

Taleni Seki Atagina - Te Akasakiga o  
Kaaiga Tuvalu Seki Nofo Tumau Iluga i  
Aotearoa Niusila.

Hidden Gems - Lived Experiences of  
Tuvaluan Hope Seekers and Their  
Families in Aotearoa  
New Zealand



**Authors:**

This research was conducted by the Unitec research team, which includes: Dr Hoa Thi Nguyen and David Kenkel with the assistance of the Tuvalu Auckland Community Trust.



Te pepa tenei e aualofa atu  
ki kupu tagi a kaaiga Tuvalu seki nofo mau i Aotearoa  
kola ne kautagi faitagisaga ikumata kite sikulagi  
fia oko kite la sopo ake mo se ataeao manuia  
i te fenua o fakamoemoega ne mitigina  
faoa foe mau la kite manu laga tai  
kae`mana koe mai aluga na!

This paper is dedicated to  
all Tuvaluan hope seekers in Aotearoa and their families  
who longingly scan the horizon daily without fail  
praying faithfully for that tiny speck of hope  
heralding the promises of a new dawn  
for a safe prosperous tomorrow  
in the land of their dreams.

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*Kapo te vaka e se taagina*  
(Care for the wellbeing of all people)

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## EXECUTIVE SUMMARY

This report presents the findings of a qualitative study conducted with Tuvaluan hope seekers about their lived experience in Aotearoa New Zealand. We are using the term ‘Tuvaluan hope seekers’ to refer to people who have migrated to Aotearoa from Tuvalu, but who currently live here without the legal status that would allow them the right to work or to gain residency. We use the term ‘hope seekers’ because they came to Aotearoa New Zealand from Tuvalu seeking and hoping for a better and more secure life for their families and their children. Aotearoa New Zealand has a significant population of approximately 5,000 Tuvaluans (Statistics New Zealand, 2018), some of whom do not hold visas (overstayers). In addition, under the 2006 legislative changes, a child born in Aotearoa New Zealand whose both parents are lacking citizenship or residence, is not entitled to New Zealand citizenship or residence. This leaves them unable to access a wide range of services and benefits available to Aotearoa New Zealand residents and citizens and they remain at constant risk of deportation. Young people are particularly disadvantaged and trapped under the current visa/residence system, potentially facing a very difficult future. This study sought to understand the impacts of being an overstayer/undocumented migrant on the Tuvaluan hope seekers and their families. We learnt of the opportunities lost due to not having residence, their coping mechanisms, as well as their strengths, aspiration, hopes and dreams.

The study utilised a qualitative approach in which two key methodologies including phenomenology and case study were used. The interview process was semi-structured and followed the participants’ lead. It resembles Talanoa, a Pasifika research method in which participants can freely tell their stories and focus on things that are most important to them. Fourteen families were in total. The interviews were conducted at the premises of a not for profit organisation that the participants trusted and where they felt comfortable. The majority of story tellers are women (11 out of 14) and they told stories about their whole families. Some of them came in pairs, some in small groups of three. The interview process was flexible to accommodate their preferences (either individuals in private rooms or in a big room with all three participants if they chose to). Some interviews were conducted at participants’ homes with the whole family present.

The stories that our Tuvaluan hope seekers shared with us were both heart-breaking and deeply inspiring. The stories highlighted their hopes and dreams when they left their home islands, the circumstances that led to overstaying, their lived experience while overstaying, how it has impacted on their families’ mental and physical well-being, financial well-being and the impact on educational opportunities for both themselves and their

children. What stood out as inspirational was how they rose above this hardship by being resourceful, creative, resilient, faithful to God, and by holding on to their cultural values of love, caring, and forgiving.

All our participants came to Aotearoa New Zealand with valid visas, however were unable to secure further visas due to a range of circumstances, including small administrative issues such as late visa renewal, or not fully understanding the processes involved and the actions that needed to be taken for visa renewal. Some were denied permanent residence visas due to pre-existing medical conditions. Losing their visas put them in a precarious situation. They came here with the hopes of being able to get better jobs, access to better health care and dreams of being able to give their children a better education and a better life. Now, without residence status, they are often unable to work legally and are not eligible for public support or healthcare. Frequently their children cannot go on to tertiary study without paying exceptionally high international fees and the adults themselves cannot further their own education.

Once they become overstayers, they are trapped in a system where the conditions mean that they are pushed down into hardship, no matter what they do, how hard they work, or how smart and creative they are. Those who had the professional skills to be able to get good jobs initially often ended up leaving after a short time due to the fear of being discovered as 'illegal'. Tuvaluan overstayers are also not eligible for any government benefits or grants as they do not have the status of residents or citizens, leaving them financially vulnerable. Without income or any welfare assistance, they often have no choice other than to work in the lowest paid jobs that do not demand proof of residence. Between working and looking after their families, they also try to save money to pay for lawyers and immigration agents to help them fulfil their dreams of achieving permanent residence. Sadly, many of them are cheated and exploited by unethical lawyers and immigration agents. They pay thousands of dollars for the agents to lodge or resolve their applications but still find themselves with no residence visa.

Not having residence limits or completely blocks access to study at educational institutions. Given the inadequate education system in Tuvalu, many of the hope seekers came to Aotearoa New Zealand with the dream that they could further their own education and give their children a better education. However, many of these adults could not access the education they sought. Many of their young people (born to overstayers post 2006) have ended up going on to work straight after high school and are trapped in low paying jobs. For some of these children, the educational pathways were closed even earlier due to lack of



knowledge among school staff who inappropriately asked for passport or residence documents for children of overstayers. This led to fear of exposure as overstayers for the young people and their families.

Not having residence also makes it very difficult to rent housing because rental applications often require a lot of documentation, especially given the competitive rental market in Auckland. Our hope seekers often had to move in with extended family members, and living in overcrowded homes as a result or paying a fortune to stay in substandard houses.

Not having residence also means no access to the free and subsidised healthcare most New Zealanders take for granted. The people we interviewed often had skyrocketing medical bills. The impact is not just on people with chronic disease. For young healthy people, an acute unexpected episode or even childbirth could (and frequently did) lead to lifelong debt.

The common experience is of living in constant fear of being discovered and deported, and of suffering from poor living conditions. On top of this some participants had traumatic immigration raid experiences. Experiences that they and their families can never forget. One immigration raid experience not only affected the adults but shook the children of that family to their core. A daughter of one raid case was driven to suicidal thoughts after the experience.

In addition to the tremendous challenges and barriers faced by not having a residence visa, our Tuvaluan hope seekers have had little or no formal help from either governmental or not for profit organisations. They frequently simply relied on their extended families, church communities and their faith as the sources for practical help, emotional support and strength. Strong faith and the belief that God has a plan for them has helped them overcome and manage their extremely difficult situations. Extended family members and church communities became their safety net. The adversities they faced also made them very resourceful, creative, and resilient. Over and over, we were told of how they stood tall again after many falls and never gave up their hopes and dreams. Despite the challenges some of them have become very successful, running businesses which employ staff, earning good incomes, paying tax, and actively contributing to the Aotearoa New Zealand economy.

For those who did manage to achieve residence after the struggle of being undocumented, they became significantly more able to contribute to Aotearoa New Zealand society and to the economy. The doors to jobs and education finally opened for them and their children. They have started to attain the dreams that brought them here. For example, a number of people have found jobs with Pasifika health and social service providers and are

valued members of their teams. They are now better able to help other people in their community by volunteering time and experience and are finally able play a full and dignified role in the life of Aotearoa New Zealand society.

## **BACKGROUND AND INTRODUCTION**

### **Tuvaluan hope seekers in Aotearoa New Zealand**

Formerly known as the Ellice Islands, Tuvalu is a small independent Pacific nation comprising of nine low-lying islands with an average elevation of only 1.83 metres above sea level. Tuvalu has a current population of 11,000 people. It is the world's fourth smallest nation state and faces serious challenges such as a lack of natural resources and the threat of sea rise and warming oceans that is already affecting fishing and the capacity to grow crops. Tuvalu is one of the countries estimated by the United Nations to be most at risk from climate change (Campbell & Warrick, 2014; Roy, 2018).

Taken from the Aotearoa New Zealand 2018 census, there are approximately 5,000 people from Tuvalu with a median age of 18.3 years and almost exactly equal number of males and females (Statistics New Zealand, 2018). A currently unknown number of these people are undocumented migrants. A submission made by the (then) Tuvalu Community Trust in 2013 to the (then) Minister for Social Development estimated that there were at that time between 500 to 600 Tuvaluan undocumented overstayers in Aotearoa New Zealand. Immigration New Zealand Manager Stephen Vaughan said in an interview with a journalist that while it is difficult to know the exact number of undocumented immigrants (from all cultures and backgrounds), it is estimated there are between 13,000 and 14,000 overstayers in Aotearoa New Zealand at any one time (Kilgallon, 2021). If this number is correct, undocumented immigrants constitute 0.28 % (or less) of the Aotearoa New Zealand estimated population of five million.

Compared to the United States of America (USA) with a population of just over 333 million and an estimated 10 to 11 million undocumented migrants living in the country (Centre for Migration Studies of New York, 2019), undocumented migrants in the USA then constitute somewhere between 3.2 and 3.6% of the total American population. Given the comparative numbers between Aotearoa New Zealand and the USA, it would be a challenge here to make the common American argument that our country, with perhaps a quarter of 1% of Aotearoa New Zealand's total population being undocumented migrants/overstayers, faces an economic or social crisis due to too many illegal immigrants. Instead, Aotearoa New Zealand's undocumented migrants and overstayers are more likely to be forgotten and live in the shadows of society. They are more vulnerable to exploitation and are without access to social benefits that other residents take for granted such as subsidised health care, welfare assistance and subsidised post high school tertiary education.

This study aims to explore the lived experience of Tuvaluan undocumented immigrants in Aotearoa New Zealand and the impacts of not having a visa on their lives, their hopes, and dreams as well as their coping mechanism during desperate times.

### **Undocumented immigrants in other countries**

Like Aotearoa New Zealand, undocumented immigrants in the USA have less access to a wide range of services available to citizens or those with visas or permanent residence. There is also persistent and well-founded fear of deportation, with concomitant health effects including anxiety, depression and increased risk of other mental health disorders. In research with 213 adult Latino immigrant respondents living in Arizona, Becerra (2016) reported that undocumented workers in the USA are prone to employer exploitation and are significantly less likely to report crimes or violence. He also noted that the poverty experienced by undocumented workers is associated with only being able to access low-paid jobs and irregular work. All of those have deleterious health impacts for the children of undocumented/illegal Latino families.

In another research with 1,049 self-identified females of Hispanic ethnicity in the USA, Messing, Androff, Ward-Lasher and Becerra (2015) found that undocumented people, particularly women, are also made more vulnerable to violence and abuse due to a reluctance to risk the exposure created by contact with authorities such as police or women's refuge.

Again, drawing parallels from the USA, undocumented people are likely to have poorer health outcomes and are less likely to seek medical assistance in a timely manner. Joseph (2017) conducted interviews with 153 individuals in the Boston area comprised of cohorts of undocumented migrants and health professionals. The study found less access by undocumented migrants to health services than the general population and concomitant poorer health outcomes.

In reference to the experience of illegal migrant mothers and their children in the USA of Guatemalan, Mexican, and Salvadoran origin, Abrego and Menjivar (2011) use the phrase "legal violence" (p. 1) to argue that immigration laws promote insecurity and a climate of constant fear and suffering. Zamora (2018) extends the point by asserting that the conflation of public perception, racism and illegality significantly diminishes the likelihood of illegal migrants (and their extended families) being able to attain a sense of belonging or play a full part in American society.

Abrego and Menjivar (2011) describe the intertwined impacts of American immigration policies and a criminal justice system as known to be significantly more likely to

target certain minorities. The climate of fear and insecurity caused by knowing that one is vulnerable to deportation and that any contact with authorities (such as police) risks triggering the process of deportation, is described by some respondents as being like the continuous feared anticipation of violence.

## **Related New Zealand Immigration Policies**

### **The Pacific Access Category (PAC)**

Between 2005 and 2017 up to 75 people from Tuvalu arrived in Aotearoa New Zealand each year via PAC (New Zealand Immigration, 2021; Sin & Ormsby, 2019). PAC is a lottery (or ballot) system that enable Pacific peoples to come to Aotearoa New Zealand with resident visas which allow them and their family members to stay indefinitely. Applicants must demonstrate competence in English and have an existing job offer in Aotearoa New Zealand. The shift from residence to permanent residence is not automatic. After holding a resident visa for two years, a person is able to apply for a permanent resident visa. Generally, only the primary PAC applicant can apply for permanent residence and success or failure in achieving this impact on the residence status of their partners and children. Other Tuvaluans also came in under Skilled, Business, Family and Study Visas (Sin & Ormsby, 2019).

### **The 2006 birth right changes**

In 2005 the Citizenship Amendment Act changed the law regarding the circumstances in which a child born in Aotearoa New Zealand is entitled to citizenship (Sawyer, 2013). Prior to the law change coming into effect (on January 1, 2006) any child born here was automatically a New Zealand citizen. This is formally referred to as ‘Jus Soli’, (Law of the Land) meaning that any child born in a country automatically becomes a citizen of that country.

The 2006 amendment to the Citizenship Act replaced ‘Jus Soli’ with ‘Jus Sanguinis’ (Law of Blood), meaning that the citizenship status of a child born in Aotearoa New Zealand is determined not by place of birth but by the residence status of the parents. This change of law means that becoming a citizen of Aotearoa New Zealand requires descent from at least one parent who has citizenship or permanent residence in a country. After January 1, 2006, any child of two undocumented migrants (overstayers) born here is not entitled to New Zealand citizenship or permanent residence.

Sawyer (2013) analyzed the early effects and drivers of this law change. She argued that this change is part of a broader shift in approaches to immigration residence and citizenship in countries that were once part of the British Empire. Sawyer described this as an

attempt to solve a problem that does not exist; the purported problem being the use by undocumented parents of having a child who is a New Zealand citizen as a legal, or strategic tactic to gain residence. Sawyer (2013) pointed out that New Zealand has always been perfectly happy to deport undocumented migrants back to their country of origin along with their children - who if born prior to 2006 - were New Zealand citizens. This law change, rather than solving a problem, arguably has created one. There are now some unknown hundreds (or thousands) of young New Zealanders of many ethnicities and backgrounds who through no fault of their own face a future of profound disadvantage and risk.

### **Policies relating to overstayer/undocumented population**

Undocumented peoples, or those who have overstayed a visa are subject to a range of policies that exclude them from accessing the kinds of services or care that are normally available to Aotearoa New Zealand citizens, or those with a legitimate visa or residence status. A general guiding principle seems to background this regulatory and legislative material. A principle that might be understood as: that if lack of access to services threatens the health/wellbeing status of the broader population in Aotearoa New Zealand then services are provided; if a lack of access to services impacts solely on the undocumented migrants individually or in terms of their undocumented family members, then services are not provided.

Appendix A lists a range of legislative, policy and regulatory material that impact on what undocumented and overstaying migrants are able (or are not able) to access in terms of services and support. The impacts of these legislations, policies and regulations are detrimental to the lives of undocumented people and overstayers. The following explains some of these impacts in brief detail:

Undocumented children are not eligible for Plunket/Well-Child Whanau Ora and all child health care services including those offered through school-based programs to assess possible learning disabilities. However, undocumented migrants (and their undocumented children) are eligible for the normal range of immunizations offered to Aotearoa New Zealand children. This particularly applies via the schedule of immunizations for infectious diseases. For example, as of May 2021 undocumented migrants are able to safely access organizations offering COVID-19 immunizations with an assurance in parliament from Immigration Minister Kris Faafoi that their details will not be passed to immigration authorities (Radio New Zealand, 2021).

Access to health treatment is normally paid by undocumented migrants or overstayers at international rates. However, there are a range of health provisions available under

circumstances of epidemics and in certain categories of notifiable illnesses such as tuberculosis and HIV. Health provision is also available, in circumstances where undocumented migrants are in some formal compulsory care such as prison, mental health facilities, and alcohol and drug addiction facilities. Undocumented migrants who have overstayed visas and their undocumented children are not able to access publicly funded medications. Funded medications are only available for those under a compulsory order of treatment for mental health or seeking help for substance abuse disorders under the Drug and Alcohol Treatment Act; methadone/Antabuse. Access to funded maternity services is conditional on their own or their partner's New Zealand residence status (or having HIV). Otherwise, an undocumented/overstayer migrant mother pays international rates to give birth in a New Zealand hospital or to receive any form of antenatal care. Neither are undocumented migrants/overstayers able to access funded dental services, including child dentistry clinics/services in schools.

In terms of education, children who do not have permanent residence or citizenship are limited to primary and secondary school only as of changes to the 2009 Education Act. They are not eligible before the age of five for funded early childhood services or any form of funded education after leaving high school. They only have the kind of access to post-high school tertiary education that is available for international students and have no access to student loans or study grants. They would need to pay international rates to study at the tertiary level.

Regarding employment requirements, particularly an individually registered Inland Revenue Department (IRD) number, for those other than children born to undocumented migrants after 2006, most undocumented/overstayer migrants in Aotearoa New Zealand do in fact have an IRD number. Generally, they arrived in circumstances involving the kinds of visas that allowed or required them to obtain one. Hence many overstaying undocumented workers pay tax for many years in Aotearoa New Zealand. It is not possible for an undocumented migrant to obtain an IRD number unless this was previously supplied through immigration for a valid (usually temporary) visa. This is particularly relevant for children born to undocumented migrants post 2006 who seem likely in future to be locked out of legitimate employment due to lack of such IRD registration. A driver's license can be obtained with approved documentation from the home country or a previously issued full driver's license from Aotearoa New Zealand or another country, subject to the process of retesting and associated fees. Children born to undocumented migrants post 2006 would find it very difficult to get an Aotearoa New Zealand driver's license.

There is no access for those without residence or citizenship to any of the range of welfare benefits and subsidies available to Aotearoa New Zealand citizens and residents such as superannuation for the ageing population or support during times of unemployment or illness. Undocumented immigrants/overstayers are at constant risk of deportation and a ban on returning to Aotearoa New Zealand.

### **Pathway to residence for undocumented/overstaying immigrants**

The current Aotearoa New Zealand immigration policies do not have a clear pathway for undocumented immigrants to gain residence. It does not appear currently possible to apply for a visa or permanent residence from Aotearoa New Zealand once a visa has elapsed and a migrant is in Aotearoa New Zealand without permission (Community Law, 2021). Once overstaying has occurred due to a lapse of visa, there is a narrow window of opportunity - a matter of weeks - available to contest deportation on a limited range of grounds, such as exceptional humanitarian circumstances or that staying would not contravene public interest. The material available to the general public regarding making an appeal does not stipulate exact criteria for decision making and it appears appeals are managed in a case-by-case manner (Ministry of Justice, 2021).

Looking abroad, the USA has implemented one program that appears to be effective in assisting young peoples who have grown up as Americans, but do not have American permanent residence or citizenship, the ‘Deferred Action for Childhood Arrivals’ (DACA). DACA is an interim measure introduced under President Obama in 2012 that allows young people in America without documentation to undertake tertiary study and provides a pathway toward eventual residence and full citizenship. Up to 800,000 young people in the USA are believed to be DACA recipients (Lopez, 2017). These young peoples’ circumstances closely resemble those of children born in Aotearoa New Zealand to undocumented migrants.

Another legislative proposal which goes further than DACA is the American ‘Development, Relief, and Education for Alien Minors’ (DREAM). It aims to grant right to work status to undocumented young people with a later capacity to be granted full citizenship if certain conditions are met (Lee, 2006). However, it has not yet successfully progressed through the legislature of the USA. DREAM remains an aspiration for the many American groups supporting young Americans without legal status.



## **RESEARCH QUESTIONS - WHAT WE SET OUT TO DO**

This study is the first of its kind to look at the lived experience of Tuvaluan hope seekers in Aotearoa New Zealand; how their residence status affects their well-being, the impacts on their children and the economic loss to Aotearoa New Zealand caused by their missed opportunities. Specifically, this research aimed to seek answers for the following questions:

- What is the lived experience of Tuvaluan hope seekers and their families in Aotearoa New Zealand?
- What are the effects of not having a visa on their well-being and that of their families?
- What are the economic losses caused by their missed opportunities?
- What are their coping mechanisms?
- What are their strengths/future aspirations/hopes/dreams?

## **RESEARCH METHODOLOGY**

### **Research Design**

This research utilised a qualitative approach in which two key methodologies including phenomenology and case study were used. Phenomenology is defined as “a research approach to investigate how subjects constitute sense of perceived phenomena” (Eberle & Schnettler, 2019, p. 1). The phenomenological enquiry enables us to explore and understand Pacific peoples’ lived experience during the time they overstayed. It helps us understand the unique or shared experience among participants, and the meaning of these experiences. Case study is “the in-depth examination of a single instance of some social phenomenon, such as a village, a family, or a juvenile gang” (Babbie, 2010, p. 309). The case study gave us insight into each family’s story and their lived experience in Aotearoa New Zealand.

In addition, this research utilized the principles of Participatory Action Research (PAR) which involved close collaboration with key stakeholders (local community, organisations and key personnel who are directly or indirectly impacted by the issues) in every step of the research (Lewis-Beck, Bryman, & Futing Liao, 2004). This research project is a collaboration between Tuvalu Auckland Community Trust and Unitec Institute of Technology. An advisory group comprised of three Tuvaluan community leaders was created at the onset to provide input and advice on the formation of the research questions. They worked closely with the key researchers in developing the interview questions as well as cultural protocols for the interview process. They were critical in the recruitment of participants, and in the interview process. The advisory group also provided a cultural eye for the analysis and interpretation of data.

### **Data Collection and Analysis Process**

Participants were invited to participate in the study by two Tuvaluan leaders who are well-known and highly respected in the Tuvaluan community. The two key researchers conducted all the interviews together with support from the Tuvaluan leaders acting as interpreters when needed. Fourteen interviews in total were conducted. Some were one-on-one interviews, some involved the interviewers with three generations of extended family in the same house, some were conducted in small groups of two or three participants. Interviews happened informally, people came together in pairs or groups and appeared to enjoy sharing their stories. Most of the interviews were conducted at Tuvalu Auckland Community Trust, a

setting the participants were very familiar with and felt comfortable in. Some interviews were conducted in participants' homes.

Prior to the research interviews, the researchers conducted two pilot interviews to test the questions and interview process with a Fijian male recently arrived in Aotearoa New Zealand, fluent in the Tuvaluan language and whose partner was from Tuvalu. The second person was a young Samoan female in her 20s. These pilot interviews and advice gave the researchers helpful insights into how to re-word some of the questions and how to approach the interviewees. The researchers also drew on the many insights offered by the Tuvaluan advisory group.

When the actual interview commenced, all began with a prayer (as had been advised), the purpose, aims and reasons behind the research were explained. The participants were then invited to share their stories about their lives in Aotearoa New Zealand. Most told their stories without being probed and the interviews at the Tuvalu Auckland Community Trust were held over food (provided by the researchers). The interview process was semi-structured and followed the participants' lead. The process resembled *Talanoa*, which is defined as "a personal encounter where people story their issues, their realities, and aspirations" (Vaiotele, 2006, p. 1). *Talanoa* is a Pasifika research method that is widely used in conducting research with Pacific people, grounded in Pacific culture and oriented towards recognizing the wisdoms and aspirations of Pacific people. It is a story telling process in which participants can freely construct their stories and focus on things that are most important to them. It allows the researchers and the participants to engage in a conversation without a rigid framework, yet still enable a critical discussion (Vaiotele, 2006).

When interviews were completed Tuvaluan community leaders, a local MP, and a Pacific Navigator were consulted about the preliminary data and recommendations for change. Data analysis was conducted by both researchers. Each researcher independently read the transcripts and coded the themes which were then compared and discussed. The two sets of themes were similar and consistent. The coding process began with inductive analysis using grounded theory to code all the themes arising from the transcripts. Deductive analysis was then applied to group the themes and make sense of the data. The deductive analysis was guided by the research questions. The themes and analysis results were then presented to the advisory group for feedback regarding (a) misinterpretation; (b) cultural factors that might serve as an explanatory factor for the themes; and (c) any contextual and background information needed to fully understand the stories.

## Our Participants

All participants identified themselves as Tuvaluans. All had lived in Aotearoa New Zealand for a period of time without a valid visa, but some had eventually been successful in their application for permanent residency. The majority of the participants were women and mothers in the family, their ages ranged from mid 20s to 70s, half were between 50 and 70 years old. The detailed demographic information of each participant is as follows.

**Table 1**

*Demographic Characteristics of Our Participants*

Factor	Category	Number
Gender	Women	11
	Men	3
Age	20-30	2
	31-40	2
	41-50	2
	51-60	4
	61-70	3
	71-80	1

## **FINDINGS - WHAT WE HEARD**

The stories that our participants shared with us were phenomenal. They provided a picture of the voyage that our Tuvaluan hope seekers took in modern time, their dreams and hopes when deciding to leave their home island, the unexpected circumstances of overstaying that they found themselves in, their extreme hard work and valuable contribution to the New Zealand economy whereas receiving little in return, their resilience after multiple unfair treatments, and their creativity during difficulty. Above all, it highlighted the precarious situation that their children and their families were in while living in Aotearoa New Zealand without a valid visa.

### **Hopes and dreams when leaving their home island**

All participants shared a common theme about the reasons that led them to decide on making the move to Aotearoa New Zealand. It started with the desperate situation in Tuvalu where there are few work opportunities, rising sea levels, poor medical care, and an inadequate education system. Participants said that the unemployment rate in Tuvalu was very high. Most of the jobs are government jobs. Without high qualifications that fit the needs of the government, people are often unemployed and have little money to live on. Lorena<sup>1</sup> who came to Aotearoa New Zealand almost 20 years ago under a work scheme visa said, “Life in Tuvalu is peaceful, but we had no job there. We do not have qualification.” She worked on a farm for three years then went back to Tuvalu. She could not find a job in Tuvalu and just stayed home, looking after her elderly mother and her sister’s children. A few years later, she came back to Aotearoa New Zealand with her husband and children with the dream of giving her family, especially her children, a better life.

For some people with health conditions, the move is not a choice anymore. It is between life and death. Three participants in this research have serious and potentially life-threatening diseases. They could not get the medical care that they needed in Tuvalu - for instance the Tuvaluan hospital is not able to offer kidney dialysis. Staying in Tuvalu means a slow death for them. Several participants in the research referred to the hospital in Tuvalu as ‘Panadol’ hospital. One said:

If I go back, if something happened, they will give me Panadol. If anybody goes to the hospital, no matter what your sickness is, you will get Panadol. Some of the Panadol is even expired. The hospital, the education, the opportunities in the island

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<sup>1</sup> All of the names in this report are pseudonyms to protect the identity of participants

are limited. Job is almost non-existing unless you work for the government. (Female, 60s)

Most participants expressed that sea level rising was also a key factor that made them move. With global warming, people in Tuvalu witnessed their land gradually disappear as the sea level rises, which made them frightened when thinking about the future. Suliana who came to Aotearoa New Zealand more than 10 years ago with her husband recalled the sleepless nights in the island:

In Tuvalu, sea level is rising and when we slept, we woke up in the middle of the night sometimes. We were not having good sleeps at night, always worrying about the climate change. The future of Tuvalu is not safe. There are many challenges in Tuvalu, especially the environment. (Female, 60s)

Above all, the hope of giving their children a better life and better future came through very strongly among the participants. Their children's future is the driving force that kept them going, working extremely hard, and risking everything to move to Aotearoa New Zealand. Tino came to New Zealand more than 20 years ago. At that time, Tuvaluans did not need a visa to enter. When he was single, he did not think much about staying. However, after getting married and having three children, he decided not to go back as living here is better for the children's future. Mary who has two children said "Migrating to New Zealand is good, good for children. They can have a better future here. For us, we are going to die. But for them, it is better here." (Female, 65 years old)

### **Circumstances that led to overstaying**

All our participants entered Aotearoa New Zealand with a valid visa, obtained either through the work visa scheme, PAC, tourist visa, or during the time when a visa was not necessary. For most of them, the circumstances that led to overstaying was accidental. Some remain optimistic in the hope that one day their permanent residence will be approved. Some had no choice but to overstay because returning to Tuvalu would mean a death sentence.

Lorena came to Aotearoa New Zealand about 20 years ago under a visitor visa to care for her elderly father who was very ill. She had previously gained a master's degree from a university in Australia and was working as a nurse in Tuvalu. When her New Zealand visitor visa was about to expire, she applied for a work visa as a skilled migrant. She had a job offer in Aotearoa New Zealand but had to wait for her work visa to be processed. She waited, had no response from the Immigration Office, tried to call them to no avail. She was busy looking

after her father and her son. Time passed and she became an overstayer before she had realized it:

I just do not know, until today, I do not know what I did wrong. I am not complaining. But no one called me back. I did not have any case manager to deal with. So, when I was ringing, I will just be ringing to the immigration to find out where were my papers and all. After I gave birth to my son, that was in 2002 and that was when things got very slow because I was just looking after my dad and my son, and then later, I can't really remember what happened with my visa application. My job offer got expired during that period. (Female, 61 years old)

In another case, Jane came here with her family under the PAC visa in 2011. As she understood it, this was a residence category visa and the family assumed that they could stay permanently without doing anything more. However, after two years, they had to apply for permanent residence, and Jane had to submit her health report. She had kidney disease and her application was denied. Her husband had passed away a few years after they moved to Aotearoa New Zealand. She had six children. Jane couldn't return to Tuvalu because there was nowhere there to get treatment for her kidney disease.

Health reasons are a big factor that make people risk everything to stay. Maya first arrived under a work visa scheme for a job on a strawberry farm. After working there for three years she returned to Tuvalu because her visa had expired. She came back the second time under a visitor visa in the hope of getting another chance to stay because she found that her asthma was almost non-existent when she was in Aotearoa New Zealand. Maya recalled:

I was a sick girl in the island. I got asthma since childhood, because I was born in Kiribati island, Tarawa. I went to secondary and high school and most of my time, I was staying at dormitory because of my asthma. And then when I came, my asthma disappeared. (Female, 30s)

### **Life while overstaying**

No visa means no right to work. Those with professional skills and who did get a job ended up leaving after a short time due to fear. Simon had a good job in an insulation company but stopped going to work because his boss asked for his paperwork. Fortunately, he was such a good worker that his boss asked him to return to work without the relevant paperwork. In another case, Tyler who was working at a rest home also left after a few months due to fear of being discovered. Unlike legal immigrants, our hope seekers can't open a business even if they have knowledge, skills, and resources to do so. Tino was working as a

chef and would like to open his own catering business, but cannot due to his lack of documentation. Lorena was working as a supervisor at a large Pacific Island School of Medicine and teaching fourthyear students. She was dreaming of continuing her profession and contributing to the community in Aotearoa New Zealand. However, her dream was cut short because she did not have a valid visa to register as a nurse.

Without a residence visa, our hope seekers couldn't access social services or receive any sort of benefit. They worked really hard, doing whatever work that was offered, often horticultural jobs at minimum wage. Our hope seekers would go anywhere for work including places outside Auckland. They were fearful but they had no choice because they needed money to feed their families. Jane often begged people for jobs. She said "I just lay in front of people, telling them that I am an overstayer, but I have kids. My family need money. Please give me some work to do." She felt that others viewed her as a thief because she was not entitled to work. She felt ashamed because all her life she had been an honest person, but she had no choice. She needed to work to feed her children.

In addition to being exploited by employers, receiving low wages in hard jobs and poor working conditions, our hope seekers are vulnerable to exploitation from incompetent and bogus immigration lawyers and agents. Suliana came to New Zealand in 2009 with her husband under a medical scheme. They could stay in New Zealand for one year for his health to be monitored. During that year they hired an immigration agent to help them apply for residency. They initially paid \$2,000 but after one year their visa expired and they were told by the immigration agent that their application could not proceed for this very reason. They then hired another agent and paid \$4,600 but with no result. They still had no visa.

Disappointing and costly exploitation of this kind was apparent in almost every case of the people we spoke with. Our hope seekers came here legally with their hopes and dreams. They were, and remain, desperate to seek permanent residence at almost any cost. Leila came to Aotearoa New Zealand with her family under a work visa. When they first arrived, her husband was the only one working as she was pregnant. Anxious to get permanent residence Leila started working with her husband on a farm to save money to pay for the visa application. Unfortunately, they were lied to by a false immigration agent who repeatedly told them that their visa application had been declined. Leila said:

We spend a lot of money to pay as I was desperate without having the residence and the opportunities. We went there many times and at the end, we recognized that he is not licensed immigration agent. He is just ripping people off. That really makes me



angry. Because, we have little money, and we are working hard to earn money to do our papers. (Female, 40s)

Suffering from financial hardship, many families don't have enough money to meet basic needs and the whole family often work extremely hard to make ends meet. Fale and her husband have to take turns working day and night shifts so they can also look after their two children as they can't afford childcare. This is common among other participants who have young children.

Given the families' financial hardship, older children necessarily get involved to help. Some had to leave school early to go to work to support their parents. After Jane's husband died, her oldest daughter (30 years old) became the main breadwinner. She took on extra work to earn more, working so hard that she had a stroke. She was then unable to do her usual jobs so her second daughter, who was 19 at that time, had to leave university to go to work. She had been studying in a New Zealand medical programme intending to become a doctor. She had no choice but to abandon her dream of becoming a doctor and return to Auckland to support her family. Jane cried when telling her stories. It broke her heart because it was her husband's dream when applying for PAC to help the children to get a good education but now, they cannot even study. Jane said:

My daughter was a first-year medical school student. She passed all her exams in her first semester. But when my husband died, she came back. She couldn't continue studying and applied for a job at a rest home to earn some income for our family.  
(Female, 52 years old)

Jane wanted to provide the best opportunities for her children to learn but she could not afford it. She knows that the children need the internet to do their homework and learn from home, but they have no money to pay for it.

In another case, Suliana's daughter left secondary school to go to work to earn money to pay for medication for her father. The family initially came to New Zealand under a subsidised medical scheme because of his health. When that subsidy finished, they had to pay for everything themselves. Suliana's daughter had no choice but to find work to purchase the medicine that her father needed.

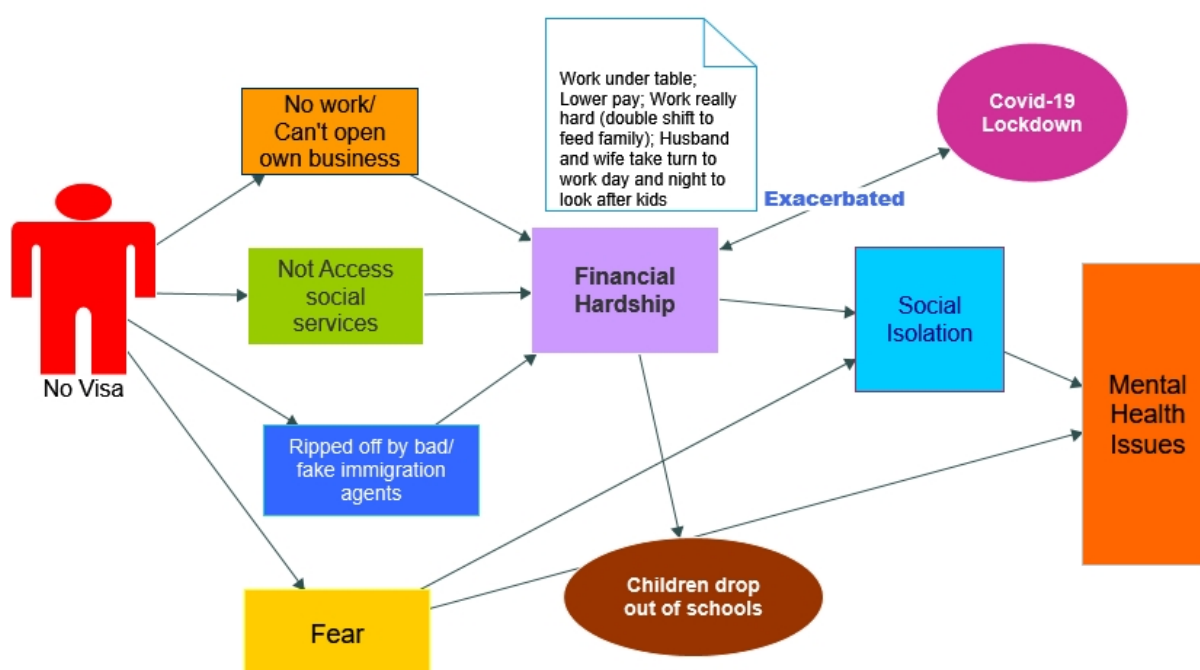
Financial hardship was exacerbated during the COVID-19 lockdowns. Jane's family had only one car which her second daughter was using to go to work. During the first COVID-19 lockdown her daughter had to stay over at the rest home and couldn't go home in the evenings. Jane and her five children had little food at home. She burst into tears, saying "during lockdown, I just wanted to go sit on the road to beg for food sometimes."

Fortunately, she was able to get some food vouchers from the Tuvalu Auckland Community Trust to help them through the lockdown.

Financial hardship can also lead to social isolation. Fale said “socialising costs money. So, I often just stay home.” In another case, Jane also said her children did not want to go to Tuvaluan festivals because they don’t have traditional clothes to wear like the others do. The fear of being discovered also contributes to social isolation. Many of our participants said they lived in hiding and never let people know their address. All these factors, financial hardship, social isolation, living in fear, have tremendous impacts on our hope seekers’ mental health. The chart below illustrates the relationship between all the factors and the impacts of having no visa on our hope seekers’ financial and mental well-being.

**Figure 1**

*Impacts of Having No Visa on Financial and Mental Well-being*



### **Impacts of having no visa on education opportunities**

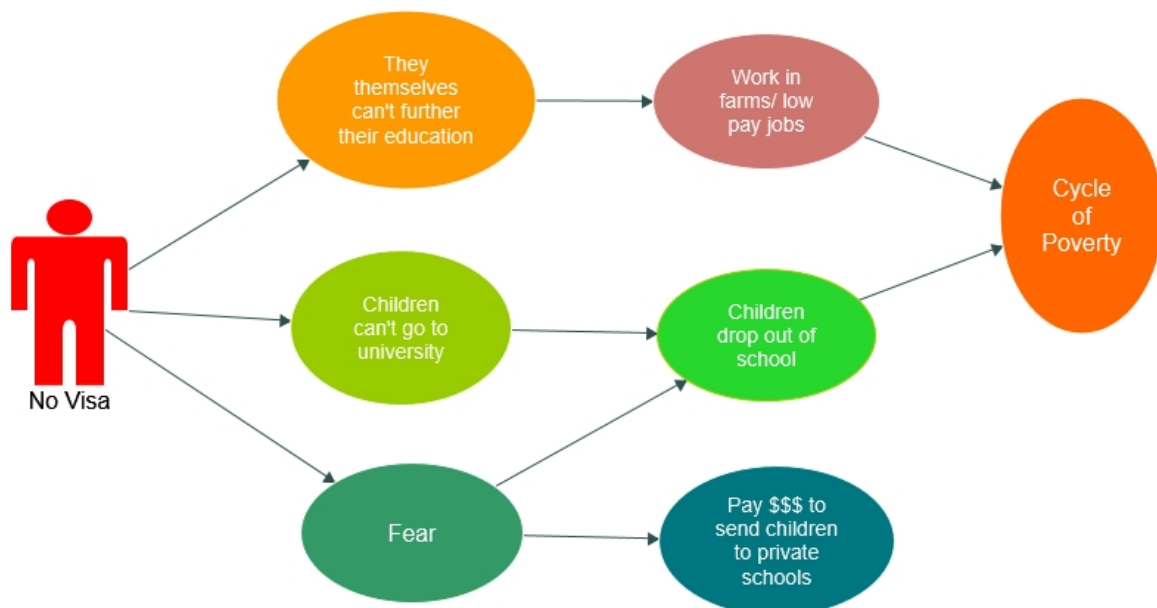
Having no visa means no real access to tertiary education. Given the inadequate education system in Tuvalu, our hope seekers came to New Zealand with the desire that they could further their education and also give their children a better education. Ironically, many of them could not even access it. Lupe is a young woman in her early 30s. She came to New

Zealand with her sister 15 years ago. They wanted to enrol in a housekeeping course but they were required to submit paperwork about themselves. They couldn't provide this, so they started working as kitchen hands instead. Two other women who are in their early 40s were in a similar situation. One wanted to get a nursing qualification and one dreamed of becoming a secondary school teacher, but their dreams have not been fulfilled due to their lack of documentation.

With the 2006 birth right changes, children of our hope seekers have to pay international student fees if they want to go to university. This effectively closes the door to getting higher qualifications. They end up going to work after high school and being trapped in low paying jobs. For some of them, the education pathway was closed even earlier due to the lack of knowledge among school staff who inappropriately asked for residence documents for children of overstayers. These kinds of unnecessary and inappropriate requests led to fear and confusion among the young people and their families. Lorena came to New Zealand with her son in 2001. When her son was in intermediate school, he was asked to submit his passport. Fear of being discovered as an undocumented child of overstayers led him to drop out of school when he was 14. When speaking about it now, Lorena could not hold back her tears. She said "until today, I have always been thinking about it. I have not fulfilled my duty as a mother to support him [...] I feel very sorry for him. He was doing really well in rugby." In one case, the fear of being discovered led the parents to pay thousands of dollars to send their children to private schools which did not typically ask for the same level of detailed documentation.

## **Figure 2**

### *Impacts of Having No Visa on Education Opportunities*



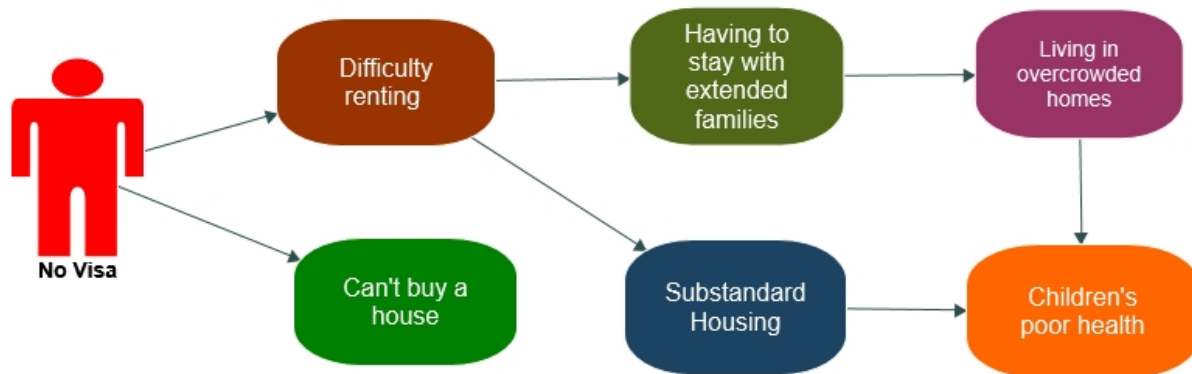
### **Impacts of having no visa on accommodation**

Lack of a visa also makes it very difficult to rent a dwelling because applications often require a lot of documentation, especially in the competitive rental market of Auckland. Our hope seekers ended up living in overcrowded homes, doubling up with extended family members, or paying a fortune to stay in substandard houses. For instance, Sita has three young children with a premature baby who was born at 34 weeks. They lived in mouldy rental accommodation with no insulation which badly affected her children's health, especially that of the new-born baby who became constantly sick. The doctor asked a social worker to check their living conditions which confirmed these problems. Everything in the house was substandard and unsuitable. They applied for several other rentals, but all applications were denied. They eventually moved to their aunt's house with 17 people (eight adults and 9 children) in a 3-bedroom house. Simon had enough money to pay for a private rental but had to pay higher than the market rate, \$750 a week for a 3-bedroom house in West Auckland and hired an agent to help with the application.

Having no visa also prohibits owning a house even for those with enough money to buy. Leila recalled her experience of almost buying a new build house in Auckland. The bank approved her loan application documents until it was discovered that she and her family didn't have permanent residence. They were then declined. Instead of building a home in Aotearoa New Zealand they spent the money on building a house in Tuvalu for their mother.

**Figure 3**

*Impacts of Having No Visa on Accommodation*



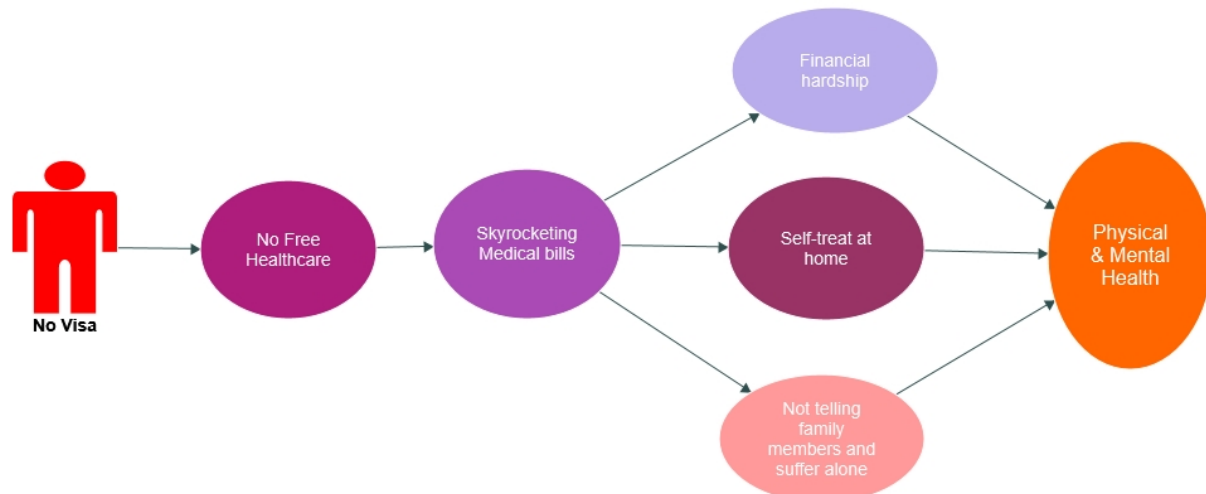
### **Impacts of having no visa on health**

Having no visa means no free or subsidised health care. Medical bills skyrocket. This was mentioned in every case that we interviewed. Jane has kidney disease. She goes regularly for dialysis treatment which has resulted in a hospital debt of \$36,000. In addition, she must pay \$70 for each GP visit. She is on a plan to pay the hospital some money weekly, which further reduces her family's already low income. She had no choice but to ask the doctor to reduce the frequency of treatment to manage her debt. It was clear in the interview that Jane knew that this reduction would significantly increase her health risks but given the financial impact on her family, she felt she had no option.

The health impact is felt not just on people with chronic disease. For young normally healthy people, an acute episode can lead to a lifelong debt. Sita has had three children in Aotearoa New Zealand. Each time she gives birth, it costs her thousands of dollars. The first cost \$2,000, the second birth was complicated costing \$7,000, the third child was born prematurely during the first COVID-19 lockdown, costing \$14,000. Her husband is the only one working and the hospital debt is a big load for the family to bear. Financial pressure leads to inadequate care for young mothers. They cannot afford to stay as long as needed in hospital. Instead, they opt to go home as soon as they can walk. Lupe has had five children in New Zealand and every time she asks to come home the same day as giving birth because staying in hospital costs \$2,000 per night. She did not tell her midwife that she was suffering and took pain killers to ease the pain. This financial debt also took a toll on their mental health.

**Figure 4**

*Impacts of having no visa on health*



### Raid experiences and impacts

Besides living in constant fear of being discovered, suffering from poor living condition with limited access to health care, two of our participants had a traumatic raid experience that they and their families can never forget.

Mary came to New Zealand with her husband and two children under a visitor visa. They kept extending their visitor visa while waiting for their residence to be processed. But on one occasion they were late in renewing their visitor visa and became overstayers. In 2017, immigration officers raided their house early one morning, arresting her and her husband. They were in custody and in prison for almost three weeks. It was such a traumatic experience for them that Mary still shakes when retelling the story:

They came, and we do not know what we were going to do. I said can you wait. We brushed up and dressed and after that my brother wanted to help and argue with the officers, but I said, no, just leave it. Just do what they ask. There were about six of them. Then we got into their car. That morning, we did not have breakfast, and we never ate that day. They took us into custody and then from there, they checked all our assets, everything like that. Then we went, I thought we would not be separated from each other and thought I could stay with my husband but then they explained to me, myself will go into the female custody and my husband will go to the male custody. From then, my husband was really worried about me, because I got diabetes.

But I was ok. I am steady in my thinking. I told my husband, you do not do anything, because if that time comes to a person, your mind can be everywhere and bad things, sins will come through that side. I told him not worry about me. I said this: you go into your room, do not beg them, we just pray. We stayed there for a couple of weeks and could only see each other in the morning. In prison, they locked your hands, you were put in the room with no light. My husband, he was hit and beaten in the prison. When I was in the prison, I couldn't sleep. I was thinking about my children, because it was hard to stay away from my children. I was crying the whole night. I just prayed. I don't know why that thing happened to me, I cannot forget it in my life because in Tuvalu, I have never been in prison. (Female, 64 years old)

That experience affected her mental health tremendously. She not only witnessed terrible things in prison but is still traumatized and shocked at being handcuffed and treated like a criminal. Throughout her life she has been devoted to helping other people in the community. She led a women's group at church to care for other families when they have difficulties. She always taught her children and grandchildren about being respectful and performing good deeds.

In another case, the raid experience not only affected adults but also shook their children to their core. Suliana and her family came to Aotearoa New Zealand under a medical scheme to seek treatment for her ill husband in 2009. They became overstayers after the medical scheme expired. They have a son and a daughter. Their son married and moved out. She lived with her daughter after her husband passed away. Her daughter has New Zealand citizenship. One morning, immigration officers appeared at their door. When her daughter spotted the van, she ran towards their family car and hid behind the tyres. The immigration officers showed her the photos of the parents and asked the daughter whether she knew these people. The daughter was so upset. She cried and said:

My dad is dead because he was sick, why you search for them, now I cannot go to school, I do not have a good space for going to school. You are ruining my family, my life. I feel like killing myself. (Retold by the mother, 60s)

The daughter suffered from depression after that incident, which added more stress to the daily challenges that their family was already struggling with.

### **Coping mechanisms and support systems**

Given all of the above challenges and the extraordinary circumstances that our hope seekers have faced, how do they cope and what support do they have to survive? Themes

from the responses showed that our hope seekers mostly relied on their extended families with little support from public or non-governmental social services. Faith, and their church communities, are major sources of emotional support and strength.

Strong faith is shown in all of our participants. It is the enduring belief in God that helps them overcome unbelievably difficult situations. Whenever they feel powerless, not knowing what to do, they would pray as they believe God has a plan for them. In the case of Mary, when she was in prison after the raid, she prayed all the time, and it gave her strength and hope. Mary said:

I always pray. I know that nothing will be hard if you trust God, everything will be possible. I already gone through hardships, that is why I have faith in God, he is the one who did all things for me because of my faith. (Female, 64 years old)

Lorena had a career in the area of Public Health in Tuvalu but became stuck in the system in Aotearoa New Zealand unable to transfer her qualification. She does not give up her hopes and dreams and strongly believes that God has a plan for her. She said “We always believe in God that he always provides a path for us and that is not the end of our pathway. There is still more and it is going to be open up for us.” (Female, 60 years old)

The church community is the largest source of support both in terms of mental well-being and other, tangible ways for the people we interviewed. They are grateful for the prayer and words of wisdom from their church. They trust their church members for advice to deal with difficult situations such as immigration advice. Because they have so often been cheated and exploited by immigration agents and lawyers, they turn to church members for help, including the preparing and submitting of visa applications.

Most of our participants have extended families; sisters, brothers, aunties or uncles living legally in Aotearoa New Zealand. When our hope seekers are struggling financially, their extended families become the default support as they are not eligible for any governmental assistance. For example, several of our participants would stay with their sisters’ or aunties’ families when they have no place to go. Their extended families would share accommodation and food with them - and their families - for several months at a time if needed. Our participants tend not to access or reach out to social services due to the fear of being discovered. Auckland Tuvalu Community Trust is an exception. If it were not for the personal and trusting relationship they have developed with the staff there, they would have never reached out for help.

Given the limited support network that our hope seekers have, they became very resourceful, creative and resilient. They collate information from all possible sources in



finding solutions to the challenges they face. Simon, a young man in his 30s, managed to open his own business. He was able to register his company and establish the business over the phone. He is now employing many staff, paying taxes for the company, himself, and his employees.

In another case, Jane, a 52-year-old woman with six children is an example of resourcefulness, creativity and resilience under pressure. After her husband passed away, she did various things to earn money to feed her children. Firstly, she began baking and received orders online. People love her baking. The enterprise was very successful with orders from as far away as the South Island. But somebody reported her and immigration officials shut the business down. Then, she began stitching lavalava and screen-printing on pillowcases and dresses. Even though she is fearful of being discovered, she had no choice but to be creative about what she can do so that her family has food on the table.

Despite adversities and tremendous difficulties, our hope seekers rise above them. They hold tight to their values and remain forgiving, caring, and loving. They repeatedly stand up tall after many falls and never give up their hopes and dreams. Two of our cases, after traumatic raid experiences, did not lose hope:

I am dreaming to have a good life for the children. I wish I can open a business for me and my family. All that costs money but that is my dream. I wanted to have my own house. I am looking forward for my children to have a good jobs and education.

(Female, 50s)

### **Life after achieving residency**

Some of our participants successfully obtained a permanent resident visa after many years of struggling. Once they have permanent resident status, many doors are open for them. For our hope seekers, the most significant thing is access to education and jobs. Now, they can start achieving the dreams that they came here for. Leila was working as an overstayer on a farm picking strawberry. After obtaining residency, she went on to study as a health care assistant and worked at a rest home for six months. After that, she got another job at a Pasifika Health provider to coordinate social services in Auckland. She said “when I got residency, all my dreams and plans was more achievable.” (Female, 30s)

Many organisations in Aotearoa New Zealand are also in desperate need for workers who have knowledge about Pacific cultures. Once our participants are eligible to work, finding a job is no longer difficult. For instance, Maya was offered a job as a Pacific community health worker when she went to a clinic to help her unwell aunt get dressed. She

got residence and has been working at a residential care home since then. The clinic needed more Pacific health workers and sponsored her study so that she could further her skills and knowledge in community health.

Having residence also enables our hope seekers to live their core values of service and contribution to the community. One participant expressed the happiness that she can offer help to other people, for instance, driving a friend who cannot use a car, and sometimes going shopping for her. She said:

Getting residence make me much more supportive to other people, especially for those who came from the island as I can understand them. I was struggling in the beginning as well. You know, some clothes, they did not have winter clothes because in Tuvalu, the climate was hot. I will take the clothes and give it to them. I can support them in those small kinds of things. (Female, 30s)

## DISCUSSION

### How our Tuvaluan hope seekers are similar and different from hope seekers in other countries

The USA and the European Union (EU) sometimes use the phrase “unauthorized immigrants” to describe immigrants who have come to a country or set of countries without an initial visa, and through illegal means (Connor, Passel & Krogstad, 2019, p. 1). Where the hope seekers in Aotearoa New Zealand are significantly different from the USA and the EU is that in no instance have immigrants in this study initially arrived in Aotearoa New Zealand unauthorised. All the participants interviewed, whether they have achieved permanent residence or are in limbo of undocumented status, came seeking a better life for themselves and for their children through a legitimate visa of some kind. The majority of current overstayers/undocumented migrants originally arrived under a legitimate visa. Speculatively the lack of ‘unauthorized immigrants’ is because Aotearoa New Zealand (unlike the USA and the EU) does not have an easy to access or porous border, nor does it have the kind of economy in which being undocumented makes it easy to obtain lucrative work (Talcott, 2000).

Not dissimilar to the home country situation for many desperate migrants seeking work in the USA, there is little employment in Tuvalu. Hence, those people who remain in Tuvalu are forced into subsistence farming in an environment which is increasingly difficult for growing the crops needed for survival. Becerra (2016) argues that many migrants to the USA were, and are, fleeing violence and severe social disruption. Tuvaluan migrants to Aotearoa New Zealand are not fleeing violence or social disruption. Instead, they are arguably fleeing a potentially more insidious form of slow environmental violence, that is, the degradation of their country’s physical capacity to viably maintain their population due to sea level rise and climate change.

A United Nations report (2014) predicts that Tuvalu will be functionally uninhabitable within 50 to 100 years. As mentioned above, Tuvalu consists of nine islands making up in total only 26 square kilometres of above sea-level land. Only one place in Tuvalu (a sand dune at 4.5 metres) is higher than 3 metres above sea-level. The largest island of Fongafale where most of the remaining resident 11,000 Tuvaluans live, is desperately overcrowded. Ground salination or saltwater creep from already existing sea rise means groundwater is no longer drinkable or usable for growing most crops. Traditional staple carbohydrate crops such as taro and cassava can no longer be grown. The only source of fresh water is collected rainwater, leading to frequent drought conditions (Campbell & Warrick,

2014). Rising sea temperatures due to global warming have also meant that surrounding coral reefs are now often bleached and lifeless resulting in a disturbing rise in illnesses caused by eating seafood infected with a bacterial organism that grows on dead coral (Roy, 2019).

Unlike Aotearoa New Zealand, the USA still maintains birthright citizenship, meaning that children of illegal migrants born in America hold full citizenship. What this difference means is that the children of undocumented Tuvaluan hope seekers are trapped in the same circumstances as their undocumented parents. While clearly the experience of being an undocumented migrant equates to diminished access to health services and poorer health outcomes, the experience of being raided and potentially deported also has a significant effect on well-being. The impact is felt not just by those deported but family members and those witnessing the raids. Tuvaluan respondents in this study reported the distress, upset and mental anguish experienced because of police and immigration raids. Their experience correlates with research from the USA that immigration raids created deleterious health impact for all concerned (Lopez et al., 2016).

### **Breaches of human rights**

The denial of citizenship status for children born in Aotearoa New Zealand who understandably regard Aotearoa New Zealand as their home are breaches of both the Universal Declaration on Human Rights (UDHR) and breaches of the United Nations Convention on the Rights of Children (UNCROC). Like the United States, Aotearoa New Zealand is not yet party to the ‘United Nations International Convention on Protection of the Rights of All Migrant Workers, 1990’. This Convention entered into force in March 2003 when the threshold of 20 ratifying states was reached. The Aotearoa New Zealand and American failure to be party to this Convention means that significant protections that would arguably be available to undocumented migrants are unavailable to undocumented migrants/overstayers in the USA and Aotearoa New Zealand. Appendix B lists the relevant articles in the UDHR and UNCROC that Aotearoa New Zealand has breached. As of 2019, 55 states had become party to the ‘Convention on Protection of the Rights of All Migrant Workers, 1990’ (Ministry of Foreign Affairs and Trade New Zealand [MFAT], 2019).

### **Contribution to the Aotearoa New Zealand economy of Tuvaluan hope seekers**

While exact figures are hard to come by, and as described by the research respondents, the researchers were struck by how incredibly hard the undocumented migrants we spoke with worked. Holding down more than one job was more the norm than the

exception. At the risk of repetition, other than children born to undocumented migrants after 2006, most undocumented/overstayer migrants in Aotearoa New Zealand do have an IRD number. Generally, they arrived in Aotearoa New Zealand in circumstances involving the kinds of visas that allowed them to obtain an IRD number. Hence many undocumented workers pay tax for many years in Aotearoa New Zealand. They also pay property tax indirectly through rent. In addition, overstayers of course contribute to the Aotearoa New Zealand economy the same way as other residents who take part in the economy when they purchase goods and services such as clothes, petrol, and food.

There is no study to date that calculates the exact amount of tax contribution by overstayers/undocumented migrants in Aotearoa New Zealand. However, in the USA, the Institute on Taxation and Economic Policy reported that 11 million undocumented immigrants contributed US\$11.64 billion a year to the state and local tax revenue, of which about US\$6.9 billion were in sales and excise taxes, US\$3.6 billion in property taxes, and US\$1.1 billion in personal income taxes. Putting this another way, they paid about 8% of their income in tax. This compared to 5.4% paid by the top 1% of American tax payers (Gee, Gardner & Wiehe, 2016). The authors also estimated that their tax contribution would increase to US\$2.1 billion a year if they were granted legal status due to increased income and full compliance with tax policies (Gee, Gardner, & Wiehe, 2016).

In Aotearoa New Zealand, Merwood (2013) indicated that within 2 to 5 years of arrival, a large proportion of immigrants with permanent residence significantly increase their income. A large proportion of undocumented/overstayer migrants cannot earn more than the minimum wage. Despite holding high qualifications, they are often forced into the lowest paying tier of jobs. The opportunities available to other immigrants with permanent residence to seek further education and progression through their careers are not possible for undocumented workers. This 'unintentionally created low-income ceiling' means that undocumented workers are unable to best contribute not only to the financial well-being of their families but also to the broader economy of Aotearoa New Zealand.

Forcing intelligent and often highly trained professionals with postgraduate qualifications and technical skills in areas such as nursing, public health, and engineering into low-paid labouring jobs seems both a waste of human potential and a loss to the broader social fabric of Aotearoa New Zealand. If their immigration status was regularised their income would rise as would their capacity to contribute to the economy. The (sometimes made) argument that overstayers are a cost to the Aotearoa New Zealand economy is in fact a myth.

Further research is urgently needed to investigate the human and economic cost of forcing undocumented migrants/overstayers into the lowest echelon of paid work in Aotearoa New Zealand. Accurate information about the contribution of undocumented immigrants/overstayers to the Aotearoa New Zealand economy and society is more crucial than ever to inform immigration reform.

## CONCLUSION

Five aspects that stood out to the researchers are perhaps important to note in this conclusion.

First, other than Tuvaluans who came here for Tuvaluan sponsored medical treatment and dependent children arriving under PAC, the majority of adult Tuvaluans in Aotearoa New Zealand, whether with permanent residence or lapsed interim residency, do have IRD numbers. The IRD appears to be happy to collect tax from undocumented migrants/overstayers while the broader social safety network of Aotearoa New Zealand offers none of the benefits that other taxpayers might rightfully expect in times of hardship, illness, or age. In addition, undocumented migrants lack the right to vote, excluding them from having input into the sorts of party-led policies that could potentially have a direct effect on their lives.

Second, unlike the USA and some EU countries, Aotearoa New Zealand is not a country that many people seek to enter with the deliberate intention of becoming undocumented/illegal immigrants. Unlike the USA we do not have such a large scale economy to support or need large numbers of undocumented workers, nor do we have a ‘tip’ economy that might make ‘under-the-table’ work in the food and services industry a viable financial option. In addition, Aotearoa New Zealand does not have an easy to access or porous border (Talcott, 2000). While Talcott’s research is somewhat dated, the same conditions seem to apply in 2021 as they did in 2000. Most Tuvaluan immigrants came to Aotearoa New Zealand anticipating and hoping to achieve permanent residence.

Third, a ‘catch-22’ applies to those who by accident or unwarranted optimism overstay their valid visas. By overstaying they breach immigration law, and as the various and complex regulations on achieving permanent residence make clear, once a breach, such as overstaying, has been committed, achieving permanent residence becomes significantly more difficult. Evidence supported by respondent data in the study confirms that undocumented migrants and workers continue to struggle to achieve regularization of their residence status.

Fourth, there is an unintended low wage ceiling created for most overstayers and those immigrants who are currently undocumented and working in the shadows. The circumstances of being undocumented means that despite often having significant qualifications and skills they are forced to work for minimum/low wages far below what they could earn if their immigration status was regularized. This represents a significant loss not only for those individuals and their families but also for the broader economic and social well-being of Aotearoa New Zealand. What accompanies this wage ceiling cap is the inability

for undocumented migrants/overstayers to easily access the kinds of education that might lead to career development and better paid employment.

Fifth, Aotearoa New Zealand children born to two undocumented migrants post 2006 face a looming tragedy as they begin to enter young adulthood. This is not only a tragedy for those children, but also puts Aotearoa New Zealand in breach of its obligations under both the United Nations Convention on the Rights of Children (UNCROC) and the Universal Declaration of Human Rights (UDHR). As explained, children born here after 2006 to two undocumented migrant parents are not New Zealand citizens, nor do they have permanent residence. Data is not currently easily accessible regarding how many Aotearoa New Zealand born children are in this perilous situation. If the approximate number of 1,300 to 1,400 overstayers in New Zealand is close to accurate (Kilgallon, 2021), then, given that most are of child-bearing age, potentially many Aotearoa New Zealand born children will soon enter adulthood without access to the broader array of social support, work and educational opportunities open to those who have at least one parent with permanent residence or citizenship. Without change, we risk creating a second-class tier of young New Zealanders permanently pushed to the economic and social margins. Given that this is a qualitative research study and involved only a relatively small number of participants, further research is urgently needed to establish currently accurate numbers of affected children with the hope of creating ameliorating policy strategies.

As researchers we feel a great concern for the young people trapped by a 2006 change of legislation who are about to reach the age where other children and young people born in this country can spread their wings and aim towards their aspirations. We find it horrific that there is now a generation of young people born in Aotearoa New Zealand who are locked out of so much that any fair minded and democratic society promises to provide.

We wish to end by again thanking the Tuvaluan people we spoke with for their great generosity of heart and their willingness to share their stories in hope of change.

*Alofa ki te vaka e se poa*

*(Share your catch with the vaka that has not caught much)*



## REFERENCES

- Abrego, L., & Menjivar, C. (2011). Immigrant Latina Mothers as Targets of Legal Violence. *International Journal of Sociology of the Family*, 37(1), 9–26.
- Babbie, E. R. (2010). *The practice of social research*. Cengage learning.
- Becerra, D. (2016). Anti-immigration Policies and Fear of Deportation: A Human Rights Issue. *Journal of Human Rights and Social Work*, 1(3), 109-119.
- Campbell, J., & Warrick, O. (2014). *Climate change and migration issues in the Pacific*. United Nations Economic and Social Commission for Asia and the Pacific, Suva. ISBN 978-982-91410-3-3.
- Centre for Migration Studies of New York. (2019). *What you should know about the US undocumented and eligible to naturalize populations*.  
[https://cmsny.org/undocumented-eligible-to-naturalize-population-democratizing-data-release-080421/?gclid=EAIaIQobChMIh4zJxLqg8gIV-ZlmAh3V5wVaEAAYBCAAEgK7-fD\\_BwE](https://cmsny.org/undocumented-eligible-to-naturalize-population-democratizing-data-release-080421/?gclid=EAIaIQobChMIh4zJxLqg8gIV-ZlmAh3V5wVaEAAYBCAAEgK7-fD_BwE)
- Community Law. (2021). *Overview of New Zealand's immigration system: New Zealand's visa system*. <https://communitylaw.org.nz/community-law-manual/chapter-29-immigration/overview-of-new-zealands-immigration-system/new-zealands-visa-system/>
- Connor, P., Passel, J., & Krogstad, J. (2019). *How European and U.S. unauthorized immigrant populations compare*. PEW Research Centre.  
<https://www.pewresearch.org/fact-tank/2019/11/13/how-european-and-u-s-unauthorized-immigrant-populations-compare/>
- Eberle, T. S., & Schnettler, B. (2019). Phenomenology. In P. Atkinson, S. Delamont, A. Cernat, J.W. Sakshaug, & R. A. Williams (Eds.). *SAGE Research Methods Foundations*.
- Gee, L. C., Gardner, M., & Wiehe, M. (2016). Undocumented immigrants' state & local tax contributions. The Institute on Taxation and Economic Policy.  
<https://www.almendron.com/tribuna/wp-content/uploads/2017/03/immigration2016.pdf>
- Ministry of Justice. (2021). *Guide 3 – Immigration and Protection Tribunal. A guide to making a deportation appeal for residents and permanent residents*.  
<https://www.justice.govt.nz/assets/Documents/Publications/IPT-Guide-3-Making-a-Deportation-Appeal-by-a-Resident-Permanent-Resident.pdf>

- Joseph, T. D., (2017). Falling through the coverage cracks: how documentation status minimizes immigrants' access to health care. *Journal of health politics, policy and law*, 42(5), 961–984. <https://doi.org/10.1215/03616878-3940495>
- Kilgallon, S. (2021, May 18). *Illegal: Is it time for another over-stayer amnesty?* Stuff. <https://www.stuff.co.nz/national/125100459/illegal-is-it-time-for-another-overstayer-amnesty>
- Lee, Y. (2006). To Dream or Not to Dream: A Cost-Benefit Analysis of the Development, Relief, and Education for Alien Minors (Dream) Act. *Cornell Journal of Law and Public Policy*. 16(1), 8-9.
- Lewis-Beck, M. S., Bryman, A., & Futing Liao, T. (2003). *The SAGE encyclopedia of social science research methods*. Sage Publications. DOI 10.4135/9781412950589
- Lopez, G. (2017, September 25). Key facts about unauthorized immigrants enrolled in DACA. *Pew Research Center*. <https://www.pewresearch.org/fact-tank/2017/09/25/key-facts-about-unauthorized-immigrants-enrolled-in-daca/>
- Lopez, W., Kruger, D., Delva, J., Llanes, M., Ledón, C., Waller, A., Harner, M., Martinez, R., Sanders, L., Harner, M., & Israel, B. (2016). Health Implications of an Immigration Raid: Findings from a Latino Community in the Midwestern United States. *Journal of Immigrant and Minority Health*, 19(3), 702-708. <https://doi.org/10.1007/s10903-016-0390-6>
- Merwood, P. (2013). Labour Market Outcomes of Recent Migrants to New Zealand. *Ministry of Business, Innovation and Employment*, Wellington. <https://www.mbie.govt.nz/dmsdocument/2677-labour-market-outcomes-recent-migrants-nz-pdf>
- Messing, J., Androff, D., Ward-Lasher, A., & Becerra, D. (2015). Latinas' perceptions of law enforcement: Fear of deportation, crime reporting, and trust in the system. *Affilia*, 30(3), 328-340.
- Ministry of Foreign Affairs and Trade New Zealand. (MFAT). (2019). *Human rights*. <https://www.mfat.govt.nz/en/peace-rights-and-security/human-rights/>.
- New Zealand Immigration. (2021, September 30). *Information about the Pacific Access Category Resident Visa*. <https://www.immigration.govt.nz/new-zealand-visas/apply-for-a-visa/about-visa/pacific-access-category-resident-visa>
- Radio New Zealand (RNZ). (2021, May 9). Overstayers won't be reported for getting vaccine – Minister. *Radio New Zealand*.

<https://www.rnz.co.nz/news/national/442174/overstayers-won-t-be-reported-for-getting-vaccine-minister>

Roy, E. (2018, September 16). Seascape: the state of our oceans. 'One day we'll disappear': Tuvalu's sinking islands. *The Guardian*. <https://www.theguardian.com/global-development/2019/may/16/one-day-disappear-tuvalu-sinking-islands-rising-seas-climate-change>

Submission to the Honourable Paula Bennett, MP for Waitakere and Minister for Social Development. (2013). Editors: the Tuvalu Community Trust.

Sawyer, C. (2013). The loss of birthright citizenship in New Zealand. *Victoria University of Wellington Law Review*, 44(3-4), 653.

Statistics New Zealand. (2018). *Tuvaluan ethnic group*.

<https://www.stats.govt.nz/tools/2018-census-ethnic-group-summaries/tuvaluan>

Sin, I., & Ormsby, J. (2019). *The settlement experience of Pacific migrants in New Zealand: Insights from LISNZ and the IDI*. (No. 1124-2019-2287)

United Nations. (1989). *Convention on the Rights of Children*.

<https://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>

Talcott, G. (2000). The Context and risk of organised illegal immigration to New Zealand: An exploration in policy relevant research. *Centre for Strategic Studies: Victoria University of Wellington*. <https://www.wgtn.ac.nz/strategic-studies/documents/working-papers/wp-15.pdf>

Vaiioleti, T. (2006). Talanoa Research Methodology: a developing position on Pacific research. *Waikato Journal of Education*, 12. New Zealand.

Zamora, S. (2018). Mexican illegality, black citizenship, and white power: immigrant perceptions of the U.S. socioracial hierarchy, *Journal of Ethnic and Migration Studies*, 44(11), 1897-1914.

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## APPENDIX A

### Policy and legislation relating to the undocumented population

<b>Health and disability services</b>
Criteria: B17, B18, <a href="#">Health and Disability Services Eligibility Direction 2011</a>
<b>Accident or personal injury</b>
Criteria: <a href="#">B26, Health and Disability Services Eligibility Direction 2011 ACC</a>
<b>Emergency services</b>
Civil Defense Emergency <a href="#">Management Act 2002 schedule 4</a>
Criteria: B24, <a href="#">Health and Disability Services Eligibility Direction 2011</a> .
<b>Infectious diseases treatment and immunization</b>
Criteria: B23, <a href="#">Health and Disability Services Eligibility Direction 2011</a>
Tuberculosis <a href="#">Act 1948</a>
Summary of <a href="#">Infectious Disease Management under the Health Act 1956</a> .
<b>Maternal health services</b>
Criteria: B21, Health and <a href="#">Disability Services Eligibility Direction 2011</a> .
<b>HIV specific maternal health</b>
Criteria: B22, <a href="#">Health and Disability Services Eligibility Direction 2011</a>
<b>While in custody of New Zealand Justice Department</b>
Criteria: B27, <a href="#">Health and Disability Services Eligibility Direction 2011</a>
<b>Compulsory treatment and substance use</b>
Criteria: B25, Health and <a href="#">Disability Services Eligibility Direction 2011</a> .
Criminal Procedure ( <a href="#">Mentally Impaired Persons</a> ) <a href="#">Act 2003</a>
Intellectual Disability ( <a href="#">Compulsory Care and Rehabilitation</a> ) <a href="#">Act 2003</a>
Mental Health ( <a href="#">Compulsory Assessment and Treatment</a> ) <a href="#">Act 1992</a> .
The Substance Addiction ( <a href="#">Compulsory Assessment and Treatment</a> ) <a href="#">Act 2017</a> .
<b>Ministry of Education - Children unlawfully in NZ</b>
EDUCATION.govt.nz FOR PARENTS. <a href="#">Practical information about education for parents and carers 2021</a> .
<b>Visa application and eligibility including deportation</b>
Immigration <a href="#">Act 2009</a>
Immigration <a href="#">Amendment Act (No 2)</a>

Immigration <a href="#">application and residence requirements Regulations 2010</a>
<b>Worker exploitation</b>
Immigration <a href="#">Amendment Act (No 2)</a>
<b>Asylum hope seekers and mass deportation including climate</b>
Certificate, <a href="#">Warrant, and Other Forms Regulations 2010</a>
<b>Refugee and protected person claims including climate and family violence</b>
Refugee and <a href="#">Protection Status Processing Regulations 2010</a>
Information about <a href="#">Victims of Family Violence Resident Visa</a>
<b>Physical entry/transport to New Zealand</b>
Carriers' <a href="#">Information Obligations Regulations 2010</a>
Carriers' <a href="#">Infringement Offences, Fees, and Forms Regulations 2012</a>
<b>Immigration department conduct</b>
Immigration <a href="#">and Protection Tribunal Regulations 2010</a>
Immigration <a href="#">Advisers Licensing Act 2007</a>
<b>Privacy and information gathering of documented and undocumented immigrants</b>
<a href="#">Privacy Act 1993</a>
<a href="#">Official Information Act 1992</a>

## **APPENDIX B**

### **Relevant Articles in the UDHR and UNCROC**

#### **Universal Declaration of Human Rights (UDHR)**

##### **Article 22**

Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

##### **Article 23**

Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.

Everyone, without any discrimination, has the right to equal pay for equal work.

Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.

Everyone has the right to form and to join trade unions for the protection of his interests

##### **Article 25**

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

##### **Article 26**

Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.

Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.

Parents have a prior right to choose the kind of education that shall be given to their children.

## **United Nations Convention on the Rights of the Child (UNCROC)**

### **Article 24**

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

(d) To ensure appropriate pre-natal and post-natal health care for mothers;

### **Article 26**

1. States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law.

2. The benefits should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child.