

# *On the Frontline:* The Impact of COVID-19 on the Filipino Community in the UK



PUBLISHED BY KANLUNGAN FILIPINO CONSORTIUM  
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# Summary

**The COVID-19 pandemic has resulted in lasting impacts on all facets of life both in the UK and globally.**

Based on a review of the existing literature, this report shines a light on the experience of the Filipino migrant community in the UK. This experience is one that is characterised by racial discrimination, health inequalities, economic precarity, familial isolation, and the pockets of community and solidarity that have arisen despite and because of these challenges. These effects are brought about by intersecting pressures of race, gender, precarious immigration status, and area of work, making the experience of the Filipino community into the perfect example highlighting the problems in the UK's COVID-19 response and broader structural issues linked to immigration policy, austerity, and public health.

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# Methodology

**The aim of this report was to understand and illuminate the experience of Filipino migrant workers in the UK during the COVID-19 pandemic.**

To do this, a literature review was conducted based on documents published between March 2020 and December 2022 about migrant, and specifically Filipino, frontline health and care workers in the UK. These sources were selected from academic, government, media, and charity sector publications, in order to capture a range of diverse perspectives. Internal reports, past research projects, and testimonials previously collected from staff and community members gathered by Kanlungan between 2020 and 2022 were also included. This allowed us to include first-hand accounts that highlight the urgency and impact of Kanlungan's work, as well as the needs that were raised and the issues that were experienced specifically by Kanlungan's community members. These were then contextualised against news reports and academic literature about the history of and policy around immigration and the Filipino migrant community in the UK.

# Background

## **COVID-19 and inequality in the UK**

Coronavirus (COVID-19) has resulted in lasting impacts on healthcare, economic, and social structures both in the UK and across the globe since being declared a pandemic by the World Health Organisation in March 2020. After three national lockdowns and a mass vaccination drive that has administered at least one vaccine dose to 93.6% of the adult population, the UK has reported over 22 million cases and 220,000 deaths to date<sup>1,2</sup>.

The effects of the pandemic on individuals and societies have both highlighted and exacerbated long-standing inequalities across ethnic, income, and social groups. Black, Asian, and Minority Ethnic (BAME) individuals comprised 72% of health and care worker deaths, and in the general population, certain ethnicities recorded over twice the number of deaths compared to their white British counterparts just in the first year of the pandemic<sup>3</sup>.

Filipino healthcare workers recorded the highest number of deaths among non-British staff in the NHS<sup>4</sup>. In response to the situation, the Filipino Nurses Association UK (FNA UK) and Philippine Nurses Association UK (PNA UK) separately called the attention of Parliament<sup>5</sup> and the International Council of Nurses<sup>6</sup> to look into the matter.

The lack of data on the ethnicity of people being affected by COVID-19 has prompted researchers to demand that ethnicity should be included in death certificates once it became clear that racialised communities were being disproportionately impacted by the pandemic<sup>7</sup>. While there have been studies<sup>8</sup> that came out looking at the vulnerabilities of certain ethnic minorities to COVID-19, these often failed to examine the specific issues confronting Filipinos in the UK<sup>10</sup>.

## **Filipino migration to the UK and beyond**

Filipino immigration to the West has imperialist roots, with the American colonial government establishing English-language nursing schools to train and export Filipina nurses in the 1940s under the guise of 'Benevolent Assimilation' doctrine<sup>4</sup>.



Credit: Kanlungan

# Background

There was a rapid upswing of this movement in the 1970s when the dictator Ferdinand Marcos pushed for emigration to Gulf countries to meet the high demands for labour in the oil industry, amidst high unemployment and political and economic instability in the Philippines<sup>5</sup>. As a result, racist perceptions of the Filipino worker as ‘submissive, hard-working, and docile’ are pervasive in the experience of many of the 10 million Filipinos now working abroad<sup>6</sup>.

In the 1990s, policies from the New Labour government in the UK that relaxed entry requirements for non-EU migrants saw a mass movement of Filipinos into the country<sup>4,6</sup>. Today, there are an estimated 200,000 Filipinos living in the UK, with approximately one-third working in domestic work and nursing services<sup>7,8</sup>. There are over 30,000 Filipinos in the NHS, the second largest non-British nationality<sup>9</sup>, and of the 23,000 foreign domestic worker visas issued in the UK each year, about half are given to Filipinos<sup>10</sup>. This is in addition to the estimated 10,000 undocumented Filipino migrants who are working informally<sup>11</sup>. Their precarious position, often on the frontline of the COVID-19 response as health, care, and domestic workers, means that the Filipino community in the UK has been disproportionately affected by the pandemic compared to other ethnic groups.

## **Community support from Kanlungan**

Kanlungan is a consortium of 12 grassroots community organisations working to support Filipino, East, and Southeast Asian migrants and refugees in the UK. During the pandemic, Kanlungan provided both material support and educational campaigns for hundreds of Filipino migrants. This took the form of activities such as pop-up vaccination clinics, online, telephone, and social media workshops and seminars about COVID-19, providing food and grocery assistance for undocumented workers and those with no recourse to public funds (NRPF), and aid in applying for cash assistance from the Philippine Department of Labour and Employment. Social and community activities were organised to foster a sense of belonging and connection amidst the isolation of the pandemic.

The effects of these activities are evidenced by their reach.

- The Curating the Mind mental health project catered to 645 participants in 2020-2021, up from 120 people in 2019.
- The #FilipinoFood4NHS initiative delivered 2,500 meals to London NHS staff through 40 volunteers.
- Fifteen workshops on migrants’ rights were conducted, attended by a total of nearly 400 participants.
- Over 100 undocumented Filipino migrants received support and immigration advice through the Pathways to Settlement project, with five successfully achieving regularisation<sup>12,13</sup>.



Credit: Kanlungan

Kanlungan lobbied for migrant rights and protections, engaging with policymakers such as the Mayor of London, the Domestic Abuse Commissioner, Public Health England, and the Low Pay Commission through consultations, research, and advisory group involvement. As a result of this work, COVID-19 guidelines and vaccination information were disseminated in Tagalog by NHS Services and Hackney Council, charges and immigration checks for COVID-19 testing and treatment were dropped, and new legislation requiring minimum wage payment for live-in domestic workers was introduced<sup>12,13</sup>. Kanlungan is also a member of the Status Now 4 All Network, a coalition of organisations campaigning for the UK and the Republic of Ireland to grant Indefinite Leave to Remain to undocumented migrants, currently with 144 signatory organisations<sup>14</sup>.

# Background

## **Hostile Environment policies**

Hostile Environment policies - introduced in 2012 by then-Home Secretary Theresa May, bolstered by Immigration Acts in 2014 and 2016, and officially renamed to Compliant Environment policies in 2017 - were implemented in order to deter people from entering or remaining in the UK without status and discourage undocumented migrants from staying in the UK.<sup>15,16</sup>

***“The aim is to create here in Britain a really hostile environment for illegal migration.”***

***- Theresa May***

A complex and far-reaching web of legal and policy changes were implemented, and designed to prevent undocumented migrants from accessing housing, healthcare, banking, education, employment, and social welfare by making employers, landlords, medical practitioners, social workers, and others into *de facto* immigration officers. As a result, Hostile Environment policies force undocumented migrants into precarious employment, unsafe and exploitative working conditions, and homelessness, alongside promoting racism and discrimination. These circumstances were aggravated by the financial and health challenges created by the pandemic, pushing undocumented migrants further into the risk of harm and destitution<sup>17</sup>.



Credit: [Channel 4 News](#) via YouTube



Credit: The Guardian



Credit: [libertyhumanrights.org.uk/fundamental/hostile-environment/](https://libertyhumanrights.org.uk/fundamental/hostile-environment/)

# RACISM & DISCRIMINATION

Systemic racism is embedded in the treatment of Filipino migrants in the country. Filipinos are not recognised as a separate ethnic group in UK statutory data collection, so the specific effects of COVID-19, and indeed of discriminatory migration policies, on Filipino communities specifically are difficult to determine. These institutional factors, in addition to racist perceptions of the Filipino worker as submissive and docile, were aggravated by the racialisation of the pandemic. This is evidenced by a 300% increase in hate crimes against East and Southeast Asian communities in the UK between 2020 and 2021 due to the association of the virus with China<sup>10</sup>.

This provided a platform for and interacted with the racist behaviours and attitudes experienced by Filipino migrants in the UK. The report *Nursing Narratives: Racism and the Pandemic*, which Kanlungan was involved with in 2022, highlighted the pressure and coercion experienced by Filipino and other BAME healthcare workers especially regarding their employment and visa status at work<sup>18</sup>.

***“They would just tell you, ‘You are hired to work here. Just work, I don’t care if you die or not, I don’t care if you are sick or not, just work.’” - Filipino NHS nurse***



Credit: Kanlungan

Survey participants observed preferential treatment of white British staff, with more BAME healthcare workers being sent to COVID-19 and high-risk wards than their white counterparts, while feeling excluded from conversations, meetings regarding risk assessment, and decision-making. They felt deprioritised from receiving personal protective equipment (PPE) or relief donations from charitable institutions, which were often first distributed to white staff who had closer relationships with managers.

Racist perceptions resulted in Filipino and BAME staff feeling pressured to work harder to overcome accusations of laziness or threats of termination of employment, and in incidents of staff being reported to the Nursing and Midwifery Council or the police without substantive evidence of offence. Bullying, exclusion, and neglect occurred across all roles and income levels, even to the point of compromising patient safety. Concerningly, 43% of respondents reported experiencing these issues even before COVID-19, but nearly a third experienced workplace discrimination for the first time in the first year of the pandemic, highlighting how COVID-19 has exacerbated existing behaviours that foster racism and inequality.

These incidences are not confined to the hospital setting. One Filipina nurse in Southampton, still in her uniform after a 12-hour hospital shift, was threatened with physical violence and told to “go home to China” by a group of young people in March 2021<sup>19</sup>. A Filipino couple in Poole were regularly harassed by neighbours who would knock on their door and tell them to go back to the Philippines, saying they were only in the UK to “be supported by the government”, despite both being care workers<sup>20</sup>. Such encounters demonstrate how ingrained racist sentiments have been bolstered and enabled by the racialisation of COVID-19, providing the public with an avenue to pin the blame on Asian migrant communities.

# HEALTH INEQUALITY

## *Navigating fear and uncertainty in the healthcare system*

Such systemic racism and exclusion have led many Filipino migrants to feel fear and hesitancy regarding accessing NHS services. This is compounded by a lack of trust in the NHS data sharing policies. Sharing patient data between the NHS and the Home Office for immigration purposes was withdrawn in 2018, but mixed messaging on the NHS website and reports of data sharing still taking place has reduced health-seeking behaviours in many undocumented Filipino migrants who fear that they will be discovered and deported if they access the NHS<sup>21</sup>.



Credit: Kanlungan

In *A Chance to Feel Safe*, Kanlungan's report published in 2020 based on a survey targeted at undocumented Filipino migrants, only one of the 13 interviewees who experienced COVID-19 symptoms sought treatment<sup>21</sup>. In *Essential and Invisible: Filipino Irregular Migrants in the UK's Ongoing COVID-19 Crisis*, the follow-up published in 2021, only five of 14 interviewees had received a COVID-19 vaccine dose, while six participants were afraid of getting one<sup>22</sup>. In addition, even though COVID-19 diagnosis and treatment are free for all in the NHS, treatment of secondary or subsequent illness is charged at 150% for undocumented migrants, as they may not have paid the health surcharge, which all migrants are required to pay to fully access the NHS. The barrier of cost is especially dissuasive amongst Hostile Environment policies and discourages many from seeking treatment.

As a result, at least four undocumented Filipino migrants are known to have died at home due to COVID-19 without having accessed treatment<sup>23</sup>. One individual, Rey\*, died days before another, Elvis\*, whose wife was still experiencing COVID-19 symptoms but afraid of visiting the hospital when he died<sup>24</sup>.

## *Lack of protections in the workplace*

Within the healthcare system itself, the picture is similarly alarming. Filipinos represent an estimated 22% of deaths in NHS nurses despite only comprising 3.8% of the NHS nurse population<sup>6,25</sup>. This is largely due to protections for Filipino workers being inadequate or absent entirely. In *Nursing Narratives: Racism and the Pandemic*, one in five of the healthcare workers surveyed reported discrimination against them for access and suitability of PPE, while over 60% of the domestic workers interviewed had to provide their own PPE at work<sup>18</sup>. In addition to a shortage of materials, the masks available in hospitals were often not suited for those wearing a hijab, and nurses were made to use bin bags for their hair and braids. 44% of Filipinos surveyed felt that they had been unfairly delegated to high-risk or COVID-19 positive wards compared to their white peers. Many of these were new nurses or those in low-paying positions, who found it harder to complain about their working conditions or were threatened with losing employment visas.

In the social care sector, including care workers, home carers, and social workers, the UK Office for National Statistics estimates the death rate to be twice that of the general population. Joshua\*, a care assistant in a residential home in south London, reported that the carer to patient ratio went from one in five patients to as high as one in ten where he worked due to staff shortages<sup>20</sup>. Despite this, PPE was in short supply and managers often compromised on quality by getting products such as gloves that 'would disintegrate' after use. This is after their staff were initially made not to wear any PPE at all so as not to scare the patients.

## **Precarious and substandard housing arrangements**

Health inequalities in the Filipino migrant community are also evident in substandard housing and challenging living conditions. Due to Hostile Environment policies that force landlords to check the immigration status of their tenants, many undocumented migrants find themselves in precarious housing arrangements. In *A Chance to Feel Safe*, only 21% of the precarious or undocumented migrants surveyed had a tenancy agreement, 20% were homeless or had no fixed address, and 58% were living in shared accommodation<sup>21</sup>. These shared living arrangements often provide inadequate and uncomfortable space. Carla\*, a Filipina domestic worker who has worked various jobs in London for the last seven years, reported that she shared a flat with 11 others and her six-month-old baby. Of all the residents in her house, only one was documented<sup>11</sup>.

Many live-in domestic workers were made homeless or had to find other accommodation, as their employers no longer wanted them to live with them. Hannah\* usually took the bus to her employer's house but had to walk for over an hour each way during the pandemic, where she worked from 8 am to 8 pm. Sherlyn\* was told not to go to the house to protect her elderly clients but was still being made to do regular grocery shopping. Often, these decisions involved protecting their clients' health even if it meant putting their own at risk.<sup>8</sup>

***“They asked me not to go to the house because my clients were elderly. But they have been asking me to buy groceries, food, and other essential items for them... Also, it's difficult because I have to walk doing all these things. I had to avoid public transportation because I might contract the virus from public facilities.”***

***- Sherlyn***

## **A legacy of neglect**

Joven Flores moved to the UK in 2001 and worked as the head chef at a care home. He died of COVID-19 in February 2021. His wife recounts that prior to this, he had worked for five months straight with no time off and would experience body pains and severe exhaustion due to his long working hours. She says that this is why he couldn't recover from the disease. Even until his son was calling him an ambulance, Joven was making orders for his care home kitchen<sup>20</sup>.

This routine overwork that is common to many Filipino migrants is due not only to their employment often in health and care sectors, but also to the racist and discriminatory attitudes they face. Because in part of the history of Filipino migration into these labour sectors, perceptions of the Filipino worker as submissive, hardworking, and dedicated makes them prone to being overworked by employers. Moreover, employers can threaten the many undocumented or precariously employed Filipino migrants with losing their employment or sponsored work visa, respectively. The combination of these factors can force Filipino workers into more dangerous working conditions, putting them at higher risk and exposure to COVID-19 with few ways to access treatment, thus exacerbating the inequality of health outcomes.

# EMPLOYMENT & ECONOMIC PRECARITY

## ***Legal barriers for undocumented migrants***

The Overseas Domestic Worker Visa, with which many Filipinos enter the UK, was made more restrictive in 2012 by removing the ability of domestic workers to change employers and apply for further leave to remain while in the UK<sup>10</sup>. While this was later amended to allow them to change their employers within the six months of visa validity, the visa comes with NRPF and cannot be extended beyond the six-month validity unless the individual can prove that they have been a victim of modern slavery or human trafficking.

Undocumented migrants face particular challenges to advocating for safe working conditions. Many undocumented Filipino migrants have reported being told that they ‘should be grateful’ for the jobs that they are given, despite poor pay and working conditions. This lack of formal safeguarding forces undocumented, and particularly domestic workers employed ‘behind closed doors’, to accept whatever jobs are available and puts them at a greater risk of modern slavery<sup>27</sup>.

The National Referral Mechanism is the UK’s system of identifying and protecting victims of human trafficking and modern slavery. Those who have received a ‘reasonable grounds’ decision during the first stage of the process are allowed access to legal and psychological support and financial assistance of a meagre £39.60 per week<sup>27</sup>. Receiving a ‘conclusive grounds’ decision in the second stage allows individuals to apply for a two year, usually non-renewable type of leave to remain. But this system often fails to protect those who have been legitimately abused as it incurs an average wait time of two to five years, it puts the onus on the victims to provide evidence of their own abuse,

and individuals are prevented from seeking work during the process but are not provided with adequate financial support. Even for those who have lived in the UK long enough to apply for Indefinite Leave to Remain, the application costs preclude most from applying — up to £2,389 from being free in 2003<sup>20</sup>. In March 2023, new immigration laws were proposed that would make this landscape even more hostile to migrants, including proposals to remove asylum seekers entering the UK without documents. On 20 July 2023, the Illegal Migration Act received Royal Assent. Whilst many parts of the Act are not currently operational or in force, provisions have been commenced which expand detention powers, undermine vital protections for survivors of trafficking and modern slavery, and water down protections for people seeking asylum from certain countries considered ‘safe’.

## ***Loss of work and ‘no work, no pay’ practices***

Undocumented migrants have been unable to access the support provided by the UK government during the pandemic such as suspension of evictions for three months, Statutory Sick Pay for those self-isolating because of COVID-19, and the Coronavirus Job Retention Scheme through which employees received 80% of their usual pay. Instead, many employers subscribed to ‘no work, no pay’ practices. 56% of survey respondents in *A Chance to Feel Safe* reported losing all work and income, and 70% of those interviewed in the following year still had no or only part-time work<sup>29</sup>.

Christina\*, a 68-year-old senior care assistant and mother of three, moved to the UK on a three-year visa that was refused renewal because she had not completed her level 3 National Vocational Qualification certificate at the time, even though she was only one

unit away from finishing. Christina lost her job during the pandemic when her employer passed away of COVID-19 and has since been working part-time cleaning jobs and staying with a friend. She expressed fear of destitution and anxiety about catching COVID-19<sup>23</sup>.

***“I’m worried. I feel like I’ve been hiding for all my life, it’s not good. When you’re hiding, you’re not free. You’re always scared somebody might pick you up.”***

***– Christina***

Like Christina, many Filipinos have moved to the UK with visas that were not renewed, sometimes under false promises of employment. Diwata\* moved to the UK in 2008 as a student and was promised a nursing job after her studies, which she was never offered. Her visa renewal was refused, and she has had to work many undeclared jobs since but became unemployed when the sauna where she worked was closed down due to COVID-19<sup>23</sup>. As a transgender woman, she fears moving back to the Philippines, where structural barriers in employment and systemic discrimination in wider society faced by members of the LGBTQ+ community means she could be subjected to persecution, serious harm and unbearably worse living conditions on return.



Credit: Kanlungan

### ***Low pay and poor working conditions***

Those who maintained employment were often paid insufficient wages. In *A Chance to Feel Safe*, the survey respondents earned an average wage of £6 per hour, compared to the minimum wage in the UK and in London of £8.72 and £10.75, respectively<sup>21</sup>. Some participants reported being paid as low as £2 an hour. Florence\*, a domestic worker, fled her employers in 2020 after cameras had been installed to monitor her, and her documents, taken from her by her employer. She approached authorities, who said that it would be difficult for her to prove she had been a victim of modern slavery with the £800 income that she was initially promised, even though she had only been receiving half of this<sup>10</sup>. Another Filipino domestic worker, Xia\*, recounted similar experiences of being locked in her employer’s house, monitored with cameras, taunted with animal noises, and forced to work even while ill<sup>30</sup>.

This is in addition to the long working hours many are made to work. Mimi\* is a domestic worker who reported having to work 12 hours a day, five days a week, for under £5 an hour<sup>27</sup>. After her first job, she cleans for a neighbour from 8:30 pm until 1 or 2 in the morning. Despite this, half of her income is spent on rent in shared housing. Care workers have also been made to work additional hours with no incremental income. Joshua\* works in a care home and performed training sessions for new staff to provide better care during the pandemic<sup>20</sup>. However, training was not supported by management, so few people attended, and he received no extra compensation. These conditions have made it challenging for many to support themselves and their families amidst the economic crisis brought about by the pandemic.

# FAMILY & COMMUNITY

## *Transnational families and communities of care*

Transnational families, with Filipinos abroad separated from their loved ones in the Philippines, are an inevitable consequence of migration<sup>31–33</sup>. The social isolation of having no extended family in the UK was made worse by the lockdowns, especially for domestic workers who were made to stay at home with their employers, preventing them from connecting physically with their communities in the UK. Filipino communities such as those fostered by Kanlungan have allowed migrants to find their ‘built families’ with people of shared stories, occupations, and socioeconomic situations. The difficulty of accessing these during the pandemic has left many to feel isolated, aggravated, and depressed.

These feelings are evidenced by the NHS creating a bereavement and trauma hotline for Tagalog-speakers after Kanlungan’s lobbying for mental health support for Filipino NHS workers<sup>34</sup>, and reinforced by Kanlungan’s Shrine of Love, an online tribute to Filipino migrants who have passed away in the UK due to COVID-19, representing 47 people at the time of writing<sup>35</sup>. Stories of Filipino radiographers struggling to perform x-rays on their fellow Filipinos due to the emotional burden of seeing their loved ones suffering, and chains of prayer brigades for Filipinos in hospital ICUs<sup>7</sup>, highlight the struggle, strength, and solidarity that the Filipino community has shared with each other in the midst of this collective trauma.



Credit: Kanlungan

## *Failed hero narratives and the glorification of resilience*

Filipinos abroad are victims of what have been described as ‘labour brokerage’ policies that masquerade as a vehicle for the dreams and aspirations that many have for themselves and their families<sup>32</sup>. In 2020, nearly 10% of the Philippine GDP came from foreign remittances<sup>36</sup>. Despite a 20% decrease in remittances globally during the pandemic<sup>37</sup>, the Philippines has remained equally reliant, if not even more so, after a two-fold increase in unemployment domestically. In *A Chance to Feel Safe*, 87% of interviewees reported they were providing financial support to someone else<sup>21</sup>. Tragically, the many Filipinos who died overseas during the COVID-19 pandemic will never get to return to the family they have been supporting in the Philippines.

***“We thought we could spend more time as a family together when we were retired, but this is gone.”***

***– Aurora, wife of Joven Flores***

The moral and social pressure to provide for their families in the Philippines is bolstered by the ‘hero narrative’ surrounding the Filipino migrant community<sup>6</sup>.



Credit: NHS England via X

In the UK, NHS and other frontline workers were applauded at 8 pm every Thursday for the first few months of the pandemic<sup>25</sup>. War-time language was used to describe their pivotal role in the ‘fight’ against the pandemic, and the bravery with which they have gone ‘above and beyond the call of duty’ to serve even without adequate resources or protection. This celebration appears ironic as, despite this, Filipino healthcare workers were still being subjected to racism and discrimination in the workplace and domestic and care workers were providing essential care in ‘no work, no pay’ conditions.

Even the many Filipinos who have dedicated their careers to care work in the UK have been victims of this ironic neglect. Luisa Real, a Filipina nurse who has worked in London hospitals for over two decades, was diagnosed with COVID-19 in January 2021. She was released from the hospital due to bed shortages and died at home the next day. She is survived by her son, Joseph, who is continuing her dessert business in her memory<sup>26</sup>.

Alongside this, the Filipino concept of bayanihan - originally used to describe villages helping families move their home with bamboo poles, and now referring to a culture of mutual aid - is celebrated in times of disaster as the inspiring power of the Filipino collective to alleviate their own struggles<sup>38</sup>.

In the spirit of bayanihan, the Philippine government lauded the role of Filipinos in the fight against the pandemic both domestically and overseas, while simultaneously failing to provide care and protection for these healthcare workers by trading Filipino nurses for vaccines in Germany or making healthcare workers in the Philippines work for PHP 500 (~£7.00) a day at the beginning of the pandemic. These cultural narratives in the UK and the Philippines intersected to aggravate and justify the oppression of Filipino workers under the guise of celebrating their contributions and strength. This glorification of resilience serves to absolve the government and policymakers from their duty to care for all members of society, especially the most vulnerable.



Credit: ABS-CBN News via Rose Eclarinal

# INTERSECTIONAL IDENTITIES, INTERSECTIONAL ISSUES

Ultimately, the disproportionate effects of the pandemic on the Filipino community in the UK arose from the intersection of various factors that build and feed into a discriminatory culture. The impacts on racism, health inequality, economic precarity, and familial isolation highlighted in this report are in fact cyclical and interconnected effects of this culture. Structural and interpersonal racism push Filipino healthcare workers into more dangerous working conditions, and because of this, they suffer from poorer health outcomes, struggle to find safe and stable employment, and feel strained from the pressure to provide for their families.

Racism also intersects with other forms of discrimination such as islamophobia, classism, misogyny, transphobia, and homophobia. Existing structures in white, patriarchal, heteronormative societies such as the UK can create power imbalances that compound on this discrimination to widen inequalities. Before the pandemic, women spent 5.7 hours a day on unpaid domestic work compared to 3.6 for men. During the pandemic, this increased a further 50% for women compared to 36% for men in the UK<sup>39</sup>. Especially with the domestic and care sector being such a racialised and gendered industry, discrimination is evident in expectations for certain behaviours that are associated with female, LGBTQ+ and minority ethnic groups, such as submissiveness and industriousness, that put workers at greater risk of exploitation.



Credit: Kanlungan

# Recommendations

The COVID-19 pandemic has both highlighted and exacerbated the precarious situation of all migrants in the UK, as evidenced by the disparity in healthcare, social, and economic outcomes outlined in this report. In light of this, we propose the following recommendations:

## 1. Grant status now for all.

Echoing the call of the Status Now 4 All Network, a coalition of individuals and organisations advocating for Indefinite Leave to Remain to be granted to all undocumented migrant people in the UK and Ireland, we urge for the regularisation of all migrants in the UK. Their undocumented status provides the legal justification for the racist and discriminatory systems that put migrant workers at explicit risk, including physical or verbal assault, or implicit risk, as with neglect of BAME nurses in the workplace. Despite this, the immigration policies proposed by the new Labour government threaten to aggravate the precarious position of migrants in the UK.

The first step to achieving this would be for a clear and affordable pathway to be established by the Home Secretary for those without, or with only temporary, immigration status to regularise their status and gain settlement. These provisions should include permits that undocumented migrants can obtain with an offer of employment, abolition of the prohibitively expensive Immigration Health Surcharge, and restoration of legal aid for immigration and human rights cases from the Secretary of State.

## 2. Ensure access to essential public services.

Public support and services – and thus access to public funds, stable and secure employment, safe housing, and healthcare – must be provided and ensured to meet the needs of all communities regardless of immigration status. Hostile policies against migrants that prevent access to these essential services must be repealed. In conjunction with this, the COVID-19 Community Champions scheme should be reinstated to improve the relationship of trust between vulnerable groups and local authorities. Importantly, measures should be taken to reduce healthcare inequalities. The Health Secretary must amend the NHS migrant charging policy and ensure that access to NHS services is based only on need and not on immigration status.

Data sharing between the NHS and the Home Office regarding patients' immigration status must not occur, and this should be clearly communicated to the public to prevent undocumented migrants from being deterred from accessing public healthcare services. Access to public services will prevent the unnecessary and disproportionate deaths experienced by Filipino and other migrant communities in the UK as they would no longer be forced to enter unsafe living or working conditions. Especially in the context of a pandemic, everyone is only as safe as the most vulnerable members of a community, and protecting all aspects of society, including migrant groups, protects the entire population. Ultimately, achieving health equity is a multi-faceted problem that requires reform across social services, including fair pay for all NHS, healthcare, and care workers, increased investment in the NHS, and a commitment to keeping the NHS truly free and accessible for all.

## 3. Protect and strengthen the rights of Filipino workers in the UK.

All workers in the UK must have access to safe and secure employment, and a safety net in the form of state support in the event of hardship or ill health, regardless of immigration status. Decent working conditions and fair pay must be enforced more strictly by the government through supporting and funding the work of labour enforcement agencies preventing workplace exploitation and abuse, including modern-day slavery, ending the use of 'zero hours' contracts, and increasing the minimum wage in accordance with inflation. Furthermore, these labour enforcement agencies should guarantee safe reporting and have strict no data sharing policies with immigration enforcement. With this, workers should also have a safe, free and simple process for reporting workplace exploitation. These services should be available in Filipino and other major languages, and culturally sensitive legal support and counsel should be provided for workers reporting workplace abuse.

## 4. Prevent racism against Filipino migrants in the UK.

In light of anti-East and Southeast Asian racism that arose after the COVID-19 pandemic and broader violent attacks on Black and brown communities, including Filipino nurses, in the UK in the summer of 2024, and recent legal changes which have created a more hostile climate against migrants in the UK, the government must take action to address the systemic and pervasive racism that underlies the disparity in health and socioeconomic outcomes described in this report. This starts with repealing Hostile Environment policies and reinstating the pre-2012 Overseas Domestic Workers visa. This could include more thorough consultation of policymakers with grassroots organisations such as Kanlungan to understand the lived experiences of marginalised individuals, strengthening the Equality Act to include protections against socioeconomic status, and improving the depth and breadth of information collected about different social groups in the UK. Importantly, government census data should increase the visibility of Filipino and other migrant groups in collected data, especially because of the significant number of Filipino migrants working in frontline services.

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Thank you for taking the time to read this report. If you have any questions or would like to discuss our findings further, please don't hesitate to reach out to us.

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