and entitlement underpinning the Cost Recovery Programme”, seeing it as “legitimate and worthwhile at all levels” (Page 35).
The report claims that most hospital staff surveyed do already support the “broad/overarching principles of the Cost Recovery Programme”.

“In particular, there was a very strong level of agreement, across all staff groups, that charging overseas visitors and migrants for NHS services is fair. At least two thirds in each group agree, and indeed, almost nine in ten Trust chairs and board members (88%) and OVMs (86%) agree, as do 84% of administrative staff. In addition, at least half, and often much more, of each staff group disagreed that overseas visitors and migrants should have the same access to free healthcare as UK residents.” (Page 35).

But broad support in a survey is different from active participation. And the report is concerned that a “significant minority” disagreed. 28% of hospital doctors and 26% of hospital nurses thought that “overseas visitors and migrants should have the same access to free healthcare as UK residents.”

Some complained about migrants’ “human rights”. Some even “refused to be involved in identifying and flagging potentially chargeable patients because they saw their role as being only to treat the patients”, not to follow the “‘funding-led’ attitude driving cost recovery”. The report mentions one OVM complaining about senior managers taking down their educational posters. Few staff actively opposed the policy, but more were half-hearted: “this tended to take the form of ambivalence or a ‘reluctance to get involved’”. Even those who did participate were unlikely to see ID checking patients as a priority in their already very busy schedules.

Even more worrying for the programme, the report found that rather than getting stronger, “buy in” for the “duty to charge” actually seemed to be dropping over its two years.

“In particular, the proportion of hospital doctors who agree that charging overseas visitors and migrants for NHS services is fair has fallen from 85% in the baseline survey to 68% at the follow-up survey, while a similar picture is also evident amongst primary care clinicians, CCG Leads and Boards, and Trust Chairs and Boards. […] The overall decline in support for the principles underpinning the Cost Recovery Programme among some groups raises the possibility that some Trusts will face ongoing difficulty in making the changes required to improve the recovery of costs.” (Pages 36-7).

To counter this, the report suggests that “buy in” of frontline staff was best when OVM had made the most efforts “to engage with them and explain the reasons behind cost recovery and the benefits it could bring to their Trust.” Across all staff groups:

“There was a perception that increased communication around the impact of cost recovery would help to encourage staff buy-in at all levels. This particularly related to sharing information on the amount of money recovered and what this might equate to in terms of benefits to the Trust (e.g. being able to purchase a new piece of equipment or employ more nurses).”

So the strategy is to counter values based around care with a corporate ethos based around money-saving. But then money-saving must stop being seen as some abstract concern of accountants, and instead appear as a real and concrete imperative, a vital mission for the hospital “team”, which all staff need to feel part of.
Sealed compartments

On the whole, it is easier to carry out hostile environment measures the more you are insulated from the consequences of your hostile actions on other people. Frontline clinical staff are one of the hardest cases for collaboration: they actually have to see, even touch, the human beings who are targets, directly encounter their pain.

It is heartening that “buy-in” amongst both frontline staff and managers actually seemed to be dropping over the life of the pilot programme. Why would that be? The report doesn't have a clear answer, but makes this suggestion:

“One point to consider in understanding this decrease, supported by anecdotal evidence from the case study visits and interviews with OVMs, is that over time staff have become increasingly aware of the challenges of cost recovery and the difficulties faced by some patients who are not eligible for free NHS care. In particular, OVMs and senior staff stressed the vulnerability of some patients and the sense of empathy they felt for them; although this did not fundamentally change their views on charging, it did cause them to hold somewhat conflicted feelings and provided a possible explanation for a lack of support among some frontline staff.” (Pages 35-5).

Empathy. It is one thing to read a poster about cost savings, another to look into a sick and distressed person's eyes. Many doctors and nurses may agree with the “fairness” of charges in the abstract, but this belief is challenged as they see what it actually means in practice.

Hostility flows more easily when flows of information and action are dislocated into compartments, chains of multiple distinct links. This is the case for many admin workers who process the key data: that address could mean a death or a broken family, but you see only words and numbers. The GPs who hand over patient data to NHS Digital are also frontline doctors – but, crucially, they don't know what use this information is put to. Similarly, the teachers filling out Schools Census forms, or outreach workers inputting rough sleeper locations into the CHAIN database.

In the purest form of insulation, these unknowing collaborators may not even realise that Immigration Enforcement can access this data. In other cases, you may know that some of the data you enter is passed to the Home Office, but you won't ever know which files, or what then becomes of them. It's easy enough, then, to put it out of mind. And of course many of these databases have other benign purposes: having that address or next of kin on file could be vital in a medical emergency.

Empathy may be broken by distance. But there is also something else that a hostile environment has to fight against. Ethos. While on the one hand doctors and nurses have to learn a certain clinical detachment, they are also taught a certain ethos of care, a certain ideal of dignity and compassion. This also comes through in some comments in the Ipsos MORI report: clinicians are not bureaucrats, docs are not cops, they have their own role, to “treat patients”.

If the hostile environment is to be successful, it will have to fight both empathy and ethos. It will have to create systems that keep us in compartments, links in machine-link chains, where we are not able to see the other's eyes or feel their pain. And it will have to shatter our surviving values and cultures of care and commitment.
**Resistance strategies**

*The Hostile Environment needs the collaboration of millions of people.*

- So it breaks when people start to refuse, and that refusal spreads. Refusal often just means small everyday things, like refusing to sign a form, hand over an address, or look away when a raid happens. Resistance can identify effective acts of refusal, and help them spread.

*Government encourages collaboration through a range of means including: spreading hatred and fear; putting in place legal, financial, and other rewards and penalties; trying to get us to “buy in” to values of cost-saving, informing, or unquestioning compliance with authority.*

- Resistance may promote different values, cultures of care and dignity, or mistrust and refusal of authority. Resistance can support those facing legal or other penalties. Resistance can target those profiting from hostility. Resistance can mock the corporate bullshit of things like hospital money-saving schemes pushed by highly paid management consultants.

*The Hostile Environment works by insulating us into many separate compartments, where we are “just doing our job”, or “getting on with our lives”. We are isolated from the consequences of our actions, and isolated from each other.*

- Resistance can make connections: show people that their actions have consequences; show people that they are not alone in refusing, and link them up.

*Many hostile environment measures involve chains of data sharing and enforcement action involving multiple government departments and units, contractors, NGOs, etc.*

- Resistance can identify and target weak links in these chains.

*The hostile environment succeeds to the extent it becomes “the new normal”. When it is engrained in our habits, everyday ways of living and working, so we don’t even see or question it any more. This is already the case in some aspects: e.g., it is now presumed normal to pass on our personal information to the state without question, or to show ID almost everywhere we go. New hostile environment measures build on this previous normalisation of surveillance, data sharing, and conformity over recent decades, and ramp it up further.*

- But in other areas, hostility still has a long way to go. The Ipsos MORI report on the hostile environment programme in hospitals is encouraging. The large majority of hospital staff are still not involved themselves in ID checking; a “significant minority” is actively opposed; many more just don’t see it as part of their job or as a priority; this leaves a small number of middle managers (OVMs) to implement the system with inadequate resources. The government will struggle to shift the “culture and practices” of NHS hospitals and get widespread “buy in” to the hostile environment there. It will need to invest more resources and more time to do this.

The more these measures become normalised, the harder they will be to counter. This means the time to act is now.
Appendix: How to stop Immigration Enforcement getting addresses from GPs?

Some GP surgeries have pledged that they will not ask patients for ID documents or ask them about their nationality. This is an important stand. But it will not stop the main existing use of GP patient information by Immigration Enforcement, which is to get up-to-date addresses of people they are already targeting as “illegals”. How could that be stopped? The data flows in a chain: from patients to GP surgeries; from GP surgeries to NHS Digital; and from NHS Digital to Immigration Enforcement. If any of these links break, the chain breaks.

1) If patients don't give addresses to GPs

GP surgeries routinely asks patients for their address when registering, usually by asking new patients to fill out the standard “GMS1” form. But do you actually have to give an address? In fact, although it is common practice, there is no actual requirement for patients to give an address. And the official registration guidance for GPs from NHS England states: “Where necessary, (e.g. homeless patients), the practice may use the practice address to register them if they wish. If possible, practices should try to ensure they have a way of contacting the patient if they need to (for example with test results).”

GPs can refuse patients who do not live within their “practice area” – although they also have discretion to take patients who do not. They can ask for you to show ID documents to prove your identity and address. But they are not meant to refuse registration if you do not. This is also clearly stated in the NHS England guidance:

“If a patient cannot produce any supportive documentation but states that they reside within the practice boundary then practices should accept the registration.”

“When applying to become a patient there is no regulatory requirement to prove identity, address, immigration status or the provision of an NHS number in order to register.”

“Inability by a patient to provide identification or proof of address would not be considered reasonable grounds to refuse to register a patient.”

We can expect the government to try to change this. As it seeks to roll out “overseas visitor” charging into GP surgeries, an obvious next step is to make it compulsory for GPs to demand ID documents on registration – and it would make a lot of sense if proof of address is demanded at the same time. But it hasn't happened yet.

2) If GPs don't give addresses to NHS Digital

When GP receptionists register a new patient, they enter information into their own local computer system. However, GP computer systems are integrated with the national PDS database as standard, so that all data automatically updates the national system run by NHS Digital.

GP surgeries are contractually obliged to share patient data, including care records as well as registration records, under the standard NHS England contract. And they are also obliged, under the same contract, to use computer systems from an approved list, all of which are designed to facilitate data sharing.
However, as far as we are aware, there is no specific contractual obligation on GPs to collect address data or input this into a particular system – just as there is no obligation for patients to give this information (the same goes for information on “place of birth”, “ethnic category”, etc.).

For example, it could be possible for GPs to store contact addresses of patients on a separate local system, without updating this into the main computer system linked to PDS (the address field in PDS can have a zero entry; or perhaps all patients' addresses could be given as the practice address). Would this be against GPs’ contracts? We are not aware of this issue ever having been raised or challenged.

3) If NHS Digital doesn’t give addresses to the Home Office

In the past, NHS Digital claimed that it did not give addresses to the Home Office. It said that it only passed on a patient's “primary care area”. Immigration Enforcement would then have to directly contact GPs in that area to ask for addresses, and it was up to GP surgeries whether they complied.

This changed with the January 2017 memorandum, in which NHS Digital agreed to routinely hand over addresses to the Home Office. The memorandum was signed by the chief executive of NHS Digital, Andy Williams. For the moment, then, there are clear orders from the top that NHS Digital will collaborate.

Strong legal challenges or campaign pressure would be needed to reverse this decision.
The “hostile environment” idea was discussed by May in a 2012 interview with the Daily Telegraph:


https://www.theguardian.com/politics/2013/oct/10/immigration-bill-theresa-may-hostile-environment

http://www.parliament.uk/business/publications/written-questions-statements/written-statement/Commons/2016-07-06/HCWS62


There is a survey of exempt categories here on the NHS Choices website:
http://www.nhs.uk/NHSEngland/AboutNHSservices/uk-visitors/visiting-england/Pages/categories-of-exemption.aspx


There is a summary of the consultation on the NHS (Charges to Visitors) Regulations 2015. This is “secondary legislation”: i.e., it counts as law, but does not have to go before Parliament because – in the Government's view – it falls within the existing scope of powers granted to the Health Secretary under the Health and Social Care Act. In the 2016 Queen's Speech the Government announced that it would put new legislation on NHS charges before Parliament. This did not happen, according to the DoH, because “in light of the EU referendum vote we paused work on the Bill to reconsider our approach.” (See https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/590027/Cons_Response_cost_recovery.pdf section 5.2). It is a question for lawyers whether these regulations in fact should require parliamentary approval.

The government's plans are set out clearly in its “Making a Fair Contribution” document which was published at the same time as the announcement on 6 February. The plans beyond April are summarised on pages 11-12 and discussed in more depth on pages 26-28 under the heading “Areas for Further Development” https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/590027/Cons_Response_cost_recovery.pdf

In the “Making a Fair Contribution” document (page 27), Hospice care is listed as one of a number of “other areas of charging” which are “options” where “further analysis is required”.

The full details of what and who are currently charged or not charged are written in the NHS (Charges to Overseas Visitors) Regulations 2015: http://www.legislation.gov.uk/uksi/2015/238/pdfs/uksi_20150238_en.pdf There is a summary of exempt categories here on the NHS Choices website:
http://www.nhs.uk/NHSEngland/AboutNHSservices/uk-visitors/visiting-england/Pages/categories-of-exemption.aspx


http://www.parliament.uk/business/publications/written-questions-statements/written-statement/Commons/2016-07-06/HCWS62


According to the PDS user guide: “When allocating a new NHS number, the local system should encourage the local system user to select ‘male’ or ‘female’ rather than ‘not known’. The fourth value of ‘not specified’ should never be pro-actively set by local systems. Setting gender to anything other than ‘male’ or ‘female’ will make the patient difficult to trace.”


In 2013, the government introduced its controversial “care.data” scheme to combine all patient information from both GPs and hospitals under the control of NHS Digital, then called the Health and Social Care Information Centre (HSIC). This scheme was officially shelved after a review of “data security and consent” by the National Data Guardian for Health and Care, Fiona Caldicott. (http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2016-07-06/HCWS62) However, although the “care.data” programme is officially no more, centralised data gathering from GP surgeries is already well under way and continues apace. For much more on care.data and other NHS data confidentiality issues see the campaigning website medconfidential.org.
available to NHS digital Back Office, and so can be passed to the Home Office.


24 https://digital.nhs.uk/National-Back-Office Smedley Hydro, Southport, PR8 2HH; the email for submitting trace
requests is NBO-T4@nhs.net; telephone 0300 365 3664.

25 https://www.buzzfeed.com/jamesball/trumping-donald-trump?utm_term=.id02nqvVK#.pf5KnBeVJ

26 https://www.doctorsoftworl.org.uk/Handlers/Download.ashx?IDMF=32f18a4f-e84f-4df5-a6e5-fe84bf7c92ff

27 This MoU was released in response to a Freedom of Information request by Jen Persson. The earliest version
released was signed in June 2015, after a year of exchanging numerous drafts. It was updated with a “version 2.1”
%20MoU%20redacted.pdf

28 A school can collect it on another nearby date if there are “unusual circumstances”, e.g.,

29 https://www.whatdotheyknow.com/request/pupil_data_off_register_back_off

30 Including in an October 2016 debate in the House of Lords: https://hansard.parliament.uk/lords/2016-10-
31 debates/6D06F8D5-7709-43DF-87ED-33CBBBC7324FF/Education%28PupilInformation%29%28England
%29%28MiscellaneousAmendments%29Regulations2016 Lord Nash stated: “Where the police or Home Office
have clear evidence of illegal activity or fear of harm to children, limited data, including a pupil’s name, address
and some school details, may be requested. To be absolutely certain, this does not include data on nationality, country
of birth or language proficiency.”

7_guide_v1_5.pdf  pages 66 and 67 Schools “must not request to see for any child, for example, a passport or birth
certificate to verify the information declared by the parent / guardian or pupil for the purposes of the census.”

32 http://schoolsweek.co.uk/nationality-data-was-compromise-on-theresa-mays-school-immigration-check-plan/

33 See the Schools ABC website for accounts from teachers, and details on the right to refuse:

34 https://www.schoolsabc.net/

35 As well as post-16 education, independent schools are also allowed to be Tier 4 visa sponsors for children under 16.

36 The latest student guidance for Tier 4 applicants is here:

_Document_2-Sponsorship_Duties.pdf page 7

_Document_2-Sponsorship_Duties.pdf see pages 63-4 The


40 See this 2012 report from the UCU union on some universities' practices and their impact:

41 https://www.ucu.org.uk/media/5816/Impact-of-points-based-immigration-UCU-report-May-

42 https://www.jcwi.org.uk/policy/reports/no-passport-equals-no-home-independent-evaluation-right-rent-scheme

The membership list is here: [https://www.cifas.org.uk/cifas_members](https://www.cifas.org.uk/cifas_members). CIFAS says in its website (here [https://www.cifas.org.uk/immigration_act](https://www.cifas.org.uk/immigration_act)) that all of its members have access to the immigration “disqualified persons” database which would include members who are not banks or building societies.


[Ibid para 6.29](http://icinspector.independent.gov.uk/wp-content/uploads/2016/10/Hostile-environment-driving-licences-and-bank-accounts-January-to-July-2016.pdf) for full details. The threshold for Criminal Records appearing on the PNC is called the Home Office Serious Offence List. According to the same report: “Offences meeting the HOSOL threshold include murder, sexual offences and other offences, mostly involving violence, which either singly or together merited a significant custodial sentence.

Unlike the Home Office’s deportation criteria, HOSOL is based on the nature of the offence rather than the length of the sentence given.”

Guide to the PNC for Home Office staff:


See [https://www.cifas.org.uk/immigration_act](https://www.cifas.org.uk/immigration_act) for a detailed description.


For example, it is mentioned nowhere in the NHS England “Standard General Medical Services Contract” 2015/16 that GPs have to collect patients’ addresses. [https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/pat-reg-sop-pmc-gp.pdf](https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/pat-reg-sop-pmc-gp.pdf) Section 13.5.1 says that GPs can take patients who do not live in their practice area. Section 13.7.3 says that they can choose to refuse patients who do not.

This list is called GP Systems of Choice (GPSoc) [https://digital.nhs.uk/GP-Systems-of-Choice](https://digital.nhs.uk/GP-Systems-of-Choice)