

# Understanding Migrant Destitution in the UK

RESEARCH FINDINGS

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May 2024

## Acknowledgements

The authors would like to thank:

All the research participants for sharing their experiences and reflections so openly and generously with us, and the many third sector organisations who supported us with finding participants and helped set up interviews and focus groups.

Our COMPAS colleagues **Mihnea Cuibus** and **Mariña Fernández-Reino** from the Migration Observatory for their expertise providing additional secondary data analysis and leading on the data imputation.

Our Professionals' Advisory Board for sharing their expertise, providing insightful guidance and signposting throughout the project and providing detailed and constructive feedback on earlier drafts: **Charlie Berry**, Shelter; **Lucy Bryson**, Brighton & Hove City Council; **Phil Clarke**, Liverpool City Council; **Leon Elliott**, NACCOM; **Mariña Fernández-Reino**, COMPAS; **Mubin Haq**, abrdn Financial Fairness Trust; **Kris Harris**, Project 17; **Caz Hattam**, The Unity Project; **Anne Hubbard**, Wales Strategic Migration Partnership; **Andy Jolly**, University of Birmingham; **Louise Kennedy**, Executive Office - Northern Ireland; **Stephen Long**, Department of Health - Northern Ireland; **Henry St Clair Miller** and **Catherine Houlcroft**, NRP Network; **Rupinder Parhar**, Greater London Authority; **Ilona Pinter**, LSE; **Jonathan Price**, Paul Hamlyn Foundation; **Simon Shreeve**, Norfolk County Council; **Madeleine Sumption**, COMPAS; **Katey Tabner**, COSLA; **Josephine Whitaker-Yilmaz**, Praxis.

Our Experts by Experience Advisory Board (**Anum Ahmed**, **Geo**, **Imran Khan Bukenya**, **Kas**, **Khurram**, **Shamim Afshan**, **Tatiana Tutor** and **Yasna Sarwar Khan**) for their invaluable contribution, as they advised on research methodology, co-facilitated focus groups with people with lived experience, enriching the quality of data we collected, as well as reviewing research findings and helping develop research recommendations. The Board also played a vital role in shaping our team's work, enabling us to take a more participatory approach to our research and providing key learning to apply across future research projects.

**Henry St Clair Miller, Catherine Houlcroft, Arthur Lewis** and **Samantha Gill** at the NRPF Network for sharing anonymised data from NRPF Connect, promoting the research to stakeholders, introducing us to local authority contacts and providing detailed and constructive feedback on all drafts.

**Finn McKay** at NACCOM for co-developing and co-facilitating research skills training for our Experts by Experience Advisory Board

Our COMPAS colleagues **Nathan Grassi** for his support with the design, **Delphine Boagey** and **Rob McNeil** for their support with communications.

**abrdn Financial Fairness Trust** for funding this study. abrdn Financial Fairness Trust is an independent charitable foundation supporting strategic work which tackles financial problems and improves living standards. Its focus is improving the lives of people on low-to-middle incomes in the UK.

## Contents

Introduction .....	6
Methodology .....	7
1. Who is impacted by the NRPF Policy and are they at risk of destitution?.....	9
1.1 Numbers of people affected by the NRPF restriction.....	10
1.2 Profile of destitute vulnerable people accessing local authority support.....	15
1.3 Gaps in data recording.....	21
2. How has local government and social services support for destitute migrants changed?.....	24
2.1 Policy context.....	25
2.2 Costs for local government.....	27
2.3 Specialist services.....	29
2.4 Access to support.....	35
2.5 Provision of subsistence support .....	49
2.6 Provision of housing .....	53
2.7 Preventative support through the provision of advice, information and immigration case resolution.....	58
2.8 Caveats limiting local authority’s ability to improve practice .....	61
3. How have outcomes for those living in destitution or at risk of destitution changed? .....	65
3.1 Income, debt and destitution.....	66
3.2 Gaps in information, advice and services.....	69
3.3 Impact on physical and mental health.....	73
3.4 Impact of inadequate housing.....	75
3.5 Fear of presenting due to (perceived) experiences of state intervention and enforcement.....	76
3.6 Uncertainty and instability, particularly for those locked out of support.....	80
Conclusion .....	85
Implications for policy and practice .....	86
Appendix.....	94
Bibliography .....	99

## Foreword

This report tells the story of migrant destitution in the UK, and the numbers of people impacted. However, behind every number is a person, a family, a child starting their life or an adult coming to the end of theirs. Lots of different types of people are impacted by destitution, some newly arrived on family, work and student visas, but many people who are long-term residents in the UK who have lived in the UK for years and even decades.

**We are some of these people. We are your communities and your neighbours. This is the place we call home, where our children are born, where we will hopefully live long and happy lives.** Yet, the NRPF policy is a barrier which stops us from fully integrating and feeling safe, impacting all generations including those born here. It impacts on every aspect and everything in our lives and is the biggest hindrance to integration, including to our children's generation. Having a home is a basic necessity and a human right, and yet so often people are treated inhumanely because of their immigration status.

In 2022, we came together to form an Experts by Experience Advisory Board for COMPAS' Understanding Migrant Destitution in the UK research project. All of us have lived experience of the issues and have been locked out of the welfare safety net because of our immigration status, facing homelessness and destitution. Our negative experiences and the impact it has had on us and our families have led us to wanting to become involved in community research and community organising to ensure that lessons can be learnt and the system is improved for others in the future, so that people get the help they need.

Over the last 18 months, we have provided advice on research methods, reviewed findings and helped shape the research implications to ensure they reflect people's experiences and perspectives. We trained as community researchers to co-facilitate focus groups with people with lived experience, which enabled us to learn more about other people's experiences with local authorities across the UK and identify the systemic challenges that need to be addressed. Working together, we have gained knowledge and learned from each other, feeling inspired by what we bring to the team.

We hope this report helps to bring about change. Policy makers and practitioners have the tools to tackle migrant destitution, and this report shows the urgent need to do so. There is no safety net for so many vulnerable people, including people fleeing domestic violence. At the moment, many local authorities do not meet their legal responsibilities. Some aren't aware of the duties and powers they have to support vulnerable homeless migrant people, whilst others make it too difficult to access the help that people need and are entitled to. As experts by experience, we hope this report contributes to the end of the use of the NRPF policy.

Beyond the policies themselves, we hope that this report can inspire culture change within our public services. Everyone deserves to be treated with dignity, compassion and humanity as they find themselves in crisis, facing destitution, and reaching out for help.

Ann, Geo, Imran, Kas, Khurram, Shamim, Tatiana and Yasna

Experts by Experience Advisory Board

## Introduction

Since 2019, there has been a 136% increase in the number of destitute migrant people in the UK and in 2022, over a quarter (27%) of destitute households were headed up by migrant people (Fitzpatrick et al, 2023). In many of these cases, the destitution arose primarily from the households' immigration status, specifically the 'no recourse to public funds' (NRPF) restriction, which restricts access to the welfare safety net (including most mainstream benefits such as Universal Credit as well as passported benefits such as housing benefit and child tax credit). Attempts to tackle destitution in the UK therefore must consider the characteristics of the NRPF policy, its impacts and the characteristics of the parallel welfare safety net which is in place for (some) migrants and delivered by local authorities (Leon, 2023).

COMPAS' ['Understanding Migrant Destitution in the UK'](#) research project explores the effects of UK immigration policy on migrant destitution in the UK, highlighting the scale and changing face of migrant destitution and the vital role of local in supporting this group. For certain groups of vulnerable people facing destitution, local authorities<sup>1</sup> have a legal duty to provide accommodation and/or subsistence, effectively providing a de facto 'parallel welfare safety net' (Spencer & Price, 2015). However, their duty of care is usually limited to families with dependent children, vulnerable adults with care needs and children leaving care and access is highly conditional.

Drawing on data from 142 local authorities in England, Scotland and Wales and health and social care trusts in Northern Ireland, as well deep dive qualitative research in seven case study areas across the UK, our research consolidates the existing evidence base around the NRPF policy and its impact on both local government and people with lived experience of NRPF.

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<sup>1</sup> Throughout the report, for the sake of brevity we will be referring to 'local authorities' and 'local government' in a broad sense of any public authority in a local area with relevant powers and duties, whilst recognising that in Northern Ireland support is largely provided by five Health and Social Care Trusts.

## Methodology

Building on COMPAS' 2015 [research](#) on English and Welsh local authority responses to safeguard destitute migrant families, the **study widens the scope to cover all four nations of the UK and includes both families and vulnerable adults with health and care support needs**, exploring the following core research questions:

- How has the cohort of people with NRPF and at risk of destitution changed since 2015?
- How has social care provision for people with NRPF at risk of destitution changed, including in relation to decisions made on who is eligible for services?
- How have outcomes for destitute people with NRPF changed since 2015?

The research project focuses on the **population with NRPF who are facing or are at a significant risk of destitution and who may be owed a duty of care under social services legislation**. Whilst many local authorities also support former looked after children and care leavers with NRPF, we have chosen to focus our scope exclusively on families and vulnerable adults with care needs due to the significant gaps in knowledge and literature around how Adult Social Care support people with NRPF.

The research involved a **mixed methods approach** with fieldwork taking place between November 2022 and August 2023 and included the following research methods:

- **[Secondary data analysis](#) of Home Office data administrative data, Census 2021, Annual Population Survey and the Family Resources Survey** to examine the numbers and characteristics of people on visas that generally come with an NRPF condition, whether or not they are being supported by local authorities, as well as data on 'change of conditions' applications to lift the NRPF condition.
- **Short survey sent to 205 local authorities (in England, Scotland and Wales) and 5 health and social care trusts in Northern Ireland)** across the UK to capture annual numbers of referrals, cases supported and annual expenditure.
- **Secondary data analysis of NRPF Connect raw data 2015 – 2022** for a demographic breakdown of cases supported and the type of support provided.



- **Deep dive qualitative research in 7 case study areas** (London, West Midlands, North West, East of England, Scotland, Wales and Northern Ireland) interviewing 60 professionals, incl. social care, housing, local stakeholders and NGOs to understand local practice.
- **Focus Groups co-facilitated with community researchers with lived experience of NRPF, and interviews with 30 people with lived experience with NRPF**, including families, vulnerable adults with care needs, EEA nationals and people who have not been able to access social care support.
- **Literature review** to understand the changes since 2015 in local authority policy and provision for vulnerable migrant people at risk of destitution and to contextualise our findings in line with the existing literature on NRPF.

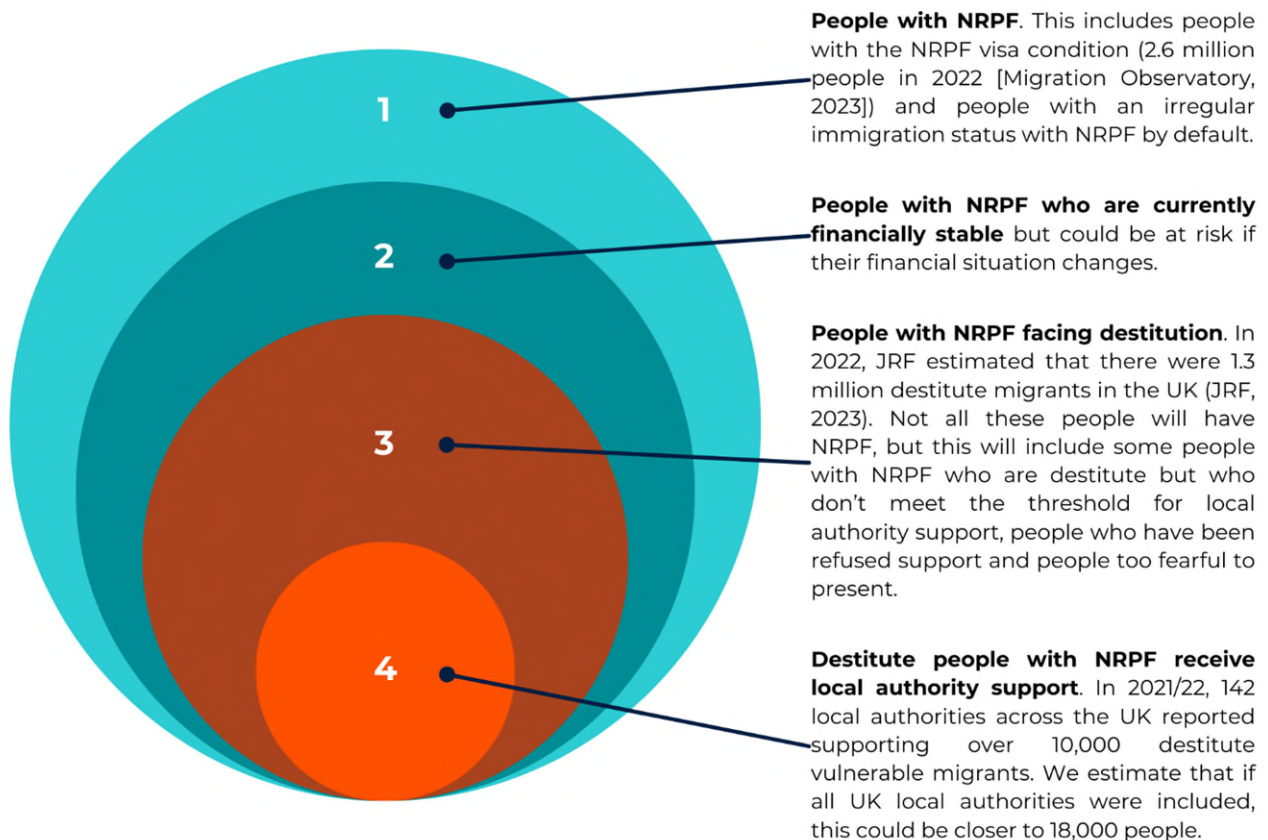
## 1. Who is impacted by the NRPF Policy and are they at risk of destitution?

### Key Points:

- The number of people subject to the NRPF policy has significantly [increased](#) since 2020. In 2021/22, 142 UK local authorities reported providing support to 10,640 destitute migrant people, at a reported cost of £55m.
- These numbers provide the first UK wide baseline indication of a population significantly impacted by the NRPF policy.
- However, the numbers are likely to be a significant underestimate, due to the challenges in collating data and reporting data across local authorities' systems and highlight the need for better and more systematic data collection to understand the true need.
- We estimate that if all UK local authorities recorded and provided data, the total number of people supported may be closer to 18,000 people and at an estimated annual cost of £102m for local authorities.
- Estimates indicate that the number of families supported by local authorities in England and Wales since 2012/13 has risen by 158%.
- A broad cohort of people are affected, including people with leave to remain (European nationals with pre-settled status, student visa holders, families on the 10-year route to settlement) and people with an irregular status including European nationals who missed the EU Settlement Scheme deadline, visa overstayers and undocumented people.
- Whilst [Home Office communications](#) around NRPF often focus on 'temporary migrants', the population also includes British-born children who have never lived elsewhere and vulnerable adults who have lived in the UK for decades.
- Existing literature has highlighted how the NRPF policy disproportionately impacts people from former British colonies - our research has highlighted that this is still the case however the population impacted appears to be shifting post Brexit with a significant rise in the number of destitute European nationals.

- The number of people subject to the NRPF policy may continue to grow in the future with new groups being impacted as a consequence of policy change, including both European nationals and people impacted by the Illegal Migration Act.

### 1.1 Numbers of people affected by the NRPF restriction



1. The [number of people on visas subject to the NRPF condition](#) has significantly increased since 2020 (Cuibus & Fernández-Reino, 2023). Around 2.6 million people living in the UK at the end of 2022 held visas with the NRPF condition – an increase of over 1 million in just two years. In addition to this figure, a wider cohort of people are also subject to the NRPF policy by default, in particular the irregular migrant population.
2. **The number of people subject to the NRPF policy may grow in the future with new groups being impacted as a consequence of policy change.** These include European nationals who missed the EUSS deadline or who lose their pre-settled

status, European nationals arriving post-Brexit and people impacted by the Illegal Migration Act.

3. Whilst many people subject to the NRPF condition are not destitute, or at immediate risk of destitution, they all **lack access to the mainstream welfare safety net and are therefore at greater risk of destitution if their circumstances change**, constituting a potential growing pressure on social care services.
4. Whilst there is no available data on the socio-economic characteristics of individuals with NRPF, recent studies indicate that **migrants are over-represented among the population experiencing destitution** (Fitzpatrick et al, 2023). Our [secondary data analysis](#) also indicates that almost **100,000 recently arrived migrants (the group most likely to have NRPF) live in economically vulnerable households** (where all working-age adults are inactive, unemployed, or in low or low-medium skilled jobs) with dependent children.
5. **In 2021/22, 10,640 destitute vulnerable migrant people were reported to be supported by 142 local authorities and health and social care trusts across the UK that provided data, at a reported cost of £55m. This includes 1,658 vulnerable adults, 3,108 families and 5,831 children.** These numbers provide the first UK wide baseline indication of a population significantly impacted by the NRPF policy as well as the first national estimate of the number of vulnerable adults. This breaks down into the following figures in each nation<sup>2</sup>, with over 90% of supported cases in England:

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<sup>2</sup> These figures draw on reported data from 142 local authorities in England, Scotland and Wales and health and social care trusts in Northern Ireland. Please note that the data gathered for England, Wales and Northern Ireland only focuses on people in families and vulnerable adults whilst the data gathered in Scotland also includes former unaccompanied care leavers as we were not able to disaggregate the Scottish figures. Patchy and limited data received in Wales means it's not possible to estimate the total number of cases and families supported, only the number of people and of children.

Nation	Total no. referrals 2021/22	Total no. people supported 2021/22	Total no. cases supported 2021/22	Total no. children supported 2021/2	Total no. families supported 2021/22	Total no. vulnerable adults supported 2021/22	Total annual expenditure 2021/22
England	5,819	9,702	4,323	5,482	3,015	1,255	£48,952,438
Northern Ireland	10	30	12	23	10	2	£103,844
Scotland	1,343	811	811	239	83	393	£5,881,301
Wales	274	97	Unknown	87	Unknown	8	£417,485
<b>Total</b>	<b>7,446</b>	<b>10,640</b>	<b>5,146</b>	<b>5,831</b>	<b>3,108</b>	<b>1,658</b>	<b>£55,355,068</b>

Table 1: National breakdown of numbers of people reported to be supported by 142 local authorities and health and social trusts in 2021/22

The data for England breaks down into the following figures for each region:

Region	Total no. referrals 2021/22	Total no. people supported 2021/22	Total no. cases supported 2021/22	Total no. children supported 2021/22	Total no. families supported 2021/22	Total no. vulnerable adults supported 2021/22	Total annual expenditure 2021/22
East Midlands	399	509	179	330	145	34	£1,696,286
East of England	358	540	293	306	170	65	£1,913,769
Greater London	3,132	5,608	2,560	3,048	1,738	836	£32,538,326
North East	109	76	34	41	22	12	£525,139
North West	510	381	154	235	108	40	£1,676,224
South East	340	692	270	431	264	29	£3,789,069
South West	155	442	182	246	130	67	£1,432,146
West Midlands	480	671	311	402	235	38	£2,506,703
Yorkshire & the Humber	336	783	340	443	203	134	£2,874,776
<b>Total</b>	<b>5,819</b>	<b>9,702</b>	<b>4,323</b>	<b>5,482</b>	<b>3,015</b>	<b>1,255</b>	<b>£48,952,438</b>

Table 2: Regional breakdown for England of numbers of people reported to be supported by 142 local authorities in 2021/22

- Our findings show an **increase in reported numbers from 2020/21 to 2021/22** - whilst the numbers of people supported overall and families have risen by around 5%, the numbers of cases have risen by almost 12% as the **numbers of vulnerable adults supported have increased by almost 20%**.

Number of people supported	5.14%
Number of cases supported	11.90%
Number of children supported	2.54%
Number of families supported	4.63%
Number of vulnerable adults supported	19.97%

Table 3: Increases in numbers of people and cohorts reported by 142 local authorities from 2020/21 to 2021/22

7. Whilst this report provides a baseline, there is **significant under-reporting by local authorities, which indicates that the numbers reported are an underestimate**. Many of the local authorities did not record data on the number of referrals, only the number of cases supported, masking the true extent of need amongst migrants facing destitution. Over 60% of the local authorities responding to the survey were able to provide only patchy and limited or no data at all. This was particularly acute for vulnerable single adults, a group we know little about. The gaps in data recording are covered in further detail in Section 1.3.
8. In addition to these data gaps, our qualitative research found **considerable wider gaps in access to this parallel safety net**, including
- o people facing destitution who aren't being assessed as meeting the social care threshold and being refused support
  - o people who are unaware they can access support through social care
  - o people who are too worried about the potential ramifications to present at social care, in case they are reported to the Home Office or have their children taken into care.
9. Many local authorities either held limited data or failed to respond to our survey, leaving a significant amount of missing data on case numbers and expenditures. In England and Wales, out of 172 local authorities, we held case data for 51% and expenditure data for 52%. We hence used multiple imputation<sup>3</sup> to estimate data for the missing units using that we already had, accounting for the social, demographic, political, and economic characteristics<sup>4</sup> of each area. In Scotland, the data collected

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<sup>3</sup> For further details on the imputation methodology, please see the appendix.

<sup>4</sup> The following variables were added to the dataset of cases and expenditure: population density, % of population born in the EU, % of population born outside the EU, % of population under 18, % of population over 65, total population, % of population claiming benefits, median pay, and party controlling the council.

by COSLA was already comprehensive. Northern Ireland was left outside the imputation on account of severely restricted data availability. The table below shows our estimated figures for the whole UK, along with a measure of uncertainty which shows accounts for our method and the limitations of the original data.

	Estimated total no. people supported 2021/22	Estimated total no. cases supported 2021/22	Estimated total no. children supported 2021/2	Estimated total no. families supported 2021/22	Estimated total no. vulnerable adults supported 2021/22	Estimated total annual expenditure in 2021/22
Estimate for all of the UK, including estimates for England & Wales and reported numbers for Scotland and Northern Ireland	18,765	8,911	10,528	5,437	2,763	£102,745,066
95% Confidence Interval for England and Wales estimates	16,372 - 19,476	7,158 - 9,018	9,122 - 10,869	4,849 - 5,839	2,258 - 3,268	£83.2 - £110m

Table 4: Estimated numbers of people supported by local authorities and health and social care trusts across the UK in 2021/22 using imputed data for England and Wales and report data for Scotland and Northern Ireland.

10. In 2012/13, we also imputed the data to estimate data for the local authorities that were unable to provide data and provide overall estimates for both England and Wales. Our imputation indicated that in 2012/13, English and Welsh local authorities supported around 3,391 families including 5,900 children at an estimated cost of £28m<sup>5</sup>. **Our imputed estimates for 2021/22, indicate that the number of families accessing support in England and Wales has risen by 158% since 2012/13 and that local authority expenditure for both nations has risen by 229%:**

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<sup>5</sup> For the 2012/13 imputation, the researchers estimated data for the non-responding local authorities by drawing on the estimated number of non-UK nationals in each local authority, using data from the Office for National Statistics Population by Country of Birth and Nationality Tables 2013. Further detail on their methodology is provided in the original [report](#), published in 2015.

	2012/2013	2021/22	Increase
Estimated number of families in England and Wales	3,391	5,344	158%
Estimated number of children in England and Wales	5,900	9,996	169%
Estimated expenditure for England and Wales	£28m	£64m	229%

Table 5: Comparison of estimated numbers based on imputed data in 2012/13 and 2021/22 for England and Wales. The methodology used for both imputations differs with further details provided in footnotes 4 and 5.

## 1.2 Profile of destitute vulnerable people accessing local authority support

11. Whilst Home Office communications around NRPF often focus on [‘temporary migrants’ \(Home Office, 2023\)](#) research shows that **many people with NRPF are long-term residents, having built their lives and families in the UK**. Many of the families interviewed had been in the UK for 5-10 years: their children had been born in the UK and had never lived elsewhere. We heard from vulnerable adults who had lived in the UK for decades, dipping in and out of irregularity, and who had never previously approached local authorities for support until they found themselves unable to work due to significant health issues in later life.
12. In 2015 and 2024, our research shows that many people with NRPF approaching local authorities had been previously self-sufficient but had **become destitute following a crisis, including though relationship breakdown, domestic abuse, losing their job, health issues impacting their ability to work to support themselves or delays in Home Office decision-making**.
13. Our 2015 research flagged that the **vast majority (86%) of parents** in supported families receiving local authority support were **female** in 2021/22. This is still the case in 2021/22 as 86% of supported parents were female. Conversely, the ratio for vulnerable adults is more balanced, as 59% of supported vulnerable adults were male and 41% female.
14. **Over 90% of the total number of people supported by local authorities were in England**, with 53% of the total number of people supported by Greater London local authorities. Greater London’s total expenditure on NRPF cases makes up almost 60% of the national expenditure on NRPF cases. There are low but [increasing numbers of people](#) supported in Scotland. In Wales and Northern Ireland, our qualitative



evidence indicates a rise in cases, however there are low numbers of recorded cases due to challenges with social care data collection.

15. Whilst local authorities do not clearly record immigration status, our evidence shows that cases are drawn from across the immigration system and include a **broad cohort of people with leave to remain as well as people with an irregular status.**

Family Cases included:

- Families on the 10-year route to settlement
- European families, including families with pre-settled status nationals or who had missed the EUSS deadline
- Families with British-born children
- Single mothers and their children fleeing domestic violence
- Parents on student visas living with their families in the UK
- Undocumented families who had fallen into irregularity
- Mixed immigration status householders with complex immigration cases
- Pregnant women with no other children<sup>6</sup>
- British citizens who had been living abroad but have recently returned to the UK due post Brexit/during the pandemic and had failed the habitual residency test to be able to access public funds

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<sup>6</sup> Our research found that different local authorities classified these cases as either Adult or Children's Social Care, often with significant confusion as to where they belonged.

Vulnerable Adult Cases included:

- Vulnerable adults who had dipped in and out of irregularity, but had lived and worked in the UK for decades and could no longer work in later life due to health issues
- People with complex health and care needs, including people with a terminal illness and some who have died waiting for their case to be resolved
- European nationals with pre-settled status or who had missed the EUSS deadline
- Modern slavery victims
- Refused asylum seekers with health needs, including people who are unlikely to ever be returned due to a lack of papers
- People who are homeless due to NRPF but not meeting the '[destitution plus](#)' criteria for social care support
- People with significant health issues but who have been managing to 'survive' and get by up till now and therefore not meeting the social care threshold
- British citizens who had been living abroad but have recently returned to the UK due to health issues/post Brexit/during the pandemic and had failed the habitual residency test to be able to access public funds

16. **Over 130 nationalities received support**, with Nigerian nationals making up the largest cohort of people supported (24% of all cases), followed by smaller numbers of Ghanaian, Pakistani, Jamaican, Indian and Bangladeshi nationals. In contrast to 2015, European nationals from Romania, Portugal and Poland now also feature within the top ten nationalities supported:

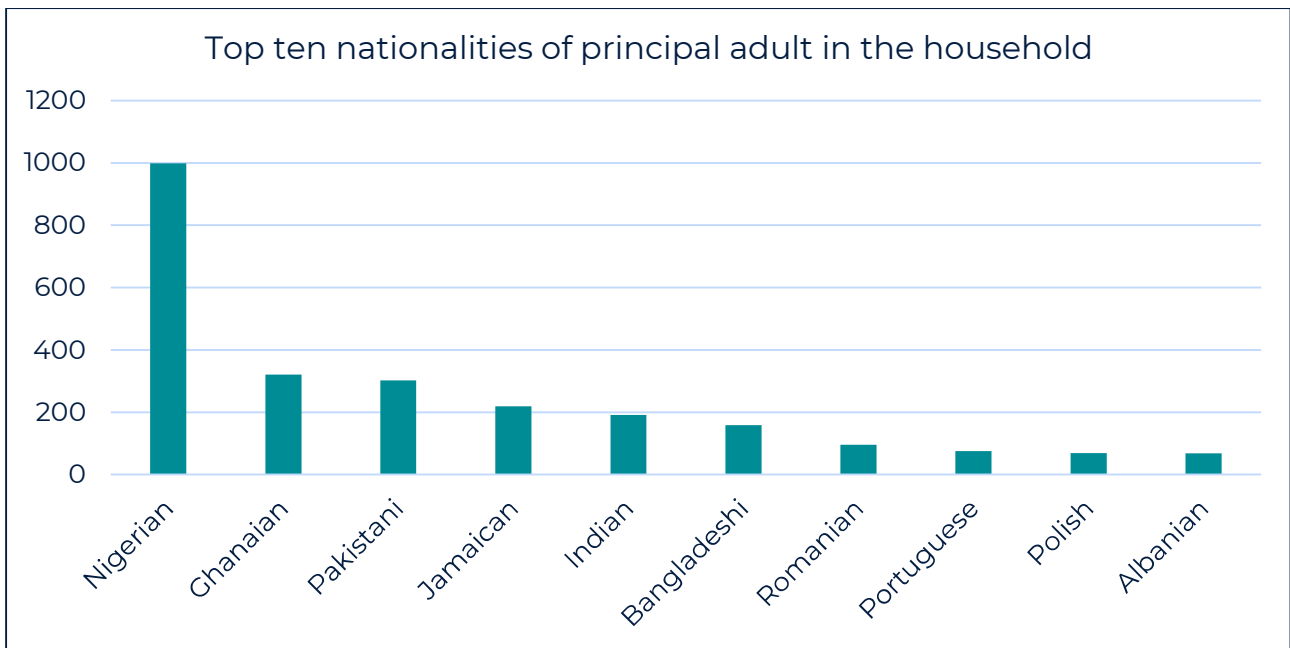


Table 6: Top ten nationalities of principal adult in all households supported by 78 local authorities in 2021-22. Source: NRPf Connect Raw Data.

17. In 2012/13, Jamaican (28.6%) and Nigerian (22.6%) nationals made up 51% of family cases. In 2021/22, the proportion of Jamaican nationals within family cases had dropped to only 4%. Nigerian nationals make up over a quarter of the family cases (28%), with smaller numbers from Ghana (9%), Pakistan (7%), India (5%) and Bangladesh (4%). Within the cohort of vulnerable adults, Nigerian nationals made up 16% of the cases supported, with smaller numbers from Jamaica (8%), Pakistan (7%), Ghana (5%) and India (5%).

	Top 10 nationalities (families) in 2012/13	Top 10 nationalities (families) in 2021/22	Top 10 nationalities (vulnerable adults) in 2021/22
Nationality of principal adult	1. Jamaican (29%) 2. Nigerian (23%) 3. Ghanaian (9%) 4. Pakistani (4%) 5. Malawian (3%) 6. Gambian (2%) 7. Congolese (2%) 8. Czech (2%) 9. Indian (2%) 10. Brazilian (2%)	1. Nigerian (28%) 2. Ghanaian (9%) 3. Pakistani (7%) 4. Indian (5%) 5. Jamaican (4%) 6. Bangladeshi (4%) 7. Albanian (2%) 8. Romanian (2%) 9. Brazilian (1%) 10. Eritrean (1%)	1. Nigerian (16%) 2. Jamaican (8%) 3. Pakistani (7%) 4. Ghanaian (5%) 5. Indian (5%) 6. Polish (4%) 7. Portuguese (4%) 8. Bangladeshi (3%) 9. Romanian (3%) 10. Sierra Leonean (2%)

Table 7: Comparison of top 10 nationalities of families in 2012/13 (n=729 families), of families (n= 2,882 families) in 2021/22 and of vulnerable adults (n=1,253) in 2021/22. Sources: COMPAS Survey Data in 2012/13 and NRPf Connect Raw Data 2021/22

18. Existing literature has highlighted how the NRPf policy disproportionately impacts people from former British colonies (Jolly et al, 2022). Our research has highlighted that this is still the case however the population impacted appears to be shifting post Brexit with a **significant rise in the number of destitute EEA nationals impacted by the NRPf policy** approaching local authorities for support, across the UK:
- o In Scotland, local authorities saw a 138% increase in the number of EEA nationals being referred in 2021/22 compared to 2020/21. One Scottish local authority saw their caseload of EEA nationals jump by 238% from 59 EEA nationals in 2021/22 to 200 in 2021/22.
  - o In one local authority in the East of England, EEA nationals now make up 60% of the NRPf cases the local authority supports.
  - o A Northern Irish health and social care trust reported that EEA nationals represent 75% of the NRPf cases they supported in 2021/22
  - o A Welsh local authority reported that half of the current cases sitting with their NRPf panel are now EEA nationals with pre-settled status.
  - o NGOs in England reported a rise in EEA cases, primarily people with pre-settled status, impacted by NRPf and being turned away as post Brexit, local authorities struggled to understand the complexity in different immigration statuses and EEA nationals' rights

19. In the majority of the EEA cases reported by local authorities, **people requesting support were already resident in the UK before the EUSS deadline.** Cases included people who had missed the EUSS deadline as they hadn't been able to access legal advice, people who did not have the correct paperwork to submit or others who had temporarily left the country during the pandemic to visit family in their country of origin. Cases also included people who were granted pre-settled status but were not exercising their qualifying right to be able to access public funds. Respondents flagged the issue of people with pre-settled status "dipping in and out of NRPF" if not exercising their qualifying right to reside, including single mothers who had fled domestic violence with their children and unable to work or people who had recently lost their jobs. Our data collected only covers 2020/21 and 2021/22, however a Scottish local authority reported having seen in 2022/23 a *"significant increase in homeless presentations from newly arrived EEA citizens with the biggest group [being] Romanians who are arriving in numbers to take up employment in the food processing sector"*
20. Local authorities raised their **concerns about future groups at risk of being impacted by the NRPF policy** and as a result, potentially turning to social care for support, leading to further pressures on social care. Immigration from the EU under the post-Brexit immigration system [has been low](#), however recent accounts from local authorities in 2023 as exemplified above indicate a rise in some areas of newly arrived EEA citizens who are now locked out of the welfare state. Were this number to rise in other local authorities, newly arrived EEA citizens could become a significant additional group. Many local authorities had concerns about the numbers of asylum seekers who could come under their care as the Illegal Migration Act comes into force. Staff also raised concerns about people falling into irregularity as their visas expire, including Ukrainians and EEA nationals with pre-settled status. Local authority staff also raised concerns that changes in policy and legislation could lead to migrant victims of modern slavery not being able to access public funds either. Hong Kong BN(O) visa holders are subject to NRPF but are entitled to apply for a change of condition, however, [existing](#) research has shown that some Hong Kongers may be reluctant to present for fear of it jeopardising any future visa applications and that "often the precise boundaries of NRPF are poorly understood by BN(O) Hong

Kongers, meaning they do not access forms of assistance to which they are entitled” (Rolfe & Benson, 2023).

### 1.3 Gaps in data recording

Whilst the data provides a snapshot into the profile of people impacted by NRPF and experiencing destitution, it does not give us a full picture due to the significant gaps in data recorded by local authorities. As a result, we were able to use data from 142 local authorities and health and social care trusts across the UK, instead of the 210 local authorities we contacted.

Over 60% of the local authorities responding to the survey were able to provide only patchy and limited or no data at all. Many local authorities could only provide data primarily focused on family cases, not vulnerable adults. **There were also significant gaps in data recorded in Northern Ireland, the South West, the North West, Yorkshire and the Humber and Wales.** Despite statutory guidance in Wales recommending that local authorities systematically record data on the NRPF cases they encounter to evidence the need and provision as well as identifying patterns to prevent destitution, we did not find this to be embedded in Wales, which had poor rates of data collections, in comparison to Scotland, which also has statutory guidance.

Region or Nation	No data provided	Limited data provided	Majority of the data provided	Survey not returned	Total
Greater London	6%	30%	55%	9%	100%
Scotland	9%	6%	63%	22%	100%
North West	52%	35%	9%	4%	100%
Wales	59%	36%	0%	5%	100%
South East	32%	47%	21%	0	100%
South West	69%	19%	6%	6%	100%
Yorkshire & the Humber	40%	47%	6.50%	6.50%	100%
West Midlands	36%	50%	14%	0%	100%
North East	42%	33%	25%	0%	100%
East of England	40%	40%	20%	0%	100%
East Midlands	22%	44%	22%	12%	100%
Northern Ireland	20%	60%	0%	20%	100%
<b>Total</b>	<b>32%</b>	<b>32%</b>	<b>28%</b>	<b>8%</b>	<b>100%</b>

Table 8: Survey response rates from local authorities and health and social care trust across the UK

There were many issues that hindered local authorities' ability to collect robust data on NRPf provision including:

- **Challenges with IT recording systems** where immigration status or NRPf were not systematically recorded. In many areas, there was no marker on the system for either of these categories.
- **Inconsistencies in data recording:** with no clear guidance on the need to evidence local authority provision of a parallel welfare system in England, there was a wide variation in the type of data recorded. Many local authorities only recorded numbers of people supported, not referrals and therefore there was not a full picture of the level of need. Whilst some local authorities would record separately the number of children, families and adults supported, others only recorded the numbers of cases or number of families, not giving a clear indication of the total number of people supported.
- **Gaps in data-sharing particularly across different teams** - in many areas, NRPf leads were only working on family cases so were not aware of the wider social care provision for the NRPf population, including vulnerable adults. As a result, many of the FOI responses we received exclusively focused on children's social care, with significant gaps in data captured or shared by adult social care.
  - *"I personally think there's a lot more that we are probably supporting at the moment that we can't report on because we're not capturing it and we're not actually aware of it. Social workers haven't been advised or given any training on [supporting NRPf cases and flagging them internally] so we have a bit of a skewed picture of who we're supporting and how long we're supporting them."* (Health & Social Care Trust, Northern Ireland)
  - In several local authorities we spoke to, including in well-established and highly experienced specialist NRPf teams working with both family and adult cases, the specialist teams were aware that not all NRPf cases across the local authority were shared with them. This included cases where residents have complex care needs were placed in care homes likely to be at a significant expense to the local authority, as well as family cases with complex safeguarding needs which would instead sit with the mainstream

families' team. As a consequence, **local authorities do not have a comprehensive overview of the total numbers of people they are supporting or the full annual expenditure on NRPF cases.**

- In some cases, data was not recorded due to **staff's limited awareness around their duties in regards to supporting people with NRPF**, including important misunderstandings of their legal responsibilities. Some local authorities' reasons for not returning the survey demonstrated a lack of understanding of their legal duties, including:

*"The term "no recourse to public funds" relates to asylum seekers and those in dispersed asylum and these cases are not managed or supported by local authorities, they remain the responsibility of the Home office." (Local Authority, England)*

*"In the likelihood of a need by NRPF client groups we (the local authority) would be unable to provide support based on our statutory obligations (for instance housing) – so can you provide me with an example whereby any LA would provide support to a client group who have NRPF." (Local Authority, Wales)*

As a result, the numbers represent an under-reporting of need due to the challenges in collating and reporting data across local authorities' systems and highlight the **need for better and more systematic data collection to understand the true need.**



## 2. How has local government and social services support for destitute migrants changed?

### Key Points:

- The pandemic saw a wider visibility for understanding and tackling migrant destitution, with public health being prioritised over migration governance. Some pockets of good practice have emerged as some UK local authorities have sought to tailor their approach to provide early intervention models, alternative housing, increase subsistence payments as well as commissioning immigration legal advice to support residents with regularising their status to be able to access mainstream benefits.
- Despite new approaches being piloted, the reliability and provision of social care support is still patchy and inconsistent, with local authorities operating on overstretched budgets.
- Local authorities have faced soaring costs supporting vulnerable migrant people facing destitution (an estimated £102m in 2021/22, a 229% rise since 2012/13). Despite having a legal responsibility to support vulnerable people facing destitution, they receive no dedicated funding from central government.
- The length of time families are spending on local authority support has significantly increased - in 2012/13, 43% of families spent 1 – 5+ years on support, in 2021/22, 65% of families spent 1 – 5+ years on support.
- Local authorities have also struggled with the complexity and politicisation of NRPF, particularly with the introduction of different immigration statuses post Brexit and the forthcoming changes under the Illegal Migration Act. This has led to a level of distrust and wariness between local authorities and local communities, hindering the process of gathering information to progress cases.
- Local government staff across the UK also raised the lack of senior leadership drive around NRPF policy and provision - essentially, this “parallel welfare system” is instead organised and delivered by frontline practitioners at an operational level, with very limited policy and strategy perspective from senior leadership.

- As a result, many of the issues (persistent gatekeeping, inconsistent and inadequate support, necessity of having an advocate to access support) flagged in our 2015 research still persist.

In 2015, our research found evidence of a parallel welfare safety net for destitute migrant families. **In 2024, we find that this parallel system is creaking and dysfunctional - unable to provide adequate support for those living in, or at risk of, destitution. Whilst there are important pockets of good practice to learn from, overall the system is patchy and does not meet the scale of need.** Whilst this remains true for migrant families, this is particularly the case for vulnerable single adults, who struggle to access any form of safety net.

Through deep dive qualitative research into seven case study areas across the UK (London, West Midlands, East of England, North West of England, Scotland, Northern Ireland and Wales) interviewing 60 professionals in local government (social care, housing, policy and council leadership), regional government and the third sector and interviews with 30 people with lived experience, our research consolidates the existing evidence base around the impact of the NRPF policy on both local government and migrant communities.

## **2.1 Policy context**

The legislative framework for the NRPF policy is both longstanding and complex, as detailed in our project [literature review](#) and whilst migration governance is reserved to Westminster, social care is devolved, with distinctive legislation and guidance around NRPF in each of the four nations:

Country	Legislation	Guidance
<b>England</b>	Legislation: Families and vulnerable adults can access social care under Section 17 of the Children Act 1989, The Care Act 2014 and the Mental Health Act 1989	Guidance: There is a gap in statutory guidance in England. To address this gap in guidance, the NRPF Network, hosted by Islington Council in England, provide advice, guidance and support to local authorities on their statutory duties supporting people with NRPF who may be owed a duty of care under social services legislation.
<b>Northern Ireland</b>	Legislation: Unlike the other UK nations, support is provided through the local health and social care trusts and under Article 18 of the Children (Northern Ireland) Order 1995 or the Health and Personal Social Services (Northern Ireland) Order 1972.	Guidance: There is a significant gap in terms of guidance for health and social care trusts in Northern Ireland. Additional support: In Northern Ireland, The Executive Office (TEO) appointed the Red Cross to administer the Crisis Fund, providing temporary financial support for vulnerable migrants and refugees, facing destitution. The fund was previously only open part of the year and people can only apply through NGOs and not directly.
<b>Scotland</b>	Legislation: Section 22 of the Children (Scotland) Act and Section 12 or 13A of Social Work (Scotland) Act 1968.	<b>Guidance:</b> The Convention of Scottish Local Authorities (COSLA) provide <a href="#">statutory guidance</a> for local authorities in assessing and meeting the needs of vulnerable people with NRPF. <b>Additional support:</b> Scotland's <b>Ending Destitution Together (EDT) strategy</b> aims to improve the welfare safety net in Scotland by taking a preventative approach to avoid people reaching a point of crisis. The strategy includes <b>training and guidance for councils on migrants' entitlements</b> as well as the <b>provision of immigration advice for vulnerable migrants</b> . The Scottish Government have provided top-up funding to the British Red Cross to extend their existing Hardship Fund, by providing <b>a Scottish Crisis Fund, open to people with NRPF</b> . In addition to this, the Scottish Government have also provided <b>£25m flexible funding to local authorities to support households facing financial insecurity</b> – the funding is not a restricted public fund and has therefore been open to people regardless of their immigration status (COSLA, 2022).
<b>Wales</b>	Legislation: Social Services and Well-being (Wales) Act 2014	<b>Guidance:</b> The Welsh Government provide <a href="#">statutory guidance</a> for local authorities in assessing and supporting vulnerable people with NRPF. <b>Additional support:</b> Unlike the rest of the UK, Wales have been able to use their devolved powers to open up part of their discretionary welfare fund (Emergency Assistance Payment (EAP) to people with NRPF.

Table 9: UK legislation and guidance around NRPF in all four UK nations

Despite the variation in legislation and guidance, **responsibility for immigration policy is reserved to Westminster, severely constraining the devolved nations' ability to widen access to social security for people with NRPF** (Potter et al, 2017). The variation in legislation and guidance has an impact on local policy and practice across the devolved administrations as English local authorities and Northern Irish trusts find themselves operating without any statutory guidance. However the **provision of guidance does not automatically lead to improved practice, as it is still subject to local authority staff receiving training, advice and support with applying guidance in practice**. As highlighted, the Welsh statutory guidance recommends systematically collating data and yet the data shared by Welsh local authorities shows significant gaps in data recording across the country.

## 2.2 Costs for local government

Local authorities face **significant costs for NRPF cases. In 2021/2, this amounted to a reported £55m in the 142 local authorities that shared data with us. We estimate that if all UK local authorities were included, the cost would be £102m. Yet local authorities receive no dedicated funding for this additional provision**, which must come from often overstretched existing social care budgets. Our imputed estimates indicate that **costs for local authorities for England and Wales supporting families have risen by 229% since 2012/13, despite the numbers of families rising by only 158%**. The disproportionate increase in expenditure could be explained by numerous factors including Home Office delays in decision-making, the rise in complex cases increasing the length of time some cases need local authority support as well as the significant rise of housing costs linked to housing shortages as detailed in section 2.6.

With delays in Home Office decision-making and a rise in complex immigration cases, some of the **cases recorded by local authorities end up spanning several years**, particularly with vulnerable adults with complex medical needs and where a return to their country of origin is not possible. Individual cases can incur significant costs, with examples shared including one vulnerable adult in the care of a Scottish local authority who was supported for two years in supported accommodation at a cost of £2,000/week until he passed away and a vulnerable adult in the care of an English local authority,

supported for over six years at a cost of £2.8m. Local authorities receive no dedicated funding from central government to support this significant cost. NRPf services often sit within social services departments, which are at present under severe financial strain. Analysis by the [Institute for Government](#) found significant increased pressure on children's social care budgets with many local authorities overspent, notwithstanding pressures on the NRPf budget.

Whilst some local authorities try to pool together different **central government short-term funding to 'patchwork fund' work around NRPf**, other local authorities and trusts have **no allocated budget**:

*"The funny thing about this group is that actually we don't officially spend any money on them. We don't set aside a budget to deal with them. We just spend money on them and there's a deficit for them, so it's like a **conscious debt** that we run with and that we don't we don't put money aside for." (Housing Manager, Scotland)*

Local authorities who mainstreamed NRPf cases through their child protection teams with no allocated budget for NRPf cases, feared that the ongoing rise in NRPf cases they were seeing, would eventually impact their child protection team's capacity to support all families.

Not having an allocated budget has an effect on services, beyond a lack of clarity as to how the service will be funded. Support for destitute migrants can therefore function as a "Cinderella" service, without a clear home or budget, which operates at the margins of other services. Fragmented budgets across different migration schemes (for example the [Hong Kong British National \(Overseas\) visa scheme](#)) prevent the development of longer-term infrastructure to prevent longer term destitution.

## 2.3 Specialist services

### Key Points:

- In recent years there has been a move towards developing more specialist NRPF workers and teams within some local authorities, however there are variations in where the specialist workers/teams sit and the powers and roles they have.
- Local authorities with specialist teams/workers saw the benefit in being able to offer targeted support to vulnerable groups with accessing immigration advice and progressing immigration applications to expedite case resolution.
- However with the creation of specialist teams focusing solely on accommodation and subsistence and especially with non-social care staff leading on assessing cases, there is a risk of potentially missing more complex needs that would be identified and addressed through a more rigorous needs assessment in other social care cases.

With an increased financial pressure on social care, some local authorities have looked at more cost-effective and streamlined way of managing NRPF cases. In recent years, there has been a **move towards developing more specialist NRPF workers and teams** within some local authorities:

- In 2012/13, 29 local authorities reported having a dedicated worker or service.
- In 2021/22, 46 local authorities across the UK reported having dedicated a NRPF worker or service:
  - 33 of these local authorities had a dedicated team (60% of them focusing on families and 40% focusing on adults and families)
  - 13 local authorities had a single member of staff who focuses on NRPF cases.

In the 7 case study areas we focused on:

- Three areas had a specialist team (in two local authorities, the team focused on families and adults and in one local authority, the team focused exclusively on families).

- One area had a specialist NRPF family support worker.
- Three areas mainstreamed NRPF cases within their Children's Services or Adult Services departments.

There were **variations in where the specialist workers/teams sit and the powers and roles they have**. NRPF workers' background ranged from qualified social workers to family support workers and in some areas, the specialist work was led by administrative staff from a non-social care background who led on assessing entitlement to financial support. This practice raises concerns about the lack of due regard to children and vulnerable people's needs and best interests, and **risks of potential legal challenges were raised in interviews, with local authorities placing unqualified people in charge of decision making**, which could be challenged in court. In areas with a well-established NRPF team, social care staff highlighted the immense pressure they felt due to local authority decisions being subject to judicial reviews. There was a fear that the local authority's name would be identified in a potential ruling ("*[The local authority] don't like having case law with their name attached to it, so we would always settle*" (NRPF Team Manager, England)), but also a responsibility to protect the local authority from unnecessary further expenditure:

*"[Our] assessment is very watertight. We address every little thing their solicitors could pick on and use against the local authority. [I say] to the social workers when you're doing your assessment, just believe this could be a potential JR [judicial review] for us [...] pick [through] every letter, every word so we're not caught up in any drama that would cost the local authority legal fees."* (NRPF Team Manager, England)

Local partners, including legal advisers, raised the **pros and cons of having specialist services**:

*"You can have NRPF teams who are so focused on [NRPF] they forget that the elements of broader social work practice are important and those broader child focused considerations are important. But then equally you can have those happening in other teams that are kind of pure child care,*

*with no NRPF knowledge and where social workers lack the understanding to apply the very specific additional set of kind of criteria and issues that are facing NRPF families.” (Legal adviser, England)*

Local authorities with specialist teams/workers saw the **benefit in being able to offer targeted support to vulnerable groups with accessing immigration advice and progressing immigration applications to expedite case resolution.** They saw this as a benefit for the recipient who in many cases was moved on to mainstream support but also as a more efficient system for the benefit of the local authority caseload and expenditure. In non-specialist teams, mainstream social workers juggle NRPF cases alongside their other cases and acknowledged that other cases where there are child protection issues were often prioritised over NRPF cases within caseloads:

*“There are situations where you need to prioritise that CP [child protection] investigation or there's a children's hearing that needs to be covered. **No recourse to public fund is not necessarily the front of the queue in many respects.** [...] That's not what we were arguably set up to do. We're doing this because we have to, because there is no other mechanism in order to prevent these children being in destitution.” (Social worker, Scotland)*

Our 2015 report highlighted that only 2.2% of all children within families with NRPF being supported were subject to a child protection plan. Whilst the data we received from local authorities in 2021/22 did not give us a precise figure for comparison, qualitative interviews with social work teams indicate that aside from destitution, there were **rarely any concerns around parenting and child protection within the families with NRPF they supported.** As a result, some social workers had mixed feelings about holding NRPF cases as they did not feel it was necessarily their role to lead on them:

*Social Work Team Leader: A lot of these kind of situations that we're dealing with, it's not a child protection issue. The children are well cared for, nurtured. They're loved, they're supported. If we got a tenth of that for some of the other families who are working with, we wouldn't be doing the job that we do. And it's not necessarily a good viable use of [our] time,*



*because real children and families work is dealing with those families where there's an unmet need between parent and child. This is an unmet need from an external rather than internal if that makes sense.*

*Social Worker: we're dealing with this because there's an unfriendly policy from central government and that's why we're having to deal with it. And the reason we're able to deal with this is because we don't have too many numbers, which would be one of the concerns of the numbers increasing, then that will raise concerns because if it takes up our whole child protection budget, then how are we going to protect children that are on the register? So you know, there are concerns, I don't know the answers to it. All we can do is prevent a destitution.*

*Social Worker: Because of that destitution and the welfare angle, that's why we're involved. But arguably, they're not the families that Children & Family social work departments were set up to effectively deal with. (Children and Family Social Work Team, Scotland)*

This highlights a **risk that the needs of families with NRPF are perceived as limited to accommodation and subsistence**. In the West Midlands, a children's social care manager explained how neighbouring local authorities took contrasting approaches to families with NRPF, no longer deeming them 'children in need' once they received local authority support:

*"Different authorities have very different systems set in place and I think it's just quite noticeable when you have a family coming from one area to another, how different the services are. And I think it would be really helpful if there was more of a universal view on how it's being offered in all children's services. I think that that we would find that really beneficial, particularly when you're looking at cases moving from one area to another. [Local authority nearby] have a very different system to ours as they don't have any input into families past that point. So they close them as child in need, whereas because ours remain open, we've got a responsibility. So I*

*think it would just be really helpful to have a much more set process universally.” (Children’s social care manager, England)*

Both our 2015 report and our current data analysis flagged cases of families with children with additional needs, including disabilities and health conditions. **With local authority teams focusing solely on accommodation and subsistence and especially with non-social care staff leading on assessing cases, there is a risk of potentially missing more complex needs that would be identified and addressed through a more rigorous needs assessment in other social care cases.** Recent shifts in social work best practice do not always filter through to NRPF caseload, where much of the work remains focussed on the practical (accommodation, subsistence, and advice) and not wider needs. Jolly and Gupta’s (2022) analysis of serious case reviews, involving the deaths of children in families with NRPF, highlights the lack of professional understanding of the implications of having NRPF for safeguarding children. The reviews showed that there was often more multi-agency information sharing and reporting on immigration issues than safeguarding issues such as domestic violence, alongside a lack of professional curiosity about how parents were being supported by people in their networks or how they were receiving an income, which may have triggered safeguarding concerns about parental vulnerability and potential exploitation.

Some areas were **reluctant to set up a specialist team** in case it led to a rise in cases, attracting people from neighbouring areas as well as people who had not considered approaching the local authority, leading to an increased pressure on already overstretched services:

*“The fear about commissioning a service to provide specifically for this group would be that we ought to have a recognised budget for it and then, that’s the big discussion in our NRPF group is how big is this issue? As services, we see bits of it [...] but there’s a number of households and individuals with no recourse, who we aren’t engaging with, and if we did offer a service, if we did start an NRPF social work team, would we drag everybody out to come and see us? [People] who didn’t need our help necessarily in that kind of crisis point but that they exist in the shadows and*

*how you would ever find a way of kind of measuring what the extent of the full issue is within the cities.” (Housing Manager, Scotland)*

*“If London local authorities don't move in unison, then we could have been an outlier and therefore we would have attracted this cohort from across London and that may sound horrible, but you've got to be realistic and be careful that we don't become the only borough in London who's providing the service and if you provide the service they will come and we could have ended up with hundreds of people and then the money does become an issue” (Housing Manager, England)*

Our 2015 report also flagged local authorities' concerns around the possibility of specialist teams acting as a pull factor. However our findings highlight that there is no evidence that specialist teams are a pull factor. Instead, it is worth noting that the development of specialist services in some of the case study areas with higher numbers of referrals has led to more robust gate-keeping with tightened eligibility criteria, as we explore in the following section.

## 2.4 Access to support

### Key Points:

- Many of the issues flagged in our 2015 research, including persistent gatekeeping, limited referral pathways and the necessity of having an advocate to access support, still persist in 2023. Some local authorities with higher numbers of referrals have introduced more robust gatekeeping in recent years. As a result, many people presenting still encounter significant hurdles, finding themselves locked out of support.
- People with lived experience have described the local authority assessment to access social care as a humiliating, distressing and intrusive process, leaving them feeling judged as parents, disrespected and disbelieved.
- Gaps in staff knowledge, inconsistent practice around social care assessments and a lack of protocol can lead to internal tensions around which local authority team should be subsequently responsible. Whilst some cases led to tensions, other local authorities also described using their discretion when working on cases.
- Whilst some cases led to tensions, other local authorities also described using their discretion when working on cases. It was notable that local authorities with lower caseloads, and subsequently financial pressure, were able to show greater discretion in the provision of services and a more preventative approach, highlighting the extent to which service pressures inhibit innovation and the development of a more pragmatic approach to tackling destitution.

### 2.4.1 Tightened eligibility criteria

As pressure on local authority budgets [increases](#), social care teams' thresholds for defining who is 'destitute' or 'near destitution' are driven upwards, narrowing the group of people they will support to those in the most severe poverty (British Association of Social Workers, 2020). The consequences of this are that many people may be experiencing severe economic hardship on a precariously low income but may not be meeting the threshold of 'destitute' to access social care support. As there is no clear statutory guidance for local authorities on assessing destitution or the risk of destitution,

local authorities often refer to the [Home Office guidance on destitution](#) as a proxy, but taking individual needs into account as well.

In 2016-17, some local authorities established 'robust front door' policies, ramping up gatekeeping to make accessing support more challenging and therefore decrease the number of referrals (Jolly, 2018). Qualitative evidence from our interviews with both local authorities and people with lived experience of NRPF suggest that this practice is more widespread with some local authorities operating **more robust gatekeeping, tightening the eligibility criteria for NRPF services** and adopting a more stringent assessment process, often as a result of overstretched budgets.

Some specialist NRPF Team Managers described previous practice being "wishy washy" and the need for tightening their assessment process:

*"We were getting so much referrals and people were coming with suitcases sitting down wanting support. So it's like, what has gone round is that [our local authority] is a soft target without the stringent checks [being] carried out]. So when I joined, I observed what was going on, and I liaised with the manager at the time to say, we need to change something, it's too much. People are just coming in and they're being accommodated and we forget them in the B&Bs for a year or so [...] we are the mini police despite the fact that we're social workers. At the same time, we're protecting children by making sure we're providing that support to the right families, not to families that are able to do things themselves and are choosing not to."*  
(NRPF Team Manager, England)

This was also some third sector organisations' perceptions in relation to Adult Services' thresholds:

*"The criteria seems to be going up and up for them to meet the threshold of support from social services [...]. It almost feels like a fight, always feels like a push, always feels like red tape and information and criteria. And I understand all of that needs to be in place, but I feel like that the process*

*could be done in an easier way.” (Third sector organisation, Northern Ireland)*

Local stakeholders working across wider regions felt that the major cities in their region were often the ones who had the most awareness of NRPF and their duties towards vulnerable people, however **due to the pressures on their caseloads, were often the most likely to push back on cases.** In their experience, **local authorities with lower numbers were more willing to engage with advisors around good practice and take on cases.** However they felt that this approach taken by those local authorities would likely change in coming years with increasing financial pressures:

*“The two major cities in the region] in particular will try and push it all the way because the thought of the accommodation and the number of families on the caseloads of the social workers is absolutely astronomical [...] they're worse than I've ever seen. However, other local authorities, for example, where they are less [numbers] across the area because they've historically had less interactions with migrant communities and there's no institutional memory, you need to sort of talk them through it, but they have a little bit more time and space and resource to actually do the thing. If you ask me in five years' time, will those smaller local authorities still be supporting lone adults? I'd probably say no because they'll have realised that they can't with the total of the resource to do it. (Legal adviser, Scotland)*

**There is a fine line for local authorities in designing a robust assessment process to meet its legal responsibilities and an approach which can deter those eligible from seeking the help that they need and are legally entitled to.** Third sector organisations shared examples of victims of domestic abuse being told to stay with their partners as well as victims of labour exploitation returning to their employers, as they were unable to access social care support.

People with lived experience and referring NGOs described the local authority assessment process to access social care as a **humiliating, distressing and intrusive process**, leaving them feeling judged as parents, disrespected and disbelieved:

*“The way they approached me I felt so bad. The person who was doing the interview was talking to me in a very rude manner – “why didn’t you do this? Why did you do that?”” (Joy, parent)*

*“The system is built to deliberately break us and make us feel worthless” (Blessing, parent)*

*“The man at social services was screaming at me as if I was a child.” (Anna, parent)*

*“Some social workers are good but not all. The way we respect them, they don’t give it back. They need to treat us well. Particularly with our mental health. Not everyone can face them, they treat us like we don’t know what we are doing.” (Kai, parent)*

#### **2.4.2 Hurdles in accessing social care support**

Adults with care and support needs described the **complex hoops they needed to jump through to access adult social care**:

Michael is in his 70s and has lived in the UK for over four decades, dipping in and out of irregularity during that time. Having worked all his life, health issues had prevented him from working and supporting himself and he had ended up street homeless with significant care needs.

*“I came to the UK in my mid-20s in the mid-70s. I have been here almost 50 years. During that time, I always worked, I never tried to get benefits. Over the last 10 years, I ended up sleeping rough off and on as I couldn’t pay my rent. A few years ago, I was struggling with my health and my eyesight. I had turned 70 and up till then, my work had been in building and gardening but you can’t do that with mobility and eyesight problems. I had*

*broken my leg too and I needed somewhere to stay as I couldn't pay my rent so I ended up on the streets again. A homelessness charity picked me up and they referred me to the council. However if you're not disabled, doing drugs or a criminal, the council don't want to know you and you won't be eligible. This happens to most single men. I was told I can't get a council flat because I'm a single man. I can only get shared accommodation."*

Michael had grown used to trying to get by independently and when answering some of the assessment questions, although he knew he couldn't do all the tasks properly unaided, he told them he tried to do it anyway which meant he did not meet the full criteria. He insisted on an assessment in person instead:

*"Most of the first assessment was on the phone. It was a rigorous assessment about my mobility and you have to give a lot of details. However they're not functioning as human beings, they're like robots. If you don't meet each criteria, point lost! They refused me the first time round so I told them I needed someone to come and visit me and see my situation. At that point my sight was going and I can't see the curb when I'm walking and I can't see people's faces. They came to my hostel and they realised that on account of my age, my mobility problems, that I'm half blind and homeless, I finally met the criteria. If I didn't have all those four issues, I would still be on the streets."*

Sometimes it is only with the **support of an advocate or the threat of a judicial review** that people are able to access the local authority support they are entitled to:

*"I have 3 children. Someone from the mosque helped me stay in their house. All four of us in one bedroom. However they told us we have to move out and they gave me the letter to say we had to leave. I gave the letter to my daughter who showed it to her teachers who told me you need to go to council as the kids can't live like that. We were having to get food from the mosque as we had nothing. We went to the council and we were all crying. It's the first time we went there. The kids wanted to go as they were hungry*



*but I said we can't leave as we need to wait. After an hour, a woman said we need to investigate you and come to your house. They opened the fridge to look at it. They looked at the state of the room which was messy. They asked to speak to the owner but she wasn't there. The council said we can't do anything. It was only [once I found a charity] who helped me. They said you need to speak to the council, but I was shaking as I was so scared. What they did to us before stayed in my brain. [My caseworker] said she could speak to them for me. The caseworker was the intermediary between us."*  
(Mina, parent)

People described the **challenges they faced trying to provide evidence as part of the social care assessment**, struggling to find people willing to write letters on their behalf or others who were told that their letters were falsified:

*"My own experience with social services was really horrible. We all go through this. I remember when I really needed this help. I was too scared to go. When I was referred to [a charity], I was scared about what could happen with my children and to us all. My caseworker said don't worry, it will be ok. However the lady [from social services] who interviewed me, she made me feel more scared and so I didn't want to go. When I went to the GP, I had all my stuff under the buggy as I was homeless. The council ask you for information that you can't get. If you don't have [a charity] surrounding you, how can you do it? They might take your children away, they might call the Home Office, they told me to prove for 3 years where I was living and proof from people. But people don't want to write letters as they can't have people staying in their council houses so are scared to provide letters (Eva, parent)*

*"I went with a letter to social services to show that people had been supporting me. When I got to their office, everything was closed. I saw a person who helped me get inside. I was carrying my little boy and someone else asked me why I was there. She said that the person who had written my letter had done it just do I could get a house" (Vivi, parent)*

Many of the vulnerable adults described the **necessity in having an advocate**, as “you cannot navigate the system on your own, it’s totally impossible. You have to have a referrer. You cannot self-refer. If you’re not in the system, good luck to you!” (Michael). This is particularly acute for adults with care needs for whom the local authority also represent “the last safety net for adults with NRPF” (Hines & Leishman, 2022) and yet many struggle to receive a full social care assessment by the local authority:

*Blessing is in her 50s and has lived in the UK for over two decades. With limited leave to remain and subject to the NRPF condition, she had been working as a live-in carer and had no permanent address when she suffered serious injuries and was admitted to hospital. Unable to work and so deprived of income and accommodation, Blessing approached her Local Authority for support under the Care Act while still in hospital. She was told that she was ineligible for Care Act support because of her immigration status and that she should ‘know better’ than to request it. An NGO supported her with a referral to the Local Authority and as a result, a Care Act assessment was carried out and it was agreed that she should be provided with temporary accommodation, meals-on-wheels and a package of care following her discharge from hospital. Blessing feels had she not been persistent and sought independent advice and advocacy she would not have received help from the Local Authority.*

Safeguarding adult reviews into the deaths of vulnerable adults with NRPF found significant gaps in knowledge and practice (Preston-Shoot, 2021a; Preston-Shoot 2021b; Preston-Shoot et al, 2019) highlighting frontline practitioners’ limited awareness and understanding of the rights and entitlements of people with NRPF. They also highlighted the lack of social care teams’ understanding of their duty to consider human rights in their assessments and the patchiness in the reliability of these assessments being completed, particularly with an ever-present pressure to reduce social care costs. The Safeguarding Adult Review panels concluded that there were often misunderstandings around migrants’ eligibility for certain public funds, leading to practitioners inadvertently gatekeeping people from accessing support.

Our findings echo this, highlighting the **gaps in knowledge and inconsistent practice around Care Act assessments, which in some cases result in voluntary sector advocates having to help complete parts of the actual assessment:**

*“Advisor 1: in adult social services, I can't say for sure [assessments are] done consistently, considering you have some people asking [NGO staff] to do them [and] we don't have that kind of training or expertise. It also puts [our staff] sometimes in a very uncomfortable position in terms of professional boundaries, with our clients when we're having to ask them very intimate questions about their kind of personal care etc., which isn't what we would normally do as general advisors or immigration advisors. So it's quite a lot to put on staff, particularly if they haven't had training to do so.*

*Advisor 2: When you're doing EUSS applications for somebody, and you notice that there are other issues and you identified that a care assessment needs to be done. And then [social services] ask you to actually do this assessment. This person came to me for his immigration status. And now I'm going to sit and ask them how many times you go to toilet? It's just not appropriate.”*

*(Third sector organisation, England)*

In addition to challenges accessing social care, destitute migrant people can also experience **significant challenges in accessing health services**. Our research found that in many areas there was a lack of clarity around how health and social care work together. In some areas, local authorities and Integrated Care Boards worked together to establish referral pathways and agreements around funding accommodation for people with NRPF who need to self-isolate due to infection illnesses. However, in many areas there were challenges with people being discharged from hospital and NHS staff not knowing where to discharge them and tensions with social care over who has responsibility to support people with NRPF experiencing ongoing health issues. Several examples were shared of people being discharged from hospital facing **significant NHS debts with local authorities often having to step in to advocate for charges to be waived**. Vulnerable adults with care and support needs were particularly vulnerable getting caught between social care and health and at risk of slipping through the net, despite presenting with complex and ongoing health needs.

### 2.4.3 Local Authority Assessment Processes

In some local authorities in England and Scotland, external organisations referring into social care teams felt there was an open and transparent process with a clear policy in place and referrers know who to contact and understood the policy and process. Some partners felt that local authorities with **specialist services offered a more transparent, efficient and accountable referral and assessment process, in stark contrast with non-specialist teams:**

*“[In areas with specialist teams] we know who to contact, that would be straight forward. But with some of the other local authorities, it's really hard to find the route through. So our immediate route through would be through children's services through child protection routes. But that doesn't always give us access to a decision maker who will provide support to that family. There are some local authorities where those barriers to being able to get a decision on that authority's duty to accommodate that family is really hard. [Reasons provided include] “We have no duty”, “I can't make that decision”. “All I can tell you is I know it's not my job”. So there's no clear place within the local authority or department or named individual who's got that duty and that responsibility.” (Legal advice organisation, England)*

In many areas, there was **frequently disjointed practice around assessments**. This was particularly the case in the local areas we explored in Wales and Northern Ireland where third sector organisations routinely struggled to get social care teams to properly assess and follow up on safeguarding referrals. This was also reflected by some local authority staff who acknowledged that in their own local authorities, there were **limited referral pathways and a lack of protocol, leading to tensions around which team should be subsequently responsible**.

An adult social care team felt that their **internal colleagues lacked a clear understanding of the limitations of adult social care duties** in regard to people without clear additional care needs that would meet their criteria:

*“We get into a pickle, as nobody has a clear understanding of what happens next if people don’t have care needs. [Other teams] say we should be supporting these cases [however we don’t identify a care need under our eligibility criteria]. We get into an uncomfortable challenge. It’s only when people don’t know what to do, that other teams get involved. It’s a very obscure system.” (Adult Social Care Team, Wales)*

The team then went on to describe a family case involving multiple teams:

*“The other team got emotionally invested as they had been involved for 18 months and meetings were quite chaotic with different teams involved. However there were no safeguarding issues and no care needs so we didn’t feel we needed to be involved. [Other teams] need to understand what we can and can’t do – we feel attacked”*

There were also **variations in how Adult Social Care and Children’s Social Care respond to referrals and approach the assessment process**, even within the same local authority. Whilst in many local authorities, referring advocates found that children’s services were more responsive in light of their legal responsibilities towards children, in other areas they found that adult services took a more pro-active and consistent approach. One Scottish NGO told us that the local authority’s adult services team had developed standardised assessments ensuring a fair and consistent process for all new vulnerable adult referrals. They felt this was in stark contrast to the same local authority’s children and families team where the response to referrals was “hit or miss” depending on which social worker picked up the referral. They felt that ensuring an assessment took place was even more challenging:

*“Even getting the children and families team to conduct a child in need assessment in the first place is extremely challenging and getting them to put anything in writing as well can be challenging. So they’ll maybe say verbally over the phone, that they’re not willing to conduct an assessment, that they don’t feel there’s any role for social work in that particular case,*

*but they won't put that down in writing, even in an e-mail. [...].” (Third sector organisation, Scotland)*

Our 2015 research highlighted a variation in local authorities’ approaches to the assessment process with some authorities taking a child-focused approach, and others focusing more on parents’ credibility and circumstances. Our recent findings indicate that **despite case law and guidance, some local authorities continue to place a strong focus and priority in assessments on family’s immigration status and financial situation, not on families’ needs:**

*“As I said from the beginning, [there are] two things that we look at, immigration and finance. Those are the two main things” (NRPF Team Manager, England)*

Local authorities also described both the **challenges and the benefits of undertaking human rights assessments**, which local authorities use to fulfil the legal requirement of considering the human rights implications of refusing support where Schedule 3 of the Nationality, Immigration and Asylum Act (2002) precludes local authorities from providing social care to many groups of migrants. Not all the local authorities we interviewed gave evidence of using human rights assessments. **Undertaking a human rights assessment was seen as a complex and specialist skill, that not all social workers felt comfortable or capable of doing.** A legal adviser providing advice and training to Scottish local authorities described how *‘terrified’* social workers were of undertaking human rights assessments, and how they were frequently asked for advice by social workers or asked to review draft human rights assessments, despite it being a conflict of interest as they were representing the service users. Specialist NRPF workers and teams explained how they took the lead on undertaking or redrafting human rights assessments as mainstream social workers often struggled. Our findings show how **human rights assessments were at times used to terminate support or return people but primarily gave examples of authorities using it as a means to justify why support was being provided:**

*“It's a bit of a skill to be able to know your articles of the Human Rights Act and apply them to social care law to justify why you're doing something. We're not using the human rights assessment as the reason not to do something. We're using it as a means to justify why we're doing it.” (NRPF Team Manager, England)*

Our 2015 report also highlighted the inconsistent approach in local authority research sites without dedicated NRPF teams, where voluntary sector interviewees felt that assessments and decisions were often dependent on the individual picking up the case, as opposed to a standardised approach. Whilst our latest research indicates that some local authorities have sought to standardise practice, even in areas where there were established pathways and clear protocols across social care, there were still **variations in what actually happens in practice:**

*“It should go to both us [specialist team] and children's social care, so they should have a named social worker until it's stepped down [...]. In the main, that's how we [do it] [...] Sometimes it doesn't necessarily work that way because they think OK, the NRPF team are supporting them now, so that's it, we don't have to do anything else.” (NRPF Team Manager, England)*

Tensions arose both across social care teams (as highlighted in our earlier example between Adult Services and others teams) but also across different agencies including housing and social care as **councils don't always operate as a cohesive body:**

*“The third sector, and even to the government to a point, think of us as one big, homogenous lump that understands everything that everybody else is doing and shares information and everything else. **But I think councils are really more like a group of cottage industries under one umbrella that have overlapping and conflicting demands and are constantly in a state of flux** about how you should deal with things and who's responsible for what and who's going pay for it and whatever else.” (Housing Manager, Scotland)*

Whilst some cases led to tensions, other local authorities also described using their discretion when working on cases. It was notable that local authorities with lower caseloads, and subsequently financial pressure, were able to show greater discretion in the provision of services and a more preventative approach, highlighting the extent to which service pressures inhibit innovation and the development of a more pragmatic approach to tackling destitution. One local authority with lower numbers of referrals reported taking a more **flexible approach to certain cases with social care and housing working together collaboratively**:

*“We provide accommodation regardless as we know that there's this real difficulty in terms of UK legislation that doesn't allow people with no recourse to public funds to access a homeless service or entitlement to housing and benefits. So we're put in a difficult position because how do you provide accommodation when you really shouldn't? But you've got somebody standing in front of you, you've got the Ending Destitution Strategy that the Scottish Government's developed that's really encouraging you to take a human rights approach and so we take account of these conflicting things and we just look at the person in front of us and do our best. Usually, that means us working really closely with social work and looking to see if they have vulnerabilities and sometimes it's a family so there's responsibilities there under the Children's Act. And sometimes there's another vulnerability and we can see there's sort of other things going on that that, that mean we can have a response and social work can access funds and to pay for accommodation and that sort of ticks boxes for us and how we can help the person.” (Local authority Housing Team, Scotland)*

Another local authority working in an area with a high number of cases described **using their discretion for certain adults who they felt were particularly vulnerable** and would be likely to be granted status in coming months/years:

*“We've got discretion as well to support people on section 19 of the Care Act and the Localism Act as well. And there's a section 138 of the local*



*government act of 1972. So there's certain things that we can play around with, when they don't meet the criteria, but just the human feeling that you've got the sense that this person is vulnerable. So there's certain legislation that we might be able to support them under until they're able to either find a route to settlement or transfer there, so we've got legs to work on [...] There are some cases that you think don't qualify. I'll give you an example, if I get a case and they probably are not in need of care and support, or they are less in need, but they've been in the UK for 15-18 years and they're knocking on almost 20 years, where they can apply under the 20 years rule. And they've got medical issues as well like diabetes, they might not meet the criteria, but you look at Article 8, which tells you that you can refuse them because there's economic reasons to refuse them. But then there's a human side, especially if they've worked, [even if they] worked illegally, that's private life. There's a bit of me that would think, OK. There's another example as well. You've got somebody who's 70 and they're not in need of care and support, but they are street homeless [and] female. Just the humanity side of you thinks there are certain things that we can do and use our discretion but with the view that they will try and regularise their status.” (NRPF Team Manager, England)*

However, local authorities were conscious that **taking a flexible approach was unlikely to be sustainable in coming years**, particularly with full asylum dispersal being rolled out and forthcoming changes through the Illegal Migration Act which could lead to a rise in cases and increasing pressures on their overstretched budgets and caseloads.

*“I suppose strategically we maybe do need to have a little think about it and the direction that we're going in and what more we could do. Because I don't think the problem is going to get any better, is it? It's just going to become more demanding. I want to think about what happens if the [Illegal Migration] Bill comes in as well and what impact that will have on people. [...] I do worry about the numbers [...] and what's coming down the line.” (Local councillor, England)*

*"[Our local authority] is seeing a year on year increase in numbers of people assessed as qualifying for NRPF support. At the same time, sources of legal or quasi-legal support to enable people to progress asylum claims or even simply to apply for Home Office support are unable to keep pace. At the time of reporting, a particular pressure is referrals resulting from implementation of an end to accommodation support as a result of COVID public health duties." (Local authority staff member, Scotland)*

## 2.5 Provision of subsistence support

### Key points:

- Our findings indicate that since 2015, where subsistence rates are proactively set, they are now often at least aligned with Home Office section 95 asylum rates.
- However, there is still significant variation in the subsistence rates local authorities around the UK provide, with no clear statutory minimum standard. In some areas there is no financial policy leading to some families receiving minimal amounts often limited to vouchers and foodbank referrals.
- As a result, vulnerable people face a postcode lottery of support and at best, receive significantly below the level they would receive on universal credit and in some areas, below asylum support rates, despite recent [case law](#) and [guidance from the NRPF Network](#).

Once destitute families and vulnerable adults access support through social care, they are entitled to both housing and subsistence support, depending on their level of needs. However, there are **no clear statutory minimum standards for financial support or housing for NRPF cases**. Whilst some local authorities have clear and regularly reviewed financial policies that take into consideration families' needs and best interests, we saw a **significant discrepancy in the different rates local authorities around the country provide**.

Our 2015 report flagged that subsistence payments in all cases were below Home Office section 95 support for destitute asylum seekers, and even marginally below Home Office

section 4 'hard case' support rates<sup>7</sup>. Subsistence rates have been subject to various case law in recent years (NRPF Network, 2023). A recent ruling determined that local authorities must have regard to the recent increase in asylum support rates as well as the ongoing cost of living crisis (Central England Law Centre, 2023) and subsistence rate guidance from the NRPF Network flags the importance of regularly reviewing rates and using their discretion, ensuring that rates are flexible and adequately meet the various complex care and support needs of service users. Whilst some local authorities informed us that they were in the process of reviewing their rates, it is yet unknown whether many local authorities have now adjusted their subsistence rates accordingly, in light of the ruling and NRPF Network guidance.

Our findings indicate that **since 2015, where subsistence rates are proactively set, they are now often at least aligned with Home Office section 95 asylum rates. However, in other areas there is no financial policy leading to some families receiving minimal amounts often limited to vouchers and foodbank referrals:**

*"There is no framework or matrix as to what support they provide. So you might have somebody who's destitute with a child and they will give them vouchers. Somebody [else] who's destitute and they'll give them cash and it's very sporadic [...] there isn't really that parameter as to what the support should look like, what the minimum standard is and what scale is provided and I think social workers are very overstretched and seniors are overstretched and there's a real gap in knowledge." (Third sector organisation, Northern Ireland)*

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<sup>7</sup> Under Section 95 of the Immigration and Asylum Act 1999, the Home Office can provide housing and financial support to a person who has claimed asylum if they do not have accommodation and/or cannot afford to meet their essential living needs. Under Section 4 of the same act, the Home Office can provide housing and financial support to a person who becomes appeal rights exhausted (ARE) when their asylum claim is unsuccessful if they do not have accommodation and/or cannot afford to meet their essential living needs.

Only some of the local authorities we spoke to provided details of their subsistence policies – some explained that the key issue was there **was no set rates or local policy around this:**

*“There have been times where, depending on assessed needs, people got a more or less set amount of cash per week, in addition to food parcels, but this appears to have changed, possibly the combination of budget cuts and increased numbers, the information I receive from social services colleagues is confusing and vague.” (Local authority, Wales)*

Other local authorities, **in light of the obfuscation of the NRPF policy, were reluctant to set a standard rate of financial support, in case it looked like they had mirrored the benefit system:**

*“Legal is very clearly cautious about setting a quasi-benefit rate because that then sees, well actually they're not providing benefits, they're a local authority and the vocabulary can sometimes be part and parcel of some of the minefield that we're dealing with as well.” (Social work team manager, Scotland)*

**As there are no set minimum standards, rates can vary significantly. Our research also highlighted examples of discrepancies with rates within the same local authority, with no clear and transparent guidance on what should be provided to people supported.**

In the following table, we have calculated the weekly rate a single mother with two children including a baby would receive from various local authorities<sup>8</sup>. This is in line with the general profile of family cases, shared by many social care teams in our qualitative interviews. We have only been able to provide set rates for English local authorities as none of the teams we interviewed in Scotland, Northern Ireland and Wales had set rates for supporting families. We have provided a comparison with what a family

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<sup>8</sup> Additional details on rates are provided in the appendix.

would receive if they were on asylum support or if they had recourse to public funds and could access mainstream benefits, as well as the minimum income standard and the income threshold for destitution.

Local Authority	Weekly rate for Single mother with two children (aged 5 and a 6 month old baby)
LA1 in England (Outer London)	<b>£169/week</b>
LA2 in London (Outer London)	<b>£142/week</b>
LA3 in England (East of England)	<b>£147.17/week</b>
LA4 in England (South East of England)	<b>£158.55/week</b>
LA5 in England (North West of England)	<b>£153.65/week</b>
LA6 in England (West Midlands)	<b>£98/week</b>
LA7 (Scotland)	"There is no definitive amount provided as there are too many other factors at play. Firstly we look to see what charities can provide and what other agencies can provide. With regards to using a hypothetical example of a single mother with two children, <b>payments of up to £100 could be provided weekly however this could also be significantly less</b> as they are dependent on whether electricity/gas costs are needed, travel costs, whether food banks have been accessed etc."
LA8 (Wales)	"My experience is that the lack of policy/protocol means that families in situations like your example will get a <b>combination of food parcels, nappies, formula for the baby if needed, DAF [Discretionary Assistance Fund] payments and, if they have a bank account, small amounts of cash payments</b> into their account, or pre-paid cards for a supermarket. "
Asylum support	<b>£147.17/week</b>
Universal credit	<b>£209.67/week with an additional £39.90 child benefit/week</b>
'Minimum Income Standard' (MIS)	<b>£392.94/week (excluding childcare, rent, utilities, household goods and services)</b>
Income threshold for destitution (JRF)	<b>£155/week</b>

Table 10: Variation in Weekly Support Rates for a hypothetical case study of a single mother with two children (aged 5 and a 6 month old baby). All rates may have been subject to change since data collection. Sources: Local authority rates requested by email between May – December 2023; Government Asylum Support Rates for 2023/24 [accessed in October 2023]; Minimum Income Standard 2023, Centre for Research in Social Policy, Loughborough University; JRF Destitution in the UK - income thresholds for October 2022. (Please note that the latest income threshold for destitution was calculated by JRF in October 2022 and has not been updated since)

Some local authorities seek to tailor financial support to people's needs and supplement weekly payments through Household Support vouchers and discretionary payments to cover transport or additional needs based on disability or ill health (e.g. specific dietary needs, additional laundry costs) or additional top-ups, including weekly payments to women and girls over the age of 10 to address period poverty and leisure passes for children. Some local authorities provide additional payments to top-up utility bills in light of the Cost Living Crisis: some of them don't have a capped limit and pay utility bills direct to the provider, however others will only "cover utility bills to a maximum of £30 per week and water rate to a maximum of £8.30 per week" (NRPf Team Manager, England).

## 2.6 Provision of housing

Over the past decade, local authorities have been under increasing pressure trying to juggle limited housing stock and soaring rent prices. The current national housing crisis needs to be taken into consideration with a severe lack of affordable social housing, the scarce supply of temporary housing across the country impacts all social housing tenants, not only people with NRPf. A Scottish local authority described the situation as a:

*"critical shortage of accommodation across all sectors, [causing] significant challenges in sourcing accommodation for people with NRPf and makes the limited accommodation which is available extremely costly [and] can also be unsuitable"*

London local authorities described being at **saturation point**, barely able to cope with business as usual, let alone the additional demand of an increasing population impacted by NRPf:

*"In housing, we are at saturation point with our emergency accommodation. We just haven't got enough to provide it... [Adult Social Care] too are at saturation point and can't cope with what I would call business as usual demand. So now we're asking them to provide additional support for people with no recourse. And they can't do it because there isn't anywhere to put them."* (Housing Manager, England)

These points illustrate the **importance of mainstreaming NRPF housing provision within local homelessness and housing need strategies.**

Whilst local authorities receive contributions through mainstream benefits to cover social housing costs for other residents with recourse to public funds, the **significant housing costs for housing vulnerable people with NRPF are directly incurred by local authorities:**

*“Any accommodation you're providing is 100% your cost. You're not going get any contribution from housing benefit or Universal Credit to help with your housing costs” (Housing Manager, England)*

As a result, **social care teams end up as the tenants for properties housing people with NRPF**, as there is no other route for paying for accommodation costs:

*“Housing can't provide accommodation, but they still have to be paid for the accommodation so Social Work pay Housing for the accommodation to provide for the families through the 'welfare card'. Housing can't provide for it because [people with NRPF] are not legally entitled to it, which is a bizarre state of affairs. The property is rented to social work. We are the tenants.” (Social Work team leader, Scotland)*

Whilst this enables social care teams to be able to house people, regardless of their immigration status, it does lead to implications for residents who do not have as many rights as they are not the official tenants. Social workers explained that they were entitled to do unannounced visits to inspect the property as they are the de facto tenants, not the residents.

In 2012/13, many local authorities were resorting to **housing families in B&Bs**. Over the last decade, some local authorities have worked on sourcing more appropriate self-contained temporary accommodation. However it would appear that in the last few years there has been an increase in the use of hotels (often without any cooking facilities), with families and vulnerable adults being housed in hotels for much longer periods than is appropriate.

Councils were keen to reduce the use of hotels where possible – where this was inevitable, they had tried to find hotels with cooking facilities where possible, however this can compromise the standard of accommodation they are able to provide.

*“We try to do that as best as we can, but I'm not going sit here and lie to you. We're not able to always meet that standard just because of limited accommodation and some of our citizens prefer to have standard accommodation that might not meet that standard because at least they've got cooking facilities, they've got access in the community than to, instead of a hotel, where it's just a one bedroom and no cooking facilities live. Accommodation is difficult and I'm sure it's the same everywhere.”*  
(NRPf Team Manager, England)

**Everyone we spoke to had been initially placed in a hotel or B&B** – for some this had only been for a few weeks, but others had ended up spending months in hotels, often with no cooking facilities and trying to feed young children. A family described been placed in a hotel and social care expecting a supporting charity to help meet her family's needs by providing a microwave for food:

*“I was in a hotel for 8 months before they gave me temporary accommodation. They gave us breakfast but there were nowhere to cook. The council asked the charity to buy me a microwave. Social services don't even have a £50, so the charity found one but then the hotel said we can't have a microwave!”* (Issa, parent)

People also described the low-quality accommodation they were provided with but they were too fearful to complain, in case of repercussions for their case.

Our 2015 report flagged London **local authorities' dispersal practice**, moving families to outer London and in one local authority's case to cities in the Midlands. This practice was still ongoing in 2021/22 with one London authority systematically placing all families out of area, often two hours outside London and having to subcontract local outreach support for people in need. Faced with soaring rents, the local authority was no longer able to source accommodation within cities but instead in neighbouring towns. Whilst



the practice may save the local authority money, it does mean that people are being placed in areas where there may be less community organisations and information and advice services meeting their needs. The local authority described **subcontracting signposting and referral support to a relocation team** to signpost dispersed families to GPs, schools and early help services. Whilst they would carry out periodical reviews to check-in, they also referenced **delegating child protection issues** to the new local authority:

*“We notify the children's services in that area to notify them that we've placed an NRPF family in their area in case there are issues of child protection or whatever, so they can help and where they need early help support [...] We cannot deal with the child protection issues from London. [The local children's services] would have to go on and then do [their] assessment which they usually do. And they will tell us the outcome of their assessment, share information with us and we share information with them. Because the NRPF workflow is slightly different from the typical child in need workflow, we do our child in need visits every three months and the review plan every six months and the plan sort of consists of making sure the family and their accommodation is OK, there are no issues with the property, the family are settled and the children are attending school. We'll liaise with schools for update of information, if there's any concern and they know that they can refer them to the local children's services in that area, if there are any child protection concerns.” (NRPF Team Manager, England)*

The delegation of child protection issues is another example of how local authority NRPF service provision can end up providing a **two-tier safeguarding and child protection system for children in families with NRPF**, as highlighted in Jolly and Gupta's (2022) analysis of serious case reviews, tragically involving the deaths of children in families with NRPF.

Some local authorities have sought to counter the many challenges highlighted with housing provision by developing innovative partnership models. **Strategic leadership within local authorities can make a significant difference in developing early**

**intervention approaches to address homelessness as part of the wider council's work, factoring in pilots to house all residents, regardless of their immigration status.** In Greater Manchester, preventing and relieving homelessness is a mayoral priority. The 'A Bed Every Night' (ABEN) service launched in November 2018, jointly funded across health and social care, the Police and Crime Commissioner, the GMCA and the Mayor's Charity, among others (Watts et al, 2021). The service provides emergency accommodation as well as support to enable people to access move-on accommodation. Whilst the service is not focused on people with NRPF, a number of beds are kept aside for people who are not eligible for mainstream benefits. Arguably, the success of the model is not that it has been designed to focus exclusively on migrants, but instead that the housing strategy has taken a more inclusive approach to addressing homelessness to ensure that innovative practices do not exclude people, due to their immigration status. The city has now developed an additional service – the [Greater Manchester Restricted Eligibility Support Service](#) to support individuals who are at risk of, or facing homelessness, and who face additional barriers related to their immigration status that prevent them from moving on. The service aims to increase move on from ABEN allowing further individuals to access support and to reduce the number of rough sleepers in Greater Manchester and prevent them from returning to the streets.

Local authorities have also been able to benefit from partnerships set up between housing associations and the third sector, including [Commonweal Housing and Praxis's NRPF Housing Project](#) a cross-subsidy model of shared accommodation, which sought to meet several critical housing needs whilst simultaneously providing holistic support including immigration advice. In Scotland, a coalition of charities, legal agencies, academics and funders have set up [Fair Way Scotland](#) which aims to tackle migrant destitution and homelessness by advocating for policy and systems change and providing people with a safe place to stay, case work support, weekly cash payments and legal advice (Watts-Cobbe et al, 2023).

## 2.7 Preventative support through the provision of advice, information and immigration case resolution

Across the UK, the pandemic saw a wider visibility for NRPF issues, with the 'Everyone In' policy of supporting single homeless adults with accommodation, regardless of their immigration status, giving a higher profile to the policy area of NRPF and leading to a shift in attitude in some local authority teams. In the first instance, **there was a shift towards housing departments rather than solely social services, providing support to people affected by NRPF. Secondly, with a public health emergency such as COVID-19 there was a shift moving towards universality of support rather than exclusion based on immigration status, with public health being prioritised over migration governance** (Broadhead & Kierans, 2020).

Building on the good practice established during the pandemic, some local authorities across the UK have looked at tailoring their approach and working with external partners to provide early intervention models, alternative housing, and additional subsistence as well as commissioning immigration legal advice to support residents with regularising their status and being able to access mainstream benefits. With a pressure on budgets and caseloads, local authorities have sought ways to **undertake preventative work to minimise people falling into destitution as well as taking a reactive approach to supporting people to regularise their immigration status or supporting them to find employment** if they're an EEA national and not exercising their qualifying right, to be able to access mainstream support.

*In Scotland, the Scottish Government and COSLA's Ending Destitution Together strategy as well as having statutory guidance for local authorities, written in partnership with the NRPF Network and JustRight Scotland have built further momentum, helping local authorities to take a more informed and joined up approach to NRPF. Whilst some individual local authorities have commissioned legal providers to provide legal advice, Scotland leads the way as the only nation to have taken a national approach to commissioning legal advice through IOM to provide immigration advice and representation to vulnerable communities (COSLA, 2023).*

*In Hackney, the [NOREAM](#) (No Recourse Early Action model) pilot programme was delivered by social workers, in partnership with an integrated housing and immigration adviser in 2021. The NOREAM pilot provided an early intervention service to support families with NRPF before they become destitute, through one-off unconditional cash grants of around £500 per child to support them when dealing with financial as well as food insecurity. These small scale grants enabled parents and carers in paying rent arrears to secure new housing, children's clothes and paying off their debts where needed.*

Other examples of multi-agency preventative support from our research findings included:

- A Welsh local authority setting up a cross-council hardship group bringing together social care, health, housing and community engagement teams to discuss ways of resolving NRPF cases.
- A Scottish local authority identifying funding to carry out a short term NRPF project to map existing presentations and approaches, identify key themes, develop a new NRPF framework and identify training needs as required.
- An English local authority funding a financial inclusion officer role to proactively reach out to migrant communities at risk of being locked out of mainstream welfare support.
- An English local authority co-locating housing staff at a migrant community drop-in centre to provide advice and assistance.

Since our 2015 report, councils have benefited from using [NRPF Connect](#) to get timely immigration status information and Home Office case progression, as well as the [NRPF Network](#)'s advice and guidance resources, training, and efforts to raise policy recommendations with central government. However in recent years, local authorities commented on the **significant delays in Home Office decision-making**, leading to some people spending longer with NRPF and subsequent costs for local authorities supporting them.

*“If the Home Office were quicker at processing applications, this would greatly reduce the amount of time folk are NRPF and the sooner we can get housing benefits in place to cover rent.” (Local Authority, Scotland)*

Our research findings indicate that **local authorities are holding family cases for longer than in 2012/13:**

- In 2012/13, 57% of family cases were on local authority support for up to a year with 43% spending 1 – 5 years+ on support.
- In 2021/22, 35% of families were on support for up to a year, with 65% spending 1 – 5 years+ on support.

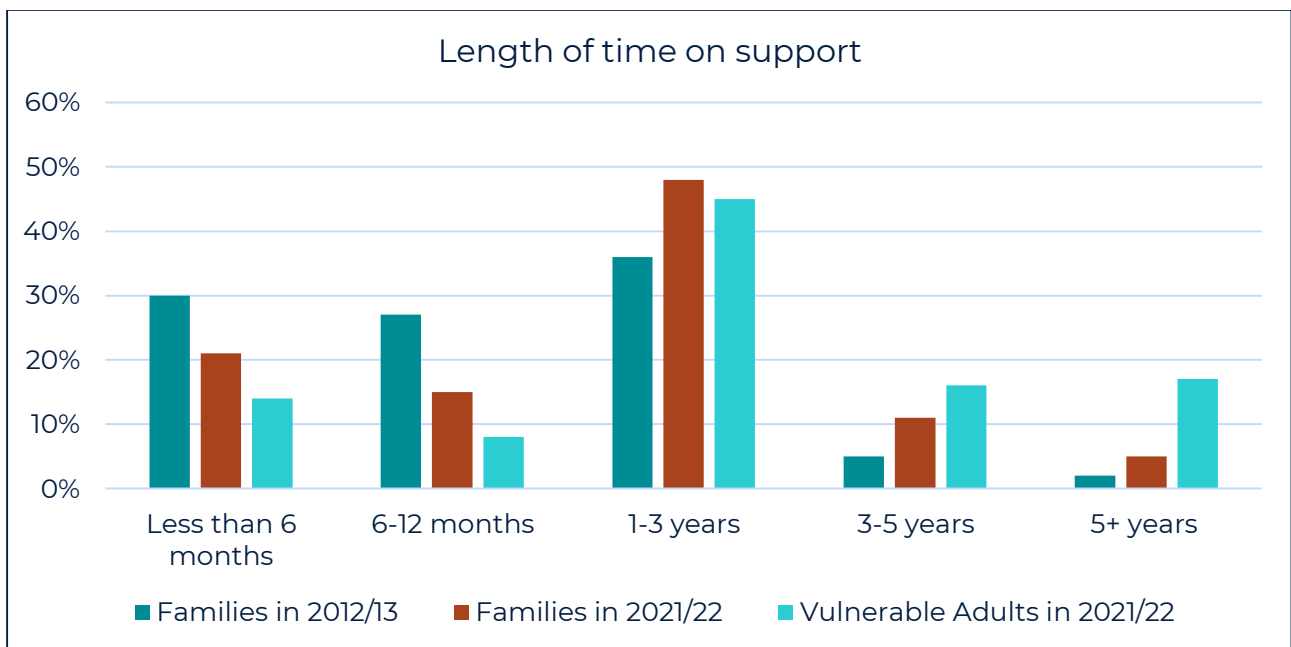


Table 11: Comparison of COMPAS survey responses in 2012/13 and raw data from NRPF Connect in 2021/22.

The NRPF Network report that the primary reason (83% of family cases in 2021/22) families come off local authority support is that they have either been granted status or access to public funds. **The increase in length of time on local authority support could therefore be explained in part by the significant delays in Home Office decision-making.** There was also a reported **rise in complex immigration cases, particularly with mixed immigration status households** that makes it harder for local authorities to understand people’s eligibility and progress their cases:

*“NRPF decisions especially with relation to housing is complex and people often have very immediate needs which need to be met while waiting for any decisions [...]The increase in leave outside of immigration rules and the splintering of different types of leave into complex variations has made it harder to identify immigration status.” (Local authority, Scotland)*

**With cases spending longer on local authority support, this explains in part why local authority expenditure has risen disproportionately higher (229% since 2012/13) than the 158% rise in family cases over the same period.**

Despite the rise in complex family cases with mixed immigration status households, some local authorities still felt that **family cases were more straightforward to resolve than vulnerable adults' cases**. Whilst there were a few examples of local authorities describing the voluntary return of families (primarily recent European arrivals), overall voluntary return was not frequently mentioned as an option. Supporting vulnerable adults with voluntary return was seen by local authorities to be particularly complex. In many vulnerable adult cases, there was no clear pathway to resolving the case through regularisation in the UK and returning a vulnerable adult with care needs to their country of origin was often impossible. Local authorities described holding cases of vulnerable adults at a significant cost providing complex care packages, with no clear pathway to resolution in sight.

## **2.8 Caveats limiting local authority's ability to improve practice**

### **2.8.1 External hindrances to local authority practice**

The key external factor is the **lack of dedicated funding from central government for local authorities** to provide this parallel welfare safety net as well as the **limited statutory guidance on assessing and providing social care support to people with NRPF**.

Some local authority staff also felt a real apprehension about the **complexity of NRPF, particularly with the introduction of different immigration statuses, post Brexit and the forthcoming changes under the Illegal Migration Act:**

*“Definitely over last five years it has been relentless on all accounts. You could even say overwhelming. It's not only the volume [of cases], it's the complexity and the incessant changes with immigration status changes. I think the [lack of] legal providers is definitely an issue, but the other thing as well is the constant changes made by the Home Office when it comes to the legislation itself, when it comes to secondary legislation, the decisions coming out of the courts and we're going to see further restrictions when it comes to the Illegal Migration Act, that could potentially result in more people turning to the local authority requiring support because they're going to be unable to access their support and accommodation.” (Local authority, Wales)*

Local authorities felt **the politicisation of NRPF had led to a level of distrust and wariness between local authorities and local communities, hindering the process of gathering information to progress cases and increasing pressure on local authorities trying to assess cases.** Social care and immigration law can be in tension with each other in a way which is not easy to resolve. The politicisation of NRPF poses a **moral and ethical dilemma for social workers**, who may feel it is in direct conflict with their social work principles and values and is contrary to the British Association of Social Workers' Code of Ethics to uphold human rights and social justice (British Association of Social Workers, 2021; Dickson et al, 2022)

*“Social workers and management are very adamant that they don't want social workers compromising their professionalism by asking those questions in relation to immigration status and how long they've been here. They think that that's not for the social workers because [they need to] build up trust, they don't want them to actually have to start asking those awkward questions.” (Health and Social Care Trust, Northern Ireland)*

*“Sometimes it's a little bit alien to what you're what you're trained to do because you know we have this really big nurturing need to nurture families, don't we? And I'm not saying we go away from that at all, but then when you've got to suddenly say to somebody; “Oh and I need to see your*

*bank account statements and I need to know if you've got any savings”  
(Social Work Team Manager, England)*

Whilst some local authorities have taken the decision to commission legal advice for those subject to the NRPF condition, there is **a national shortage of legal advice and representation, particularly outside of the major cities, limiting people’s ability to access legal advice for regularising their status or applying to have their NRPF condition lifted.** Local authorities often struggled to find local, quality legal provision with existing research documenting the prevalence of “legal aid droughts and deserts” (Wilding, 2019). This has led to some local authorities employing their own immigration advisers – whilst this can solve the issue of a gap in local provision, it can create a conflict of interest if a client’s assessed needs and rights lead to a rise in costs for the local authority (Wilding, 2023).

Some local authorities from more rural areas working ad hoc on lower numbers of cases struggled to find clarity on how to deal with NRPF cases and embed good practice, when **policy and practice discussions around NRPF are often through the lens of bigger cities.**

Local authorities’ capacity to prioritise work around NRPF is also hampered by the **need to be reactive to current and future policy pressures with growing numbers of vulnerable migrant groups to support,** particularly with the Homes for Ukraine scheme, the Afghan resettlement programme, setting up Hong Kong BN(O) Welcome Hubs, local asylum hotels closing, the full asylum dispersal model and as the Illegal Migration Act comes into force.

### **2.8.2 Internal hindrances to local authority practice**

As highlighted in our ‘Gaps in Data Recording’ section, the **limited and inconsistent data recorded by local authorities,** due to the significant challenges they faced with data collection, limits local authorities’ ability to map and evidence the full growing need and the costs as well as prepare for upcoming trends.



One of the factors impacting on local practice was the **local authority's conceptual framing of the issue, including persistent narratives of deservingness as well as staff's perceptions of to what extent the local authority, rather than family and community should provide support.** As a consequence, this could impact the level of financial support some local authorities chose to allocate, reducing payments if people were deemed to be already accessing informal support from the community or foodbanks. As highlighted in section 2.6 on housing, **local practice also varied depending on how involved strategic leaders were and how they prioritised early intervention approaches around addressing the migrant destitution as part of their wider priorities** such as homelessness and financial hardship.

Local government staff across the UK raised the lack of senior leadership awareness and drive around NRPF policy and provision - essentially, this **“parallel welfare system” is instead organised and delivered by frontline practitioners at an operational level, with very limited policy and strategy perspective from senior leadership.** With migrant destitution being a cross-cutting issue, impacting housing, social care, health, equalities, local authority staff felt there was a vacuum in leadership as it was nobody's clear focus and remit to lead on developing local policy and practice.

Teams felt local councillors rarely took an interest or lead on the issue, only tending to get involved when people in the constituency raised issues about vulnerable people with NRPF not being supported by the council – social care staff voiced their frustrations with councillors needing to know the remit and limitations of their work and eligibility criteria. Some NRPF workers also did not feel their work or contribution towards cutting costs for the local authorities were acknowledged or valued:

*“[We are not] treated fairly to their counterparts in the child protection area. Because we work so hard, we saved the local authority so much money. And still senior management do not see the value of what we do at times.” (NRPF Team Manager, England)*

Staff felt this led to issues with recruiting and retaining specialist staff who have the expertise to understand the complexities of NRPF cases.

### 3. How have outcomes for those living in destitution or at risk of destitution changed?

#### Key Points:

- People's outcomes continue to be negatively impacted by NRPF as they find themselves locked out of the mainstream safety net even in times of crisis and when facing destitution.
- Many people continue to exhaust all options before turning to the local authority, remaining dependent on extended family and their communities, not wanting to seek support from the state in case it led to further ramifications for their immigration status.
- Fear was a recurrent thread across our conversations with both families and adults who were terrified of the prospect of being reported to the Home Office or having their children taken away. People wished that councils worked more pro-actively with community organisations to build trust and provide accessible information on what support is on offer for people too fearful to seek help, despite facing hardship.
- Local authority support can offer a lifeline to families and adults accessing social care, with subsistence payments making a significant difference. However, many people raised issues with how financial support was administered, including long delays waiting to receive it, receiving vouchers instead of cash, having to choose between spending money on food or energy as the rates did not meet their needs and the infantilising and intrusive way social care teams would monitor their expenditure.
- Housing provided by local authorities can offer a way out of destitution, however it often did not feel like a place of safety with frequent moves at short notice and poor housing conditions not meeting their needs, leading to health complications. Whilst some local authorities have worked on sourcing more appropriate self-contained temporary accommodation for vulnerable people, in many areas there has been an increase in the long-term use of hotels (without any cooking facilities).
- The emotional toll of jumping through hoops to access local authority support and the gruelling impact of intrusive social care assessments left many people not feeling believed, listened to or respected.

- Many people faced uncertainty once they were transitioned out of social care support, with their options remained unclear and they felt they were being passed from pillar to post, detrimentally impacting their mental health.
- With robust social care eligibility criteria, many people still remain locked out of all welfare safety nets, simply unable to ever access social care, refuges or places of safety, despite presenting with vulnerabilities and at risk of harm.

### 3.1 Income, debt and destitution

Our [literature review](#) highlighted the significant financial pressures facing vulnerable people with NRPF, locked out of the safety net even in times of crisis and when facing destitution. Existing research has highlighted how many people impacted by NRPF are also more likely to have insecure work with casualised zero-hours contracts (Local Government Association et al, 2020; Mort et al, 2023; Pinter et al, 2020; Smith et al, 2021), unable to access statutory work benefits including sick pay, furlough, holiday leave or redundancy pay. Many of the people we interviewed were working but in **low paid roles, struggling on low incomes, with limited to zero employment benefits**. Vulnerable adults who had reached retirement age had worked for decades, providing informal childcare, working as live-in carers or in construction work and gardening. Many people were dependent on extended family and their communities, having never wanted to seek support from the state in case it led to further ramifications for their immigration status.

*“It was tough, because I never came across any organisation, there wasn't anything like that then. For over 10 years, I never had anybody say ‘this organisation does this or this’. I was totally dependent on my mother and she lives in London [three hours away]. Every week she comes, bring us food. She's got two suitcases full of food for us. She was paying our rent. She was doing everything until, we had the courage to approach the Home Office again. I used two credit cards for my mum, after I got my papers. I was working and paying her, and paying the credit card back because she used her credit card always to apply for us at the Home Office.” (Kemi, parent)*

As Kemi explains, people can end up indebted as well as their communities who also **accumulate debt trying to help people to stay afloat and survive**. People also risk experiencing exploitation as they have no worker rights and employers capitalise on their lack of status to set the terms:

*“It wasn’t easy, you can’t work and when you try to work, people pay you what they feel they want to give you.” (Tia, in her 70s)*

In addition to struggling on low incomes, people with NRPf are also required to save up in order to afford immigration application fees and the NHS surcharge in order to comply with immigration policy. Ensuring this compliance to maintain their leave to remain can take a significant toll on people’s finances, pushing them into further debt. For many, the most common option was to borrow money from friends and family to pay for the costs of applying for or extending their leave to remain, with many remaining in debt as a consequence and some unable to keep up their repayments (Mort et al, 2023). Families we interviewed described the impossible situation they faced in renewing visas to extend their leave in the UK and pay the NHS surcharge. Parents described having to prioritise **only renewing visas for some of the family as they could not afford the fees for the whole family**, leaving some family members falling into irregularity.

Local authority support can offer a lifeline to families and adults accessing social care, with subsistence payments making a significant difference. However, many people raised issues with how financial support was administered:

- Some families and vulnerable adults had experienced **long delays waiting to receive any financial support from the local authority** and had to rely on charities and food banks for emergency support for food and subsistence for weeks on end whilst they waited:

*“When I finally moved into [social care] accommodation, they didn’t give us money, we had to rely on food banks. But there were problems with their communications with the Home Office who hadn’t updated my records. Someone from [a charity] intervened and helped get me money to buy food. It’s depressing and affects my mental health. The council don’t want*

*to know what is going on, how the house is. They just tell me at least you have somewhere to stay. You can't complain, they don't do anything. They just said at least you have somewhere. Without having [charities help you], you can't get any support." (Rahel, parent)*

- We also heard numerous examples of people being given **vouchers instead of cash** and often only for specific supermarkets which may not be in their local area or offer culturally appropriate food. NGOs described having to support families and vulnerable adults with facilitating how to use vouchers provided by local authorities, helping them to understand where and how to use the vouchers and accompanying people to foodbanks where necessary.
- Many people were referred to food banks, as part of the local authority support. However people routinely struggled with the **limited food on offer at foodbanks**, the lack of culturally appropriate food and fresh fruit and vegetables needed as part of a healthy diet. Research has also evidenced that food bank parcels, often containing tinned and long-life products out of necessity, “are typically energy dense, high in sugar, and low in nutrients” and that in many situations people were actually “unable to prepare the donated food they received because they did not have adequate preparation space, storage facilities or resources.” (Hamilton et al, 2022).
- Whilst people were grateful to receive financial support, it often wouldn't fully stretch to cover their basic necessities with **people having to choose between spending money on food or energy:**

*“I do think in terms of subsistence payments with the cost of living as it is now, and, you know, gas and electric and being what they are now as well. And I have had service users say to me that when they get the £50, they need to choose whether or not to spend it on food or gas. I wouldn't say it lifts people out of poverty. It lifts them out of destitution. Personally I feel it would need to be kind of reassessed and in line with the cost of living.”*  
*(Third sector organisation, Scotland)*

- **Third sector organisations described having to support families and vulnerable adults with topping up weekly amounts**, providing travel passes, as local authority financial support was not meeting their needs. In some areas in Northern Ireland, organisations flagged how social care teams would only factor in **financial support is for the child, but not for the parent** supporting the child.
- People also described the **intrusive way social care teams would monitor their expenditure**. This was corroborated by local authorities who explained to us they would step in if families were seen to not be managing on their weekly payments and trying to seek support from other organisations:

*“We have some families that, despite being giving subsistence, they were going to the food bank collecting food, saying they don't have money. So the school, will now contact the social worker to say, what's going on, are we not giving subsistence? So in such cases, we sit with the parent to say, how do you manage your weekly subsistence? Because the subsistence is for food, you're not paying bills, you're not paying anything. It's for food and your day-to-day needs. So how are you managing it? So we sort of request with your consent, we request for the statement from our own finance team. So they give us an itinerary of how they spend the money, what they do, what they and we sort of see and you know, sort of do like a bit of budgeting and telling them how to manage their phones and that.” (NRPF Team Manager, England)*

### **3.2 Gaps in information, advice and services**

People told us about the **lack of accessible information they held about routes to regularisation and how to get help**, when in crisis. People hadn't been aware of the existence of the fee waiver scheme for people unable to afford their visa fees, as well as the possibility of applying for a change of conditions to have their NRPF condition lifted and wished more information was available, to help prevent people falling further into destitution and taking on debt.

Local authority information was often limited and people received conflicting advice, depending on who they spoke to. **They wished information was consistent, covered people's options and was also accessible and readily available, including for people who don't access to online materials:**

*"In [my country of origin] you walk into offices and speak to people however in the UK, it's on the phone and it was hard understanding people."(Sara, EEA National)*

*"At the council, most of the times you feel like nobody is listening to you or willing to help. Nobody is willing to tell you what you need to do." (David, parent)*

*"Whilst my experience was awful with the council, I do know people who managed to get help and it was given in a record breaking time. However the amount of people I know who have had positive experiences with the council, I can count them on one hand. The right hand doesn't know what the left hand is doing. **The council don't always know what they're doing – you get conflicting advice.** You go in one day and they say they can help but the person the next day will say 'I don't know why they said that, you can't get that support'. **Council staff need to be trained and be given the information that people need. They need to put flyers out there for people who came here illegally, or who overstayed their visa (like they do leaflets for people experiencing domestic violence).** Council workers needs to be educated on the procedures for people like us, but instead we're stereotyped. For all of us, we're scared to go home, we're always looking around us. If work visas were available for people to work, people would know exactly what they can and can't do. **People need to give the same information from the same council office. Stop hiding information in books as not everyone can read. Don't put it all in the computer or online as not everyone has a computer.**" (Fiona, parent)*

Many of the people we spoke to were from the Commonwealth country citizens and therefore felt a strong historical and current tie to the UK – as Donald explains, his family had assumed that on this basis, they would be treated better and receive support in the UK:

*“Nothing worked well, everywhere we went we hit a brick wall. It was the worst time of my life. I thought as commonwealth citizens with the queen of head of state, they would treat us better.” (Donald, parent)*

People on **student visas also expressed their frustration at the limited information shared in advance of their move to the UK and the limited support they had received when in crisis** in the UK. Participants described selling up and using all their savings to be able to come and study in the UK, without realising that upon arrival they would not be entitled to any support, even if they faced crisis or destitution. People had struggled to access accommodation within the private rental sector upon arrival, with no previous history of renting in the UK or references and universities were unable to act as guarantors. Limited by not being able to work over 20 hours a week due to their visa restrictions, student visa holders found themselves rapidly using up all their savings and unable to support themselves or their dependents and locked out of support from the council.

For people who had been able to access social care support, many had mixed feelings about the level and regularity of support they had had received. Some local authorities shared examples of good practice with regular reviews as well as additional support including group work to help parents build their confidence and learn about their rights in the UK. However many people felt that they had very **limited contact with their social workers, aside from receiving accommodation and subsistence**. For example, Tia is a vulnerable adult in her 70s with several health conditions. She was very positive about the support she had received from her social worker, but explained that despite her health needs, she had never met them in person and instead relied on the charity workers who had provided advocacy for her to access social care support and continued to support her, checking in regularly:



*“My social worker listens and when I ring, she always rings back. But she doesn’t come and visit me. In fact I have never seen my social worker, I don’t know what any of them look like. We only talk over the phone. She said she’d come but I never heard back about this. When they assessed me for support, I didn’t meet them either. My charity caseworker dealt with it all. I had my first social worker for 5 months and this social worker, I have had for 7 months. I haven’t had bad experiences with them so I don’t know have any recommendations of what needs to change. But I can’t forget the charity workers, they were just there for me. Even now, they ring me to see I have food for the weekend or if I have eaten because of my health conditions.” (Tia, in her 70s)*

Our 2015 report described families being “caught between pressure from their local authority to resolve their case and inability to progress it” and as a result, experiencing “a disconnect between what felt like an impersonal, unresponsive system and the overwhelming importance of the outcome to their future lives” (Price and Spencer, 2015). Families in 2023 also highlighted the **pressure they felt from social care being pushed to try to resolve their immigration status without support:**

*“[They] told me that I needed to call the Home Office myself. They keep ringing me to tell me to sort it out myself and that I needed to contact the Home Office who should be accommodating me instead. She was on my neck, calling me on the school run and then again during the day telling me I need to sort it out myself and checking if I have rung the Home Office. When you email them, they don’t respond. These people don’t have feelings. These people just do this job as it’s a job and also because it gives them power and they can do what they want. The social worker calls you when they want, when it suits them, not to reply to your actual message.”*  
*(Grace, parent)*

Unlike the mainstream welfare system, within social care support there is **no clear right of appeal or way of challenging the level of support** provided or the decision to terminate or change their support, without access to a legal adviser. People described

being moved at short notice from one side of London to the other, with no explanation. They also shared examples of inaccessible letters they had received with social work jargon which they couldn't understand, including terms such as "you are being discharged from your placement", to explain that they their local authority was terminating their housing. Michael who is in his 70s explained:

*"It's so difficult getting into the system and support isn't even guaranteed. People need someone to listen and help them at every stage. [Sharing the letters local authorities have sent him]. You need a lawyer to understand the letters!"*

### 3.3 Impact on physical and mental health

The challenges in accessing support and living in or on the brink of destitution has a clear impact on people's safety as well as their physical and mental health and their future opportunities. People with NRPF were consistently highlighted as one of the most vulnerable groups during the pandemic and were disproportionately impacted by it as they were locked out of many of the crisis safety nets established in the pandemic (Broadhead & Kierans, 2020; Edmiston et al, 2021; Migration Exchange, 2020). As a consequence, many people with NRPF and facing destitution live in a "perpetual indeterminate state of uncertainty, hostility and hardship", particularly "in relation to the basic requirements needed for their survival, such as shelter and income" (Hamilton et al, 2022).

People described the **emotional toll of jumping through hoops** to access basic support and the gruelling impact of intrusive social care assessments that left them not feeling believed, listened to or respected:

*"They put you up and down before agreeing to give you anything, so you are nothing by the time they finally agree to give you a house." (Aisha, parent)*

*"They should be able to help people without making them suffer." (Carla, parent)*

*"We are treated like outcasts as people with NRPF." (Annette, parent)*

Some people were conscious that there was a lot of negative feedback on social workers and wanted to voice that some **individual social workers had showed kindness and compassion**, trying to help them, however this was often caveated with other negative experiences they had had with others:

*"The second time I went to council, the lady who assessed me was lovely. She approved money to come every two weeks. However her manager decided it wasn't possible. There are some good people amongst them, they're not all bad." (Tracy, parent)*

Families also highlighted the **impact on their physical health from being placed in poor housing**, with a lack of checks on suitability before moving people in and not following-up when they were issues, impacting their health:

*"I have very young kids but the council still leave us in a hotel. There are no means of cooking, sterilising, freezing food. We are not allowed to microwave. Both kids were admitted to hospital due to the conditions of the hotel where we were placed. I know the council has a lot to do and a lot of pressure but it's not fair that kids have to live like this for so long. I'm on the waiting list for therapy for myself. We don't have a cot. My young baby keeps falling out of bed." (Zainab, parent)*

*"The people who put you there don't bother to check what it's like. It was only because [a charity] became involved that they would listen. We had mould in the house, the kids were covered in rashes. They never sanitised accommodation or beds between people moving in and out. We had rain pouring down in our ceiling but they did nothing. If you complain they won't do anything unless you get an advice organisation to help. They never turn up to check the accommodation they put you in." (Monica, parent)*

People with lived experience described how the system pushes people into ill health as they find themselves locked out of the mainstream welfare safety net, fearful of using

the NHS and for vulnerable adults, only able to access social care if they already have significant health problems. As a result, those who don't meet the threshold, find themselves street homeless and at an increased risk of developing health complications.

### 3.4 Impact of inadequate housing

Families and vulnerable adults also described being placed in **shared housing, sometimes mixing both families and single adults leading to tensions and safeguarding issues**. A parent described sharing a bathroom with two other single residents, including one who had issues with substance misuse:

*“There was smoke everywhere. I told the landlord who told him off but he wouldn't stop. I rang the local authority who said they needed proof that there were problems. My kids were terrified of using the shared bathroom. People were smoking drugs in the bathroom and the kids found it really hard. My daughter was screaming after going in, I had to calm her down and she cried all throughout the night. I prayed to god to help us. One night, the resident left his syringes in the bathroom so I sent photos to the landlord. It took 6 months to get a photo to give them proof. What if something had happened to our children?” (Susan, parent)*

Some people had experienced **frequent moves, with no explanation** and feeling like they couldn't complain or question it, in case their support was terminated:

*“Last winter, they said they needed to move me but I didn't know why. They moved me from South London to North London. You don't ask questions and if you refuse, you're back on the streets. You don't have a choice on the borough and they can even move you outside London. For them it's a problem solved as they just need to fill their bed-space vacancies.” (Michael, in his 70s)*

Many people had been placed in **poor accommodation** but were too fearful to complain, in case of repercussions on their immigration case:

*“You are scared to complain about the house. The kitchen ceiling is falling down, there is a lot of mould in my son’s room, and damp everywhere. But I can’t complain as they might try to deport me. I can’t complain anymore because I’m scared.” (Efua, parent)*

Fear was an overriding theme throughout our interviews with people with lived experience of NRPF who felt that their precarious immigration status could be used against them and therefore not only felt reticent to complain, but also to come forward and seek support.

### **3.5 Fear of presenting due to (perceived) experiences of state intervention and enforcement**

*“There’s hundreds of people who are still out there who don’t want to go to them because they see them as authority figures [and their] fear of being deported. And even though I can’t really guarantee, I try to encourage them, because that’s where they should be able to help you? I would say 50/50, but I always tell them, you can’t be under the radar forever. They know you are here, [having] children has already exposed you, they know you are here. They know where you live.” (Migrant Community Organisation, England)*

Existing literature explores how many migrants with a precarious immigration status may be too fearful of coming forward to request access to public funds (British Association of Social Workers, 2020; Jolly et al, 2022; Leon, 2023) in case it jeopardises their immigration status or future applications for leave to remain, or leads to their children being taken into care. Many people we spoke to were too fearful of the repercussions to even come forwards and present, despite experiencing significant financial hardship. As a result of this overriding fear, both our 2015 and 2024 findings highlight that many people’s first resort will be faith and community groups and charities and they will often only reach out to local authorities support once all options have been exhausted, masking the true extent of need amongst migrants facing destitution.

People's reluctance was often linked to their **fears of being reported to the Home Office or even being deported:**

*“Facing the council was challenging. I didn't face them as I heard horrible horrible stories. People said they won't help you, they will deport you if you ask them for help. [...]I don't know if I would recommend going to the local authority, as you don't know what they're going to do and if they'll try to deport you.” (Nita, parent)*

*“Going to the council is quite frustrating. They're just there to threaten you, not to help. Instead of listening to you, they're threatening to go to the Home Office” (Amina, parent)*

The fear of repercussions is often linked to what people have heard through friends and the community, but also through their own **experience of immigration enforcement in other statutory services:**

*Tia is in her 70s and has lived in the UK for over two decades. Despite having submitted various immigration applications over the years, she found herself with an irregular immigration status and unable to work due to health issues. “I knew I couldn't get benefits and I didn't want to try asking for help as I didn't want to get into any problems with the government. People told me not to try”. A few years earlier, she had to access medical treatment and had been able to see a doctor but was told she would have to pay to go to the specialist clinic. “One of the nurses said to me ‘we can't have you in this country, your visit isn't welcome anymore and we can't do nothing for you”. Threatened with a NHS debt, she felt: “I couldn't go back to the hospital as I was so scared of what they would do”. During the pandemic, she was made homeless and friends told her to seek advice from the police: “It was during Covid and they thought that they might help. But I was too afraid to go. I didn't want to touch them. Instead I found a new place to live through the church”. It wasn't until 2022 when she was evicted again, that she was put in touch with an NGO who explained her rights to her and offered to support her with the referral that she finally agreed to be referred to a local authority for support.*

People's fears also led to them **not knowing who they could trust** and even fearful that their trusted communities could also turn on them. Whilst many people talked about

their faith communities being the only place they trusted, others highlighted their concerns that some may even take advantage of their precarious status:

*"That's why I came to [live in a new city]. I ran away from London to here. I was hiding for years. My children will come home, saying 'I've been bullied today'. I said 'just say sorry tomorrow'. They'd say 'no, I'm not saying sorry'. I said 'you have to apologise, you just have to. We just have to be quiet. We can't go and make trouble in school. They're going to find out we are here, you know they're going to find out we're here. [...] You don't want to activate police or activate immigration. We weren't allowed to talk about it to anybody, we were quiet. The only place we could like loosen up a bit was in church. Even in church, we didn't let the pastor know because sometimes they use it against you and threaten you, if you decide to change church. They're treating you, like "do you know? I've got papers and you don't have". So people stay put in the church, they don't move even though they not happy there. [...] Even now when I hear the police aren't, I'm like they're coming for me. I panic. I have anxiety. After 20 years [in this country] I got my British citizenship last year and even with that, I still panic." (Kemi, parent)*

Some people also flagged the inevitability that **whatever strategy they chose, they would eventually be found by the Home Office** and whether they sought help or tried to hide, the Home Office would still use it against them:

*"People just tell you to hide but that doesn't work. The Home Office used it as example that I'm not to be trusted, because I didn't seek help. I worked 60 hours week working illegally to keep my head down and a roof over my family's head. I didn't know where to turn for help and I got into trouble. One day immigration came knocking on my door. I hadn't committed any crime, I just work and go to church. I was staying somewhere where they were looking for another resident who was wanted by the Home Office and the Home Office realised I had overstayed my visa. They said I breached my*

*visa and said I was not to be trusted, but I didn't know where to seek help so I didn't seek help." (Samuel, parent)*

Many parents also felt **fearful that approaching the local authority could lead to having their children taken into care:**

*"I was told me that if I didn't have a safe and good home for my kids, they would take my kids over. People feel scared so they won't ask for help. There needs to be a more welcoming environment so that people feel they can reach out for help if they need it." (Anya, parent)*

This was a recurrent thread across our conversations with families who were terrified of the prospect and **parents wished that councils worked more pro-actively with community organisations to build trust and explain what support was on offer for people too fearful to seek help,** despite facing hardship:

*"All people hear about social services is that they take children. Social services need to work with grassroots charities and churches. Anything our pastor tells us is like God telling us. They need to come out of their offices and speak to churches and grassroots organisations. The African person is never going to walk into their offices as we think they will just take our children." (Hope, parent)*

Our 2015 report highlighted that although no local authorities has said they would consider taking children into care during social care assessments, advocates and families claimed that such considerations or 'threats' happened frequently. Families in 2023 were still very fearful of the possibility, mainly due to hearsay throughout their community however only one family had raised the threat being used against them. Practitioners in Northern Ireland shared examples of **support only being offered to children,** which would lead to parents unwilling to engage or seek support:

*"It becomes this ping pong, where occasionally they'll say, our duty is to provide support for the child, but not for the mum. This is said quite often shockingly. It's always challengeable, but sometimes that's the first sort of*



*thing that we hear: 'our duty is for the children. We can support children, not the mum.' And of course when the parent hears that, they'll say no"*  
*(Third sector organisation, Northern Ireland)*

Our findings evidence that there is a significant need for more safe spaces within their communities and faith-based organisations, where people can access information and advice for early preventative support around routes to regularisation and how to access local authority support, if they find themselves destitute.

### **3.6 Uncertainty and instability, particularly for those locked out of support**

Local authority support is time limited and for families, linked to children's ages. Parents described the challenges of when their **older children reached 18, having their local authority supported reduced or stopped**, even though their child may still have an irregular immigration status and not have the right to work to support themselves:

*"It's too much for me and I need help. It makes me so sad thinking about it. My son no longer wants to go out, he is just sitting in the room. I want him to be happy. He sees his friends going to holiday, going to college, going to work." (Fatima, parent)*

Whilst some of the local authorities described a smooth transition for service users into mainstream support, once their NRPF condition had been lifted or they had been granted status, people with lived experience shared a different perspective. Many people faced **uncertainty once they were transitioned out of social care support** – for some, this involved a positive transition to mainstream housing assistance but for others, their options remained unclear and they felt they were being passed from pillar to post, **detrimentally impacting their mental health**:

*"When I asked [the council] my options when my support was being cut off, they said they couldn't tell me but that the homeless charity might step in. The homelessness charity referred me to an immigration charity, but they only help me with my immigration. It is very hard to navigate the system. They toss you from here to there and nobody will give you a definite answer*

*of their responsibility. And when they've finished with you, you have depression. Some people are suicidal. The physical movement is nothing compared to the mental strain of being moved from one team to another. No one is responsible for you, they toss you around.” (Michael, in his 70s)*

Families **being moved into the asylum system** had experienced challenges, often being uprooted to new areas and felt a significant disregard to their children's welfare and best interests:

*“Finally the Home Office agreed to move me but [2 hours away from my children's school]. When the van turned up to collect me, I had no one to ring as it was a weekend. I had to sleep at people's houses from time to time as it was so far. I felt so ashamed on the train with my kids. My kids were depressed, as they wanted to go to school. Sometimes the children would sneak out on my phone and complain to people that my mum isn't playing with me like before. We were in a hotel, and we had £8/week which isn't enough to get the train. We had to wake up the children at 4.30-5am to get on the train and bus to get to school.” (Grace, parent)*

Some people who had previously been able to access social care support, but no longer meet the threshold when they try to re-apply again, find it impossible to re-enter the system, even when facing crisis again:

*“I told them I now have status. But they moved the post again and said that I'm not their problem anymore. Once you're out of the system, you can't get in again, they're not going to take care of you. They just abdicate their responsibility. You can't do this alone, you need someone pushing your case. Otherwise you can't get anywhere. Social services put in guidelines so people don't abuse the system. But people are not able to abuse the system as they can't access it. They're trying to abdicate their responsibility. They need to make the system accessible so people who need support can access it. You cannot access social services directly, they block you out.” (Michael in his 70s)*

Others find themselves simply **unable to ever access social care, refuges or places of safety, despite presenting with vulnerabilities and at risk of harm:**

*“I don’t have anything at the moment. It’s really hard, trying to get help. The council said I can’t access anything and I’m not eligible for anything. I go into depression and mental health problem. What can you do? What chance I have to survive? Everywhere I go, everyone says I am not eligible.”*  
(Iona, European national)

As a result, some people may be able to access limited short-term support through charities but **many may find themselves dependent on exploitative support networks, stuck in abusive relationships or facing street homelessness:**

*“We weren’t offered any support because of my status. They kept saying my children weren’t entitled to anything because I’m not British. When I was pregnant, I didn’t even want to go to the clinic. I was scared that if you go, they would call the police on you and you would be deported. There is help, but it wasn’t posted on the wall. You have to know somebody who knows somebody who works in the system who can tell you. It’s wrong. I went through a lot and in the early years, my husband was abusive. I reached out for help but they said they couldn’t move me to a shelter because of my status and so I had to stay where I was. There was nowhere to run to. If someone is in trouble and reaching out, how can you turn people away? They didn’t have a problem housing and feeding me in a police cell, but they wouldn’t ever give me a safe place to be because of my status.”*  
(Lauren, parent)

Growing up in ongoing uncertainty impacted by severe economic hardship and debt can impact on children and young people’s sense of belonging and can be perceived as a form of de-integration (Bawdon, 2021) as well as having long-term impacts on their educational and employment outcomes and future risk of low income and homelessness (Bramley & Fitzpatrick, 2018; Cooper & Stewart, 2017). Parents also

described being frozen in limbo with **no access to wider opportunities either, including volunteering and training:**

*"I went to the jobcentre. When I gave them my biometrics, they said I had NRPF and there is nothing they can do for me. After a while, I went back and asked if I could volunteer instead whilst I waited for a job. However they said they couldn't help in any way even with finding volunteer work and I was declined at all opportunities. After some time, I got a letter asking me to register for electoral stuff and I would be penalised, if I didn't. I can't understand why even though I work, I pay taxes but I can't even access volunteer work. We're doing everything citizens do but we can't get any help or support even with help with free childcare like other citizens. Our children should be allowed to go to nursery at 2 [years old] like other children. It's discrimination. The parents are paying taxes towards this, so why deny this to those families? All children should be entitled to the same benefits." (Leah, parent)*

*"I felt a lot of anger during this time. I left a happy life back home. I came here to make a better life, to further educate myself. I didn't come to sponge. I wanted to get qualifications and then go home. However I remember going to court and trying to get student visa, but the Home Office fought it all and appealed the judge's decision. You're trying to better yourself and they're denying you. You try to go the right way and it angers me. I have to accept what they're doing to me. I wasted 11 years waiting for them to process my papers." (Carmen, parent)*

The **long-term impact of living in uncertainty and in limbo for years, even decades, takes a considerable toll on people's well-being as well as their relationships:**

*"When we came to this country 20 years ago, there was no way you could go near the council. If you're lucky, you can find your children a school, [but] most schools ask for birth certificates. We suffered a lot and I went to my MP and she said 'sorry, there is nothing I can do'. It costs thousands of*

*pounds to support your status. A lot of people feel depressed and anxiety. And people tell you really scary things so you can't go to the council. So you wait till your child is 7 [years old] and even then, they ask you questions, they ask you why you waited. They put you through hell. The only thing you can do is put your head down, stay out of trouble and wait until the kids reach a certain age. I don't want to think about it anymore. It broke us down and my marriage broke down." (Olu, father)*

Some of the older adults expressed a sense of regret that they had lived such a precarious existence for many years – some talked wistfully about the grandchildren they had never been able to meet as their precarious immigration status had prevented them from travelling. However just as our earlier research found, **for the majority of families, their sense of investment in remaining in the UK, where their children were born and growing up was all worth it, despite the years of instability and financial hardship they had experienced.** The UK was their only home, it was the only country their children had ever lived in and they were settled within their communities and neighbourhoods. **Whilst the Home Office identifies people with NRPF as 'temporary migrants', our findings consolidate the evidence that many people with NRPF have built their lives and families in the UK, investing in a future for their families and generations to come.**

## Conclusion

Since our 2015 report, the numbers of people impacted by destitution as a consequence of the NRPF condition has exponentially increased and may keep growing with new groups being impacted as a consequence of policy change, including European nationals and people impacted by the Illegal Migration Act. Whilst our findings provide the first UK wide baseline indication of a population significantly impacted by destitution as a consequence of their migration status, they still represent a significant under-reporting of need due to the challenges in collating and reporting data across local authorities' systems and highlight the need for better and more systematic data collection to understand the true need.

The Home Office maintain that a welfare safety net exists for vulnerable migrant people through local government who can provide accommodation and subsistence to some vulnerable groups. However, whilst there are pockets of good practice and new innovative approaches, our findings highlight the overall gaps in data, policy and practice. As a result, this parallel welfare safety net is often dysfunctional with inconsistent and conditional access, frequently inadequate support, no minimum standard subsistence rates and no dedicated funding from central government.

Despite calls from the third sector, local government and cross-party parliamentarians to review the NRPF policy for vulnerable people and families, the use of the policy is increasing. In the meantime, the demand for social care support is unlikely to reduce. The significant rise in the numbers of people impacted by NRPF has serious implications for future migrant destitution and the local government delivered safety net. The rising need is leading to rising demand and costs for local authorities, without adequate resourcing or support to deliver a "parallel welfare system". Local authorities find themselves caught between both social services and immigration legislation, which sit in tension – sometimes focussing on exclusion and sometimes inclusion – resulting in a complex and often inadequate system.

The growing numbers of people impacted and rising levels of need means that NRPF is no longer a niche policy question but one which impacts on local government capacity

to tackle its core priorities such as ending homelessness, tackling destitution and child poverty and therefore, needs to be included within policy discussions of these areas.

## Implications for policy and practice

Our research finds an increasing number of migrant people at risk of destitution and a dysfunctional parallel safety net which is struggling to provide the support necessary to avoid significant levels of migrant destitution.

**The Home Office chooses to impose the 'no recourse to public funds' (NRPF) immigration policy, restricting migrants' access to the welfare safety net, [arguing that it is essential to prevent burdens on the taxpayer and to improve integration.](#)**

Analysing the impact of this policy choice on migration governance is not within the scope of this report. However it is worth noting that **removing the NRPF restriction and providing access to the mainstream welfare safety net would, at a stroke, remove the need for a parallel welfare safety net**, reducing the cumulative pressure and disadvantage the policy places on social care and the severe impact it has on people facing destitution and homelessness as well as supporting the meeting of other policy goals such as [ending roughing sleeping](#), reducing homelessness, providing children with the best start in life and helping parents to work. Access would remain conditional and means-tested as for all other recipients of Universal Credit.

Our evidence, alongside work by the [Joseph Rowntree Foundation](#), highlights the [increasing numbers of people holding visas subject to the NRPF condition](#) its consequences for current and future migrant destitution. The Home Office have a public sector duty to consider the impact of policies on other government departments' priorities and to consider how policies contribute towards pushing people into the sharp end of poverty and destitution. **Our findings show a wide call from local government, legal advice organisations, third sector organisations and experts by experience for a significant reform of the system, including a call to end the use of the NRPF condition.**

**Our policy implications look at reforming and improving a patchy and inadequate parallel system operated by local government, however this does not preclude the bigger question of whether this system is fit for purpose at all.**

In the absence of a significant reform of the system, our research findings show five key thematic areas for changes at both a national and local level:

- 1. Improve governance structures for tackling destitution**
- 2. Provide clear and transparent information and advice so that people know their rights**
- 3. Empower local government to, at a minimum, meet its legal responsibilities and ultimately develop preventative approaches to tackling poverty and exclusion**
- 4. Widen entitlement to public funds to support the most vulnerable**
- 5. Listen and learn from people with lived experience of migrant destitution**

#### **1. Improve governance structures for tackling destitution**

To improve national policy, central government should:

- **Adequately resource local government through dedicated funding to ensure they are able to provide appropriate support** to people facing destitution.
- Empower **Strategic Migration Partnerships to include support for ending migrant destitution within their remit and coordinate existing NRPF networks at regional and devolved administration level.**
- Drawing on Scotland's Ending Destitution Together strategy, develop a **cross-government UK-wide strategy to tackle migrant destitution**, in partnership with local government, third sector organisations and people with lived experience of NRPF. This should include **developing statutory guidance in England** in consultation with expert partners including the NRPF Network and the Home Office NRPF Stakeholder Forum and **working with the devolved administrations, to draft guidance in Northern Ireland, update and improve guidance in Wales and better implement existing guidance in Scotland.**



- Use **new burdens assessments to properly ascertain the impact on migrant destitution of imposing the NRPF condition on new categories**, and provide local government funding accordingly.
- Agree a **pragmatic approach to Home Office decision-making for immigration applications** for adults with complex care and support needs, where it is determined that a return to country of origin cannot be achieved and taking into account social work assessments.

### Data

- Central government should implement a **duty and provide financial support for local government to systematically collate data** on the numbers of people supported and the annual expenditure for local authorities to evidence local government's efforts to address migrant destitution.
- Local government should **improve the quality of data recorded** through systems such as NRPF Connect to systematically record and evidence the numbers of people supported, including vulnerable adults, and to benefit from the assistance of the Home Office and the NRPF Network to manage identified cases as effectively and efficiently as possible.
- Central government should **support the NRPF Network to continue to deliver essential services to local authorities and to improve the data that can be reported on through NRPF Connect**. For example, reporting on immigration status at point of referral in order to track how immigration cases progress whilst a person is receiving local authority support.

### Strategy

Senior leadership within local government should:

- Recognise the **significant impact of failing to tackle migrant destitution in addressing strategic priorities** such as ending child poverty, [ending rough sleeping](#), improving public health, preventing violence against women and girls and demonstrating due regard to the Public Sector Equality Duty.

- Ensure there is a **joined-up ending migrant destitution strategy**, covering policy and provision across children's social care, adult social care and housing, particularly in two-tier local authorities where social care sits in upper tiers, yet housing functions in lower tier authorities.
- Consider **setting up or expanding their NRPF provision through a dedicated NRPF team or social worker** as a focal point of expertise and for referral from other agencies.
- **Empower middle managers as well as frontline practitioners to enact their duties** assessing and supporting vulnerable people with NRPF.
- Elected members should **upskill themselves on the issues facing destitute migrant people and proactively lead on this area of work**, drawing on good practice from the [Migrant Champions Network](#) and the [City of Sanctuary Local Authority Network](#).

Drawing on the innovative approach developed in Scotland through the Ending Destitution Together strategy, **devolved administrations should consider ways of maximising their devolved powers** to address the issues of migrant destitution on a regional level.

## **2. Provide clear and transparent information and advice so that people know their rights**

- Local government should address the lack of clear and publicly available information on support available by **provide at a minimum a public accessible page on their website with information** about referral processes, what firewalls are in place and how to access immigration advice and local community support.
- Local government financial inclusions teams should **take an earlier preventative approach by pro-actively reaching out to migrant communities** at risk of falling into deep poverty, including information on fee waivers, change of conditions applications, free school meals and access to childcare.
- Local government should put into place a **clear protocol for frontline services on referring people to advice services if they do not meet the threshold for support**,

working together with local voluntary and community organisations to develop partnerships and referral pathways.

- In the absence of central government reinstating legal aid for immigration matters, building on existing models such as [Greater Manchester's Restricted Eligibility Service](#) and [COSLA's partnership with IOM immigration caseworkers](#) and drawing on Justice Together Initiative's research on local authority commissioning, **regional and local government should [fund or commission independent legal advice](#)** for residents at risk of destitution, as well considering funding the holistic support involved to support vulnerable people with accessing legal advice.
  - Local government should **set up safe spaces with clear firewalls for legal advice** on routes to regularisation and access to services, developed in partnership with the third sector and faith-based organisations.
  - Central government should ensure there is **clearer and more publicly available information on the process of applying to lift the NRPF condition, including a more explicit right to appeal refusals.**
  - Central government should **draw on the good practice established in wider UK resettlement programmes that provide wraparound advice and support to migrants to support households with integration.** This could include expanding existing targeted funding, such as the Department for Levelling Up, Housing and Communities [Hong Kong BN\(O\) Welcome Programme](#), to other nationalities to ensure local authorities are reimbursed for the costs incurred whilst supporting any visa holders to apply to have their NRPF condition lifted, as well as to the third sector to provide immigration advice for any visa holders to apply for a change of condition.
  - Central government should ensure that people with **bespoke time limited leave to remain**, including Ukrainian nationals as well as EEA nationals with pre-settled status are **supported to upgrade their leave/status as it expires** and do not fall into irregularity.
3. **Empower local government to, at a minimum, meet its legal responsibilities and ultimately develop preventative approaches to tackling poverty and exclusion**

### Subsistence support

- Local government should develop **localised subsistence policies with clear minimum acceptable rates**, building in the flexibility to adapt to individuals' needs, drawing on recent [case law](#) and the recently published [NRP Network guidance](#).
- In the absence of localised subsistence policies, central government should provide **statutory guidance to local authorities specifying minimum acceptable rates for subsistence**, taking into account individuals' needs and ensuring rates are regularly reviewed and in line with inflation.
- Local government should **ensure payment systems for vulnerable people with NRP are fit for purpose**, ensuring payments are regular, accessible and prioritising cash over the use of vouchers to ensure people receiving support have more dignity and choice in providing for their households.

### Assessment and case working

- Local government should **follow and embed NRP Network guidance**, endorsed by the Local Government Association, the Association of Directors of Children's Services (ADCS) and the Association of Directors of Adult Social Services (ADASS)ADASS and **use the '[Support for migrant families web tool](#)'** to establish available options for families.
- Social care teams should develop training to **embed recently developed best practice [guidance for children's services social workers](#)** and seek to develop similar guidance for adult social care.
- Local government should ensure there is a **consistent, standardised and sensitive assessment and case management process** that treats people with respect and dignity.
- Local government **should actively involve vulnerable people's advisors and advocates** from third sector organisations in assessments and case management discussions to promote people's best interests in all decision-making.

## Housing

- Senior leadership within local government should ensure that their [homelessness strategy](#) **specifically assesses local homelessness and housing need related to immigration status**, including people affected by NRPF (and refugees leaving asylum support accommodation) and sets out a plan.
- Central Government should **set out limits on appropriate use of accommodation, for example a 6-week limit on the use of hotels/B&Bs in keeping with homelessness legislation**, along with adequate funding for local authorities to provide it.
- Drawing on the learning from [Everyone In](#), central government should ensure that housing departments have **the capacity and funding to provide emergency accommodation to vulnerable adults when needed, regardless of immigration status**.
- Central government should commit to **maintaining the local housing allowance in line with at least the cheapest 30% of local rents**, so that people can access suitable homes in the private rented sector.

### **4. Widen entitlement to public funds to support the most vulnerable**

- Central government should remove all **discretionary welfare funds, including those designed by devolved administrations, from the list of public funds**. This would allow local government to provide discretionary cost of living and emergency support to all residents in need, regardless of their immigration status and would allow devolved administrations to meet their policy objectives, including enabling Scotland to meet its [Ending Destitution Together strategy](#) aims.
- Central government should **grant mainstream access to benefits and passported benefits especially intended to support vulnerable people and children** to ensure they are open to all children and vulnerable people, regardless of their or their parents' immigration status.
- Central government should grant all **people with pre-settled status access to means-tested benefits and homelessness assistance**.

## 5. Listen and learn from people with lived experience of migrant destitution

Both central and local government should:

- Apply **principles within decision-making and frontline services that promote “fairness, openness and effective care**, and embed the idea that people will always be **treated with respect and dignity”** as recommended in the [Windrush Lessons Learned Review](#).
- **Actively involve people with lived experience of NRPf in co-producing and designing local strategy, policy and practice** as well as in the joint commissioning of services, ensuring participants’ time, expertise and contribution is financially acknowledged (including the use of vouchers for people who do not have the right to work).
- Ensure their **workforce developing NRPf policy and services includes people with lived experience of NRPf**.

Local government should:

- **Actively seek anonymised feedback** from both service users and people assessed as not meeting the threshold, to audit the quality of the assessment process and service provision
- Ensure there is an **accessible anonymous complaints procedure for service users**
- Ensure frontline services are **accessible to navigate, considering in-person assessments and meetings** where possible, particularly with communities who may not have access to digital technology.

## Appendix

### Appendix 1 - Methodology

#### 1. Advisory Boards

As part of the research, we set up two advisory boards – a Professionals' Advisory board as well as an Experts by Experience advisory board. Following learning from other participatory research projects, we felt it was important to establish a safe and empowering space for experts by experience to advise the project in a non-tokenistic and more inclusive way. Representatives from the Experts by Experience Board were also offered the opportunity of attending the Professionals Advisory Board and we held four meetings with each board over the course of the project to seek advice on research methods, interim findings and recommendations. Following feedback from the experts by experience advisory board, we applied for funding to set up a partnership with NACCOM to offer research training to members of the Experts by Experience Advisory Board so they could be involved as community researchers, co-facilitating focus groups with people with lived experience of the NRPF policy.

#### 2. Survey

Drawing on feedback from our advisory groups, we tailored four different online surveys accordingly for the devolved administrations, in partnership with the LGA, COSLA, WLGA and the Department of Health in Northern Ireland. We made links with and worked in partnership with the NRPF Network, the Local Government Association, COSLA, the Welsh Local Government Association, the Department of Health in Northern Ireland, the Association of Directors of Adult Services and all of the regional Strategic Migration Partnerships (SMP) for their support in sending out the survey on our behalf to local authorities to maximise uptake. We also applied to and received endorsement from the Association of Directors of Adult Services for the research.

- In Scotland, we worked in partnership with COSLA who agreed to send out the survey on our behalf and follow up with local authorities as part of their wider data collection

activity. This led to a significant difference in survey response compared to other nations.

- In Wales, the survey was sent out by the Welsh SMP to all Welsh local authorities, however they had limited capacity to follow it up as pro-actively as COSLA.
- In England, the English survey was sent out via the NRPF Network and all regional SMPs to all English local authorities. Unfortunately, the LGA were not able to send out the survey on our behalf, however they agreed to promote the research in their newsletter. To increase uptake, we also emailed the survey separately to all Directors of Children's Services in England.
- In Northern Ireland, The Department of Health supported with sending out the survey to all health and social care trusts on our behalf.

After eight weeks, we sent the survey as a Freedom of Information (FOI) request to the English and Welsh local authorities and Northern Irish health and social care trusts who hadn't returned the survey. As the response rate varied regionally, we worked in partnership with the NRPF Network to draw on data from NRPF Connect to supplement the missing data from local authorities who hadn't responded.

Combining our survey responses and NRPF Connect data, kindly shared by the NRPF Network, we were able to access data from 142 local authorities and health and social care trusts across the UK (67% of the local authorities and health and social care trusts we had initially contacted) on the numbers of referrals, cases supported and annual expenditure.

We sent a subsequent more detailed survey to local authorities interested in participating further. However many local authorities' databases and recording systems were not able to retrieve the detailed demographic breakdown we were hoping to provide on the types of cases supported. With this in mind, we have instead analysed NRPF Connect raw data from 2015 – 2023, to provide a demographic overview of the types of cases 78 local authorities are supporting to complement the limited second survey responses we received.



### 3. Imputation

We used the Amelia II package, available as an R package (Honaker et al., 2022). We imputed all missing data 500 times and averaged the results to get to our final estimates. Confidence intervals were obtained for the mean estimate in this sample of 500.

### 4. Qualitative research

We reached out to local authorities and health social care trusts across the UK through the regional strategic migration partnerships and attended regional NPF Network meetings across the country sharing details of the project to recruit potential case study sites. The authorities were selected to provide a diverse range of local authorities in terms of geographical location, the existence or not of 'dedicated' NRPF services within the local authority; and political control:

<b>Case study site<sup>9</sup></b>	<b>Numbers of people with NRPF supported in 2021/22</b>
Outer London	High numbers of NRPF cases
East of England	Medium/High numbers of NRPF cases
Northern Ireland (composite across the region)	Low recorded numbers of NRPF cases, however gaps in data recording
North West of England	High numbers of NRPF cases
Scotland (composite of two local authorities)	Low numbers of NRPF cases
Wales	Low recorded numbers of NRPF cases, however gaps in data recording
West Midlands	Medium numbers of NRPF cases

We interviewed 60 professionals across the seven case study areas speaking to a range of local authority staff working in social care, housing, health, an elected member as well as legal advice organisations and third sector organisations providing advocacy and holistic support.

Working with our experts by experience as community researchers, we also held 3 focus groups and 4 individual interviews with 30 people with lived experience of NRPF,

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<sup>9</sup> We have intentionally not provided further detail on the case study areas' provision of a 'dedicated' NRPF service or their political control to ensure areas are not identifiable.

including families with children, EEA nationals, vulnerable adults with care needs, as well as people who have not been able to access local authority support, despite being entitled to it. All of the focus groups were led and co-facilitated with community researchers from our Experts by Experience advisory group.

## Appendix 2 - Subsistence rates

Local Authority	Weekly rate for Single mother with two children (aged 5 and a 6 month old baby)
LA1 in England (Outer London)	<p><b>£169/week</b></p> <ul style="list-style-type: none"> <li>• Lone parent aged 18 or over £60.50</li> <li>• Child rate for a family with one child/first child: £57.50, this includes money for diapers, toiletries and travel.</li> <li>• If the child/ren are under 1 years an extra £5 each</li> <li>• Winter clothing allowance: one off payment equivalent to a total of one week's subsistence</li> <li>• Child rate for a family with subsequent children £46 for each subsequent child.</li> </ul> <p><i>Source: Email from Local Authority</i></p>
LA2 in London (Outer London)	<p><b>£142/week</b></p> <ul style="list-style-type: none"> <li>• £45 per person</li> <li>• £5 per child under 1</li> <li>• £2 per week for period poverty</li> </ul> <p><i>Source: Email from Local Authority</i></p>
LA3 in England (East of England)	<p><b>£147.17/week</b></p> <ul style="list-style-type: none"> <li>• £47.39 per person</li> <li>• £5 for a baby under 1</li> </ul> <p><i>Source: Email from Local Authority</i></p>
LA4 (South East of England)	<p><b>£158.55/week</b></p> <ul style="list-style-type: none"> <li>• £74.35 per adult</li> <li>• £39.60 per child</li> <li>• £5.00 for baby under 1</li> </ul> <p><i>Source: Email from Local Authority</i></p>
LA5 (North West of England)	<p><b>£153.65/week</b></p> <p>"We pay an indicative rate of £ 49.55 weekly per person with the view of working to a welfare standard when parents have extant status in line with BCD v BCT (2023). Rent payments almost always include utilities and council tax when it does not, we will pay the council tax plus: utilities provided to adult/s as additional (weekly):</p> <ul style="list-style-type: none"> <li>• Water £12.00</li> <li>• Gas and Electricity £30.00</li> <li>• £15 each for Gas and Electricity.</li> <li>• Nursing money £5.00 (child under 1 year / expectant mothers)</li> <li>• £3.00 (child 1 – 3)</li> </ul>

	<ul style="list-style-type: none"> <li>• Maternity Grant £300.00 per child</li> </ul> <p>Source: Email from Local Authority</p>
LA6 (West Midlands)	<p><b>£98/week</b></p> <ul style="list-style-type: none"> <li>• £45 per person</li> <li>• £24 per child</li> <li>• £5 extra for a baby</li> </ul> <p>Source: Interview with Local Authority</p>
LA7 (Scotland)	<p>“With regards to subsistence rates for people with NRPF, there is no definitive amount provided as there are too many other factors at play. Firstly we look to see what charities can provide and what other agencies can provide. With regards to using a hypothetical example of a single mother with two children, <b>payments of up to £100 could be provided weekly however this could also be significantly less</b> as they are dependent on whether electricity/gas costs are needed, travel costs, whether food banks have been accessed etc.”</p> <p>Source: Email from local authority, as no published policy online</p>
LA8 (Wales)	<p>“My experience is that the lack of policy/protocol means that families in situations like your example will get a combination of food parcels, nappies, formula for the baby if needed, DAF payments and, if they have a bank account, small amounts of cash payments into their account, or pre-paid cards for a supermarket. If they are able to stay in their rented accommodation, rent may be paid directly to the landlord, and utilities will be topped up. It will very much depend on the not-mentioned circumstances of the case: is there a partner, or other supporting family members, is the mother allowed and able to work – limited reward for the fact she won’t be able to find someone to look after the children, and whether she is breastfeeding etc.”</p> <p>Source: Email from local authority, as no published policy online</p>
Asylum support	<p><b>£147.17</b></p> <ul style="list-style-type: none"> <li>• £47.39 per person</li> <li>• £5 extra for a baby</li> </ul> <p>Source: <a href="https://www.gov.uk/asylum-support/what-youll-get">https://www.gov.uk/asylum-support/what-youll-get</a> (accessed October 2023). Rates have increased since February 2024.</p>
Universal credit	<b>£209.67/week + an additional £39.90 child benefit/week</b>
‘Minimum Income Standard’ (MIS)	<b>£392.94/week</b> (excluding childcare, rent, utilities, household goods and services) Source: <a href="#">Minimum Income Standard 2023</a> , Centre for Research in Social Policy, Loughborough University
Income threshold for destitution (JRF)	<b>£155/week</b> Source: Bramley, G. (2023) - JRF & Herriot-Watt University <a href="#">income thresholds for October 2022</a>

Table 10: Variation in Weekly Support Rates for a hypothetical case study of a single mother with two children (aged 5 and a 6 month old baby). All rates may have been subject to change since data collection. Sources: Local authority rates requested by email between May – December 2023; Government Asylum Support Rates for 2023/24; Minimum Income Standard 2023, Centre for Research in Social Policy, Loughborough University; JRF & Herriot-Watt University Destitution in the UK - income thresholds for October 2022 (Please note that the latest income threshold for destitution was calculated by JRF in October 2022 and has not been updated since).

## Bibliography

Bawdon, F. (2021) [The Deintegration Generation](#). We Belong

Bramley, G. (2023) [Destitution in the UK - income thresholds for October 2022](#). Joseph Rowntree Foundation & Herriot-Watt University

Bramley, G. & Fitzpatrick, S. (2018) Homelessness in the UK: who is most at risk? *Housing Studies*, 33:1, 96-116, DOI: 10.1080/02673037.2017.1344957

British Association of Social Workers (BASW) (2020) [NRPF: Statement and Guidance](#). Birmingham: BASW

British Association of Social Workers (BASW) (2021) [The Code of Ethics for Social Work](#). Birmingham: BASW

British Red Cross (2021) [The longest year: life under local restrictions, Northern Ireland](#)

Broadhead, J. and Kierans, D. (2021) [NRPF, COVID-19 response and the role of local government, Inclusive Cities COVID-19 response](#). COMPAS, University of Oxford

Central England Law Centre (2023) [High Court holds that Birmingham Children's Trust discriminated against a British child whose carer had no recourse to public funds in successful challenge brought by Central England Law Centre](#)

Cooper, K. and Stewart, K. (2017) [Does Money Affect Children's Outcomes? An update. CASE papers \(203\)](#). Centre for Analysis of Social Exclusion, The London School of Economics and Political Science, London, UK

COSLA (2022) [Framework for Local Authority Decision-making Support for Migrants with No Recourse to Public Funds](#)

Cuibus, M. & Fernández-Reino, M. (2023) [Deprivation and the no recourse to public funds \(NRPF\) condition](#). Migration Observatory briefing, COMPAS, University of Oxford

Dickson, E., Jolly, A., Morgan, B., Qureshi, F., Sojka, B. and Stamp, D. (2020) [Research report: Local Authority Responses to people with NRPF during the pandemic](#)

Dickson, E., Goodman, K., Jolly, A., Shea, S., Sojka, B. and Stringer, A. (2022) [No Recourse to Public Funds: A toolkit for social workers in England](#). ICRD

Edmiston, D., Robertshaw, D., Gibbons, A., Ingold, J., Baumberg Geiger, B., Scullion, L., Summers, K. and Young, D. (2021) [Navigating Pandemic Social Security: Benefits, Employment and Crisis Support during COVID-19](#). Welfare at a Social Distance

Fitzpatrick, S., Bramley, G., Treanor, M., Blenkinsopp, J., McIntyre, J., Johnsen, S., and McMordie, L. (2023) [Destitution in the UK 2023](#). Joseph Rowntree Foundation

Fright, M. & Davies, N. (2023) [Performance Tracker 2023: Children's social care](#). Institute for Government

Hamilton, L., Thompson, C., & Wills, W. (2022) [Hostile Environments: Immigration and Food Poverty in the UK](#). Hatfield, UK: University of Hertfordshire

Hines, Z. & Leishman, E. (2022) [No Knowledge of 'Public Funds'? An Investigation into Social Work Practitioners' Confidence and Knowledge When Working with Adults with 'No Recourse to Public Funds'](#), *British Journal of Social Work* (2022) 00, 1–20

Home Office (2023) [Public Funds Migrant access to public funds, including social housing and homelessness assistance, and social care, Version 19.0](#)

Jolly, A. (2019). "6: From the Windrush Generation to the 'Air Jamaica generation': local authority support for families with no recourse to public funds", *Social Policy Review* 31. Bristol, UK: Policy Press. <https://doi.org/10.51952/9781447344001.ch00>

Jolly, A. (2018) [No Recourse to Social Work? Statutory Neglect, Social Exclusion and Undocumented Migrant Families in the UK](#). *Social Inclusion*, 6(3), 190-200

Jolly, A., & Gupta, A. (2022). Children and families with no recourse to public funds: Learning from case reviews. *Children & Society*, 00, 1 16. <https://doi.org/10.1111/chso.12646>

Jolly, A., Singh, J. and Lobo, S. (2020) "[No recourse to public funds: a qualitative evidence synthesis](#)", *International Journal of Migration, Health and Social Care*, Vol. 18 No. 1, pp. 107-123

Leon, L. (2023) [Understanding Migrant Destitution in the UK: Literature Review](#). COMPAS Report

Local Government Association, Convention of Scottish Local Authorities and the Welsh Local Government Association (2020) [Letter to the Home Secretary - Coronavirus and NRPF](#)

Local Government Association (2022) [Lessons learnt from councils' response to rough sleeping during the COVID-19 pandemic](#)

Migration Exchange (2020) [COVID-19 Impact Assessment Framework Risks and responses for people in the UK immigration system](#)

Mort, L., Whitaker-Yilmaz, J., Morris, M., and Shah, A. (2023) ['A punishing process': Experiences of people on the 10-year route to settlement](#). IPPR, GMIAU and Praxis

Ott, E., Rowland, J., Bonin, E. and Mann, G. (2022) [Evaluation of the No Recourse Early Action model \(NOREAM\) Pilot evaluation report](#). What Works for Children's Social Care

Northern Ireland Community of Refugees and Asylum Seekers (NICRAS) (2017) [Living in Limbo: The life of refused asylum seekers](#)

NRPF Network Subsistence (2023) [Setting subsistence rates in a cost-of-living crisis](#)

NRPF Network (2020a) [Supporting people with no recourse to public funds during the coronavirus \(Covid-19\) pandemic](#)

NRPF Network (2020b) [Written evidence \(COR0081\) submitted to the Home Affairs Committee inquiry into the Home Office preparedness for Covid-19 \(Coronavirus\)](#)

NRPF Network (2022) [NRPF Connect Data report 2021-22](#)

Pinter, I. Compton, S. Parhar, R. and Majid, H. (2020) [A Lifeline for All Children and Families with No Recourse to Public Funds](#). The Children's Society, London

Pinter, I. and Leon, L. (2020) [Keeping safe without a safety net: How are children faring when families have no access to mainstream benefits?](#) LSE, London

Potter, M. Murphy, E., Campbell, J. & Thompson, J. (2017) [Support to Appeal Rights Exhausted Asylum Seekers in Northern Ireland](#). Northern Ireland Assembly, Research and Information Service

Preston-Shoot, M. (2021) [Adult safeguarding and homelessness: Experience-informed practice](#). Local Government Association and the Association of Directors of Adult Social Services

Preston-Shoot, M. (2021) [Thematic Safeguarding Adult Review: Homelessness](#). Haringey Safeguarding Adults Board

Preston-Shoot, M., Braye, S., Preston, O., Allen, K. and Spreadbury, K. (2019) [Analysis of Safeguarding Adult Reviews April 2017 – March 2019 - Findings for sector-led improvement](#). Local Government Association

Price, J and Spencer, S. (2015) [Safeguarding children from destitution: local authority responses to families with 'no recourse to public funds'](#). COMPAS, Oxford

Rolfe, H. & Benson, T. (2023) [From HK to UK: Hong Kongers and their new lives in Britain](#). British Future

Scottish Government (2022) [Ending Destitution Together: progress report – year one 2021 to 2022](#)

Smith, C., O'Reilly, P., Rumpel, R. and White, R. (2021) [How Do I Survive Now?](#) Citizens Advice

Watts, E., McMordie, L., Espinoza, M., Welker, D. & Johnsen, S. (2021) [Greater Manchester's A Bed Every Night programme: An independent evaluation \(Full Report\)](#). Heriot-Watt University, Edinburgh

Watts-Cobbe, E, McMordie, L, Bramley, G, Young, G & Rayment, M (2023) [Fair Way Scotland Evaluation Progress Report \(Year 1\)](#). Heriot-Watt University

Wilding, J. (2019) [Droughts and Deserts. A report on the immigration legal aid market](#)

Wilding, J. (2023) [‘It’s a no-brainer’: Local authority funding for immigration legal advice in the UK](#). Justice Together



## UNDERSTANDING MIGRANT DESTITUTION IN THE UK

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Understanding Migrant Destitution in the UK is a UK-wide research and knowledge exchange project (2022–2024), funded by abrđn Financial Fairness Trust and focusing on social care practice and provision for vulnerable migrant people with no recourse to public funds (NRPF) facing destitution.

Building on COMPAS' (2015) research on Safeguarding Children From Destitution: Local Authority Responses To Families With 'No Recourse To Public Funds', the study uses a mixed methods approach, helping to increase understanding of the characteristics of the group impacted by the NRPF policy and exploring how a more proactive approach to NRPF provision can have a wider impact on overall levels of poverty and destitution.

[www.compas.ox.ac.uk/project/understanding-migrant-destitution-in-the-uk](http://www.compas.ox.ac.uk/project/understanding-migrant-destitution-in-the-uk)

## THE GLOBAL EXCHANGE ON MIGRATION AND DIVERSITY

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The Global Exchange on Migration and Diversity is an ambitious initiative at the Centre on Migration, Policy and Society (COMPAS) opening up opportunities for knowledge exchange and longer-term collaboration between those working in the migration field.

[www.compas.ox.ac.uk/global-exchange](http://www.compas.ox.ac.uk/global-exchange)

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Financial  
Fairness  
Trust

This study was funded by abrđn Financial Fairness Trust.

abrđn Financial Fairness Trust is an independent charitable foundation supporting strategic work which tackles financial problems and improves living standards. Its focus is improving the lives of people on low-to-middle incomes in the UK.

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