# Appendix:

Sanctuary Cities in Europe? A Policy Survey of Urban Policies in Support of Irregular Migrants  
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This appendix consists of three different parts. A.1 provides information about the data collection and data categorization process. A.2 describes the data, the operationalization and descriptive statistics of the variables, and the logistic regression models. A.3 provides the city profiles of European cities with over 350,000 inhabitants in that we found a policy in support of irregular migrants.

## ***A.1: Data Collection and Data Categorization Process***

The data collection and data categorization process consists of three steps: data collection and initial screening (step 1), standardization (step 2), and expert validation (step 3). We also explain the reasons for including and excluding cases during this process, and we provide information about the experts who helped us validate the findings.

We include European cities with over 350,000 inhabitants in OECD countries. We focused on cities in OECD countries because of the data available on the variables of GDP per capita and share of migrant population that we use in our regression analyses. Only incorporating cities in OECD countries excludes cities in the following European countries: Albania, Belarus, Bosnia-Herzegovina, Bulgaria, Croatia, Kosovo, Moldova, North Macedonia, Romania, Serbia, Slovenia, and Ukraine. We also did not include Turkish and Russian cities as only small parts of both countries geographically belong to Europe.

***A1.1: Data Collection and Initial Screening (step 1)***

We collected the data from a variety of sources. First, we looked at comparative policy reports on urban policies in support of irregular migrant. Nicola Delvino’s (2017a) report is important because it covers many European cities. Additionally, the reports by Spencer (2018), Delvino (2017b), and Delvino and Spencer (2014; 2019) also present policy overviews. The website *Cities of Migration* was also helpful because it lists and describes diverse urban policy initiatives in support of irregular migrants. An overview of urban policy initiatives in the health sector is provided by the *Platform for International Cooperation on Undocumented Migrants* (PICUM 2017) and by the *European Union Agency for Fundamental Rights* (2011). Second, we searched for policies in academic articles and books. These sources mostly offered in-depth individual or comparative case studies (e.g., Ataç et al. 2020; Kaufmann and Strebel 2020). Third, and most importantly, we conducted an internet search of urban policies in support of irregular migrants in all 95 European cities in OECD countries that have more than 350,000 inhabitants. We conducted the internet search in English and in the corresponding national language using the translation programs *Deepl* and *Google Translate*. For each city, we used the search terms listed below. We replaced *City* with the respective city name (e.g., Amsterdam irregular migrants).

* *City* irregular migrants
* *City* illegal migrants
* *City* undocumented migrants
* *City* regularisation migration
* *City* sanctuary city
* *City* identity card

There is a high diversity with regard to urban policies and practices in support irregular migrants (Kaufmann 2019). Therefore, we specified inclusion criteria. We only included urban policies officially mentioned by city governments and that deliberately target irregular migrants. We focus on official policies because we wanted to see whether cities are deliberately and openly active in this policy field despite it falling under the formal authority of national states. Additionally, it was not possible to obtain an overview of the many informal policies and practices in place. We specifically did not include:

* Policies or programs formulated by higher-tier governments that are implemented by cities
* Policies that have been planned but not yet implemented or policies that are currently inactive
* Vague reference to urban policies whose existence we could not verify
* Symbolic declarations without concrete policies that aim to improve the lives of irregular migrants
* Policies that support irregular migrants in the short-term, but that carry with them the assumption that the long-term goal is that irregular migrants leave the country
* Policies that target refugees and asylum seekers

***A1.2: Standardization (step II)***

We excluded and included different policy examples from our survey during the second and third step (see Figure 1 in the article). In the following, we provide the reasons for these exclusions and inclusions.

* Bonn: The NGO, Solidarity with Women in Distress (SOLWODI), operates in Bonn. It offers psychological and other types of counseling to women who have experienced human trafficking, forced prostitution or marriage, or sexual violence while fleeing their home country or in their relationships and marriages. SOLWODI works with women without a residence status, however, we excluded this example because we could not verify that the city of Bonn financially supports it, and it does not specifically target irregular migrants.
* Bristol: The Bristol City Council financially supports the organization, *Bristol Refugee Rights*, which targets, among other things, rejected asylum seekers and people who wish to apply for asylum but have not yet done so. We excluded this example because it does not specifically target irregular migrants.
* Dublin: The city of Dublin provides homeless irregular migrants with emergency shelter. The homeless shelter is open to all people in need. We excluded this example because it does not specifically target irregular migrants.
* Duisburg: The NGO, SOLWODI, operates in Duisburg. The NGO offers psychological and other counseling to women who have experienced human trafficking, forced prostitution or marriage, or sexual violence while fleeing their home country or in their relationships and marriages. The NGO works with women without a residence status. We excluded this example from our survey because we could not verify that the city of Duisburg financially supports the NGO, and it does not specifically target irregular migrants.
* Rouen: We initially included a transportation policy that allows irregular migrants to use road transport at reduced rates if they are covered by the national medical health system. We excluded this example because of its limited impact on the life of irregular migrants (it only offers reduced rates for road transportation).
* Strasbourg: The city of Strasbourg financially supports two NGOs that offer shelter for all people in need, regardless of their residence status. The shelters allow a stay of six months to one year. We excluded this example from our survey because it does not specifically target irregular migrants.
* Stuttgart: The city of Stuttgart runs an emergency housing office. The office is the first point of contact for homeless foreigners, and it offers counseling. We excluded this example from our survey because it does not specifically target irregular migrants.
* Turin: The city of Turin uses special city regulation to allow migrants without a residence status to exchange goods on the market around the Porta Palazzo. The city created a category of merchants without a residence status who are assigned their own specific space in the market. We excluded this policy because of its limited impact on the life of irregular migrants (it only targets one specific market).
* Zurich: The city police of Zurich does not patrol around a school that offers courses for irregular migrants or other important institutions for irregular migrants. We excluded this example because we could not find an official statement on this practice.

***A1.3: Expert Validation (step III)***

* Bilbao: All people living in Bilbao can obtain an Individual Health Care Card TIS (*Tarjeta Individual Sanitaria*). The idea of the card is to make regular or urgent health care accessible to all people. It is only valid in the Basque Country. We excluded the card from our survey because it can only be obtained by registering in the *Padrón Municipal,* and Bilbao does not have the same level of inclusive registering in the *Padrón municipal* as other Spanish cities.
* Palermo: The city of Palermo wants to give all people who have lived in Palermo for two months the right to work. We excluded this example from our survey, in consultation with our expert, because it is more of a symbolic statement of openness by the mayor of Palermo in the face of restrictive Italian asylum policy, and it is not an actual policy.
* Stockholm: An expert mentioned that Stockholm also uses its local social fund to provide financial support for irregular migrants. We therefore included Stockholm in our survey.
* Valencia: An expert from Spain mentioned an explicit immigration friendly policy followed by the current administration. We then contacted an expert from Valencia, and this expert confirmed that the city of Valencia states, in its Municipal Plan of Immigration and Interculturalism, that it will follow an especially inclusive approach to registration in the *Padrón Municipal*. We thus included Valencia in our survey.
* Zaragoza: Anyone can register in the *Padrón Municipal* in Zaragoza. However, we excluded Zaragoza from the survey because our discussions with the experts could not confirm the city’s deliberately inclusive approach to registration in the *Padrón municipal,* as is the case in other Spanish cities.

We are indebted to the following 15 experts who helped explain the different policies and validated our policy descriptions and categorizations (see table A.1.1.). We selected experts that had published about irregular migration in academic publications or in reports, including case studies about specific cities, country reports about irregular migration or government reports. If these experts were unavailable or did not feel capable of reviewing the cases, we asked them to recommend other experts. We contacted an expert for each city where we found a policy after step I and II of our data collection and data categorization process. We sent these experts an email with information about our comparative study, the written city profiles (see appendix A.3), and our categorization (table 2 in the main paper). These experts reviewed and commented on our city profiles. We also conducted three in-depth semi-structured interviews with city administrators in Amsterdam, Barcelona, and Zürich who are responsible for urban policies in support of irregular migrants in these cities. We used these semi-structured interviews to better understand these important cases. We contacted the experts and conducted the interviews between November 2019 and November 2020. Expert validation assured the reliability of the data and contributed to our interpretation of the policies. Yet, we did not systematically expand the expert validation to cities where we had not initially identified a policy in support of irregular migrant. To expand the expert validation to all cities in the sample might be a way to further strengthening the process, but it also makes the process even more extensive.

Table A.1.1. List of Experts

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Expertise** | **Type of expert** | **Institution** |
| 1 | Amsterdam | City administrator | City of Amsterdam |
| 2 | Barcelona | City administrator (retired) | City of Barcelona |
| 3 | Dutch cities | Academic researcher | Radboud University |
| 4 | German cities | Academic researcher | University of Bremen |
| 5 | Helsinki | Academic researcher | University of Helsinki |
| 6 | Italian cities | Academic researcher | Ca' Foscari University of Venice |
| 7 | Oslo | Policy researcher | Institute for Social Research |
| 8 | Paris | Academic researcher | Montclair University |
| 9 | Spanish cities | Academic researcher | Universidad Carlos III de Madrid |
| 10 | Swedish cities | Academic researcher | Malmö University |
| 11 | UK cities | Academic researcher | Durham University |
| 12 | Valencia | Academic researcher | University of Valencia |
| 13 | Vienna | Academic researcher | Danube University Krems |
| 14 | Vienna | Policy researcher | International Centre for Migration Policy Development |
| 15 | Zurich | City administrator | City of Zurich |

## ***A.2: Data and Statistical Analysis***

Table A.2.1 lists the operationalization, data sources and descriptive statistics of the dependent and independent variables.

Table A.2.1. Variables Overview

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Variable** | **Operationalization** | **Source** | **N** | **Mean/ Mode** | **SD** | **Min/ Max** |
| ***Dependent Variables*** | | | | | | |
| Urban policies in support of irregular migrants | Dummy variable | Own data collection | 95 | 0 | 0.448 | 0/1 |
| Policies that award a (more) secure status | Dummy variable | Own data collection | 95 | 0 | 0.224 | 0/1 |
| Policies that facilitate access to city services | Dummy variable | Own data collection | 95 | 0 | 0.437 | 0/1 |
| ***Independent Variables*** | | | | | | |
| Population | Population of the city area, year 2014 | OECD, Metropolitan areas dataset | 95 | 1177 | 1503 | 358,670/9942,283 |
| GDP per capita | GDP per capita (USD, constant prices, constant PPP, base year 2015). Data from 2016 for metropolitan areas. Data for Rouen is missing. | OECD, Metropolitan areas dataset | 94 | 45593 | 13727 | 24231/ 85445 |
| Share of migrant population | Data from 2016 were used as they were the most widely available. If no 2016 values were recorded, those of previous years or from 2017 were used. Data for Athens and Dublin is missing. | Eurostat, Population by citizenship and country of birth - cities and greater cities [urb\_cpopcb] | 93 | 11.995 | 6.955 | 0.1/35.3 |
| Political ideology of the mayor | 0=Extreme Left to 10=Extreme Right  The party affiliation of mayors in summer 2018 was surveyed in an Internet search. | Chapel Hill Expert Survey (Bakker et al. 2015) | 94 | 4.589 | 1.856 | 0.286/8 |

We obtained the data for the variables of population, GDP per capita, and share of migrant population from official comparative datasets provided by the OECD and Eurostat. The data operationalization for the political ideology of the mayors was a bit more complicated as we relied on the Chapel Hill Expert Survey, which only measures party positioning on ideology for national parties (Bakker et al. 2015). The urban party landscape can substantially differ from the national one and mayors often run as independent candidates. If there were specific urban parties not accounted for in the Chapel Hill Expert Survey, we examined each individual case to see which national party or parties supported the urban party of the mayor. We used the political ideology score of the national party or the average score if multiple national parties supported the mayor. For independent candidates, we used the score of the party or the average of the parties that officially supported the mayoral candidate. If there were elections in 2018 that changed mayoral leadership, we took the ideology score for the mayor that was in office longest in 2018. Only Dublin lacks data because its mayor is independent, and we could not find official support from any party that exists in the Chapel Hill Expert Survey.

We estimated logistic regressions using cluster robust standard errors (Williams 2000) in order to control for heteroscedasticity at the national level (i.e., controlling for unobserved national effects on urban policies in support of irregular migrants). Controlling for effects at the national level was necessary because of the influence national legal immigration frameworks have on the formulation of urban policies in support of irregular migrants.

We included the following independent variables in our regression models: population, GDP per capita, share of migrant population, and political ideology of the mayor. Population and GDP per capita account for cities’ size and affluence. We expected that bigger and more affluent cities would have more resources and capacities at their disposal to formulate policies in support of irregular migrants. We logarithmized the population variable because of the presence of extreme outliers. We included the share of migrant population as a proxy for the share of irregular migrants. We know that the reliability of this proxy is low, however, there is no better data available on irregular migrants for our comparative dataset because data about irregular migrants is vague and sparse (Spencer and Delvino 2019). We expected that cities would respond to the presence of irregular migrants in a problem-oriented manner. We thus expected that the higher share of migrant population a city has, the more likely it would be to formulate policies in support of irregular migrants. We also included a variable on the political ideology of the mayor. We expected that the more politically left mayors are, the more prone they would be to formulate policies in support of irregular migrants.

We developed two models: Model 1 includes all urban policies in support of irregular migrants as the dependent variables, and Model 2 only includes urban policies that facilitate access to city services (see table A2.3). We split each of these models into two submodels because of multicollinearity problems between the variables population and the GDP per capita indicated by the variance inflation factor (VIF). Thus, we never use population and GDP per capita together in one model.

We refrain from estimating a model of urban policies that award a (more) secure status as the dependent variable because the variance in the dependent variable is too low and is extremely clustered in Spanish cities. Only five out of 95 European cities formulated such a policy and four out of these five cities are Spanish cities. We also believe that our qualitative case knowledge is better suited to interpret these five cases than a logistic regression.

Both models have a positive statistical association on the 95% confidence interval between cities with higher GDP per capita and urban policies in support of irregular migrants. It seems that affluent cities have more resources and capacities at their disposal to formulate policies in support of irregular migrants. We also find a positive statistical association on the 95% confidence interval between the share of migrant population and policies that facilitate access to city services. However, we only find this statistical association when we do not include GDP per capita. If we include GDP per capita, the share of migrant population variable becomes insignificant while the GDP per capita variable is significant on the 99.9% confidence interval. Thus, the effect of the share of migrant population variable is captured by the GDP per capita variable. These two variables are also highly positively correlated (see correlation table A2.4). There are no other statistical associations in our logistic regression analyses on the 95% confidence interval.

The null finding related to the share of migrant population suggests that, if this measure is a reliable proxy for the presence of irregular migrants, there is no problem-oriented policy response to the presence of irregular migrants. Yet, we know that the reliability of this proxy is low (Spencer and Delvino 2019). The null finding on the political ideology of mayors suggests that, contrary to conventional wisdom, more politically left mayors are not more prone to formulate and implement policies in support of irregular migrants. The qualitative information in the case studies points towards the importance of the national immigration framework as a constraining factor in urban policy-making, and the regression analysis reveals a correlation between GDP and service policies. It seems that institutional constraints and the affluence of cities are more relevant for explaining urban policy-making in support of irregular migrants than political ideology. This may also be the case because we focus on implemented policies and not on symbolic declarations or speech acts on policies.

Table A.2.3. Results of the Logistic Regressions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Model 1 | | Model 2 | |
|  | Urban policies in support of irregular migrants (0/1) | | Urban policies that facilitate access to city *services* (0/1) | |
| Population  (logarithmised) | 0.235  (0.327) |  | 0.272  (0.357) |  |
| GDP per capita  (in 1000 USD) |  | 0.057\*  (0.025) |  | 0.077\*\*\*  (0.018) |
| Share of migrant population  (%) | 0.079  (0.042) | 0.007  (0.050) | 0.090\*  (0.044) | -0.006  (0.051) |
| Political Ideology of the Mayor  (0=Extreme Left, 10=Extreme Right) | -0.179  (0.149) | -0.237  (0.158) | -0.179  (0.162) | -0.252  (0.191) |
| Intercept | -4.395  (4.368) | -2.674  (1.589) | -5.172  (4.945) | -3.570\*  (1.508) |
| Pseudo R2  Wald Chi2 (3)  Prob > Chi2  *N* | 0.063  8.34  0.040\*  93 | 0.141  16.21  0.001\*\*\*  92 | 0.109  7.96  0.047\*  93 | 0.194  29.52  0.000\*\*\*  92 |

\* p < 0.05; \*\* p < 0.01; \*\*\* p < 0.001.  
Notes: Standard errors in the parentheses

Table A.2.4. Correlation Table

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | DV: Policy | DV: Status | DV: Services | Population | GDP per capita | Share of migrant population | Political ideology of Mayor |
| DV: Policy | 1 |  |  |  |  |  |  |
| DV: Status | 0.382\*\*\* | 1 |  |  |  |  |  |
| DV: Services | 0.947\*\*\* | 0.185 | 1 |  |  |  |  |
| Population | 0.0540 | 0.175 | 0.0698 | 1 |  |  |  |
| GDP per capita | 0.373\*\*\* | -0.0290 | 0.444\*\*\* | 0.281\*\* | 1 |  |  |
| Share of migrant population | 0.289\*\* | 0.00715 | 0.312\*\* | 0.142 | 0.619\*\*\* | 1 |  |
| Political ideology of Mayor | -0.233\* | -0.217\* | -0.235\* | -0.194 | -0.204 | -0.408\*\*\* | 1 |

\* *p* < 0.05, \*\* *p* < 0.01, \*\*\* *p* < 0.001

## ***A.3: City Profiles***

This section contains brief portraits of all 26 cities that have formulated an urban policy in support of irregular migrants. We listed the cities alphabetically and had experts validate them.

**Amsterdam**

Amsterdam formulates policies that award a (more) secure status through the partial non-enforcement of immigration law by city police and policies that facilitate access to city services with regard to legal counseling, housing, health care and welfare.

The city of Amsterdam introduced the policy “free in, free out”,which guarantees that irregular migrants can freely enter and leave the police station to report a crime, whether it be as a victim or witness.[[1]](#footnote-2) The city policy and local migrant support organizations held monthly information events for irregular migrants at a local support center (*the Wereldhuis*) to inform them of the policy and about their right to report a crime. The police also stated that they would not patrol the areas around the *Wereldhuis.*[[2]](#footnote-3) The Amsterdam Zuid-Oost police piloted the program in collaboration with local migrant support organizations and with the consent of the Dutch Ministry of Justice and Security. Dutch policy-makers interpreted this “free in, free out” as a way to implement the 2012 EU Victims Directive , which requires confidential support for victims of domestic violence, regardless of their residence status. However, Amsterdam deliberately extended this policy to victims and witnesses of all crimes.[[3]](#footnote-4) After, the successful test in Amsterdam, other Dutch cities took over the policy, and it was formally introduced as a national policy in 2015.

The city of Amsterdam’s Office for Undocumented Migrants offers many services to irregular migrants.[[4]](#footnote-5) These service policies are integrated in the “24-Hour Reception for Undocumented Migrants” plan.[[5]](#footnote-6) It offers legal counseling services that explicitly target asylum seekers with rejected asylum applications. It also offers medical screening, a 24-hour shelter, and welfare provisions. In terms of health care, the city also supports local NGOs that offer assistance and services to irregular migrants. The city thereby directly finances medication that these patients could probably not otherwise afford, and it contributes to the costs of health services.[[6]](#footnote-7) In terms of housing, city authorities offer a 24h-shelter for irregular migrants in cooperation with NGOs. Regarding welfare, the city provides monthly allowances to irregular migrants who lack sufficient funds.

These services are offered by the city in cooperation with NGOs. Since 2018, these service policies for irregular migrants are part of a national pilot project (*Landelijke Vreemdelingen Voorziening*). Thus, some of these services are financed by the Dutch state. The idea of the pilot project is that irregular migrants have access to basic services but they have to agree that NGOs are working with them to provide a “permanent solution”, which is defined as either finding a way to obtain a permanent residence status or “voluntary return”. Yet, it is unclear whether this pilot program is extended given the different policy rationales of the city/NGOs and the Dutch national state towards irregular migrants.[[7]](#footnote-8)

**Barcelona**

Barcelona formulates policies in support of irregular migrants that award a (more) secure status by offering an inclusive *Padrón Municipal* approach and by formulating policies that facilitate access to city services including information and counselling services as well as food and housing services.

The city of Barcelona have explicitly opened the *Padrón Municipal* registry to irregular migrants. The threshold for registering in the *Padrón Municipal* is set deliberately low; Barcelona has also opened registration to people who do not have a fixed address.[[8]](#footnote-9) Barcelona also hosts a labor market integration program designed to facilitate the integration of irregular migrants into the regular labor market.[[9]](#footnote-10) This program should facilitate regularization in the long run.

In 2017, Barcelona adopted an action plan (*Mesura de Govern*) that aims to improve the living conditions of irregular migrants in the city by facilitating their access to city services. Barcelona operates information and counseling centers called *Servicio de Atención a Inmigrantes, Emigrantes y Refugiados* (SAIER) in cooperation with various NGOs. The services they provide include legal counseling and information about accommodations. Language classes are offered to all residents of Barcelona, regardless of their residence status. The consultations are free.[[10]](#footnote-11) Furthermore, the city supports the Network of Social Organizations for Legal Advice for Foreigners and Immigrants (XESAJE), which provides free legal counseling services to anyone who needs help with immigration procedures. More than 50 NGOs are currently part of the network, and they work with trade unions, the Barcelona Bar Association, and the city administration[[11]](#footnote-12).

Furthermore, Barcelona established a city agency that aims to provide decent living conditions for people who live in irregular settlements. The agency has already had success, as can be seen in the case of the largest irregular settlement in Barcelona, the Calle Puigcerdà. People living there were provided with options for permanent accommodation, legal advice, training, and support for finding a job.[[12]](#footnote-13)

**Berlin**

Berlin formulates policies that facilitate access to city services, including legal counseling and health care services.

The city of Berlin hosts a so-called Welcome Center that is explicitly open to all migrants regardless of their residence status. One aim of the center is to provide counselling on legal immigration issues.[[13]](#footnote-14)

In terms of healthcare, Berlin has set up the *Humanitarian Consultation Hours* (Humanitäre Sprechstunde). It is a low-threshold drop-in center that specifically provides irregular migrants with medical consultations and basic health services.[[14]](#footnote-15) The city has also set up a *Clearing Office* that is open anyone without health insurance and irrespective of residence status.[[15]](#footnote-16) The office aims to assess whether it is possible to refer patients to the public health care system. This clarification is confidential and even anonymous if desired.[[16]](#footnote-17) Half of the costs for the Clearing Office are borne by the city government (Senate).[[17]](#footnote-18)

**Bochum**

Bochum formulates policies that facilitate access to city services with regard to health care services.

The city of Bochum supports the NGO, *Medical Aid for Refugees MFH* (Medizinische Flüchtlingshilfe), annually through pro rata financing of the organization’s payroll costs and material expenses.[[18]](#footnote-19) MHF offer preliminary medical examinations and refers patients to medical clinics that are committed to working with migrants. MHF treats all patients – including irregular migrants - free of charge and anonymously. Its staff is also trained in other areas, such as psychotherapy, social services (for adults and unaccompanied minors), and the counseling of refugees.[[19]](#footnote-20).

**Bologna**

Bologna formulates policies that facilitate access to city services with regard to health care services.

The city of Bologna cooperates with NGOs to provide health care services to irregular migrants. The Health Authority of Bologna has an agreement with the faith-based organization, *Confraternita Della Misericordia*, which runs a medical center called *Irnerio Biavati*. The medical center explicitly aims to help – among other target groups - migrants without a residence status and who live in precarious situations. In 2016 and 2017, the city of Bologna finacilaly supported the medical center[[20]](#footnote-21). A more recent annual report is not yet available, but previous annual reports also mention the financial support.[[21]](#footnote-22)

**Bremen**

Bremen formulates policies that facilitate access to city services with regard to health care services.

The city of Bremen has set up the so-called *Humanitarian Consultation Hours* (Humanitäre Sprechstunde), a drop-in center that specifically provides medical consultations and basic health services to irregular migrants.[[22]](#footnote-23) The Humanitarian Consultation Hours has been set up for irregular migrants without health insurance. The medical service is free, and patients are treated anonymously.[[23]](#footnote-24) In cooperation with the *Association for Internal Mission in Bremen* (Verein für Innere Mission in Bremen e.V),[[24]](#footnote-25) the Health Department of Bremen offers basic care for health problems and advises patients on further health-related issues.

**Cologne**

Cologne formulates policies that facilitate access to city services with regard to legal counseling and health care services.

The city of Cologne has set up a *Clearing Office* that is open to people without health insurance and irrespective of residence status. The aim of the Clearing Office is to assess whether it is possible to refer patients to the standard health care system. This assessment is confidential and anonymous if desired. If people are not able to access the standard health care system, the clearing office refers the patients to institutions that offer medical care anonymously and free of charge. One of the target groups of the Clearing Office are irregular migrants.[[25]](#footnote-26)

**Düsseldorf**

Düsseldorf formulates policies that facilitate access to city services with regard to health care services.

In June 2015, the city of Düsseldorf’s Committee for Health and Social Affairs launched the model project, “Care concept for undocumented persons in acute medical emergencies in Düsseldorf.”[[26]](#footnote-27) Together with two NGOs, Düsseldorf has set up a Clearing Office that is open to people without health insurance and irrespective of residence status. The aim of the Clearing Office is to assess whether it is possible to refer patients to the standard health care system. This assessment is confidential and anonymous if desired. In addition, a city fund was established to fund health care services for irregular migrants that have no access to the standard health care system. The project ended in May 2018, but the funding for the project was extended so that it could continue until the end of 2018.[[27]](#footnote-28) The decision as to whether the Clearing Office and the fund should receive permanent funding was discussed following the evaluation of the program.[[28]](#footnote-29) It was decided that the project would be organized by Düsseldorf’s Committee of Health Care and Social Affairs in the beginning of the 2019 fiscal year.[[29]](#footnote-30)

**Florence**

Florence formulates policies that facilitate access to city services with regard to health care services.

The city of Florence is part of the *Community Health Partnership of Florence* (Società della salute di Firenze). This Partnership was established in 2004 to improve people’s integration into social and health services and to include disadvantaged people, especially migrants into these services. This Partnership/program explicitly includes services for irregular migrants within its agenda.[[30]](#footnote-31) One health service project ensures that migrants who cannot register in the national health system receive care if they had car accidents and care for patients who are affected by serious diseases.[[31]](#footnote-32) These services are organized by the city of Florence in collaboration with the Tuscan Government, the university hospital of Careggi, and the NGO Caritas.

**Frankfurt**

Frankfurt formulates policies that facilitate access to city services with regard to health care services.

In 2001, the city of Frankfurt, in cooperation with the NGO *Maisha* (Selbshilfegruppe Afrikanischer Frauen in Deutschland), set up the so-called *Humanitarian Consultation Hours* (Humanitäre Sprechstunde). This municipal medical consultation center includes a drop-in option that specifically provides medical consultations and basic health services to irregular migrants without health insurance. It also advises these patients on further health-related issues. This health care service is free and can also be carried out anonymously.[[32]](#footnote-33) The Humanitarian Consultation Hours’ activities are financed by Frankfurt’s Department of Health, the Department for Women and the Department of Social Care.[[33]](#footnote-34) In the event of serious health problems, patients can be referred to a network of specialized doctors. Health care is anonymous and mostly free (patients only contribute to the treatment costs according to their means).[[34]](#footnote-35)

**Genoa**

Genoa formulates policies that facilitate access to city services with regard to housing services.

The city of Genoa, directly through its offices, organizes housing opportunities to irregular migrants (including unaccompanied minors, pregnant women, victims of trafficking, irregular elderly people or undocumented Roma). Genoa thereby takes advantage of complex Italian immigration legislation to prioritize the implementation of its legal duties to assist vulnerable people over enforcing national immigration law.[[35]](#footnote-36)

**Gothenburg**

Gothenburg formulates policies that facilitate access to city services with regard to housing, health care services as well as access to welfare.

The city of Gothenburg financially supports NGOs that offer food and housing as well as health care to people in need, including irregular migrants, through so called *Ideational Public Partnerships*. Several shelters that offer housing for irregular migrant women (with the main aim of protecting them from violence) are supported by the city. There is also a partnership between the city and the NGO *Räddningsmission* that runs an emergency housing facility that is also open to irregular migrants.[[36]](#footnote-37) The NGO *Rosengenska* offers health care to irregular migrants. It also receives financial support through an *Ideational Public Partnership.*[[37]](#footnote-38) Finally, Gothenburg is one of the 23 municipalities in Sweden that pay welfare provisions to support irregular migrants.[[38]](#footnote-39) These welfare provisions mainly aim to support families with children in the short term, however, there are many cases of social security contributions being paid over a long period of time.

**Hamburg**

Hamburg formulates policies that facilitate access to city services with regard to legal counseling as well as health care services.

The city of Hamburg offers anonymous case consultations through the Foreigners Office of Hamburg. Without requiring identification verification, the office assesses whether a residence permit or suspension of deportation (*Duldung*) can be granted. [[39]](#footnote-40) The Offices for Internal, Health and Social Affairs also support a *Clearing Office* that is open to people without health insurance and irrespective of residence status. The Clearing Office aims to assess whether it is possible to refer patients to the standard health care system. This assessment is confidential and anonymous if desired.[[40]](#footnote-41) If those seeking help cannot be successfully integrated into the regulatory systems, treatment costs for acute care can be covered by an emergency fund set up for this purpose. [[41]](#footnote-42)

**Hannover**

Hannover formulates policies that facilitate access to city services with regard to legal counseling and health care services.

The city of Hannover cooperates with the NGO *kargah* to offer legal and social counselling for irregular migrants.[[42]](#footnote-43) The city also financially supports the NGO *Maltese Migrants Medicine* (Malteser Migranten Medizin), which offers health care services for irregular migrants without access to healthcare.[[43]](#footnote-44)

**Helsinki**

Helsinki formulates policies that facilitate access to city services with regard to health care services.

In 2013, the city of Helsinki was the first Finnish city to commit itself to upholding the fundamental rights of irregular migrants. The city of Helsinki decided to provide free health care to irregular migrants living in the city by mainly focusing on minors and pregnant women.[[44]](#footnote-45) The NGO *Global Clinic* and the city of Helsinki collaborated to create best practice protocols to go along with these new health care services.[[45]](#footnote-46) Public health care services for undocumented migrants are now provided via public health care centers and hospitals. In November 2017, the Helsinki City Council decided to expand irregular migrants’ rights to health care. Whereas irregular migrants previously only had access to the health system in urgent cases, they now have access to basic care such as vaccinations or treatment of chronic illnesses.[[46]](#footnote-47)

**Liege**

Liege formulates policies that facilitate access to city services with regard to health care services.

The city of Liege has set up an intermediary office to facilitate irregular migrants’ access to the official health care system. Consequently, *Médecins Sans Frontières* (MSF) ceased its health care program in Liege given that health care services for irregular migrants are now provided by the city administration.[[47]](#footnote-48) The city of Liege is therefore one of the few cases in which an urban practice replaced services that were previously provided by an NGO[[48]](#footnote-49).

**Madrid**

Madrid formulates policies in support of irregular migrants that award a (more) secure status through an inclusive *Padrón Municipal* approachas well as policies that facilitate access to city services like housing and health care services.

The city of Madrid is one of the Spanish examples that facilitate irregular migrants’ registration into the *Padrón Municipal*. Anyone with an address can register in the Padr’on, and confirmation that a person has been living in Madrid for six months can also be provided by a social service worker or an association.[[49]](#footnote-50) The city has introduced the *tarjeta de vecindad*: a card that irregular migrants can apply for after a six-month stay in Madrid. The card facilitates proof of a person’s “social integration” which can be used later on as part of a regularization program. This card also grants irregular migrants access to various municipal services such as libraries, sports facilities, health centers, and administrative facilities.[[50]](#footnote-51) The city also funds an NGO that mediates between tenants and homeowners. The NGO protects the identity of the tenants until a tenancy agreement is signed. This prevents discrimination and prevents landlords from asking for documents that irregular migrants cannot provide due to their status.[[51]](#footnote-52)

**Málaga**

Málaga formulates policies in support of irregular migrants that award a (more) secure status through an inclusive *Padrón Municipal* approach*.*

The city of Málaga is one of the Spanish examples that tries to facilitate the regularization of irregular migrants’ through the *Padrón Municipal*. The city regularly approaches companies with the aim of facilitating employment contracts between local companies and irregular migrants. One goal of this initiative is to facilitate irregular migrants’ access to a work contract so they can apply for regularization (if they meet the other criteria for regularization).[[52]](#footnote-53)

**Malmö**

Malmö formulates policies that facilitate access to city services with regard to welfare.

The city of Malmö provides financial support for irregular migrants who are minors.[[53]](#footnote-54) Additionally, irregular migrants who find themselves in emergency situations can apply for social assistance.[[54]](#footnote-55) The city of Malmö is one of 23 municipalities in Sweden that has reportedly provided social assistance to irregular migrants.[[55]](#footnote-56)

**Milan**

Milan formulates policies that facilitate access to city services with regard to health care services.

The health department of the city of Milan collaborated with the NGO *Crinali* to set up a center for health services.[[56]](#footnote-57)The center is now operated by the *San Carlo Borromeo* hospital.[[57]](#footnote-58) Even though information about these two medical centers stems from a 2011 report, it can be assumed that the information in the report is still up to date for two reasons: On the one hand, the San Carlo Borromeo Hospital website [[58]](#footnote-59) mentions that the hospital has twice been awarded the *Bollini Rosa* price for giving special attention to women. Additinoally, when searching for *Centro di salute e ascolto per le donne immigrate*, one can find various entries – including one from December 2018 – that a *Centro di Ascolto per Donne Immigrate e Soccorso Donna* is being planned.[[59]](#footnote-60)

**Munich**

Munich formulates policies that facilitate access to health care services.

The city of Munich has set up the so-called *Humanitarian Consultation Hours* (Humanitäre Sprechstunde), a municipal medical consultation center with drop-in centers that specifically provide medical consultation and basic health services to irregular migrants without health insurance. Patients are also referred to other medical institutions for further health-related issues. This health care service is free and confidential and anonymous if desired.[[60]](#footnote-61) Munich also co-finances the *open.med*, which is a drop-in medical center led by the NGO *Doctors of the World* (Ärzte der Welt). Open.med offers free medical treatment as well as social counseling to patients without health insurance.[[61]](#footnote-62) These medical and social services can also be accessed anonymously.[[62]](#footnote-63) Moreover, the city of Munich financially supports the center *Café 104* as well as the *Maltese Migrants Medicine* (Malteser Migranten Medizin), which both offer health care services for irregular migrants.[[63]](#footnote-64)

**Oslo**

Oslo formulates policies that facilitate access to city services with regard to health care services.

Since 2009, the Red Cross and the City Mission have been running a medical center that provides medical services for irregular migrants. The city of Oslo started to financially support this medical center in 2018.[[64]](#footnote-65).

**Stockholm**

Stockholm formulates policies that facilitate access to welfare.

The city of Stockholm is one of the 23 municipalities in Sweden that has reportedly provided welfare to irregular migrants.[[65]](#footnote-66) This financial contribution falls under so-called emergency aid and is especially meant to be used to provide short-term funding for families with children. However, these welfare provisions have also been paid over the course of a longer period of time.

**The Hague**

The Hague formulates polices that facilitates the access to city services with regard to housing and health care services.

The Hague set up an emergency fund for the short-term housing of irregular migrants.[[66]](#footnote-67) In addition, The Hague has also set up a fund to help irregular migrants pay for dental care.[[67]](#footnote-68)

**Valencia**

Valencia formulates policies in support of irregular migrants that award a (more) secure status through an inclusive *Padrón Municipal* approach.

In the city of Valencia’s Municipal Plan of Immigration and Interculturalism 2019-2022, approved by the City Council in October 2018, it states that the city wants to improve the functioning and awareness of the *Padrón Municipal* for irregular migrants. It mentions improving access to registering in the *Padrón Municipal*, especially for people without a fixed address or valid identity papers.[[68]](#footnote-69) It also proposed the creation of a *tarjeta de vecindad* (Neighbour Card) issued by the City Council. This card could be used as a proof of identity and residence in the city, to meet the “social integration” criteria of a person in the regularization program, and it could facilitate access to municipal services.[[69]](#footnote-70)

**Vienna**

Vienna formulates policies that facilitate access to health care services.

The city of Vienna manages the ‘”Fonds Soziales Wien” (*fund for a social Vienna*). The city funds a NGO-managed health clinic for uninsured individuals called *AmberMed.* This clinic has a network of about 80 specialist doctors (and one hospital) to whom uninsured migrants can be referred and who have agreed to treat referrals for free. Some treatments are directly offered at the AmberMed’s clinic (e.g., treatment for diabetes).[[70]](#footnote-71) The Vienna Social Fund also supports a NGO-managed mobile clinic (the “Louise Bus”) to reach out to uninsured individuals in night shelters.[[71]](#footnote-72)

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