Authenticating Emblem of the People of United Ulster

A DISCUSSION PAPER
Immigration, Family Reunification, Remittances and the Public Interest

From the People of United Ulster

Date: 13 August 2026

This document is issued under the authenticating emblem of the People of United Ulster. It sets out our collective analysis of current immigration and family-reunification practice, the consequences for origin countries and for public services in United Ulster, and the principles and concrete framework we put forward.

1. Who We Are and Why We Speak

We are the people of United Ulster. We live with the realities of the Common Travel Area, an open land border, and the daily consequences of decisions made in London, Dublin and Belfast. We have watched the debate on immigration become polarised between those who treat any concern as illegitimate and those who offer only anger. Neither approach serves us.

We believe a serious society must be willing to examine incentives, costs and consequences. This paper sets out what we have observed, what the evidence shows, and the principles we believe should guide policy. We do not claim to speak for every person in United Ulster. We do claim the right, as citizens and residents of this place, to insist on clarity and honesty.

2. Two Different Models of Migration

There are, in essence, two ways a country can structure the arrival of workers from poorer nations.

Model One
A worker — a nurse, a care assistant, a tradesperson, a professional — comes alone or with very limited dependants. They live relatively modestly in the host country. A substantial portion of their earnings is sent home. That money supports parents and grandparents, educates siblings or children, funds home improvements or the building of a family house, and often provides capital for small businesses. After a period of years the worker may return to a tangible asset base and a family that has been materially strengthened. The host country receives labour. The origin country receives one of the most effective forms of development finance available to it: private remittances that reach households directly.

Model Two
The same worker is permitted, as a normal expectation, to bring a spouse and children. Most of the salary is then absorbed by the high cost of living in the United Kingdom or Ireland — larger accommodation, food, transport, school-related expenses. Remittances fall sharply or stop. The children enter the state education system. Where additional needs arise — language support, special educational needs, behavioural difficulties — further public resources are required. In some cases this generates secondary demand for more support staff and carers, which itself can lead to further recruitment. The developmental benefit to the origin country is reduced. The fiscal and service pressure on the host society increases.

These are not abstract theories. They describe real patterns visible in the experience of workers from Nigeria, the Philippines, India and many other countries, and in the pressures felt in schools, housing and public services across the United Kingdom and Ireland.

3. What the Current Approach Produces

Under present United Kingdom rules, a skilled worker can normally bring a spouse or partner and dependent children. Those children have the right to attend state schools. The household consumes housing, health services and education. Even where the principal applicant has paid the Immigration Health Surcharge, the wider family still uses the system. Over time, settlement routes open access to a broader range of public support.

Ireland operates its own employment-permit and family-reunification rules, but the structural pattern is similar: the arrival of the worker is frequently accompanied by the arrival of dependants who then draw on education and other services.

The result is a multiplier effect that is rarely acknowledged in public debate. One worker can generate demand for school places, for additional classroom support, and in some cases for specialist care. That demand then contributes to the very labour shortages that prompted the original recruitment. The system begins to feed itself.

We do not claim that every migrant family is a net fiscal cost over a lifetime. Many contribute significantly. We do claim that the *rules* create incentives and outcomes that impose concentrated costs on public services while simultaneously weakening the flow of remittances that would otherwise support development in poorer countries.

4. The Cost to Origin Countries

The developmental power of remittances is well documented. Money sent home by workers in high-wage countries reaches families directly. It pays school fees, improves nutrition, funds medical treatment, and allows the construction or upgrading of housing that would be impossible on local wages alone. Because the cost of living in Nigeria, the Philippines, India and comparable countries is far lower than in the United Kingdom, each pound remitted buys substantially more goods, services and progress than the same pound spent on raising a family in Britain or Ireland.

When a worker instead brings their spouse and children to the United Kingdom, that transformative flow is largely interrupted. The extended family left behind receives far less support. The opportunity to build a family home, educate multiple children, or create small-scale local enterprise is diminished. The origin country loses one of its most reliable sources of external household finance.

This is not a minor side-effect. For many communities in Africa and Asia, remittances from workers abroad are a primary means of advancing living standards. A migration policy that systematically reduces those flows while increasing public costs in the host country is serving neither side well.

5. The Cost to United Ulster and the Wider Host Society

United Ulster experiences these pressures in a particular way. We live with the consequences of decisions made under two legal systems, an open border, and the Common Travel Area. Housing is already under strain. Schools in many areas face rising numbers and rising complexity of need. Health and social care services are stretched. When additional households arrive through family reunification, the costs fall on local services that are already struggling to meet existing demand.

We reject the idea that noticing these pressures is illegitimate. It is not prejudice to observe that education, special-needs provision and related services are finite. It is not hostility to point out that every additional demand on those services has a cost, paid ultimately by the people who live here. And it is not xenophobia to ask whether the current balance between labour recruitment and family reunification is sustainable or fair.

6. Principles for a Better Framework

We do not call for the end of migration. We call for rules that are coherent, enforceable and honest about trade-offs. Drawing on the experience of systems that have managed labour migration more tightly, and adapted to the realities of United Ulster, we set out the following principles:

First, family reunification for third-country nationals should be conditional, not automatic. Clear income, housing and insurance thresholds should apply so that households are more likely to be self-supporting and less likely to generate immediate pressure on public education and related services.

Second, valid health insurance should be a condition of residence for non-CTA nationals, with defined sponsor liability. The public systems — the NHS in Northern Ireland and the HSE in the Republic — must not become the default insurer for people whose presence is permitted under temporary or sponsored arrangements.

Third, employers who sponsor workers must carry real responsibility for compliance. Failure to maintain required insurance or to meet sponsorship conditions should have clear consequences.

Fourth, British and Irish citizens must continue to enjoy the rights of the Common Travel Area. The tighter rules we describe apply to third-country nationals. The distinction is essential and must be protected.

Fifth, the United Kingdom and Ireland should strengthen practical coordination on sponsorship status, overstaying and insurance compliance for third-country nationals. An open land border makes unilateral looseness on one side a problem for both.

Sixth, policy should recognise the developmental value of remittances. A system that encourages workers to support families in lower-cost origin countries, rather than relocating entire households into high-cost public services, serves both justice and practicality.

These principles do not ban family life. They raise the threshold so that family reunification occurs when the household has the private means to sustain it without imposing concentrated costs on schools and services that are already under pressure.

7. What We Ask

We ask politicians in London, Dublin and Belfast to stop treating the discussion of these trade-offs as morally forbidden. The people of United Ulster live with the results. We are entitled to examine incentives and outcomes.

We ask for an immigration and residence framework that is robust, transparent and fair in both directions — fair to the communities that host workers, and fair to the countries and families that send them. Fairness is not served by a system that weakens remittances to poorer countries while increasing pressure on education and care services at home.

We ask for honesty about the multiplier effects of open family reunification, and for the courage to design rules that reduce those effects without denying the human realities of migration.

We are the people of United Ulster. We share this place. We share the consequences of policy failure. We will continue to insist that immigration policy be treated as a matter of practical governance and mutual responsibility, not as a test of ideological purity.

The choice is not between compassion and control. It is between policies that acknowledge trade-offs and policies that pretend they do not exist. We choose the former.

End of Discussion Paper — Issued under the authenticating emblem of the People of United Ulster

POLICY FRAMEWORK

Immigration, Visa and Healthcare Insurance Systems

Presented by the People of United Ulster

Applicable across the jurisdictions of Northern Ireland (United Kingdom)
and the Ulster counties of the Republic of Ireland

High-Level Strategic Policy Advice — For Senior Government, Ministers and Cross-Border Bodies

Date: 13 August 2026

This framework is put forward by the People of United Ulster as a concrete expression of the principles set out in the preceding Discussion Paper. It is designed to operate within the existing constitutional settlement while delivering coherent, enforceable rules on immigration control, visa sponsorship and health insurance. It is issued under the same authenticating emblem.

1. Strategic Context and Governing Reality

United Ulster is not a single sovereign jurisdiction. It comprises six counties forming Northern Ireland (part of the United Kingdom, subject to UK immigration law and the NHS) and three counties forming part of the Republic of Ireland (subject to Irish immigration law and the HSE).

Any coherent policy must therefore operate within the existing constitutional settlement, the Common Travel Area (CTA), the Belfast/Good Friday Agreement, and post-Brexit arrangements. Unilateral attempts to create a single immigration or healthcare system are neither legally feasible nor politically viable. The correct approach is structured coordination between the two sovereign governments, with devolved input from the Northern Ireland Executive where competence exists.

The objective is to design systems that:

- Maintain the integrity of the CTA while preventing abuse.
- Ensure that non-CTA nationals who reside or work in United Ulster are properly documented and insured.
- Protect the fiscal sustainability of the NHS in Northern Ireland and the HSE in the Republic.
- Avoid creating incentives for forum-shopping or uninsured movement across the open land border.
- Provide clear, enforceable rules that employers, individuals and public authorities can apply with certainty.

2. Core Design Principles

1. Sovereignty with Coordination — Each state retains exclusive competence over its immigration and core healthcare policy. Coordination occurs through formal intergovernmental mechanisms.

2. Insurance as a Condition of Legal Residence — Valid health coverage must be a prerequisite for the grant and renewal of residence permissions for non-CTA nationals.

3. Sponsor Liability — Employers and primary residents who sponsor non-CTA workers or family members carry defined financial responsibility for immigration compliance and health insurance.

4. Emergency Care as a Universal Floor — Both jurisdictions maintain the legal duty to stabilise any person in a genuine medical emergency, irrespective of status or ability to pay, with subsequent cost recovery pursued rigorously.

5. CTA Protection — Irish and British citizens (and certain qualifying persons) continue to enjoy free movement and access to public services under the CTA; the framework applies primarily to third-country nationals.

6. Digital Interoperability — Where legally permissible, data-sharing between UK and Irish authorities on visa status, sponsorship and insurance compliance should be strengthened to reduce enforcement gaps along the land border.

3. Immigration and Visa Architecture

3.1 Entry and Residence Categories

Both jurisdictions should maintain clear, published categories for third-country nationals: employer-sponsored work permission; critical skills / talent routes; investor / business routes; family reunification (secondary to a primary resident); student routes; and

limited long-term or settlement pathways based on contribution and continuous lawful residence.

3.2 Sponsorship and Financial Thresholds

Work permission should normally be employer-sponsored. The sponsor must demonstrate genuine need and assume responsibility for the worker's immigration status and mandatory health cover. Family reunification should be conditional on demonstrated income, suitable accommodation, and proof of health insurance for all sponsored persons. Thresholds should be set at levels that prevent reliance on public funds. Higher thresholds or more restrictive criteria should apply to the sponsorship of parents and non-dependent adult relatives.

3.3 Enforcement and Exit

Overstaying, working in breach of conditions, or failure to maintain required insurance should trigger clear consequences, including curtailment of leave, re-entry bans, and recovery of public costs from the sponsor where appropriate. Both states should maintain effective mechanisms for the removal of persons with no lawful basis to remain, coordinated where individuals move between the two jurisdictions.

4. Healthcare Insurance Policy

4.1 Mandatory Coverage for Non-CTA Nationals

Northern Ireland (UK): Third-country nationals granted leave to remain that permits residence beyond short visits should be required to hold valid health insurance or, where eligible, to pay the Immigration Health Surcharge (or successor mechanism) as a condition of that leave. Employers sponsoring workers should be required to ensure appropriate cover is in place.

Republic of Ireland: Third-country nationals granted residence permission should be required to hold private health insurance meeting minimum standards, or to demonstrate eligibility under existing public schemes only where statute expressly provides. Employer-sponsored workers should have insurance provided or verified by the employer as a condition of employment permit and residence permission.

4.2 Employer and Sponsor Obligations

Employers must not be permitted to pass the cost of mandatory employee insurance onto the worker by unlawful deduction. Where dependents are sponsored, the primary sponsor (or employer, where the law so provides) must ensure they are insured before residence permission is granted or renewed. Failure by an employer to maintain required cover should attract civil penalties and, in serious or repeated cases, restrictions on future sponsorship licences.

4.3 Minimum Standards and Market Provision

Each state should define a statutory minimum benefits package (emergency, inpatient, outpatient, maternity, and essential pharmaceuticals). Higher-tier cover may be offered by employers as a recruitment and retention tool. The state guarantees only the floor necessary to protect public systems.

4.4 Emergency Care Safety Net

Both jurisdictions already operate on the principle that life-threatening emergencies are treated first. This must be retained and clearly restated: stabilisation is provided regardless of insurance status or ability to pay; once stable, cost recovery is pursued from the individual, the sponsor, the employer or the insurer; public hospitals remain primarily resourced for the resident (and CTA) population.

5. Operational Flow (Recommended Sequence)

1. Employer or primary resident applies for permission to bring a third-country national (work or family).
2. Application is assessed against immigration rules, labour-market tests (where applicable), and financial capacity.
3. Grant of permission is conditional on proof of compliant health insurance (or payment of the relevant health surcharge).
4. Permission is time-limited and renewable only upon continued compliance, including maintenance of insurance.
5. Family members may be added only if income, accommodation and insurance conditions are met.
6. Digital checks at renewal and, where feasible, at key service points verify ongoing compliance.
7. In a medical emergency, treatment is provided; financial liability is determined afterwards according to the rules above.
8. At the end of permission, the sponsor remains responsible for orderly departure and settlement of outstanding obligations.

6. Cross-Border Coordination Mechanisms

Given the open land border and the CTA, the following high-level arrangements are recommended:

- Formal information-sharing protocols between the UK Home Office, the Northern Ireland Executive (where relevant), and the Irish Department of Justice on sponsorship status, overstayers and insurance compliance of third-country nationals.

- Joint or parallel guidance for employers operating on both sides of the border.
- Coordinated approach to cost recovery where an uninsured third-country national receives emergency treatment after moving between the two jurisdictions.
- Regular intergovernmental review of thresholds, minimum insurance standards and enforcement data to prevent regulatory arbitrage.

These mechanisms must respect data-protection law, the Belfast Agreement, and the distinct constitutional positions of each state.

7. Expected Strategic Outcomes

- Third-country nationals present in United Ulster are documented and insured.
- Public healthcare systems (NHS in Northern Ireland and HSE in the Republic) are protected from unplanned demand by non-entitled persons.
- Employers internalise the true cost of sponsoring non-CTA labour.
- The Common Travel Area continues to function for British and Irish citizens without being undermined by weak controls on third-country nationals.
- Policy remains predictable for legitimate economic and family migration while remaining enforceable.

Recommendation

This framework should be developed further through formal intergovernmental channels — the British-Irish Intergovernmental Conference and relevant North-South bodies — with technical input from the Home Office, the Department of Justice, the Department of Health (NI), and the Department of Health (Ireland). Detailed legislative and operational drafting would follow once political agreement on the high-level principles is secured.

The document is put forward by the People of United Ulster and issued under our authenticating emblem. It respects the constitutional realities of the two jurisdictions while proposing a coherent, enforceable approach to the three linked domains of immigration control, visa sponsorship, and health insurance.

End of Document — Discussion Paper and Policy Framework
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