

Local Authority Responses to People with NRPF During the Pandemic

Research Report

August 2020

CORONA
STAY AT HOME
PROTECT THE N
SAVE LIVES

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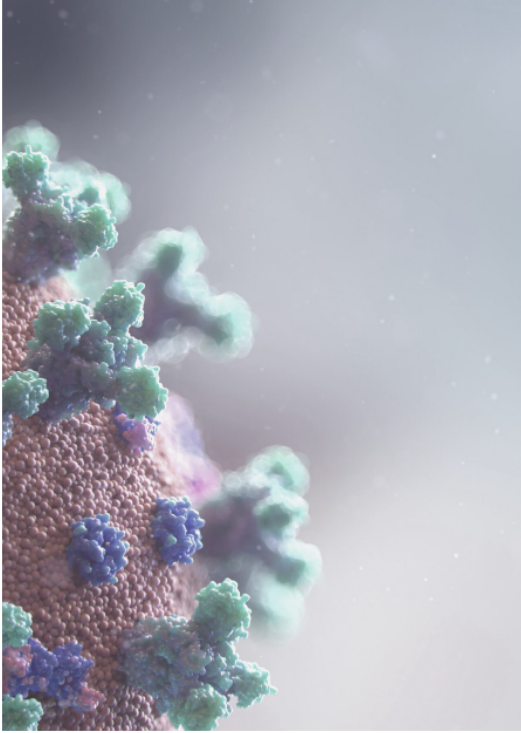
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Acknowledgements



This research was funded by a grant from Paul Hamlyn Foundation. The research team are grateful to all the organisations and local authorities who contributed to the call for evidence, and to the welfare diary participants who kindly talked to us about their experiences. We would also like to thank Professor Bridget Anderson for her support and advice, Jean Demars, Kasia Makowska, Danielle Manson, and Sydney Shea for assistance with data collection, Ilona Pinter for her advice and help with dissemination and analysis, and Runa Khanom for assisting with proof reading.



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Executive Summary

Migrants with ‘no recourse to public funds’ (NRPF) are at high risk of destitution due to their exclusion from most welfare benefits and statutory housing support. This is a longstanding issue that has been highlighted by campaigners, academics and the migration sector.

This report examines how local authorities in England responded to people with NRPF during the COVID-19 pandemic. It highlights systemic issues with access to support for people with NRPF and shows how provision varied considerably across England (most notably in the case of single adults with NRPF who would not normally be eligible for support but were included in the COVID-19 homelessness response) and even within individual local authorities.

The COVID-19 pandemic has made life significantly more difficult and precarious for people with NRPF. Many have lost income, employment and accommodation, while non-statutory support services have been forced to close. The number of people with NRPF in need of assistance to meet their basic needs has increased. Our research indicates that people with NRPF are more likely to become seriously ill or die if they contract COVID-19. Despite this, it has been difficult for many people with NRPF to access the help they need, including adequate food, shelter and subsistence support, during this public health crisis.

Local authorities have statutory duties towards two categories of people with NRPF: families with ‘children in need’; and adults with care needs. There are, however, significant variations in how these duties are implemented, with many migrants in need of support unable to access their entitlements under normal (pre-pandemic) circumstances. A key problem in this area is that local authorities are not funded by central government to provide support to people with NRPF - an issue that has been consistently raised by rights advocates. This issue became more urgent during the pandemic as local authorities were called upon by central government to provide support to a third group of people with NRPF who would not normally be eligible for assistance: single homeless adults without care needs. Our research shows that, while some councils put in place effective emergency support for this group, the England-wide response of local authorities was frequently characterised by confusion, a lack of information about support options, the ‘gatekeeping’ of access to accommodation, and gaps in essential provision (e.g. food).

Our research focuses on the period during which the UK was in ‘lockdown’. But the problems we highlight in this report have by no means come to an end. Local authorities continue to be underfunded and the destitution experienced by people with NRPF has not abated. It is unclear what will happen to homeless adults with NRPF who have no statutory entitlement to support as public-health concerns subside. Our research indicates that while some local authorities are trying to respond to this issue in a way that respects people’s rights and dignity, others do not want to continue to support people with NRPF, with a number planning to resort to so-called ‘voluntary returns’ or ‘reconnection’. In the view of many of our research participants, only an urgent end to the NRPF system can adequately address the problems that have been highlighted by COVID-19.

Key Findings

- **There was a lack of information available for people with NRPF:** Only 5 of the 151 local authorities in England had publicly-available NRPF policies which were accurate, up to date and contained referral contact details. More than 40 percent of local authority websites did not contain any information at all about NRPF. Only 7 percent of local authority websites surveyed in April had information on COVID 19-related support for people with NRPF. When the survey was repeated a month later, this number had increased to 12 percent. 6 out of 10 organisations who responded to the call for evidence had not received updated information from their local authority since the start of the pandemic.
- **Numbers of service users with NRPF who had COVID-19 symptoms were relatively small, but those who did have symptoms were particularly likely to die or become seriously ill:** More than half of organisations that responded to the call for evidence knew of service users who had been diagnosed with COVID-19. Although most knew of relatively small numbers who were experiencing symptoms, of those who did, more than half had become seriously ill or died.
- **People with NRPF struggled to access food, shelter and subsistence support during the pandemic:** The most commonly reported impact of the pandemic was not having enough food. More than 8 out of 10 organisations identified this as a concern for their service users. The most commonly reported difficulty across all user groups was being refused support from the local authority. For those already accessing support, the most commonly experienced difficulty amongst children and families was inadequate accommodation for self-isolation. For adults with care needs, it was being unable to get in contact with the local authority. For homeless adults, the most commonly reported problem was having no provision made for their food or subsistence needs.

1. Introduction

This report examines how local authorities responded to people with ‘no recourse to public funds’ (NRPF) during the pandemic from the perspectives of voluntary-sector organisations, local authorities and migrants with NRPF.

Our research questions were:

- What are the different local-authority policies across the country towards people with NRPF and how did this change during the pandemic?
- Are people with NRPF able to access support?
- Are people being turned away from support because of their immigration status?
- Which third-sector agencies are supporting people with NRPF and what support are they providing?

What is NRPF and who has it?

The no recourse to public funds (NRPF) rule is a condition in the Immigration Rules, and Section 115 of the Immigration and Asylum Act 1999. The rule excludes people ‘subject to immigration control’ from a range of state benefits, including: income-based jobseeker’s allowance; income support; child tax credit; universal credit; working tax credit; a social fund payment; child benefit; housing benefit; council tax reduction; domestic rate relief (Northern Ireland); state pension credit; attendance allowance; severe disablement allowance; personal independence payment; carer’s allowance; and disability living allowance.

The condition also prohibits access to local authority homelessness assistance and housing allocation, and some kinds of support linked to benefits, including free school meals and some extended childcare services.

The NRPF rule applies to a range of different people, including most **people with temporary leave to enter or remain in the UK** (such as those in the UK on a spouse or student visa), and **undocumented migrants** (such as visa overstayers and refused asylum seekers). Since 2012, the NRPF rule has been extended to include people on the 10-year route to settlement and those granted leave to remain in the UK outside the rules on the basis of family or private life.

It is important to note that in this report we are using NRPF in the broad sense of everyone who is barred from access to most welfare benefits and statutory homelessness assistance due to their immigration status. This means that, as well as the categories of migrant already cited, we include in the scope of our research **EEA nationals without a qualifying right to reside** for the purposes of welfare benefits and homelessness assistance (that is, those without permanent residence or settled status who are ‘jobseekers’ within the meaning of EU law, and ‘non-economically active’ EEA nationals exercising the three-month initial right to reside.)

There are no official statistics on the number of people with NRPF in the UK. However, there are an estimated 674,000 undocumented migrants in the UK (Jolly et. al., 2020), and an

additional 142,496 children under 18 and 1,002,091 adults with leave to remain in the UK, most of whom are likely to have NRPF (Pinter et al., 2020). There are also an estimated 3.6 million EEA nationals (Vargas-Silva & Fernandez-Reino, 2019), many of whom cannot establish eligibility for welfare benefits or homelessness assistance.

Migrants with ‘no recourse to public funds’ (NRPF) in the UK were already at high risk of destitution due to their lack of access to most welfare benefits and statutory housing support. The COVID-19 pandemic has made the position of people with NRPF even more precarious as a result of loss of income and employment and the closure or withdrawal of formal and informal sources of support (including charities, family and friends).

NRPF during the pandemic

Under normal circumstances only a minority of people subject to the NRPF rule would be likely to approach their local authority for support. However, since the start of the pandemic, it is likely that more people with NRPF are experiencing destitution and the need to access some form of social protection. This might be either because their income has fallen, or because their needs have increased. Some indication of this trend can be seen in data recently released by the Home Office, which shows the number of applications from people with NRPF for a change of conditions (i.e. to remove the NRPF condition from their leave to remain). These indicate that the beginning of the COVID-19 lockdown coincided with a sixfold increase in applications (UKVI, 2020).

For those who do approach local authorities for support, there is no single NRPF referral route. The application process, and legislation under which support may be provided, depend on both age and assessed needs. For ease of analysis, the different categories are broken down below into: support for single homeless people; support for children and families; and support for adults with care needs.

Support for single homeless people with NRPF

Many local authorities in England have been providing accommodation to single homeless NRPF adults without care needs during the COVID-19 pandemic. Some local authorities have also been providing limited basic-needs support in the form of food, vouchers and hygiene items.

Unlike in the cases of NRPF families and NRPF adults with care needs, there is no clear legal basis for any of this provision. Local authorities have no duty in law to accommodate such people (although s18 of the Care Act 2014, s.6 Human Rights Act 1998 and s.1 Localism Act 2011 offer possible legal bases for the provision of local-authority support to otherwise-ineligible single adults with NRPF during a public health emergency). No new legislation or statutory guidance has been introduced during the COVID-19 pandemic to amend the entitlement to local-authority support of people with NRPF who would not ordinarily be eligible.

The effect of the absence of new legislation or statutory guidance has been twofold: firstly, the support provided to this group has been inconsistent and unpredictable both within and across local authorities; and secondly, it has been difficult for individuals or their advocates to effectively challenge local authorities in cases where single NRPF adults have been

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refused support or accommodation or where the accommodation or support offered has been inadequate.

Below we provide a brief chronological outline of how the provision of local-authority support to ordinarily-ineligible NRPF recipients developed in response to the pandemic, and sketch the policy debate around the scope and legal basis of this provision.

The current novel coronavirus (COVID-19) outbreak was characterized as a global pandemic by the World Health Organisation on March 11 2020.

On March 20th 2020 over 50 homelessness and migration-sector organisations wrote to local authorities in England demanding they take urgent steps to protect and support vulnerable migrants, particularly those with No Recourse to Public Funds (NRPF) and those experiencing or at risk of homelessness, during the pandemic (PILC, 2020a).

On 23rd March 2020 the United Kingdom went into ‘lockdown’, with the prime minister urging people to ‘stay at home, protect our NHS and save lives’. On 26th March 2020 the Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 were enacted, formally restricting freedom of movement.

Also on 26th March 2020, the homelessness minister, Luke Hall, wrote to local authorities formally announcing the government’s COVID-19 homelessness response and instructing councils to ‘provide self-contained accommodation to ‘[people] who are, or are at risk of, sleeping rough, and those who are in accommodation where it is difficult to self-isolate’.

The homelessness minister’s letter of March 26th 2020 specifically addresses NRPF, telling councils they should ‘utilise alternative powers and funding to assist those with no recourse to public funds who require shelter and other forms of support due to the COVID-19 pandemic’. The letter also directs councils to provide support above and beyond accommodation, saying they should provide ‘social care basics such as food, and clinician care to people who need it’ (Ministry of Housing, Communities & Local Government, 2020)

Luke Hall’s letter states that it is ‘imperative’ that local councils enact the government’s policy of ‘bringing everyone in’ by ensuring that ‘rough sleepers and other vulnerable homeless are supported into appropriate accommodation’. The rationale given in the letter for ‘bringing everyone in’ is as follows: ‘[to] safeguard as many homeless people as we can from COVID-19 [both] to protect their health and stop wider transmission [...] this approach aims to reduce the impact of COVID-19 on people facing homelessness and ultimately on [sic] preventing deaths during this public health emergency.’

However, the letter does not specify the ‘alternative powers’ local authorities should use to support people with NRPF who would not normally be eligible for support. Nor does it define the terms ‘NRPF’, ‘rough sleeper’ or ‘vulnerable homeless’.

This lack of clarity has contributed to confusion around support options for homeless people with NRPF as well as to a lack of clear pathways for (self)-referral. The government’s failure to either address the cost implications for councils of supporting otherwise-ineligible people with NRPF or publish statutory guidance clarifying which homeless people need to be supported and how have made it additionally difficult for ordinarily-ineligible people with NRPF to access support.

As this report shows, policy and practice with respect to support for single NRPF adults who would not be eligible for assistance under normal circumstances have varied significantly across local-authority areas.

For example, councils have taken varying positions on the question of whether homeless people (NRPF or otherwise) who are not ‘verified’ rough sleepers should be accommodated through the pandemic response (many homeless people with NRPF sleep rough intermittently). There has been inconsistency across and sometimes within local authorities around whether it should be the responsibility of councils to make basic-needs provision (food, hygiene items) for single homeless people placed in hotels or whether the voluntary sector should be responsible for this. In many areas it has not been clear whether single homeless people with NRPF should approach the housing office, the outreach team or the NRPF team for assistance, with some people being bounced back and forth between different council agencies.

Confusion around whether (and, if so, which) homeless people with NRPF should be accommodated through the COVID-19 homelessness response deepened in April 2020 when some local authorities were informed by MHCLG that they were not required to accommodate homeless people with no recourse to public funds and would not be reimbursed for doing so.

On 8 April 2020 the Local Government Association (LGA), the Convention of Scottish Local Authorities (COSLA) and the Welsh Local Government Association (WLGA) wrote jointly to the government calling for ‘guidance for local authorities, families and individuals [...] to make it much clearer that the current emergency support is available for those with NRPF, including rough sleeping support through local authorities’ (LGA et al., 2020). The letter also called for additional funding and the suspension of the NRPF system.

On 28 April 2020, Robert Jenrick, Secretary of State for Housing, Communities and Local Government, was asked in parliament to clarify the position of people with NRPF during the COVID-19 lockdown. The questioner, David Linden, MP for Glasgow East (SNP), accused the government of ‘[leaving] asylum seekers and failed asylum seekers [...] in complete isolation at the height of a global pandemic.’ The Secretary of State’s response was that ‘[w]ith respect to no recourse to public funds, the Government’s position and the law have not changed, but councils are able to use their discretion within the law to support those individuals, as they would in the normal way’ (HC Deb 28 April 2020).

On 28 April 2020 (HC Deb 28 April 2020), and again on 4 May 2020 (HC Deb 4 May 2020), Luke Hall responded to written parliamentary questions about support and accommodation for people with NRPF experiencing homelessness during COVID-19. Both responses from the homelessness minister stated that ‘the legal position on those with no recourse to public funds has not been amended.’

A number of local-government representative bodies have expressed concern that the government’s response to COVID-19 for people with NRPF has been both confusing and inadequate and stated that the NRPF regime should be suspended or ended on public-health grounds.

In its submission to the Parliamentary Housing, Communities and Local Government (HCLG) committee enquiry into the impact of COVID-19 on homelessness and the private

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rented sector, the NRPF Network (a network of local authorities and partner organisations focusing on the statutory duties to migrants with care needs who have no recourse to public funds) raised concerns about a lack of clear messaging from government and the absence of clarity around the legislative duties and powers of councils with respect to single homeless NRPF adults (NRPF Network, 2020).

On 15 May 2020 London Councils issued a statement saying there was an urgent need for clarity on funding and other support arrangements for homeless people accommodated through the COVID-19 response and calling for a ‘twelve-month suspension of no recourse to public funds restrictions to enable financial support for those who would otherwise return to rough sleeping’ (London Councils, 2020).

In a letter sent to local authorities on May 28th 2020 the homelessness minister confirmed that the legal position on support for people with NRPF had not changed and suggested that homeless migrants with NRPF accommodated through the COVID-19 response should be offered ‘a voluntary return to their country of origin’ (Heath, 2020).

In June 2020 the HCLG committee inquiry into the impact of COVID-19 on homelessness and the private rented sector published its interim report. On the subject of ordinarily-ineligible NRPF homeless people, the report states:

We appeal on humanitarian grounds for the Government to improve its support to councils for people with no recourse to public funds during this crisis, or hundreds will return to the streets with potentially disastrous consequences. We recommend that the Government should guarantee it will compensate councils for provision offered to rough sleepers with no recourse to public funds as a result of the current crisis. While the Government believes the legal position is clear, local authorities do not. (Parliament. House of Commons, 2020)

As lockdown measures were eased during June and July 2020, local authorities and frontline organisations began advocating to central government around the precarious position of homeless people with NRPF accommodated through the COVID-19 response but ineligible for ‘move-on’ support as a result of being subject to the NRPF condition.

On 18th June 2020, more than 100 homelessness and migration-sector organisations wrote to local authorities in England asking them to commit to not evicting homeless people with NRPF from accommodation provided through the COVID-19 homelessness response and to publicly call on the government for an end to the ‘no recourse to public funds’ (NRPF) regime (PILC, 2020b).

On 7th July 2020 16 London local authorities wrote to the Home Secretary asking her to ‘take urgent action [...] to ensure that restrictions on some Economic Area (EEA) nationals and on people who have no recourse to public funds (NRPF) do not undermine our collective effort to end rough sleeping in Britain’. The letter appeals to the Home Secretary to ‘formally suspend all restrictions on rough sleepers’ recourse to public funds until community transmission of COVID-19 has been eradicated [...] remove restrictions on recourse to

Universal Credit and Housing Benefit for all rough sleepers accommodated during COVID-19 [and] accelerate immigration claims by rough sleepers' (Williams, 2020).

Support for children and families with NRPF

The legal basis for providing support to children and families with NRPF in England is Section 17 of the Children Act (1989). Social care is a devolved responsibility, so legislation differs in the other nations of the UK. (In Wales the relevant legislation is Section 37 of the Social Services and Well-being (Wales) Act 2014. In Scotland, support is provided under Section 22 of the Children (Scotland) Act 1995 and in Northern Ireland, Article 18 of the Children (Northern Ireland) Order 1995.)

Section 17 of the Children Act defines a 'child in need' as a child who falls under one or more of the following three categories:

- they are unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the Local Authority;
- their health or development is likely to be significantly impaired, or further impaired, without the provision of services from the Local Authority;
- they have a disability.

Although Section 17 does not only apply to families with NRPF, children in families who are subject to the NRPF rule are likely to be at risk of destitution, and would therefore commonly fall into one of the first two categories.

A number of services can be provided by local authorities under Section 17, including financial support to prevent destitution and accommodation for families at risk of homelessness. Support under Section 17 is provided following an assessment of need, and the support that is provided following an assessment should be outlined in a 'child in need' plan for those supported. There is no statutory guidance for local authorities around supporting children with NRPF, and no government guidance was issued during the pandemic. However, unofficial guidance from the NRPF Network is commonly followed by many local authorities (NRPF Network 2018). COVID-19 specific guidance was published by the network on 27 March 2020 (NRPF Network, 2020).

Prior to the pandemic, a number of concerns had been raised about support provided under Section 17, including inappropriate gatekeeping by local authorities (Price & Spencer, 2015; Dexter, et.al., 2016), poor standards of housing (Threipland, 2015), and inadequate levels of support (Jolly, 2019). These issues are likely to have been exacerbated by the pandemic. With widespread unemployment and loss of income, more people with NRPF have found themselves destitute and in need of local authority support. Local authorities, already underfunded and under the additional pressure of a public health crisis, are likely to have struggled to cope with the increase in demand. As a result, unlawful gatekeeping may have become more prevalent and the provision of inadequate support more likely (Pinter et al., 2020).

Support for Adults with care needs

For adults with care needs in England, the relevant legislation is the Care Act 2014. (In the other nations of the UK other legislation applies – in Wales, Section 35 of the Social Services and Well-being (Wales) Act 2014; Scotland, Sections 12 and 13A of the Social Work (Scotland) Act 1968; and in Northern Ireland, Articles 7 and 15 of the Health and Personal Social Services (Northern Ireland) Order 1972.)

Under the Care Act 2014, local authorities have a duty to assess the needs of anyone who is ordinarily resident in their area who appears to have a need for care and support. For those who have no ordinary place of residence (such as people with NRPF who have been homeless) section 18 and 19 of the Care Act determine that local authorities have a power to meet the needs of someone who is physically present in their area even if they have no formal place of residence.

However, if a person is part of an excluded group under schedule 3 of the Nationality, Immigration and Asylum Act 2002, they can only be provided with support if the support is necessary to prevent a breach of their human rights. Excluded groups include:

- People who are not currently seeking asylum and is unlawfully present in the UK,
- EEA nationals (not UK nationals)
- People who have been granted refugee status by another EEA State
- Refused asylum seekers who fail to comply with removal directions
- Refused asylum seekers with dependent children who have been certified by the Secretary of State as having failed to take steps to leave the UK voluntarily.

Eligibility for care support relies on meeting a three-stage test set out in section 13(1) of the Care Act 2014 and the Care and Support (Eligibility Criteria) Regulations 2015. However, there is an additional test for people with NRPF to meet. Section 21 of the Care Act 2014 stipulates that a local authority cannot provide care support to someone whose needs for care and support arise solely because the adult is destitute, or because of the physical effects of being destitute. This has become known as the ‘destitution plus’ test, and has the effect of making adults with care needs the service-user group who face the most barriers to accessing local-authority support.

2. Methodology

Survey of local authority websites

Evidence from both local authority and voluntary sector caseloads suggests that there has been a rise in numbers of people with NRPF seeking support during the pandemic. There was a sixfold increase in the number of Destitution Change of Conditions Applications made to the Home Office by people with NRPF between the first and second quarters of 2020 (Home Office, 2020).

However, previous research suggests that it is difficult for people with NRPF to access support from local authorities (Jolly, 2018; Dexter et al., 2015).

In order to understand whether people with NRPF who were approaching local authorities for the first time would be likely to be able to find information about support, the websites of all unitary and upper-tier authorities in England were surveyed using the checklist in figure 1 below.

Figure 1. Local authority website checklist

Name of Local Authority
Date website checked
Is there an NRPF policy online? (Y/N/Partial)
If yes/partial Please specify (Including link)
Has the policy been revised in light of the pandemic to include COVID-19 specific information (Y/N/NA)
Date of policy (If no date, write 'none')
If there is a NRPF policy, what are the key points that it covers? (referral process/Support available housing or subsistence also/free school meals access/self-isolating advice etc)
Are NRPF specific issues mentioned in general support policies e.g. Homelessness/Adult social care/safeguarding (Y/N)
Are there any gender-specific policies? (Yes/No)

Are contact/referral details available for people with NRPF to access support? (Y/N)
Is there information about homelessness support for people with NRPF during the pandemic? (Y/N)
Is there information about Section 17 support during the pandemic? (Y/N)
Is there information about Care Act support during the pandemic? (Y/N)

The first survey was conducted between 22nd April and 8th May 2020, and the survey was repeated using the same methodology a month later. Findings from the first survey were presented in ‘Interim project findings briefing’ (Jolly et al. 2020). In this report we present findings from both surveys. These scores were then converted into four indicators based on the likelihood of a person with NRPF being able to find information about support during the COVID-19 pandemic. Local authorities were graded between inadequate and outstanding based on the findings from their websites. The thresholds and indicators for these scores are outlined in Figure 2 below.

Figure 2. Scoring thresholds

<p>8-9 points – Outstanding</p> <p>This authority is an example of best practice. The authority has a publically available NRPF policy which has been updated since the pandemic. The information in the policy is accurate. There is specific information about different categories of support such as the Care Act and Section 17 of the Children Act, and there is likely to be gender specific policies, as well as clear contact or referral details for service users and their advisors.</p>
<p>5-7 points – Good</p> <p>This authority has an NRPF policy and information which is both accurate and usually up to date. There may even be specific information about different support categories, and are likely to be referral or contact details for people with NRPF. There may be some gaps in detail on the website, but, someone seeking support from this authority would be likely to find most of the information they need.</p>
<p>1-4 points – Needs improvement</p> <p>There is some information on the website about support for people with NRPF, but this is likely to fall short of a full policy, or is inaccurate or misleading. There may not be contact details for referral, or specific information for particular categories of support. Someone trying to find out how to get support during the pandemic for someone with NRPF would be unlikely to find this information.</p>
<p>-2 – 0 points - Inadequate</p> <p>This local authority does not have an NRPF policy on their website, if there is any information at all it is out of date, factually inaccurate or misleading. No contact details are available, and it would not be possible for someone with NRPF to be able to find out how to get support during the pandemic.</p>

Call for evidence

Two calls for evidence were distributed through a snowball sample using existing networks and mailing lists. The first call for evidence was to voluntary and community-sector organisations, and the second was to local authorities. The aim of the calls for evidence was to find out how local authorities have responded to people with NRPF during the pandemic. What were the challenges and difficulties, and what were the emerging areas of good practice during the pandemic?

Findings from both calls for evidence were then coded inductively by the project team into relevant themes for analysis.

Daily welfare diaries completed by people with NRPF

The final research method was designed to understand the perspectives of people with NRPF themselves. This method involved ‘welfare diaries’, where people with NRPF were asked to report, over the course of a week, on their access to services, food and housing and the impact that this was having on their health and wellbeing. A panel of 15 research participants with a variety of immigration statuses were recruited through existing stakeholder contacts. Participants reported on their experiences over a 1-week period. On day 1 participants were asked for baseline data on household food security using the Hunger Vital Sign (VSN) screener, derived from the USDA household food security scale (Hager et al., 2010; Radandt et al., 2018), for baseline data on mental health and wellbeing using the short form Warwick-Edinburgh Mental Wellbeing scale, and about whether they were experiencing symptoms of coronavirus.

On subsequent days, participants were asked for information using the following prompts:

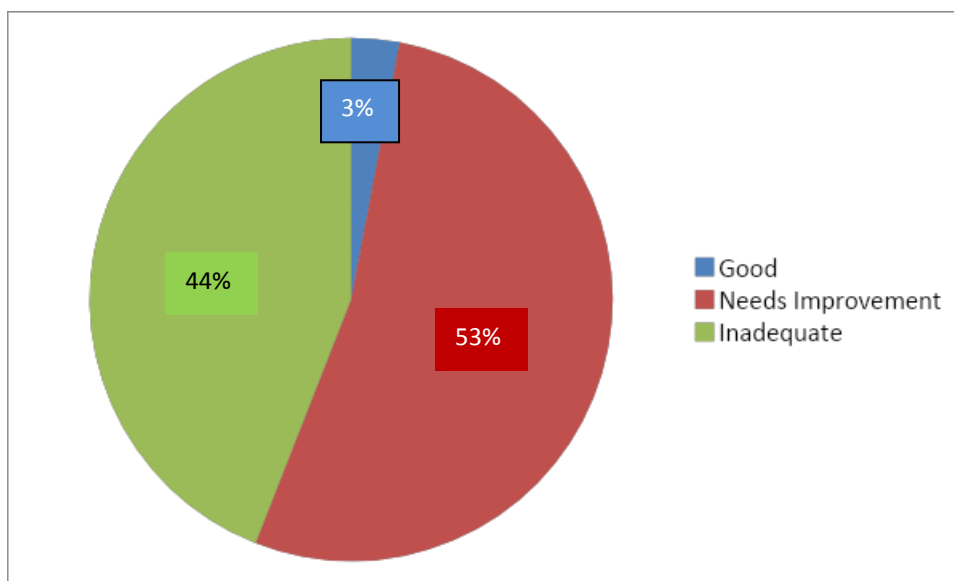
- How are you today? (We are interested in your food situation, your finances, your health situation, your housing situation and your mental and physical health).
 - How are you feeling physically and mentally today? (Cough, temperature, loss of taste or smell?).
 - How are you feeling about your financial situation?
 - How are things where you are living at the moment?
- Can you tell me what you (and your family) have eaten today and whether you feel like it's been enough?
 - Did you have to go out today to get food? If so, can you tell me more about that?
- Has anything changed since yesterday?
 - Would you say things are better, or worse than yesterday (Please explain)

3. Findings

Website survey

In both surveys none of the websites reached the threshold for a score of ‘outstanding’ and in the first survey only five met the threshold for a rating of ‘good’ - where there was an NRPF policy and information which was both accurate and often up to date, with some specific information about different support categories. These were Brent, Hackney, Wolverhampton, Manchester and Trafford (see figure 3).

Figure 3: Local authority website scores - survey 1



The London Borough of Brent included NRPF issues on its pages about homelessness and domestic abuse and alongside referral details for its children’s social care team. However, there was no COVID-19 specific update. By contrast, Hackney had a COVID-19 update including what support rough sleepers could receive during the pandemic, along with contact details and a clear statement for homeless people with NRPF:

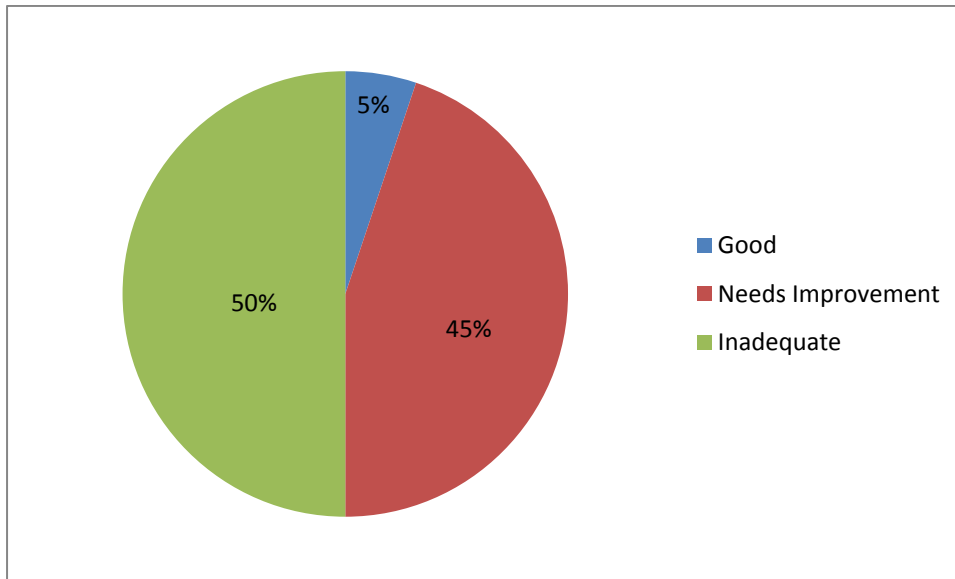
“We have been working hard to ensure rough sleepers are not on the streets during the coronavirus pandemic. Self-contained accommodation, food and support is available for all rough sleepers including those with no recourse to public funds.” (Hackney, 2020).

The City of Wolverhampton Council had a policy that explicitly referred to Zambrano carers, with detailed guidance on support policies, referral contact details, and a homelessness strategy informed by local partners in the refugee-and-migrant sector. Manchester City Council had an NRPF policy and detail on specific groups including older people and people suffering from domestic abuse, as well as contact details for support. Nonetheless, there was still a concerning emphasis on NRPF in their Counter Fraud and Irregularity Strategy

(Manchester, 2020). Finally, Trafford Borough Council had an NRPF policy, including information on housing, violence against women and maternity support.

The second survey showed that 14 met the threshold for a rating of ‘good’ and these were Birmingham, Bolton, Brent, Coventry, Croydon, Hackney, Islington, Lewisham, Manchester Newcastle-upon-Tyne, Redbridge, Southwark, Trafford and Wolverhampton (see figure 3).

Figure 4: Local authority website scores - survey 2



In both surveys, the majority of websites were rated as ‘needing improvement’, indicating that there was some information on the website about support for people with NRPF but that this information either fell short of a full policy or contained inaccuracies/was misleading. As a result, someone with NRPF trying to find out how to get support during the pandemic would be unlikely to be able to make use of this information (see figure 3).

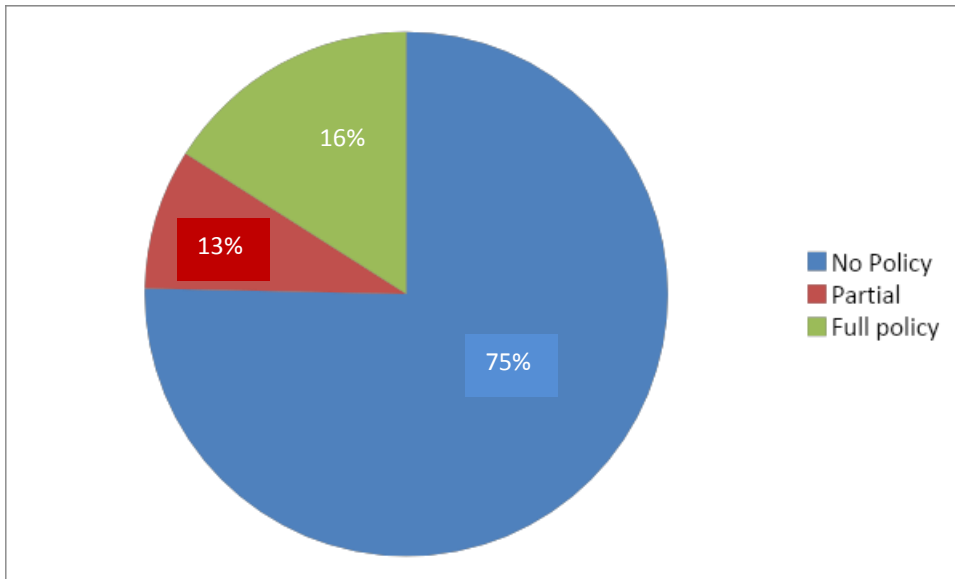
Most worryingly, in survey one, over 40 percent of local authority websites either did not have any information at all about NRPF, or had information that was out of date, factually inaccurate or misleading and were therefore categorised as inadequate because it would not be possible for someone with NRPF to be able to find out how to get support during the pandemic.

It is important to acknowledge that ten of the local authorities had improved their overall scores by the time of the second website survey. These were: Birmingham, Coventry, Lewisham, Luton, Borough Council, Newcastle-upon-Tyne, Newham, Redbridge, Richmond Upon Thames, Southwark and Warwickshire.

The most common reason for being rated as needing improvement or inadequate was not including a policy at all - more than two-thirds of local authorities did not have any available information for referrers or people with NRPF during the pandemic (see figure 4). Among those that did, there were a number of ways in which information was inaccurate or misleading.

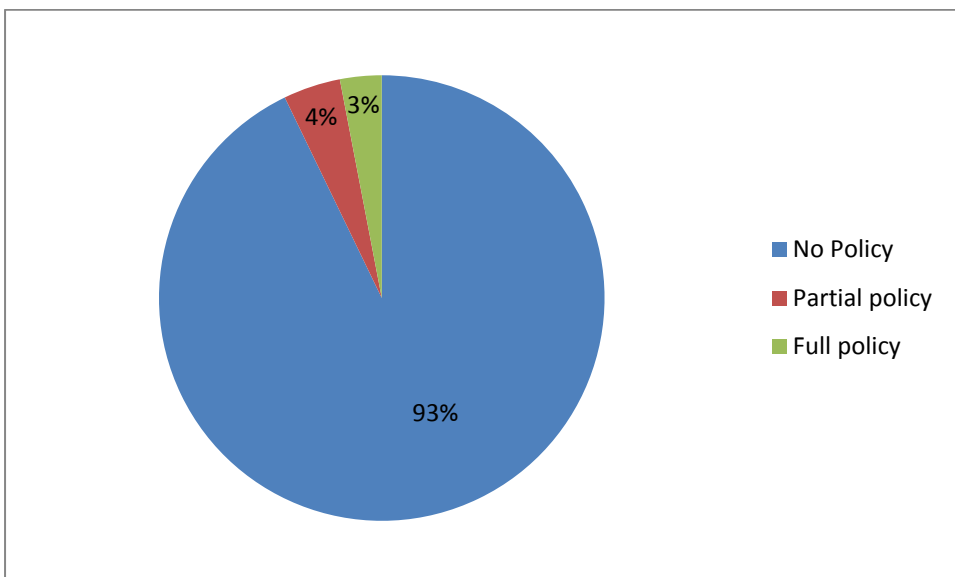
Local Authority Responses to people with NRPF during the pandemic

Figure 5: Local authority NRPF policies - survey 1



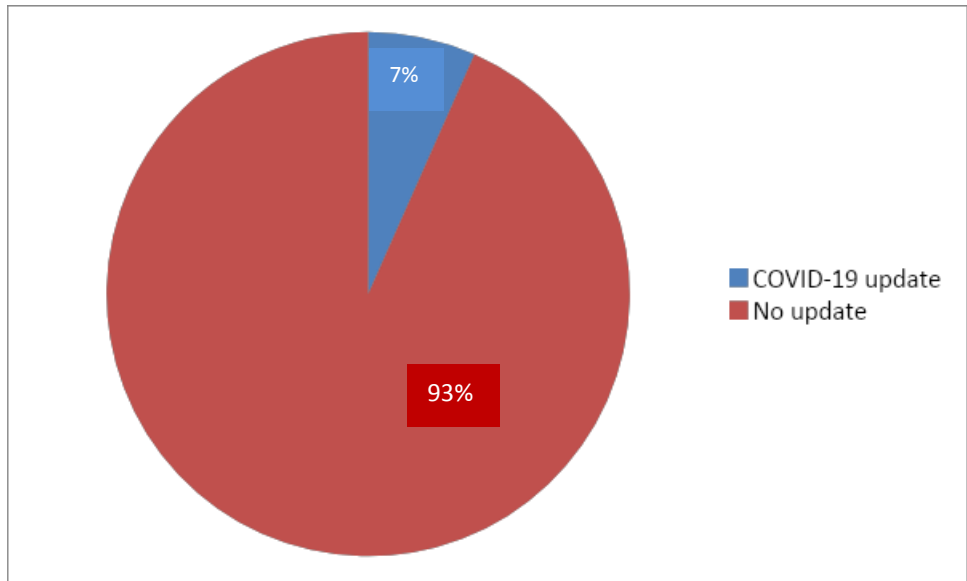
The second survey showed that over 90% of websites did not have comprehensive NRPF policies. The increase in the percentage of local authorities with no NRPF policy available from over 40% to over 90% reflects the inclusion of lower-tier local authorities in the survey. Worryingly, lower-tier local authorities often did not have any information on NRPF, the council's statutory homelessness duty etc. available on their websites.

Figure 6: Local authority NRPF policies - survey 2



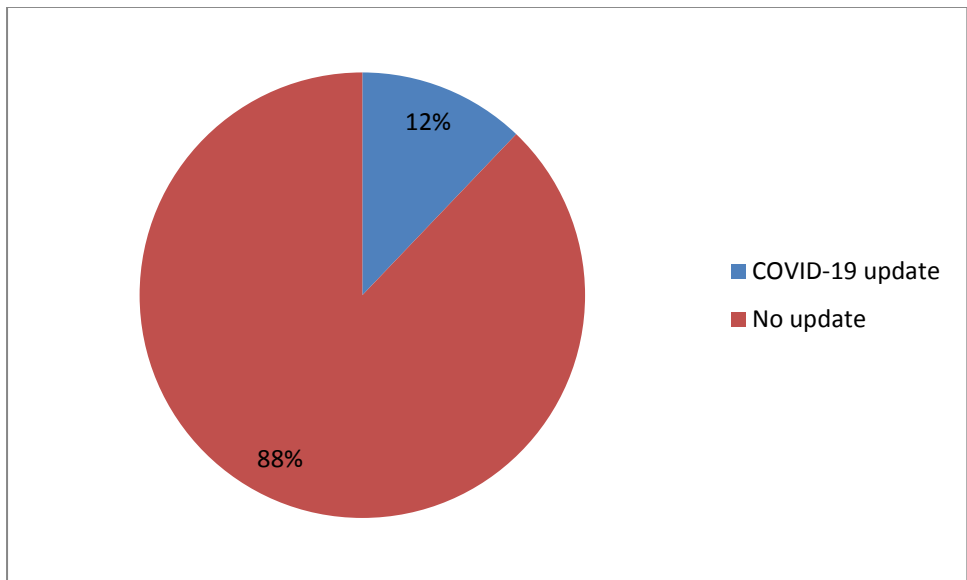
The most common reason for being rated as needing improvement or inadequate was not including a policy at all – in survey number one more than two thirds of local authorities did not have any available information for referrers or people with NRPF during the pandemic (see figure 7). Among those that did, information was sometimes inaccurate or misleading.

Figure 7: Local authority COVID-19 NRPF updates - survey 1



In survey number two 88% of unitary and upper and lower tier authorities did not have any available information for referrers or people with NRPF during the pandemic (see figure 8). It is important to mention that lower tier authorities were significantly less likely to have any information for referrers or people with NRPF during the pandemic on their websites.

Figure 8: Local authority COVID-19 NRPF updates -survey 2



Initial analysis of documents on the websites of local authorities rated as needing improvement or inadequate reveals a common perception that people with NRPF were a fraud risk to the local authority. Barnsley Metropolitan Borough Council’s website had only two references to people with NRPF, one of which was in an annual fraud report which stated that:

Local Authority Responses to people with NRPF during the pandemic

"Social care fraud has been identified nationally as an emerging fraud risk area for local authorities. Whilst this type of fraud can take many forms the areas of greatest concern are the misuse of personal budgets, and people with no recourse to public funds deceiving local authorities into providing services to them." (Barnsley, 2020)

Durham County Council did not have an NRPF policy, but listed 'Fraudulent claim of eligibility' for council services by people with NRPF among Emerging / Increasing Fraud Risks (Durham 2018). Rochdale Borough Council had also identified people with NRPF as one of two 'emerging fraud risks', though this was not borne out by the local authority's own figures. Despite receiving 967 fraud referrals and having NRPF as a focus, they only identified 5 incidences of fraud relating to support for people with NRPF. This was compared to 143 relating to council tax (Rochdale, 2017). Blackpool Borough Council outlined some examples of how this focus on fraud played out in practice:

"Several local authorities who identified that 'no recourse to public funds' was a risk have undertaken pro-active anti-fraud exercises in this area, including visiting recipients of the funds and undertaking fraud awareness exercises with those responsible [for] administering the scheme." (Blackpool, 2020)

It is difficult to assess the extent to which a focus on people with NRPF as a fraud risk prevented people accessing services, but it is notable that only one of the local authorities who saw people with NRPF as a fraud risk had an NRPF policy or public details about an NRPF team.

Examples of missing or erroneous information included referencing out-of-date legislation when referring to legal responsibilities (Walsall, 2017). Hillingdon Borough Council had a broken link to an NRPF policy and outdated information about the Destitution Domestic Violence Concession. North Lincolnshire and East Riding of Yorkshire Council's website incorrectly said that people with NRPF were not eligible for early-years education.

Call for evidence

Survey of voluntary sector organisations

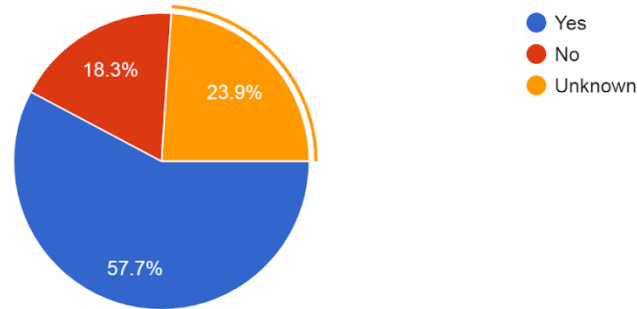
Experiences of COVID-19

Over half of organisations knew of service users who had either been diagnosed with or had symptoms of COVID-19 (see figure 9).

Figure 9: Have service users been diagnosed or had COVID-19 symptoms

Have any of your clients/members shown possible symptoms of COVID-19 or been diagnosed with the virus?

71 responses

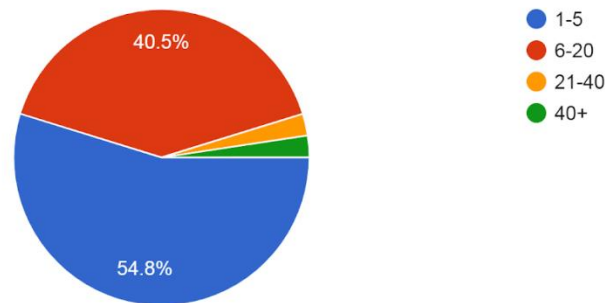


The total number of service users with COVID-19 symptoms was relatively low (See figure 10 below). 42 organisations responded to the question, and just over half knew of five or less people with COVID-19 symptoms. However, this was not evenly distributed, and 2 organisations knew of over 20 people with symptoms.

Figure 10: If yes, please could you indicate approximately how many people?

If yes, please could you indicate approximately how many people

42 responses

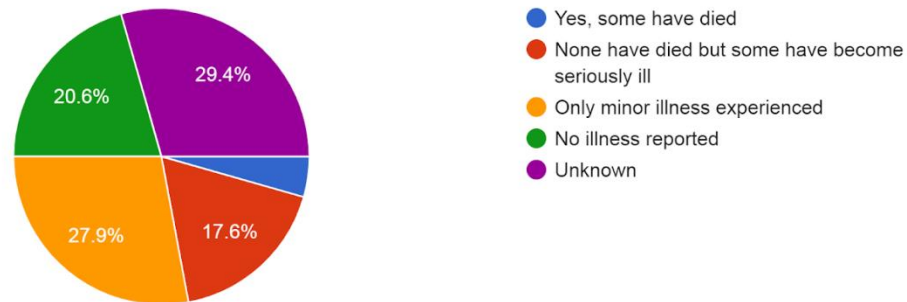


Although numbers of service users with COVID-19 were relatively low, their symptoms were particularly severe. Nearly a third of respondents did not know how severe the symptoms were, but 15 out of the remaining 34 knew of people who had died or become seriously ill (figure 11).

Local Authority Responses to people with NRPF during the pandemic

Figure 11: Have any of your members/clients died or become seriously ill as a direct result of COVID-19

Have any of your members/clients died or become seriously ill as a direct result of COVID-19?
68 responses

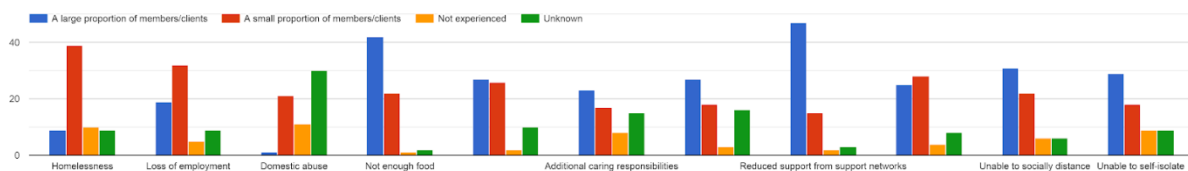


Social impact of the pandemic

In addition to COVID-19 symptoms, a wide range of social impacts were experienced by service users (figure 12). The most commonly experienced problem was not having enough food. This was closely followed by reduced support from support networks during the pandemic. Conversely, the least commonly reported problem was domestic abuse, although this is likely to be underreported, it was still mentioned by 11 organisations.

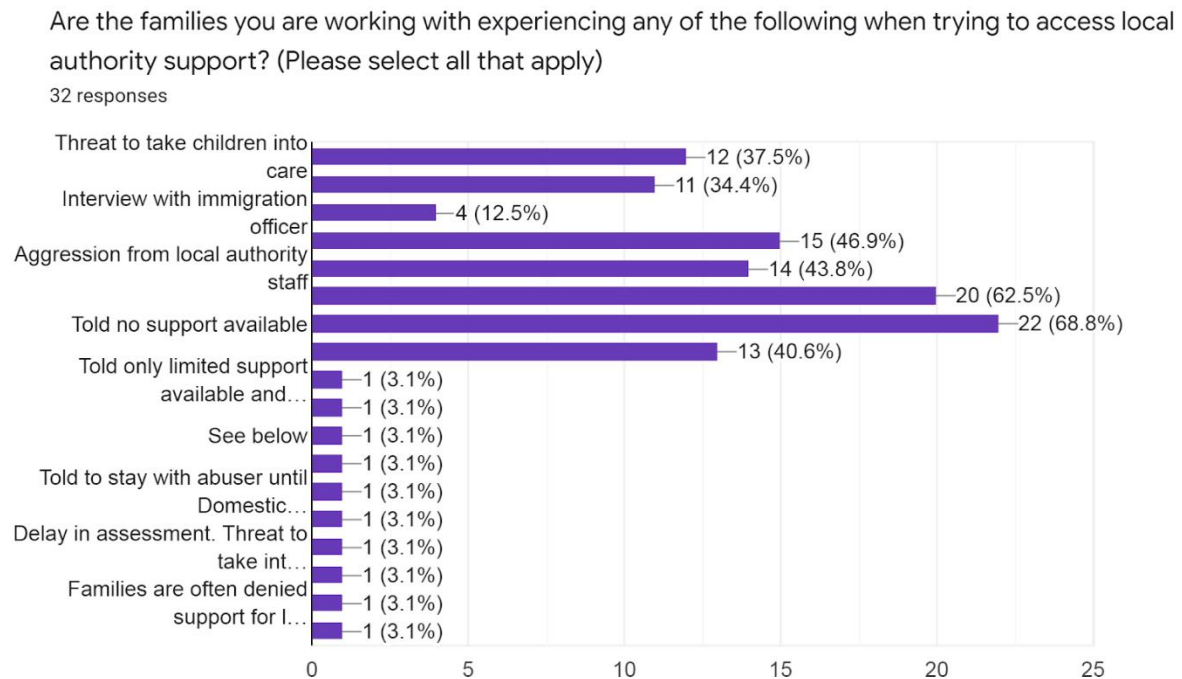
Figure 12: Social impact of COVID-19

Have any of your members/clients experienced any of the following NEW issues as a result of the COVID-19 outbreak or lockdown measures?



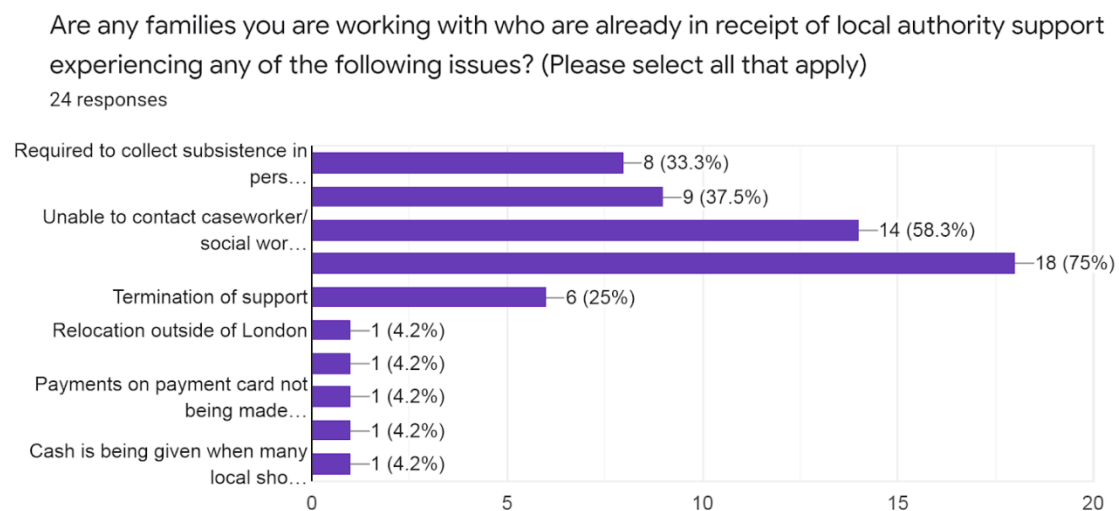
The pandemic had caused many service users who had previously not approached local authorities to request support. Organisations reported a range of barriers experienced by service users when attempting to access support (figure 13). The most common barrier across all service-user groups was being told that no support was available. For people with NRPF who were experiencing homelessness, common barriers were being scared to access support because of their immigration status, and being unable to find out how to access support. In contrast, people attempting to access support under Section 17 Children Act 1989 or the Care Act 2014 were more commonly told to rely on support networks by the local authority.

Figure 13: Access to support



For service users who were already accessing support from a local authority, the challenges during the pandemic were different (figure 14). Inadequate accommodation which made it difficult to socially distance was the most commonly reported issue for families supported under Section 17 of the Children Act 1989. For those supported under both the Care Act 2014 and the Children Act 1989, being unable to contact social workers or other local authority workers was a frequently raised concern.

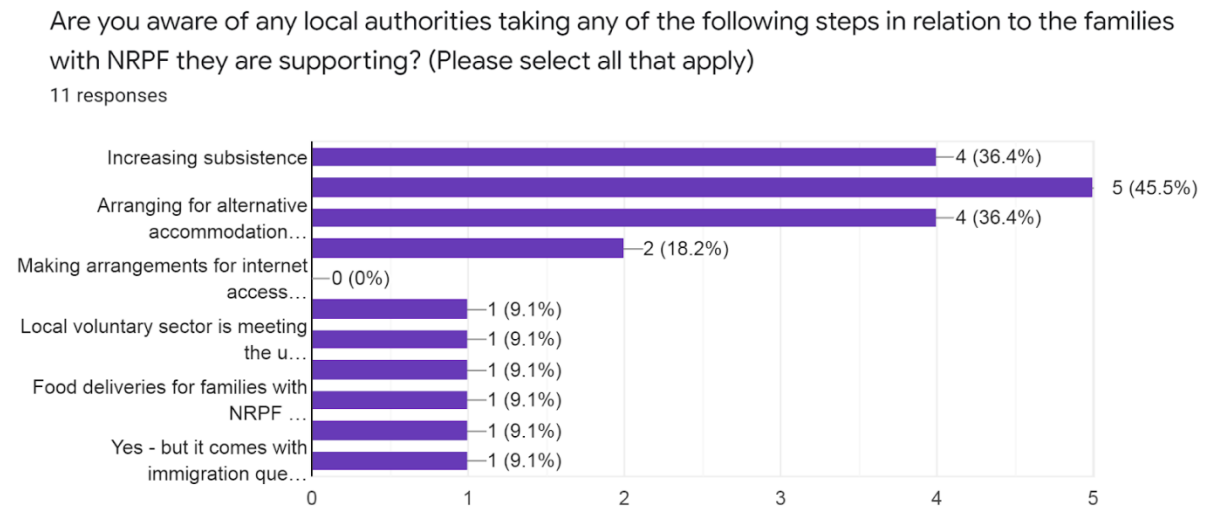
Figure 14: Difficulties for those already accessing support (Care Act & Section 17)



Local Authority Responses to people with NRPF during the pandemic

Some local authorities were taking steps to improve support for service users during the pandemic, and participants mentioned a variety of examples of this, the most common being to arrange for alternative accommodation to allow people to socially distance (figure 15).

Figure 15: Steps to increase support during the pandemic



Issues faced by service users in accessing support

Children & families/Section 17

Voluntary sector organisations reported a range of issues encountered by families with NRPF trying to access support under Section 17 of the Children Act 1989 during the pandemic. These included delays in support provision, threats to take children into care, attacks on credibility, and aggression on the part of council workers.

Families seeking support for the first time during the pandemic

One organisation based in the East of England reported that their service-users were “being accused of lying about needing support” by a local authority, while another, London-based service said they had witnessed “aggressive discrediting of clients that [was] unreasonable and unfounded” on the part of local authorities.

Some organisations described cases in which local authorities refused to provide urgently-needed interim support in the absence of evidence which service-users were unable to obtain

(for example, original documents that had been sent to the Home Office in support of an immigration application).

An organisation based in the East of England described how one family had found the local-authority assessment process so intrusive that they had withdrawn from both the local authority and the organisation responding to the survey, despite having no other sources of support.

Respondents also described inadequate support being offered to families, such as accommodation with no bedding or cooking utensils, and families being relocated by local authorities far away from their networks.

Aggression from local authority staff was identified as an issue by a number of organisations. A charity in the West Midlands described a case in which a social worker had told a service-user to “stop talking to other agencies as [it was] getting them in trouble.”

Other issues reported by organisations included: families being told by local authorities to rely on support networks (even where this meant them having to live in overcrowded or unsafe conditions); and families simply being told that no support was available.

Reasons local authorities gave to justify the refusal of support included: telling service-users with no income that no support could be given until they were street homeless; and telling women experiencing domestic violence that they would not be offered accommodation “unless there was considerable immediate danger and [they] need[ed] to be removed urgently [from the situation]”. There was widespread belief on the part of respondents that local authorities were simply trying to evade their statutory duty and would give whatever reason they could to do so. One national organisation said, “Local authorities [are] thinking of any possible reason not to assist”.

“Fobbing off, if possible, for whatever reason, is the main strategy used by local authorities.”

Caseworker, voluntary sector organisation based in the East Midlands

Case study: Ms F

Ms F and her three children approached a London local authority for support and were signposted to children’s services. Ms F called children’s services three times and was repeatedly told she could not be helped as she had no recourse to public funds. Ms F reported that the worker said to her: “If you are worried about feeding your children, you should find work”.

Ms F was very upset by this comment and told the worker that there was no work available due to the COVID-19 outbreak. Previously her husband had been looking for a job but hadn’t had any success. Ms F said that her experience of the local authority led to her experiencing headaches and panic attacks.

Families already supported under Section 17

NRPF families already supported under Section 17 reported new difficulties with local-authority support provision during the pandemic. These issues included: families being required to collect subsistence payments in person even where this necessitated travelling on public transport during lockdown; families being unable to contact their social worker; inadequate accommodation for self-isolation or ‘shielding’; and local authorities threatening to terminate support during lockdown despite families having no alternative accommodation.

“A lot of clients are accommodated in hostels with shared facilities that are also accessed by people who are self-isolating because they have caught Coronavirus.”

Advisor, voluntary sector organisation in London

Case study

A NRPF single mother of two young children with additional needs was receiving section 17 support from a West Midlands local authority during the pandemic. Once lockdown was imposed, she asked her social worker if her subsistence payments could be paid into her bank account. The local authority refused and required the family to collect the payments in person. This meant the family had to take two buses each way and wait in a congested reception area to receive their regular payment.

Improvements in provision

Very few organisations had encountered good practice from local authorities in relation to families with NRPF.

Organisations reported increased subsistence support in just two London local authorities—Southwark and Newham. One organisation reported that the local authority had increased subsistence for NRPF families by £10 a week. The respondent felt that this increase was inadequate and noted that families were still being charged by the card provider for withdrawing money.

One London-based respondent reported that a local authority had provided emergency food parcels. Another respondent, in South-East England, observed that a local authority had amended its criteria for discretionary social fund grants to include those with NRPF following advocacy from local organisations.

Another South-East based organisation reported very limited additional support from a local authority, which had “provided one jigsaw puzzle to a family with 5 children [along with] a supermarket voucher”.

NRPF adults with care needs

Frontline respondents reported a range of difficulties experienced by NRPF service users with care needs trying to access support from local authorities. These included:

- Attacks on credibility
- Requests for unobtainable evidence
- People being told to rely on their support networks
- People being told no support was available
- Local authority offices being closed with no adequate alternative to access support
- Problems with collecting subsistence
- Difficulties contacting social workers
- People with care needs being unable to self-isolate due to the type of accommodation provided.

A South-West-based organisation reported that it took three weeks to get help for one NRPF client with care needs because the local council ‘didn't believe he was being honest’.

The same organisation reported that another client with serious mental health issues had been refused support by a local authority on the basis of his NRPF status. The client was referred after his friend, with whom he had been staying, said they could no longer accommodate him.

A London-based homelessness charity reported that they had referred a homeless NRPF service user with care needs to his local authority NRPF team. The NRPF team told them that the service user did not reach the threshold for support under the Care Act 2014. This service user was ultimately accommodated through the mainstream COVID-19 homelessness response.

Case study

A West Midlands respondent reported that they been forced to commence legal action against a local authority because of the local authority’s failure to support an EEA national with care needs:

‘The individual is a Romanian national who has been left severely physically disabled following a violent street attack. Though he clearly has ongoing care needs, the local authority has refused Care Act support on the basis that he could reasonably be expected to return to Romania. The LA is aware that this man is eligible for registration under the EU Settlement Scheme and, thus, for a grant of leave to remain, but they have claimed that this is immaterial, stating that, as an EEA national, there would be no breach of his Article 3 rights if he were to return to Romania. A local authority social worker signposted him to a local

migrant support agency with no consideration for the fact that his mobility and care needs are such that he could not reasonably expected to travel to the organisation in question.'

Improvements in provision

One London-based respondent working with single homeless clients reported that the local authority had arranged for alternative accommodation to allow adults with care needs to self-isolate or shield.

NRPF adults without care needs

Respondents reported an extremely wide range of issues in relation to single homeless NRPF adults without care needs who sought support from local authorities during the pandemic. This may be because this group is both the largest in terms of numbers and made up of people who under normal circumstances would not be able to establish their eligibility for statutory support.

The issues encountered by respondents in relation to this group included:

- The lack of a clear pathway for individuals and supporting organisations to refer people with NRPF for accommodation and support
- 'Gatekeeping' of accommodation provision by housing officers, including applying Housing Act tests of eligibility;
- Local authorities offering hotel accommodation only to 'verified' rough sleepers;
- Homeless people with NRPF being placed in hotels but no/inadequate provision being made for their subsistence;
- Threats by local authorities to share data with the Home Office
- People being too scared to seek support for fear their information will be used for immigration enforcement purposes
- Attacks on credibility
- Requests for unobtainable evidence
- People being told to rely on their support networks
- People being told they cannot be supported because they have no recourse to public funds
- Inconsistent decision making
- People not being found by outreach services
- People and support organisations being unable to find out where people can go for support
- People not being given basic information about the nature of support provision
- Poor quality of accommodation provision
- People being unable to contact key workers/housing officer
- People simply being told no housing is not available
- People having to share communal facilities with others in hotels/hostels
- No/inadequate support for substance-misuse and mental health issues

- People being pressurized to apply for benefits despite not being eligible

Attacks on credibility

A South West-based respondent reported that a local authority did not believe that one of their service users, a refused asylum seeker, was a rough sleeper. This was because he was in a shop and ‘nowhere near a park’ when the local authority housing team telephoned him.

Unreasonable evidence requests

A London-based grassroots charity reported that a pregnant woman in urgent need of accommodation was asked to fill in a complex, 20-page-long form. A London-based law centre noted that some homeless people with NRPF had been told they needed an identity document such as a passport or ID card to be accommodated during the pandemic. Meanwhile, a London-based refugee advice organisation noted that service users were being asked to provide evidence of previous addresses, which was difficult for rough sleepers in particular.

People being told to rely on their support networks

Several respondents reported people with NRPF being told to rely on their support networks. One respondent linked this to rising homelessness and lack of temporary housing stock, which they said had contributed to a ‘gatekeeping’ culture in which local authorities sought to avoid supporting anybody who had any form of support in the community, however insecure, unsuitable or occasional that support might be.

People being told no support available for those with NRPF

A West Midlands-based community group for refugees and asylum seekers reported referring a woman who had just been released from immigration detention to the local authority for support. The local authority responded to the referral by telling them to call the Salvation Army, which they did, only to be told that the Salvation Army service in question did not cater to people with NRPF.

Several respondents reported that local authorities had told people with NRPF that they should seek support from charities or the police rather than the local authority. One London-based charity working with vulnerable migrants said that a local authority had signposted a homeless DV survivor to them (the charity) for accommodation and support during the pandemic because they believed her to be NRPF and therefore ineligible for statutory support. It was later established that the woman in question was eligible for statutory housing assistance as the family member of an EEA national.

A South West-based respondent reported that a local authority had been ‘pushing’ people with NRPF towards hosting accommodation rather than local-authority support.

Local Authority Responses to people with NRPF during the pandemic

An East Midlands-based branch of a national charity reported that some of their NRPF service users had been told that council crisis support grants were ‘for people with status’. The same organisation reported that NRPF service users had been told by the local authority that they should seek support from the Home Office.

A national organisation reported that local authorities were refusing to ‘bridge’ (by providing accommodation) the time gap between asylum seekers being granted Section 4 asylum support and the start date for this support.

People being told support only available to ‘verified’ rough sleepers

A West Midlands-based respondent said that a number of their NRPF service users had struggled to access local-authority support because they were not regarded as ‘verified’ rough sleepers. Some people in this situation had been told to wait for a telephone call about support options but had not been called by the time of reporting.

Respondents reported that some individuals with NRPF had been told that the only way to be classified as a rough sleeper for the purposes of support during the pandemic was to be assessed by a local commissioned outreach service.

‘Homeless guests are being told by [local authorities] that their only pathway to accommodation is through the local outreach team. This involves sleeping rough, being found and verified on CHAIN then accommodated in a GLA funded hotel. Many in the hidden homeless category—women, young people, victims of [domestic violence, modern slavery] and trafficking—tend not to sleep on the streets and are therefore not reflected in the street counts. This policy can actively endanger people who are already at risk.’

Homelessness charity in London

Another London-based respondent reported that winter night shelters, many of which were still operational when the UK went into lockdown, were initially told by local authorities that hotel accommodation provided through the pandemic homelessness response was only for verified rough sleepers or those with a local connection. Ultimately, hotel accommodation was offered to other winter night shelter guests, including those with NRPF.

Inconsistent decision making

A London law centre reported that one of their clients had been refused accommodation by a local authority because he was deemed to be ‘sofa surfing’ rather than street homeless. This decision was reversed when the respondent raised the decision with a different council employee.

People not being found by outreach services

A London-based refugee organisation reported that they had made a Streetlink referral on behalf of one of their NRPF service users, a vulnerable woman who had been asked to leave the accommodation she was staying in. The woman was asked to wait in the street in order to be picked up by outreach services but the outreach team did not arrive. The woman, who spoke little English, was forced to spend the night on the bus, which was both distressing and a safeguarding risk.

Unable to find out where or how to get support

Several respondents reported that it had been difficult for them and their service users to find out what support was available for homeless people with NRPF. A London law centre reported that different frontline partners had been given differing information by the same local authority about how people with NRPF should go about seeking support. The same respondent said that having a named contact in the local authority made it much easier to get support for NRPF clients.

A London-based homelessness organisation said that their local authority had responded to requests for support from people with NRPF by handing out a list of voluntary-sector support services.

An organisation in the South East reported that a client with NRPF had been ‘bounced back and forth’ between the council and the commissioned outreach provider for over two weeks before support was provided ‘despite being clearly street homeless’.

People not being given basic information about the nature of support provision

Some respondents reported that some NRPF individuals had not been told how long they would be accommodated for or where they would be accommodated.

‘Clients not being given the address and being driven by a taxi to the wrong location, having to search the right accommodation. Clients being offered accommodation extremely far, despite working centrally or not having funds to travel. Clients being bitten by insects in the hotel room’

Law Centre in London

Scared to access support due to immigration status

Some respondents noted that service users with NRPF were afraid to seek support during the pandemic due to their irregular immigration status.

‘We are aware of significant numbers of young Afghan and Kurdish men who had been working in carwashes and other unregulated environments, and lost employment and

Local Authority Responses to people with NRPF during the pandemic

accommodation once the lockdown commenced. They have for the most part, been reluctant to approach the local authority because of fears about immigration status.”

Migrant support charity, West Midlands

Immigration status was also linked with waiting periods for accommodation. A South East-based organisation said that it had taken significantly longer to secure local-authority accommodation for people with NRPF compared to UK and EU citizens entitled to public funds.

No/inadequate subsistence support/other issues with hotel accommodation

A number of respondents reported that NRPF service users had been accommodated with no or inadequate provision being made for their basic needs, including food, essential travel and hygiene items.

A West Midlands-based charity said that an NRPF young person had been given accommodation by a local authority but no provision had been made for food. The young person was forced to rely on a youth worker and other voluntary-sector organisations.

One way in which some local authorities dealt with the issue of food provision was by providing people placed in hotels with food parcels. However, some individuals were provided with ingredients that needed to be cooked or prepared despite having no access to facilities for cooking or food preparation.

‘Elderly client, after several weeks in hospital with COVID-19—housed straight from hospital with no food provisions except for breakfast. In the same hotel, clients housed by another local authority were receiving additional food provisions

[In other cases] food portions too small or providing one meal a day. Clients receiving foodbank parcels with pasta or rice [but] placed in a hotel room with no access to kitchen facilities, or tins requiring a can opener, so no use for the type of food provisions they were receiving. Clients not having access to soap or dishwasher for two weeks, not receiving fresh towels or having the room cleaned (rubbish, clean sheets etc) for up to two weeks.’

Law centre, London

Other respondents reported dissatisfaction with the quality and variation of food provided. Some charities had been providing NRPF clients with food in cases where local-authority food provision was absent or inadequate. Finally, several respondents noted that NRPF clients had not been provided with contact details for housing officers or support workers, which meant that there was nobody from the local authority they could contact in case of problems.

Having to share communal facilities with others

Respondents reported that some individuals with NRPF accommodated through the COVID-19 homelessness response had been provided with communal living or food preparation facilities, undermining their ability to socially distance and, where necessary, self-isolate.

No/inadequate support for individuals with high support needs

A London-based respondent reported that NRPF clients with substance-misuse issues, including an individual suffering from alcohol withdrawal symptoms, had not been given appropriate support.

The same organisation reported that a suicidal client with severe physical health problems was left in an unstaffed hotel for days with no mental health support despite concerns being raised.

Another London-based respondent said that NRPF service users placed in hotels were struggling to access necessary medical care. This respondent described the atmosphere in hotels as one of ‘misunderstanding, frustration, depression, anxiety, lack of hope or stability’.

People being pressurised to apply for benefits despite not being eligible

A London-based migrant organisation reported that some NRPF clients had been encouraged by council workers to apply for benefits despite not being eligible, noting that this could have a negative effect on future immigration applications.

Improvements

A number of respondents reported positive steps taken by local authorities in relation to the single-homeless NRPF cohort and many were generally complimentary about the efforts made by local authorities to accommodate people who would not ordinarily be eligible.

“All of our clients have been provided with hotel or other accommodation to enable them to self isolate.”

London borough-based homelessness charity working with many NRPF clients

A London law centre had struck up a funded partnership with a local authority to provide immigration advice and casework to NRPF homeless people placed in hotels. This respondent was mostly positive about the support provided to NRPF clients.

“The accommodation seems to be of a good standard. One client who had been on the streets for two years told us he absolutely loves his hotel room, is getting great food and gaining weight and feeling healthier each day. Others have commented on the food not being very

Local Authority Responses to people with NRPF during the pandemic

nice, or that it is cold when it is brought to their rooms, but overall our clients are reporting that the accommodation is well managed and needs are being met.'

Law centre, London

A London-based homelessness organisation praised a local authority for providing suitable self-contained accommodation to a woman with NRPF who was suffering from mental health difficulties. The respondent noted that effective joint working between the local authority and the voluntary sector had helped make this provision happen.

Relationship with local authority

The survey responses give a mixed picture of the relationship between voluntary-sector organisations/grassroots groups and local authorities around NRPF issues both before and during the pandemic.

Some organisations found that the COVID-19 crisis had led to improved relations with councils and increased local-authority responsiveness to the needs of people with NRPF. Other respondents reported frustration with a lack of responsiveness and coherent planning on the part of councils.

Voluntary-sector & grassroots 'gap-filling'

A number of respondents reported that local authorities had asked voluntary-sector and grassroots organisations for assistance with meeting the needs of homeless people with NRPF during the pandemic.

The most commonly described requests from local authorities to voluntary-sector or grassroots organisations for practical support involved the provision of food and other basic items.

In London, it was reported that two local authorities were sourcing their meals provision for homeless people with NRPF accommodated through the pandemic response from a 'taskforce' run by grassroots homelessness organisations.

In another part of London, it was reported that people with NRPF were told to rely on a local COVID-19 mutual aid group for food provisions.

Also in London, a voluntary-sector respondent drew a distinction between the support provided to people with NRPF who had previously been accommodated in winter night shelters—and whose hotel accommodation was therefore funded by the GLA—and those who had been accommodated by local authorities at borough level. While homeless people with NRPF in the former group were consistently provided with meals, those in the latter group were not and were in many cases relying on mutual aid groups or other voluntary networks to meet their subsistence needs.

A further respondent in the South East of England reported that the local council ‘has been relying on independent food banks (including ours), mutual aid groups and faith groups (mosques) to provide food deliveries to destitute and NRPF clients.’

A hosting organisation in the West Midlands reported that their local authority had contacted them requesting help with accommodating people with NRPF.

Legal advice

At least four organisations reported that local authorities had been in touch with them about legal advice for NRPF clients. In one case, where the local authority concerned was already commissioning the voluntary-sector organisation concerned, they contacted that organisation to discuss the possibility of providing additional immigration assessments for people with NRPF accommodated through the pandemic response.

An organisation working with destitute families reported that several local authorities had been in touch with them asking for advice around Section 17 (Children Act 1989) issues.

Joint working around accommodation

One organisation reported that ‘we have been working with the local authority to provide additional self-contained accommodation and food’.

Positive or improved relations

One organisation working with destitute NRPF families reported finding Section 17 referrals to local authorities generally easier than before the pandemic.

Another organisation working with destitute NRPF families reported that, since the start of lockdown, they had not needed to refer any of their client families to community care solicitors to challenge a refusal of Section 17 support.

A number of organisations reported generally improved relations with the local authority during the pandemic, with one saying they were ‘largely impressed with the LA response and speed at which support ha[d] been offered.’

Generally we have been finding referrals to local authorities easier. With a bit of negotiation we have been bringing the evidence down in line with what someone can obtain at the time in the majority of cases. The only issue we are having is with single points of access (MASH teams mainly) refusing from the off and then backing down when challenged about it. Local authorities have generally been unusually reasonable.

Charity working with destitute families, London

‘We have found the local authority actually to be quite good. After some initial gatekeeping, all of our rough sleeping clients have been provided with catered hotel accommodation for

Local Authority Responses to people with NRPF during the pandemic

the duration of the lockdown. The LA staff we have dealt with have generally been very busy but willing to help. They have committed not to reporting people to the Home Office, and we are involved in regular meetings with the head of their housing team. They have made general statements that they do not want anyone to return to the street, and have engaged in weekly meetings with us. We have been provided with funding to provide immigration casework to those placed in hotels in response to the pandemic.'

Law centre, London

Negative experiences

One organisation noted that, while not explicitly hostile to NRPF clients, local authorities were generally reluctant to provide support due to lack of resources, with councils preferring to let charities and voluntary sector organisations take the lead.

Another respondent noted that one local authority's social services department had been systematically refusing all referrals at the 'single point of entry'/MASH stage, apparently as a blanket response to the COVID-19 lockdown, and that this had required advocacy challenge.

'I don't understand why some statutory services are still making it difficult for people to access support. The virus doesn't make any distinction between people with recourse to public funds and NRPF, so why the approach is different during this pandemic, it doesn't make sense, and it is ethically and morally wrong.'

Migrant charity in South West of England

'I am very concerned about what will happen after lockdown and where people will go, especially with NRPF, and also the pressure that is going to be placed on organisations having to deal with the fallout, trying to find places for people to go etc. Haven't had an indication from LA's that they have a coherent plan, and I'm certainly worried that the government commitment to ending homelessness is an empty one'

Homelessness charity in London

Some respondents interpreted requests for assistance from local authorities positively. Others viewed these requests more ambivalently. This may reflect differing expectations of the role of local authorities in supporting local residents with NRPF. More broadly, it may reflect differing perspectives on what services councils should be expected to provide above and beyond those they are required to provide by law.

It may also be possible to map differences in the way that respondents perceived requests from councils for support onto cultural and structural differences between the migrant-support sector and the homelessness sector. Migrant-support organisations often have a neutral or antagonistic relationship to local authorities due to the special difficulties many of their service users face in accessing statutory support. Homelessness organisations are more likely to be, or to aspire to being, commissioned service providers or recipients of local-authority core funding.

It is worth drawing out an additional distinction: between local authority requests for support that engaged the specific experience and expertise of voluntary-sector and grassroots groups (e.g. specialist advice provision, relationship with communities); and requests for charities or grassroots networks to help meet the subsistence needs of people with NRPF. Respondents were generally happier to provide the former than the latter, although, perhaps surprisingly, there were few expressions of principled objection to the idea of the voluntary sector filling gaps in council provision.

Policy changes organisations would like to see

Respondents acknowledged that during the COVID-19 pandemic many local authorities had provided support to homeless people who would not be eligible for statutory support under normal circumstances. However, as this section has shown, frontline organisations reported significant concerns over the quality of this provision. A number of improvements were suggested, some specifically in relation to COVID-19 and others more general.

The changes organisations would like to see are perhaps best summed up by a respondent from the East of England-based branch of a national organisation:

'[Local authorities should t]reat all clients with humanity. Stop gatekeeping and treating people like criminals and look for ways to support vulnerable people. Recognise the duty when there is one and work with families and local organisations to support clients. Our client group is not treated with humanity and it seems that social work in practice in the UK has diverged from its core principles. Promote the rights and wellbeing of people, families and communities. We are all aware that this is happening and it is so important that we work together to stand with these families and demand a change in practice.'

We have split the policy changes suggested by respondents into two sections. The first section deals with policy and practice issues at local-authority level and the second with national policy issues around NRPF.

Local level

Improved coordination within local authorities and with support organisations

A London-based respondent suggested that there was a need for better coordination among local authority services, perhaps through the creation of NRPF teams incorporating both adult and children's services.

A local organisation in the South West suggested that local authorities could improve coordination by being 'proactively willing to work with and support organisations working with vulnerable migrants'.

Local Authority Responses to people with NRPF during the pandemic

An organisation in the East of England noted that support for people with NRPF was coordinated very differently from one local authority to the next and said that this made referring service users complicated. This issue had been compounded by the fact that referral mechanisms and contact names had changed during the pandemic.

A national organisation noted that there was little transparency about services for people with NRPF during the pandemic and how to access them, and suggested that this could be improved by better joint working between statutory homelessness teams and street outreach.

Commissioning/partnership

Voluntary-sector organisations felt that there was expertise and local knowledge that was not being utilised by local authorities. One faith group in the West of England felt that local authorities should ‘work more closely with charities [and] accept our knowledge on many issues (we hear our clients and work on the ground) [in order] to act faster.’

It was suggested that voluntary organisations have demographic data and community knowledge that could be useful for local authorities and enable them to better tailor support to the communities they worked in. This was particularly true, it was suggested, of small, specialist community organisations:

“ [Local authorities should u]se data on demographics coming from local organisations about the needs and barriers that the community reports everyday and tailor support for them ensuring they have the means to support non-English speakers with very complex and multi-layered needs ranging from housing, employment, immigration status and access to education that are severely exacerbated by COVID-19.”

Local charity, London

An organisation in the West Midlands suggested that local authorities should support, and draw on, the voluntary sector’s expertise in the provision of immigration advice.

A respondent in the East of England reported that many voluntary-sector agencies were struggling to find adequate funding and would benefit from being commissioned or otherwise supported financially by local authorities. The respondent said there would be mutual benefit in this, citing the example of a local organisation whose expertise in translation into community languages could be of use to the local authority.

Holistic support

Respondents thought that the support provided by local authorities needed to be more holistic in order to better meet people’s needs. A London-based organisation suggested that as well as providing accommodation, local authorities should address immigration, housing, health, substance misuse and addiction and other issues.

Two organisations, based in London and the West Midlands, emphasized the need for people with NRPF to be able to access technology such as phones and the internet, particularly when self-isolating or socially distancing. Another London organisation noted the importance of

subsistence provision to enable service users to pay for hygiene items. A national organisation highlighted the importance of laundry facilities. The need to ensure people were able to access three meals a day was raised by a charity from the South West of England.

More financial support

The most common suggestion was an increase in subsistence rates for families with NRPF during the pandemic.

A local organisation in West Midlands said that where living costs had increased as a result of the pandemic, subsistence support rates should be reviewed. The same respondent suggested that alternative methods of delivering support (such as BACS payments) should be introduced to support social distancing.

Improved accommodation

A national organisation noted that the pandemic had created specific extra needs, including housing suitable for self-isolation.

A local organisation in the South West observed that providing support to allow people to socially distance went beyond just supporting ‘traditional’ rough sleepers.

Talking to people with NRPF

A regional organisation in the South West noted the need to reach out beyond families already known to local authorities to include those who were newly at risk of becoming homeless due to the pandemic.

“LAs need to ask families what they want. I have heard of LAs making decisions where they have not consulted the families and decisions have been unrealistic and inappropriate, in some cases they have made the situation worse.”

Charity, South West

Accommodation for self-isolation

Respondents viewed the ability to socially distance and, where necessary, self-isolate as vital to keeping NRPF service users safe during the pandemic.

One London organisation noted that the accommodation provided to many families supported under Section 17 made it very difficult for them to self-isolate and suggested that many families would need rehousing for the duration of the pandemic.

Local Authority Responses to people with NRPF during the pandemic

More information for the voluntary sector/better training for council workers

A respondent in the South West reported that housing officers did not appear fully aware of the government's instructions to councils to house people with NRPF, and noted the need for better training for staff on who should be supported during the pandemic.

A London-based organisation reported that many council housing officers were not used to dealing with people with NRPF and needed a better understanding of NRPF restrictions.

These concerns were echoed by a charity in the West Midlands, which suggested that there needed to be "more clarity of information about local authority duties, and how to access support under those duties".

Another organisation felt that the information about support for people with NRPF that was publically available on a local-authority website was ambiguous and needed to be amended.

A fourth, London-based refugee charity said that assessment processes needed to be made more straightforward and easier for people with NRPF to understand.

Finally, a national charity said that local authorities needed to issue clear guidance about access to accommodation during COVID-19. This needed to be communicated to local-authority staff (so that incorrect eligibility tests were not applied) and to the voluntary-sector (so they could properly advise NRPF clients).

Food provision

A particular concern for respondents was an apparent rise in food poverty during the pandemic, especially for people with NRPF. A local organisation in London said that the provision of food was a key change that could improve the lives of people with NRPF.

A charity in the South West noted that access to hot meals was very important for people who had previously been sleeping rough. As already noted, some NRPF homeless people accommodated in hotels through the COVID-19 homelessness response have not been provided with hot meals by local authorities.

Finally, the earning threshold for entitlement to free school meals was thought to be too high as it excluded some families with NRPF. It was suggested that local authorities should fill the gap through the provision of food vouchers

Flexibility

The exceptional circumstances created by COVID-19 have presented a unique challenge to local-authority bureaucracies. Respondents wanted councils to be more flexible about support provision for people with NRPF. There were concerns that the protocols for validating and verifying applications for support were inappropriate in the context of a public health emergency.

A London-based homelessness charity suggested that local authorities should temporarily change eligibility requirements for statutory homelessness assistance. An East Midlands branch of a national organisation said that, given the circumstances, local authorities simply needed to give people the benefit of the doubt when it came to eligibility for support.

Subsistence as well as housing

Many of the organisations who responded to the call for evidence noted that local authorities were accommodating people with NRPF who presented as homeless, but not providing them with subsistence support. This meant that some people who were housed by councils had no money to meet their basic needs. An East of England branch of a national organisation noted that this was a particular issue given that many people with NRPF were no longer able to rely on their usual support networks due to COVID-19.

A local organisation in the East of England suggested that local authorities should make destitution payments for people without access to benefits, as well as those who had previously been employed in the informal economy.

Gatekeeping

A frequent recommendation for change in local authority practice was to end gatekeeping practices. (A London-based respondent noted that local authorities often end up on the losing side in judicial review challenges to these practices.)

Some respondents complained of an unwillingness on the part of councils to assess people approaching for support under Section 17 or the Care Act. Others noted the complex referral and interview procedures for homeless adults.

One organisation suggested that a local authority should remove from its website information suggesting that people with NRPF should contact the Home Office for support, noting that most people with NRPF are unlikely to be able to establish eligibility for asylum support.

Data firewalls

As already discussed, a significant barrier to people with NRPF asking for help during the pandemic was the fear that information about them might be shared with the Home Office. Two South East-based respondents raised this as an issue. A London-based migrant charity suggested that local authorities needed to be clearer about what information about applicants for support might be shared with the Home Office.

Support beyond lockdown

Many local authorities have housed people with NRPF during the lockdown after being directed to do so by the government. Respondents expressed concern about the long-term prospects for people with NRPF accommodated on this basis and called for both a clear plan

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of action and assurances that accommodation would be made available in the long term to all who need it.

Transitions from local-authority support, or between different kinds of local-authority support, were also raised as an issue. A national organisation noted that social services departments needed to communicate more effectively with housing departments to ensure a smooth transition for NRPF families and individuals who are granted leave to remain or have their NRPF condition lifted. Otherwise there was a risk of destitution in the interim period. Social services support should not be withdrawn until people are in receipt of Universal Credit.

National level

Suggestions for policy changes to improve support for people with NRPF at national level fell into six broad themes.

End NRPF

The most commonly suggested policy change was an end to the NRPF system. This was raised by both national and local organisations. Some respondents said NRPF should be suspended, while others said it should be scrapped in its entirety. Some said that NRPF should be abolished for people with leave to remain, while others believed that nobody should be subject to NRPF.

“Denying people who are lawfully resident in the UK recourse to public funds serves no purpose other than to marginalise and impoverish children and families who are on a route to settlement in this country, creating far more social policy difficulties than the supposed savings to the welfare budget are worth. The NRPF condition should be scrapped, permanently.”

West Midlands organisation

Several respondents believed that the COVID-19 pandemic had brought into sharp relief the harm and suffering caused by NRPF. The NRPF system was described as ‘discriminatory’ (West Midlands respondent), ‘inhumane’ (South East respondent) and as a ‘safeguarding’ (East of England respondent) and ‘public health’ concern (South West respondent).

There was a general feeling that there should be ‘no going back’ (South East respondent) to how things had been before the pandemic.

“It feels like a really rare opportunity to put long term support in place for people [with NRPF who have been accommodated in] hotels. [The g]overnment has shown that it does in fact have the resources to effectively tackle rough sleeping and to provide accommodation for all, and there is no reason to end this support when the

lockdown ends. We have seen great improvements in our clients' physical and mental health since being accommodated."

London organisation

Another respondent noted that the pandemic had provided opportunity to reflect on the whole system of support for migrants:

'I hope that this period has highlighted to local authorities the importance of the safety net that they provide [There is] perhaps some learning [in terms of] how this safety net can be improved. Consideration needs to be given in policy to the fragility of the support people are provided with [...] There is no 'give' for changes in circumstances [or] unprecedented situations such as this. Ultimately, I hope that the [pandemic] illustrates the need to entirely reconsider NRPF and the [reliance] on social care legislation to provide support (however fanciful that currently feels).'

Organisation in East of England

Recognising the scale of destitution

Some organisations believed that the scale of NRPF-related destitution and its human consequences had not been properly acknowledged by the government.

"Recognition of the numbers and scale of destitution faced by those with NRPF and how much reliance there is on the charity sector to essentially keep people alive. The real insight will come as lockdown ends and people are asked to leave the emergency accommodation. What offers, if any, will be made to those with NRPF?"

National organisation

It was suggested that if the government understood how serious the problems caused by NRPF-related destitution were, better services and policy responses could be put in place to alleviate it. This would result in better outcomes for service users and less pressure on services:

"People who have accommodation have improved mental health and stability so can focus on resolving their right to remain. Not only is this good for that individual or family [It also] improves safety and security in already deprived communities. People can lead independent lives and not [be] dependent on statutory services

South East charity

Local Authority Responses to people with NRPF during the pandemic

Right to work

Giving people with NRPF the right to work was seen as a key area of policy change. This would allow people to “pay their own way” (West Midlands respondent) and reduce poverty by increasing people’s income (London respondent).

Some respondents saw giving people with NRPF the right to work as linked to wider policy change.

"Make it easier to remove NRPF condition. Allow NRPF people with no status same access to work so they can support themselves, and if not working [allow them] to access support if destitute."

East Midlands charity

Faster Home Office decision making

The length of time taken by the Home Office to decide cases was recognised as a cause of prolonged hardship. One London respondent suggested there was a need for faster timescales and targets for responding to applications for leave to remain.

Another respondent, in the East of England, suggested that cases could be sped up if local authorities had access to a Home Office immigration officer.

Right to rent

The so-called ‘right to rent’ policy was identified by one national organisation as a problem contributing to the homelessness of people with NRPF.

Better guidance

A lack of statutory guidance for local authorities working with people with NRPF was identified as a key area for policy change. One respondent said that there needed to be clearer procedures and policies about what people could expect to be provided with. This would enable better practice on the part of councils.

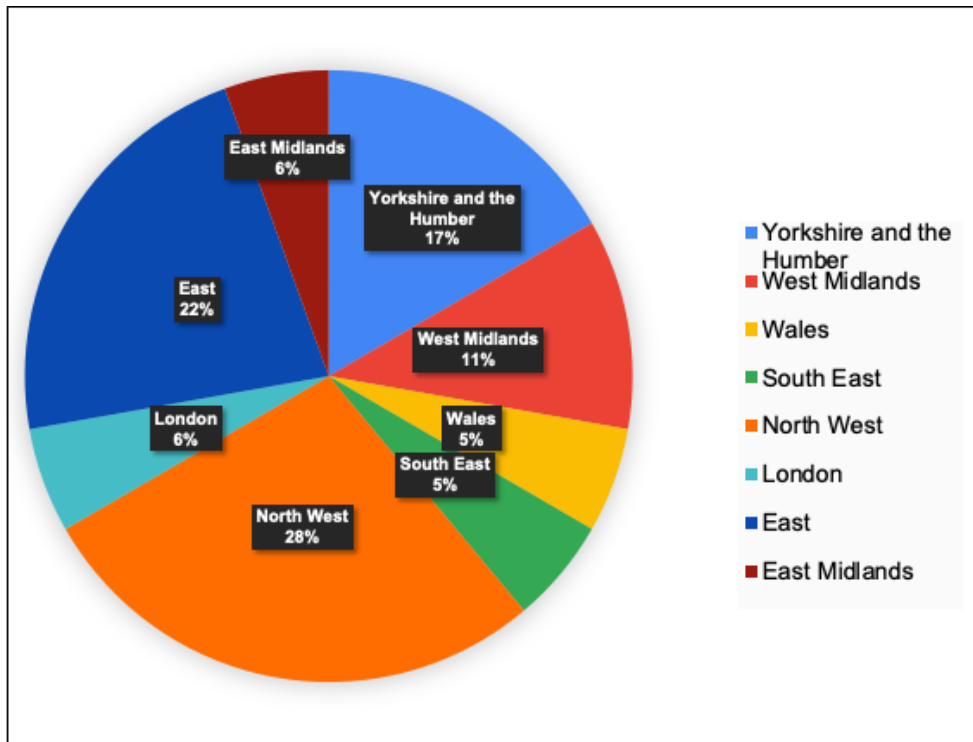
"Better understanding by LA staff of issues facing those with NRPF so when they are supporting them through any given pathways the individuals are treated with dignity and not made to feel pressured or cautious about answering questions or [forced to make] desperate choices e.g. in this instance, either contracting COVID-19, returning to violent husband or being homeless and running the risk of having child removed.. Awareness of cultural differences including/ food."

National organisation branch in South West

Survey of local authorities

There were 18 responses to the local authority call for evidence across 7 English regions and Wales. In total, responses were received from 16 local authorities and one children’s trust running children’s social care services. There were no responses from local authorities in South West England, North East England, Northern Ireland or Scotland. In contrast to the call for evidence from the voluntary sector, the largest number of responses came from North West England.

Figure 16: Regional breakdown of call for evidence from local authorities

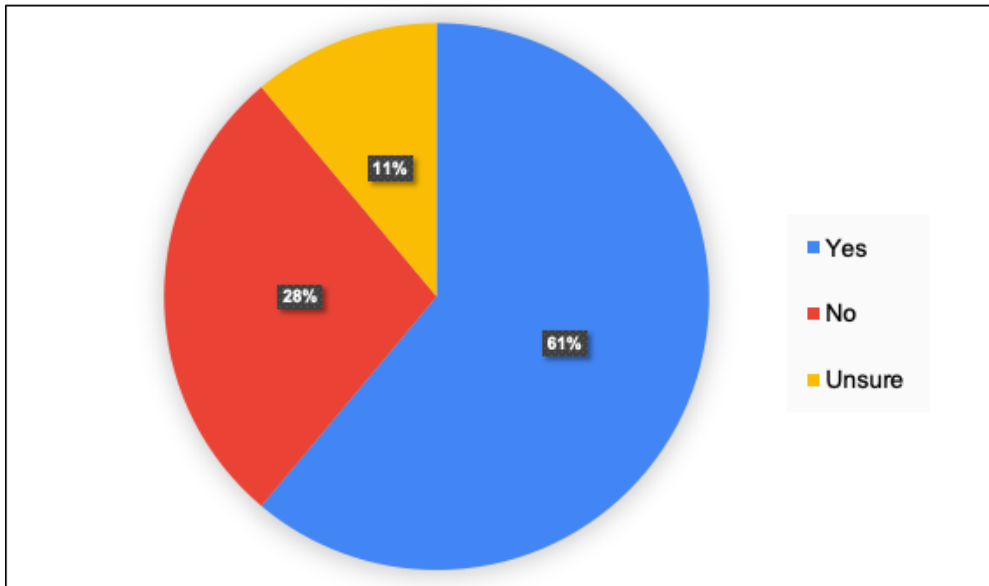


Local authority experiences of NRPF during the pandemic

Over 60 percent of local authority officers who responded to the survey reported an increase in referrals from people with NRPF during the pandemic (see Figure 17). One local authority in the East of England described a fivefold increase in referrals at the height of the pandemic in April and May.

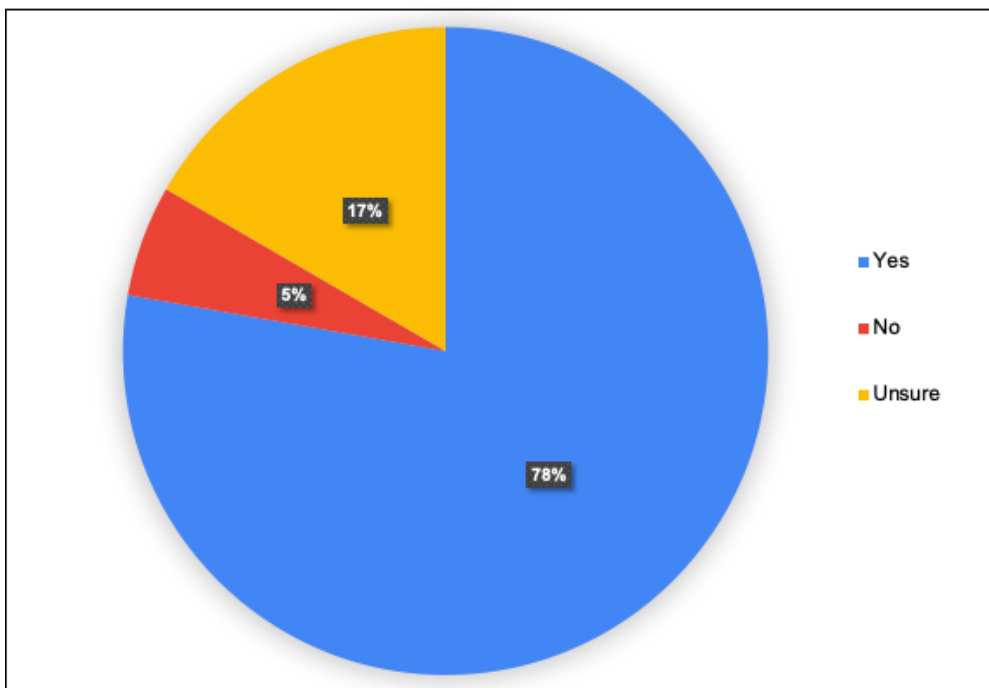
Local Authority Responses to people with NRPF during the pandemic

Figure 17: Have you seen an increase in referrals from people with NRPF during the pandemic?



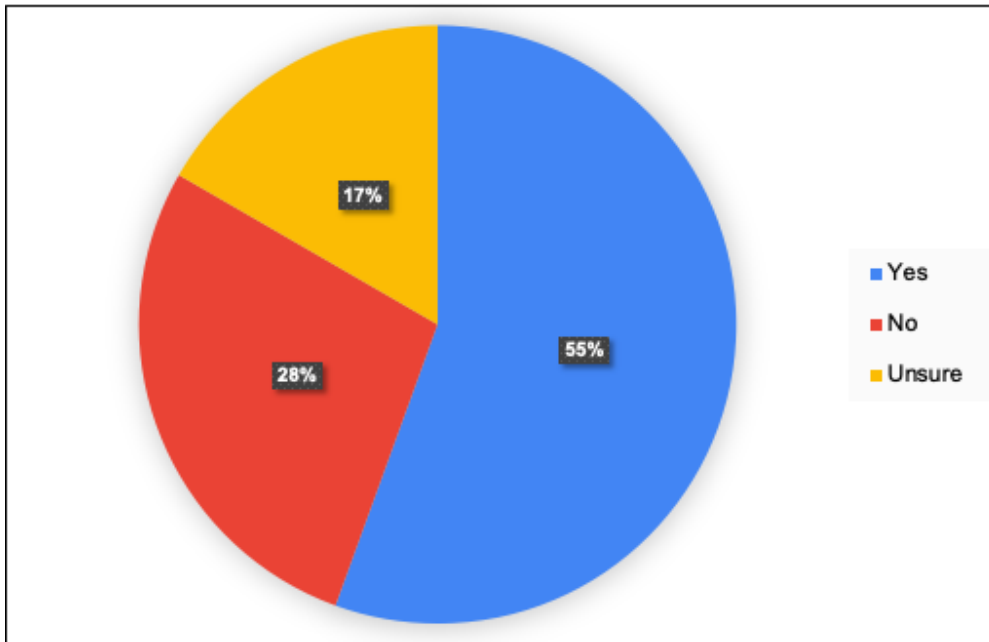
The number of local authorities who had experienced increased costs associated with supporting people with NRPF during the pandemic, however, was significantly higher, at 78 percent (see Figure 18).

Figure 18: Has the cost of supporting people with NRPF increased during the pandemic?



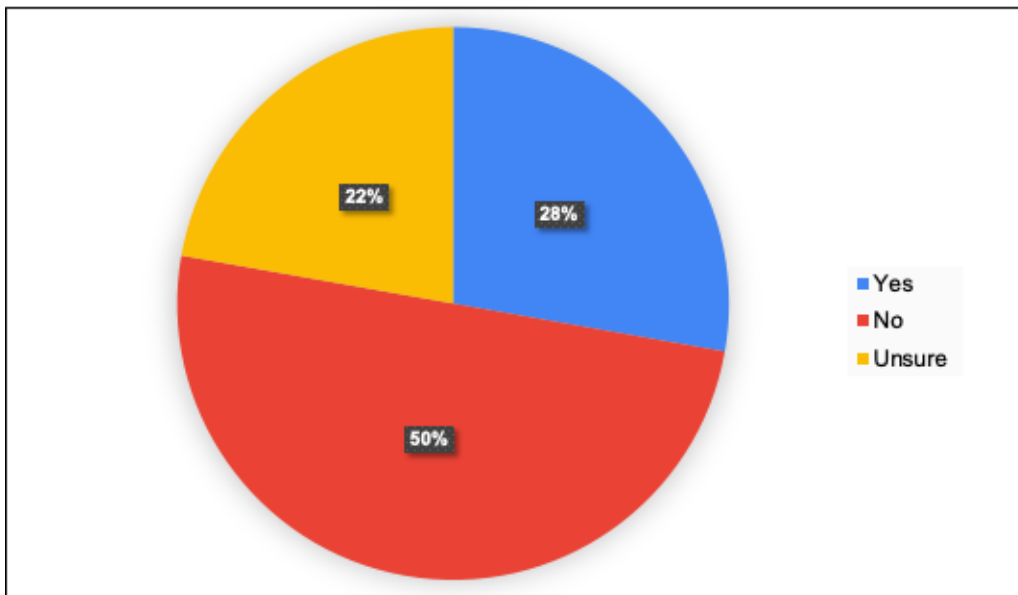
Only 55 percent of respondents could confirm that their local authority had a NRPF policy, while over a quarter of local authorities stated that they did not have a NRPF policy.

Figure 19: Do you have a NRPF policy?



Concerningly, half of the local authorities who responded had not updated their NRPF policy since the COVID-19 pandemic, with just 28 percent of respondents having done so.

Figure 20: Have you had to update your NRPF policy since the pandemic?



Local authority responses to people with NRPF during the pandemic

When asked how they had responded to people with NRPF during the pandemic, all local authorities emphasised the provision of accommodation. A high number of respondents also mentioned providing other forms of support to those accommodated, such as subsistence money or vouchers, food parcels and other essential items, and discretionary support grants.

Local Authority Responses to people with NRPF during the pandemic

Some local authorities described signposting people with NRPF to voluntary sector services, paying for immigration advice, and supporting service-users with EUSS applications. Two local authorities said they had offered ‘reconnection’ to people with NRPF who they were supporting. The majority of local authorities focused on their response to people accommodated in response to the Ministry for Housing, Communities and Local Government’s ‘Everyone In’ directive, but one respondent mentioned providing increased support to people with NRPF who were already supported under statutory duties.

“The Government's lack of clarity, the fudge in Luke Hall's letter and the apparent refusal to lift the legal restrictions on assisting people who are ineligible or NRPF is perhaps the biggest challenge.”

Manager in a local authority in the East of England

Local authorities described some of the challenges they faced in responding to and supporting people with NRPF during the pandemic. The most commonly reported issues were high costs and insufficient funding; lack of clarity and guidance from central government; and difficulties sourcing accommodation, particularly as a result of the closure of hotels due to lockdown restrictions. Several local authorities also reported decreased capacity in the voluntary sector as a significant problem. It was clear from respondents that moving those with NRPF on from local-authority support posed a big challenge. Issues described included: a shortage of employment opportunities as a result of the pandemic; the government’s refusal to lift restrictions prohibiting people with NRPF from accessing welfare support; and delays in the transition to benefits where the Home Office had lifted service-users’ NRPF conditions. Language barriers and the lack of face-to-face contact were also cited by local-authority staff among the difficulties of working with NRPF service-users.

Examples of good practice developed during the pandemic that were identified by local authorities included: improved understanding of NRPF across different departments; more coordinated work with the voluntary sector and outreach teams; and the provision of accommodation to those who would not normally be entitled to support. One respondent from a local authority in the East Midlands described being able to look at the issues experienced by people with NRPF in “new and innovative ways” as a consequence of collaboration with faith groups and voluntary sector organisations.

Respondents were also asked about their post-lockdown plans with respect to support for people with NRPF accommodated under ‘Everyone In’. A number of local authorities mentioned the prospect of ‘moving on’ EEA nationals to private rented accommodation in cases where they had taken up employment. In two cases, this had been arranged for groups of service-users. One local authority had negotiated with landlords to accept groups of EEA nationals to be housed together, with the council covering deposits and rent upfront. Another was setting up supported shared housing with a view to EEA nationals finding employment.

A small number of local authorities gave concerning answers that indicated support would be withdrawn in cases where service-users had no alternative accommodation. One local authority in the North West bluntly stated that their plan was ‘repatriation’, while an East of England-based local authority said they would be carrying out Human Rights and European Treaty rights assessments.

“Work to ensure recourse to public funds where possible, transfer cases to asylum support as appropriate, use 'quick wins' to justify longer support to other more complex cases. Consult with leadership about the approach they want us to take and in light of competing pressures.”

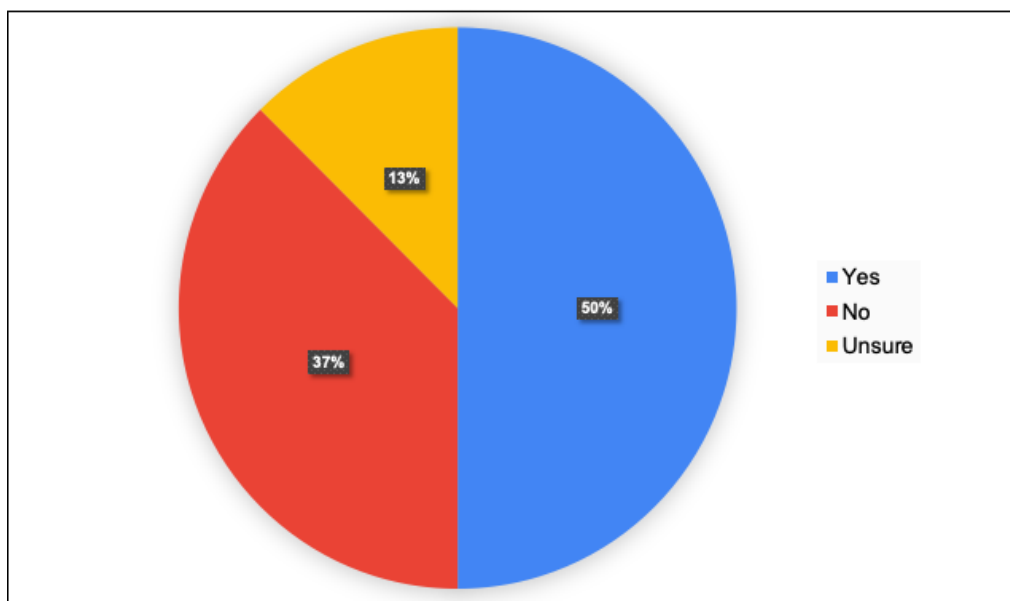
Manager in a London local authority

Policy change

Most local authorities who responded to the call for evidence identified policy changes that would improve support for people with NRPF. These included: the suspension or ending of NRPF; adjustments to the welfare system to allow people with NRPF to access welfare benefits; funding to provide accommodation; increased access to free immigration advice; and quicker resolution of cases by the Home Office. Some local authorities suggested that specific groups affected by NRPF should be given access to welfare benefits (such as those with ‘Limited Leave to Remain’ who had been working but had lost employment during the pandemic). One local authority officer said they would like the local authority to continue to support young people with NRPF in the same way after the end of lockdown.

Half of respondents had made calls to central government about NRPF during the pandemic (see Figure 21). In some cases, local authorities had repeatedly raised the issue with the Ministry for Housing, Communities and Local Government. Others had little capacity due to the pressures of the pandemic, or were wary. One local authority officer in the East of England stated: ‘In view of the hostile environment and the Windrush scandal I do not trust the Home Office - I have no desire to become an outsourced immigration officer.’

Figure 21: Has your local authority made calls to MHCLG or the Home Office about NRPF during the Pandemic?



Provision of support to people with NRPF

Local Authority Responses to people with NRPF during the pandemic

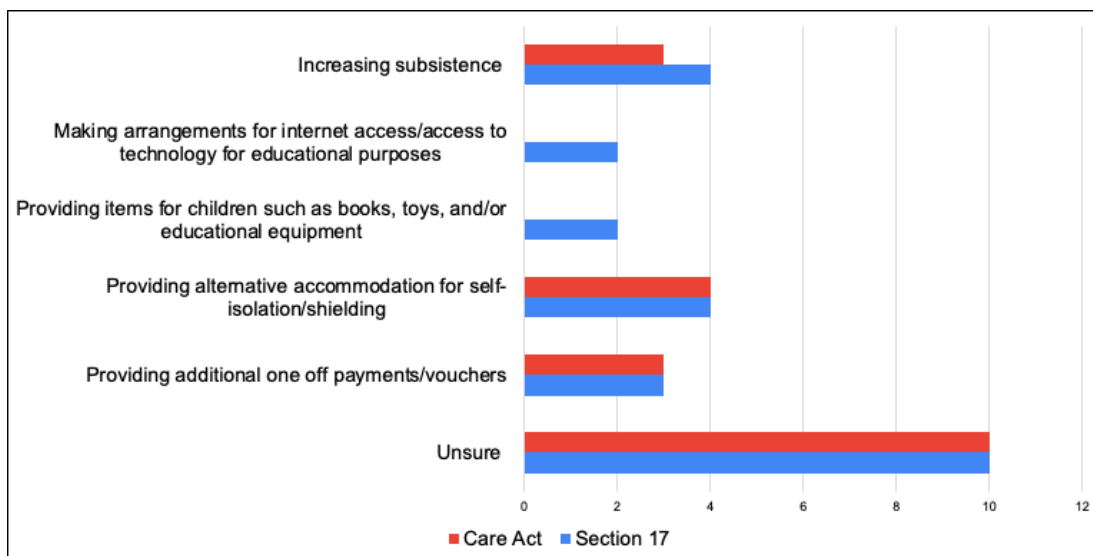
Only a small number of local authorities reported providing additional support to people with NRPF who were being supported under Section 17 of the Children Act 1989 or the Care Act 2014 (see Figure 22). Although four local authorities reported that they had provided increased subsistence, two of those had simply increased their subsistence rates by 26p a day in line with the minimal increase to asylum-support rates announced by the government on 8th June 2020. A large number of respondents were unsure whether their local authorities were providing additional support and one local authority in the North West stated that it was not supporting any families with NRPF under Section 17. Concerningly, one respondent answered:

“The Council does not have duties under s17”

Manager in a local authority in North West England

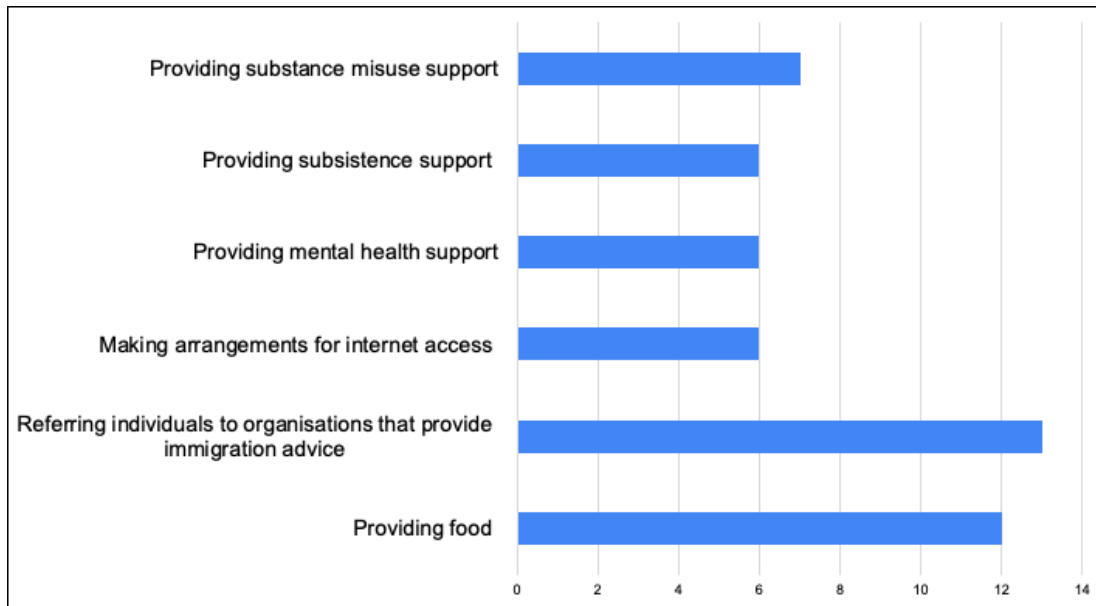
This lack of understanding of statutory duties extended to the Care Act 2014, with the same respondent also claiming that their council had no duties to people with NRPF with care needs.

Figure 22: Have you taken any of the following steps for people with NRPF who you are supporting under Section 17 of the Children Act 1989 or the Care Act 2014?



In terms of support provided to those with NRPF accommodated under ‘Everyone In’, a high number of local authorities reported providing food and referring individuals to organisations that provide immigration advice. A smaller number of respondents said their local authority had provided substance misuse support, mental health support and internet access. In addition, one local authority in the North West of England described individuals who had been accommodated being given basic prepaid mobile phones so contact could be maintained.

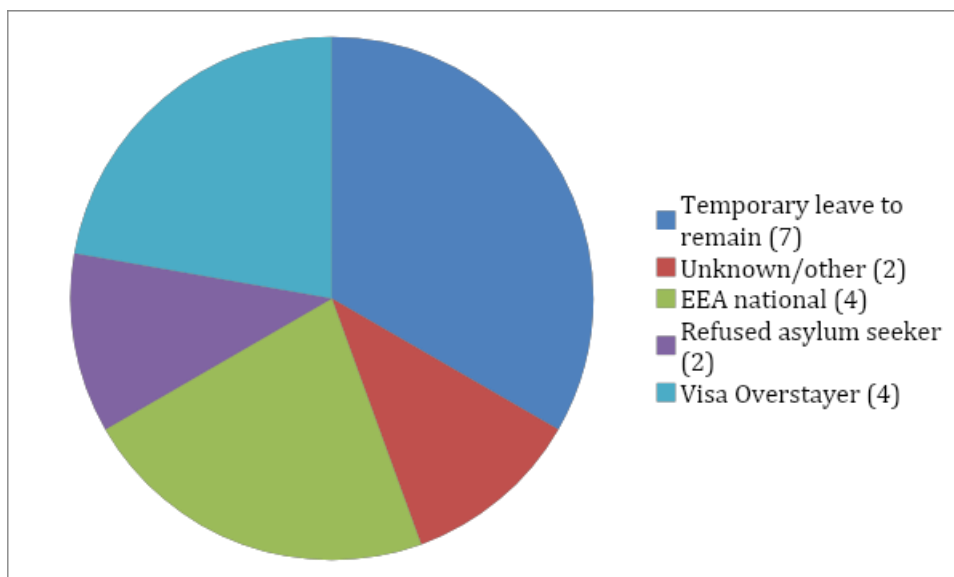
Figure 23: Have you taken any of the following steps for people with NRPF who you are supporting during the pandemic and would not normally be eligible for statutory support?



Welfare diaries

Welfare diaries were conducted with 18 people, identified by participants in the frontline call for evidence. Purposive sampling was used to ensure that welfare-diary participants had a range of immigration statuses (See figure 24) and support needs (see figure 25). The most common immigration status was limited leave to remain subject to the NRPF condition.

Figure 24: Welfare diary participant immigration status



Just over half of welfare-diary participants were families with dependent children who were supported under Section 17 of the Children Act 1989. Six people were homeless adults who would not previously have been eligible for support but were accommodated in response

Local Authority Responses to people with NRPF during the pandemic

to MHCLG's 'Everyone In' instruction. The final two participants were adults with care needs who were supported under the Care Act 2014.

Figure 25: Welfare diary participant support needs

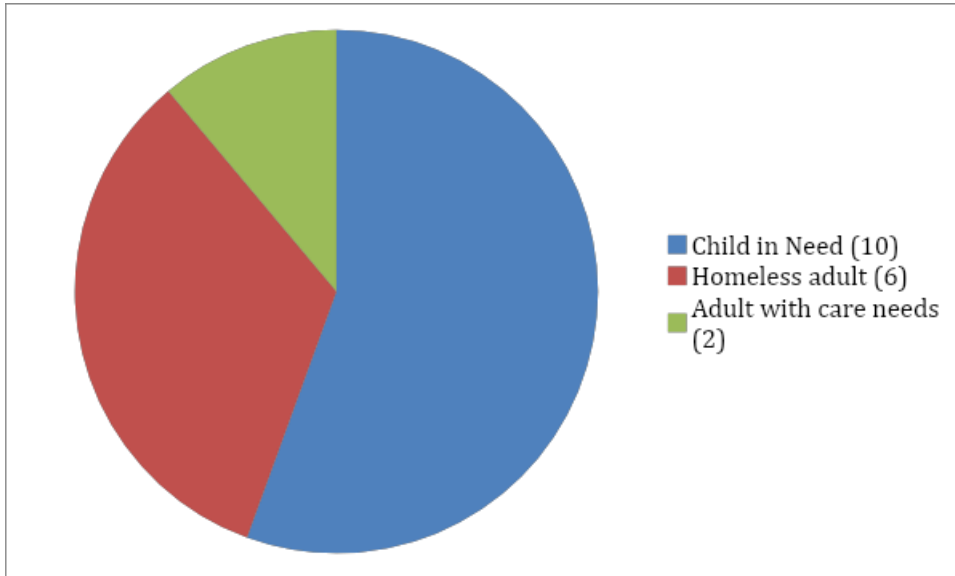
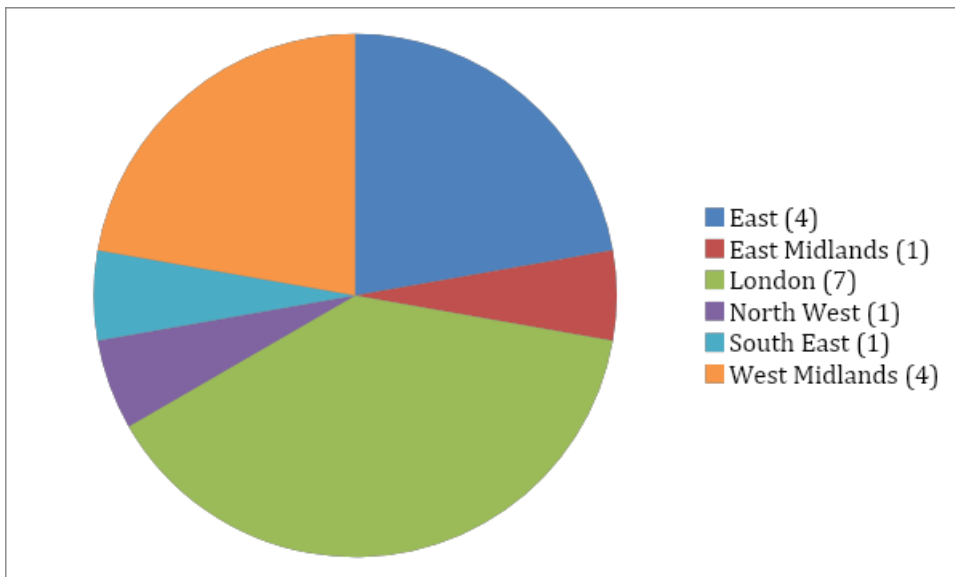


Figure 26s: Welfare diary participant regions



Telephone interviews with participants took place on a daily basis over 6 days. On the first day participants were asked a series of closed-ended questions about their food, financial, health, housing, and wellbeing situations. This provided a baseline to track how participants' situations changed during the course of the diary. On days 2-6 participants were asked open-ended questions around the same themes, with additional prompts used by the researchers where needed. Participants were also asked whether anything had changed since the previous day and whether they felt things were better, or worse than the day before.

Welfare diary questionnaire analysis

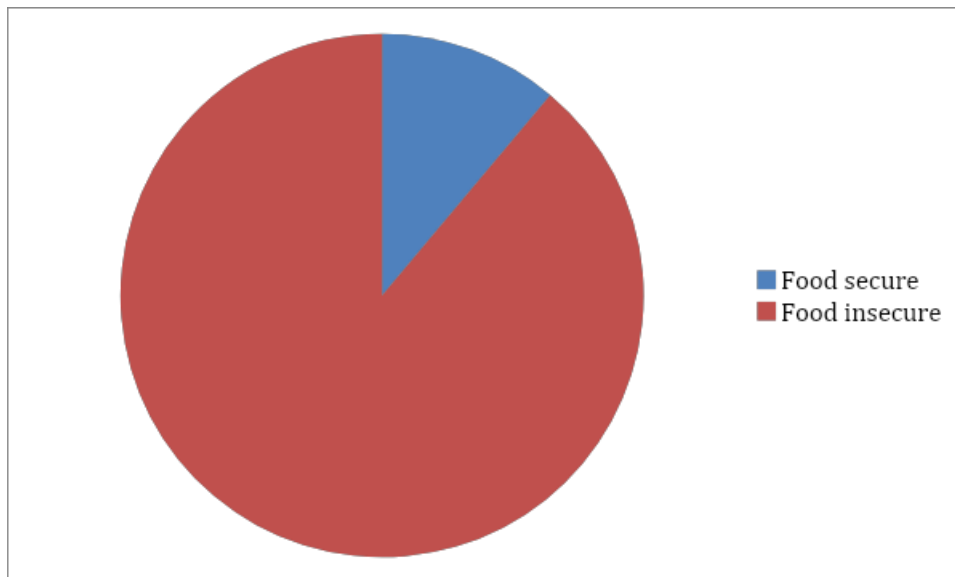
Food

Participants were asked if since the beginning of the lockdown:

- a. “we worried whether our food would run out before we got money to buy more.”
- b. “the food we bought just didn’t last and we didn’t have money to get more.”

Using the Hunger Vital Sign (HVS) screener, if respondents answered that either or both of the two statements were ‘often true’ or ‘sometimes true’, they were at risk of food insecurity. 16 out of 18 participants were at risk of food insecurity (see figure 27). Previous research indicates that children in households at risk of food insecurity are more likely to be ill, or to have been hospitalised, and are at increased risk of developmental delays. Similarly, mothers of children who are at risk of food insecurity are more likely to be ill or report depressive symptoms (Goldman et al., 2014),

Figure 27: Household food security



Local Authority Responses to people with NRPF during the pandemic

Figure 28: Household finances

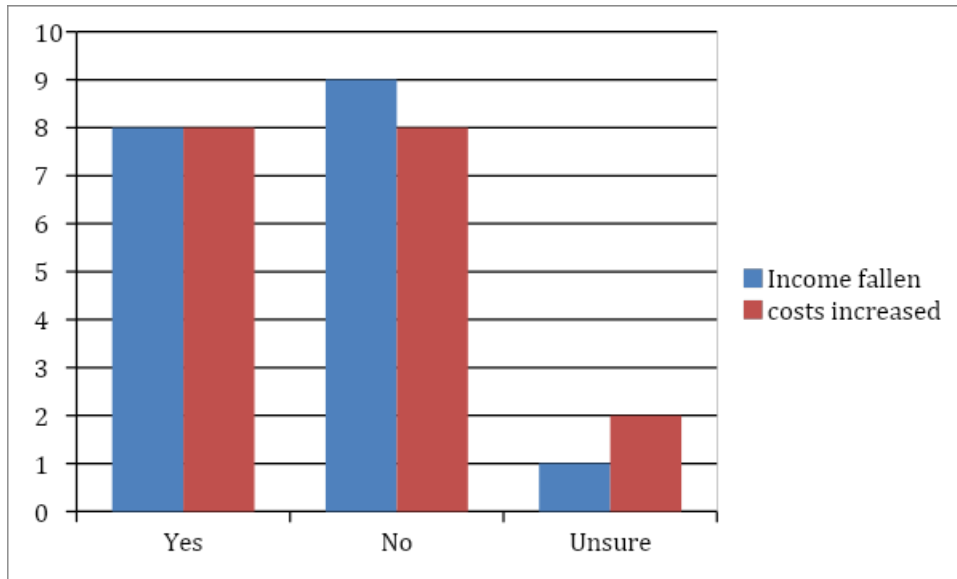


Figure 29: GP registration and prescribed medication

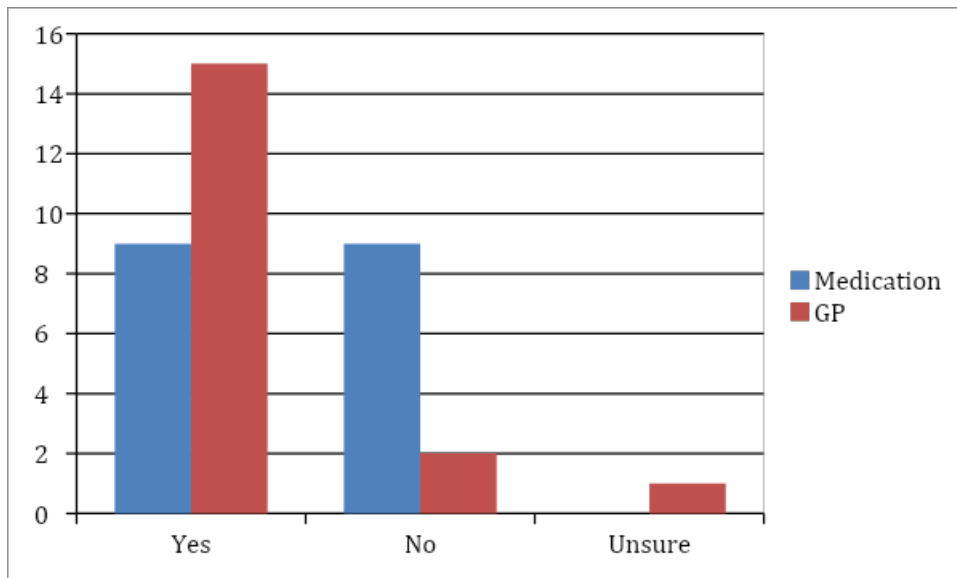


Figure 30: COVID-19 symptoms and tests taken

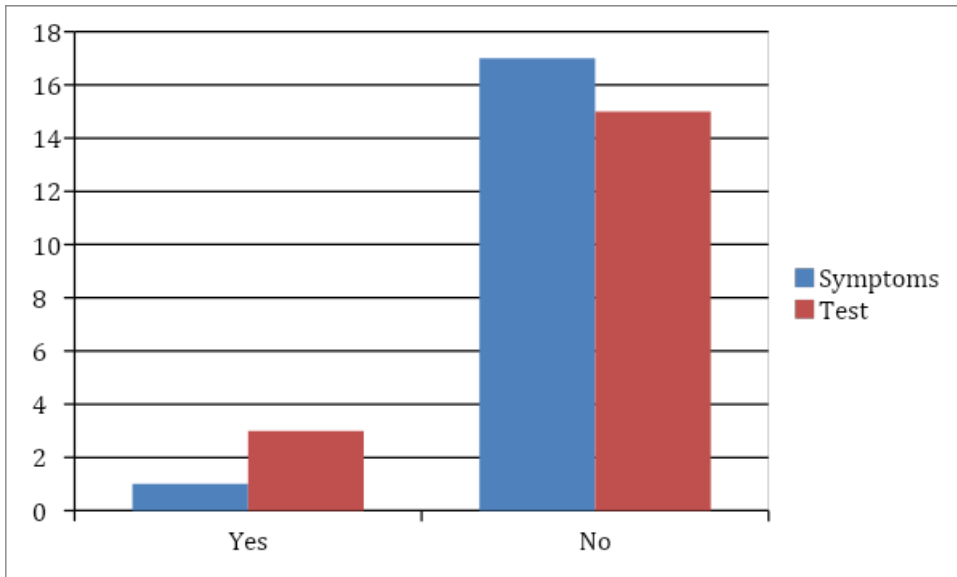


Figure 31: Adequate accommodation during pandemic?

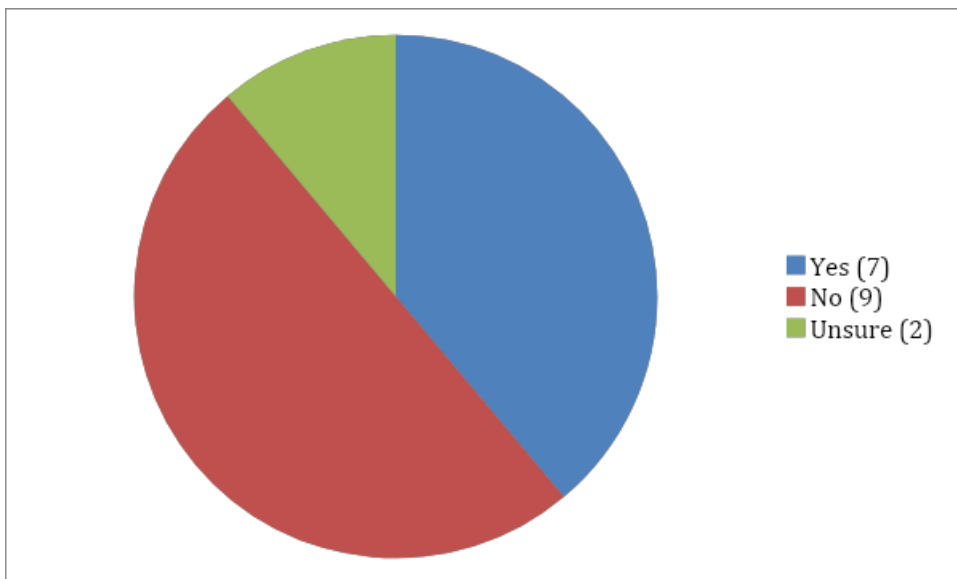
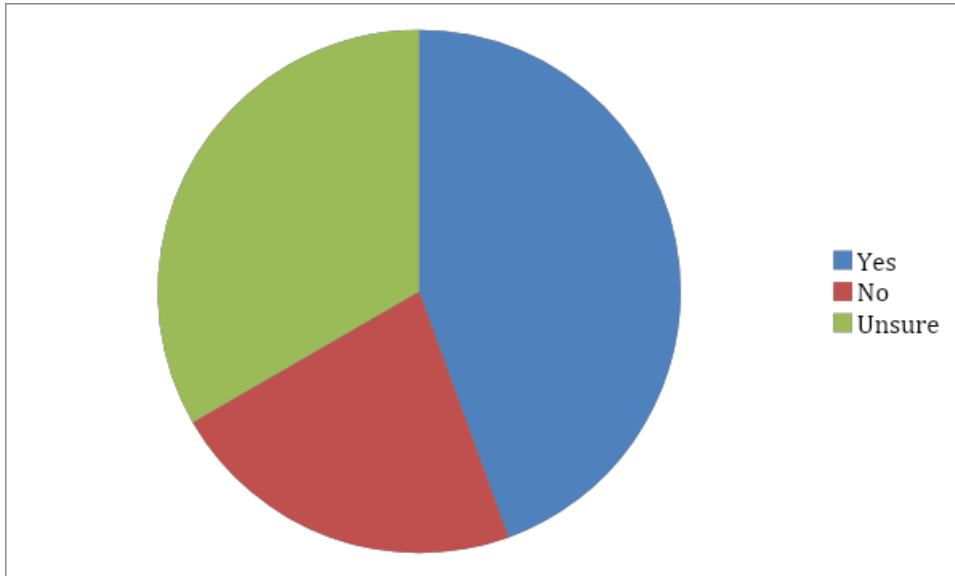
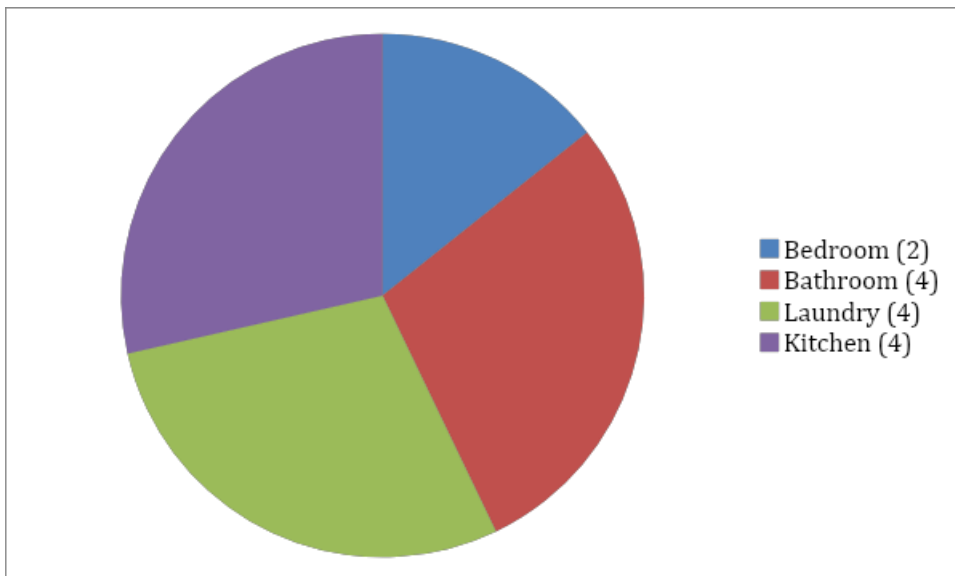


Figure 32: Sharing facilities during pandemic?



The majority of people who shared facilities shared more than one facility with others, making it difficult to self-isolate if they became ill. Equal numbers of people shared bathrooms, laundry facilities and kitchens.

Figure 33: Type of facilities shared



Wellbeing

Participants completed the short form Warwick-Edinburgh Mental wellbeing scale. Scores ranged from 12 to 26, with a mean score of 20.2. This is lower than the national figures from the Health Survey for England, which is 23.2 (Ng Fat et al. 2017). The relationship between low wellbeing and the social conditions such as food insecurity and inadequate housing is

beyond the scope of this research. However, participants' experience of stress and anxiety were frequently mentioned during the welfare diaries.

NRPF participants' experiences during the pandemic

Participants accommodated under 'Everyone In'

NRPF participants accommodated in response to the 'Everyone In' directive described various issues with their accommodation, including bed bugs and being forced to share facilities. One participant, an EEA national in London, described feeling surveilled by staff at his hotel.

Welfare-diary participants in this category were experiencing high levels of destitution and food insecurity. There was varied food provision across accommodation providers, with some offering three meals a day and others offering just breakfast. None of the participants were receiving financial support.

"We were on the streets and were given three croissants, three bananas, three yoghurts, we didn't have anything to eat. We heard that others from St Mungo's are getting food vouchers for £20 or £50 but nobody has offered them to us. We asked at St Mungo's and were given food bank vouchers once, then we were told to sort this out at the hostel/hotel, but when we approached the hotel we were told to go back to St Mungo's to ask. Same for bus tickets, we need them but were never able to obtain them, even though we were placed far away, and we hear stories of others getting lots, full booklets."

Aleks, London

One participant in London described being told that if he obtained employment, he would be evicted from the accommodation:

"I am worried about work, I would like to go to work but when I told the staff that I might have something lined up, they said if I start working, I will lose my accommodation in the hotel."

Mateusz, London

In this sense, some people with NRPF accommodated in response to the 'Everyone In' directive were effectively forced into destitution as they were neither provided with adequate subsistence nor allowed to seek employment. The welfare diaries also revealed that previous survival strategies such as begging were no longer possible as a result of the pandemic. In some cases, participants were going to charities and food banks for food, but a number of participants complained that they did not have money or bus tickets to travel, which meant they could not obtain this additional support.

Almost all participants reported anxiety. A high number said they were experiencing depression, feelings of hopelessness, isolation and stress.

"I always feel stressed and worried. I'm worried I am going to get evicted and put back on the streets when this virus ends. I'm worried about my benefit application. I'm also still

Local Authority Responses to people with NRPF during the pandemic

waiting for a decision on my Settled Status Application and I am worried that this will not come out good.”

Kwame, West Midlands

These feelings were clearly linked to the uncertainty around participants’ accommodation, with many believing that it was simply a matter of time before they were evicted.

“...They’ll take it sooner or later and I will end up back on the streets. I don’t think about the future.”

Artur, London

The welfare diaries showed that support to obtain passports, bank accounts and settled status was being provided to some participants. This support often appeared to be part of a plan to ‘move people on’ from accommodation. One participant was particularly positive about the support she was receiving from her keyworker at a charity providing services on behalf of a local authority:

“I have a keyworker and I really have to say she is great, she really gives everything to her work...she is a really nice person and she is really trying to help. She is not pretending to do things with no effect, but she really tries to help and puts her heart into it.”

Zosia, London

However, the majority of participants expressed disillusionment and cynicism with respect to motives of support services. Frequent references were made to “empty promises” and a lack of support. Mateusz, an EEA national with multiple medical issues, said:

“I was angry because I was promised something and then there were changes, I said you should have it all written down, what my illnesses are. Not asking me whether I have a fever and cough, or how I feel. I don’t feel like the staff know my medical history. The staff just keep asking how I am but they only care about the virus [...] Each time I get new staff. I have to repeat all my issues, don’t they have it all in the paperwork? I still don’t have the inhaler, I got two bandages for varicose veins. Sometimes it’s all words, nothing happens. They promise a lot, then nothing happens.”

Artur, who was in accommodation provided by the Greater London Authority, told us, “If they could, they’d send us far, far away beyond London so that they wouldn’t have to see us ever again.” This perspective may reflect long-standing issues with the way local and central government, and the charities to which they contract outreach services, approach migrant homelessness. ‘Reconnection’ has long been the standard response to migrant rough sleepers excluded from welfare support (Homeless Link, 2011), despite the lack of evidence on reconnection outcomes (Johnsen & Jones, 2015). There has also been extensive collaboration between local government, homelessness organisations and the Home Office’s Immigration Compliance and Enforcement teams over the last decade, with a number of operations and policies between 2010-2017 targeting EEA national rough sleepers for administrative removal as a ‘solution’ to rough sleeping (see Demars, 2017).

Case study: Mateusz

Mateusz is a homeless EEA national who has been in the UK for over 15 years. He has an application for settled status pending but has been waiting a long time to hear back from the Home Office. He was accommodated two and a half weeks after lockdown was enforced in the UK.

Day 2

Mateusz says his health is the same. He has some medical conditions. His friends are still supporting him, bringing him food because it's difficult to subsist on dry food.

"Don't know what to tell you, at least it's good to have accommodation, streets are the streets and here I'm under the roof, at least I've got a TV, however it is, you can always watch something."

He says he had a long phone call yesterday with a manager and an interpreter, who asked what they could help him with. He complained about the food and mentioned the clothes that he had to throw away. They will give him Polish books. He told them that he needs a passport. They also asked him about his national insurance number and said he should get it in a week.

"I am happy about the conversation, bit by bit sorting things out. They asked me about work. My health is so so but my hands are working. I'd love to go to work...They said they will help me with clothes. I only have one change of clothes, have to wash things to go out...I am very pleased, it's some sort of help...They say I can stay here until the end of July. They mentioned moving on, and a passport. I think I am entitled to further help...I'd like to get an official job, not working cash in hand where someone pays me, others don't and it's stressful...They asked me about alcohol. I drink, I get three beers a day. They asked if that's enough, I said not really, but if I have funds then I can buy an extra one or too. Evenings are the worst, [it's] hard to fall asleep."

Mateusz also said that they told him he would be able to see a doctor, which is good because sometimes he blacks out when he stands up quickly. He lost his clothes because there were bed bugs in his room. He was given another room, but there were bed bugs there too. He left the hotel for two days after that, but then they promised him a clean room.

"The reception said they were aware of the bugs but thought they were gone. I spoke to [outreach worker], she also knew but didn't tell me, I said she could have at least told me. She doesn't want to pick up the phone from me, she says I am too nervous."

Mateusz says he still doesn't have an inhaler, but that he got bandages for his varicose veins. He talks about empty promises from staff.

He has some hope for the future and says once he gets his national insurance number, he will be very happy.

Day 3

Mateusz says nothing has changed. He got a good night's sleep and he is still waiting for his national insurance number to come. He still has food left to eat.

He is bored and hopes his paperwork will be sorted out soon.

Day 4

Mateusz got his national insurance number today. He is very happy. He will now be able to get a bank account and sort things out.

"I am very pleased that things are finally moving. So far it's been conversations, conversations, all talk but nothing was going forward, now it'll be different."

He is still waiting for a call about his housing.

"I got a second portion of food yesterday, there was another shift and they gave me extra but I couldn't eat it, my stomach is shrunk because I've gotten used to eating less than normal."

Day 5

Mateusz says things are the same, monotonous. Nothing has changed.

Day 6

Mateusz says he doesn't know what will happen after the pandemic, but he hopes he will be able to find a job.

"I told them [the outreach team] that I might have a job option on and off, they told me they will kick me out straight away."

Mateusz says he thinks most people in his situation will be street homeless again after the pandemic.

"Sleeping [accommodation] will end, and you know, if I don't catch a job, I'll be back on the street. It's simple and logical. Same for many others who are here...It's always going to be the street, no one is going to offer me a house...It's like a lottery, someone plays, someone wins. Not everyone will get their things sorted. I do believe they can help some, but definitely not everyone."

Families with NRPF

Welfare diaries were also conducted with ten parents, six of whom were in receipt of local authority support under Section 17 of the Children Act 1989 when first spoken to. Two of the families who were not receiving any support were being assessed by local authorities, but were not receiving any interim support. During the course of the welfare diaries, one of these families was provided with Section 17 support. All of the parents we spoke to were mothers.

The parents we spoke to described experiencing destitution, food insecurity, and accommodation issues such as overcrowding and disrepair. The interviews revealed that loss of employment, reduced or withdrawn support from friends and family, and the increased cost of utilities and food during lockdown had significantly affected families, in many cases creating substantial debt as participants fell behind with rent payments or were unable to pay off bills. While some of the families were receiving financial assistance from local authorities, the amount of support was consistently described as inadequate. The low level of support provided meant that families were unable to meet basic costs, with parents often having to prioritise food for their children over bills and rent payments.

"Even if I go into arrears with the rent, I know now that every week the children will get something to eat."

Mary, East Midlands

One participant, who emphasised the inadequacy of the financial support she was receiving, described feeling reluctant to raise the issue with the social worker. She was concerned that she might appear to be "complaining".

"If they do ask me if I need more [subsistence] then I would say, yes. I do. But they've not asked and I don't want to disturb them."

Ade, London

The welfare diaries highlighted that parents were experiencing high levels of anxiety, depression, and stress. These feelings were linked to immigration issues, homelessness, social

services assessments, difficulties with home schooling, inadequate accommodation, and financial problems such as additional expenditure and debt. In many cases, parents were waiting for decisions from the Home Office on their applications for leave to remain or, where they already had limited leave to remain, on their applications to access public funds.

“We don’t have any place...we don’t have any place to go to...We have to move from the house so that there isn’t any trouble...but where are we going to go?...If the Council don’t help us, we don’t have any hope.”

Tia, London

A number of parents described trying to manage their high stress levels through relaxation techniques.

“I have actually been very stressed recently, but I have been reading about meditation, and teaching myself to meditate, and it’s helping me a lot. I wake up early, before the kids, so I can get some time to myself.”

Rachel, West Midlands

Many parents said they were ‘managing’, and in some cases participants were optimistic and hopeful for the future. One parent in the West Midlands, who had lost employment and was receiving Section 17 support, talked about the fact that she no longer had to leave her children to go to work. She said, “I do feel useful - it’s all about looking after my children - but I do miss work.”

The closure of schools had also created issues for families, with many parents reporting that it was difficult for their children to complete schoolwork at home without access to a computer or the internet. One parent reported that she was not aware that her children would have been eligible to continue attending school in person during lockdown:

“I was not told that my children could have stayed in school during the shutdown- I would have liked them to. They miss school. I have been trying to teach them, but it’s hard. It’s nice, though, when we all sit to watch a movie.”

Susanna, West Midlands

Some families were receiving supermarket vouchers as a result of the extension of the National Free School Meals Voucher Scheme to some families with NRPF. Others had been unable to access their full entitlement. One parent reported that she had only been given vouchers for one of her four children.

“The free school meals, [the school] said we can’t have it and they refuse to give it, apart from one of my daughters.”

Mary, East Midlands

Case study: Tia

Tia lives with her partner and two small children. During the period in which the welfare diaries were conducted Tia was granted limited leave to remain with NRPF. One of her children and her partner are undocumented. They are waiting for the Home Office to make a decision on their application.

The family has no income. They have been told they need to leave the place they've been illegally subletting.

Day 2

Tia says she is still managing on the food she received from the food bank last week. The Council have given her a one-off Section 17 payment. She's worried about unpaid bills.

"I'm OK when it comes to the basic needs, but my worry is that because of my situation, there are a whole lot of bills coming that I haven't sorted out. From the past two months now. So that's my worry now. But all the same, the social workers are looking at my cases and even today they called to ask a few questions. So I am crossing my fingers and I'm waiting for what will come up... We still have a few days in this house before the eviction."

She tells us that people who were supporting the family before the pandemic have now stopped,

"Now we don't have any support from anywhere." She's hoping social services might help them.

Tia and her family need to leave their sublet accommodation in a few days.. Tia says she didn't realise they might be entitled to support from the Council, so she was relieved to know that the Council might help them. She thought she would have to sort everything out herself.

She is experiencing some stress as she doesn't know what will happen.

The Home Office has written to her about her NRPF lift application. She has been trying to speak to her solicitor about it, but it's been difficult.

Day 3

Tia says it's been stressful, but she's OK. She's been receiving calls from the social worker—they want evidence. She has been trying to get the evidence.

She heard from the Home Office that they have lifted her NRPF condition. She says she is happy:

Today...I feel part of the country."

But she is also feeling stressed as the council are now moving her to a different department.

"It's been stressful, but I'm hoping for good news. The social services came to tell me something different, I wasn't expecting that...I told them about the NRPF lift as soon as I got

the information and they said they have to move me to a different department.”

Tia says they only have a few days left in the house and she’s worried about having to start all over again with another department. There isn’t time for that.

She says she had a call from Thames Water as she hasn’t paid the water bill for two months. The NHS also got back to her about her maternity bill. She said a few months ago that she could pay £20 a month towards it. They got back to her today to say that’s OK, but now she doesn’t have the money to pay anymore.

Tia tells us that the children are happy, as always.

‘[The children] don’t know what I’m going through, they don’t know the stress.’

She feels like things are progressing today.

Day 4

Tia has been advised to apply for Universal Credit by her charity caseworker, so she’s been working on the application.

They’ve eaten almost all of the food. She doesn’t know whether to tell social services. She still has a small amount of money left. She thinks she will need to get some more food from the food bank to manage.

She is feeling stressed about their situation.

‘It’s a real big pressure and stress. I’m still waiting to hear from the social worker about what is going on...I’m ready to pack my stuff but...I just want to hear from them what the outcome is...It’s about the housing now, my problem. That’s the main problem’

She’s feeling good about her finances as she read about Universal Credit and if the application is successful, she’ll have something in a month or two.

Day 5

The food bank people came to drop off some food for them today. Tia says she’s not feeling good.

‘My case with the social [services], I called the social worker today and the way she responded, it was like it was not an emergency...They know the deadline...’

The social worker said they sent Tia a letter, but she hasn’t received it. The social worker told her to wait for the letter to see what they say, but she has to leave tomorrow. The social worker says she isn’t involved in her case anymore and Tia is feeling confused about what will happen tomorrow. She’s worried they have to start all over again with an assessment in another department and she doesn’t know what will happen when they have to leave the house. They have to leave the property tomorrow.

Tia says she is disappointed in the way social services have handled the case.

Day 6

Tia says she's calmed herself down today as feeling stressed wasn't helping her.

She's received the letter from social services.

"The contents of their letter... What they are trying to say is that they are done with me... They are saying that I can now access public funds, I have to apply for the Universal Credit... and sort out my renting stuff... but my problem is it was a family friend who arranged this house for us and they want to get out of the situation... It will be in more than a month's time that I will get money, so now how do I go about things? They should have told me something better or told me to go elsewhere, but they've just brushed off the case and left me like that."

Tia says the landlord wants someone who is working to rent the property, but she's not working.

"Everything has come back to me and I don't know where to go again... I'm just trying to calm myself down... Where should I go? If I know the proper place to go, I would just go, but now I don't know where to go. They let me just get like that... We were supposed to leave here today."

Adults with NRPF with care needs

Only one welfare-diary participant was in receipt of support from a local authority under the Care Act 2014. Like the families we spoke to who were in receipt of Section 17 support, this participant was struggling to subsist on the low level of financial support he was receiving. The accommodation provided by the local authority was unsuitable for someone with his medical needs and was not appropriate for 'shielding', despite the participant being classified as a person extremely vulnerable to COVID-19. He had to share a bathroom, kitchen and laundry facilities with other people housed in the same accommodation.

Case study: Abidemi

Abidemi is undocumented. He receives support under the Care Act 2014 from a local authority. He has multiple health problems and high support needs.

Day 2

Abidemi says he is staying in shared facilities, in a hotel. He has been living in the hotel for a couple of years.

"The reason I am staying here is that I am sick. I have a kidney problem and I was thrown out by my landlord, so I'm homeless. I was helped by a charity organisation and eventually accommodated by the council."

He tells us that the accommodation is not suitable for someone with his medical condition. He requested different accommodation, but the social worker said he had to stay where he was because of his immigration status.

"I am a vulnerable person, in the shielding category. When coronavirus happened I told my social worker this and she said she would discuss it with her manager but I never heard from

her. I go for dialysis three times a week...I also have a heart condition and diabetes. The diabetes has affected my eyes and my legs, so I can't walk properly. I cannot say that I am fine because I think about my health conditions all the time. Sometimes you wake up in the morning with all these conditions, some days you feel happy but some days you do not feel happy."

Abidemi receives £40 a week from the council. It is not enough and there are things he has to go without, such as clothes, shoes, "so many things".

His carer comes in twice a day to check on his conditions. He was given a carer after the lockdown following a re-assessment because the organisation supporting him requested a new assessment. They also decided he should have someone to help him with shopping. It took several weeks after the assessment for the carer to be put in place and the organisation had to keep asking the council.

Abidemi says he is going to dialysis and will be tired later. His carer makes his food before he goes to hospital and he will eat when he comes back.

Day 3

"Today I am ok, nothing has changed since yesterday. The carer has just left. My social worker calls me every day, he says the manager has told them they have to find out every day how I am, how my health situation is, this has been since the beginning of lockdown."

Day 4

Abidemi says he feels OK today and nothing has changed.

Day 5

Abidemi says things are the same and he feels OK.

Day 6

Abidemi is OK and things are the same as the day before.

4. Discussion

As noted in the introduction, Luke Hall's letter to local authorities on March 26th 2020 directed them to 'provide self-contained accommodation' to people identified as at risk of sleeping rough as well as those living in accommodation where self-isolation might be difficult. However, the Ministry for Housing, Communities and Local Government (MHCLG) did not set that obligation on any statutory footing or clarify what powers local authorities were expected to exercise in order to meet it.

Local-authority practitioners were thus given little or no guidance on their responsibilities to those they had, effectively overnight, been instructed to support. This in turn meant that those seeking or provided with support had no idea what to request or to expect. As our welfare-diary evidence suggests, many people were left unsure about whether they should even expect to be fed. This has contributed to feelings of isolation, hopelessness and stress. As Kwame told us:

'They'll take it sooner or later, and I'll end up back on the streets'.

A degree of confusion with respect to provision is unsurprising given that the pandemic led to sudden, and arguably quite radical, social-policy directives being issued at short notice as a crisis response to the changed social conditions engendered by a pandemic. Yet our research also indicates that local-authority practitioners' understanding of statutory duties and obligations towards people with NRPF is often lacking even where statutory obligations have been established over a long period of time (i.e. well before the pandemic).

It is well established, for example, that Section 17 of the Children Act 1989 obliges local authorities to safeguard and promote the welfare of children in their area identified as 'in need', and that the services rendered may include the provision of accommodation and subsistence support. There is a substantial body of literature which practitioners can rely on around the application of Section 17 to children and families with NRPF (NRPF Network, 2018).

Yet one participant in this research, the senior manager of a children's services team, told us in response to a question about local-authority duties to children and families that 'the council does not have a responsibility under Section 17'.

That particular contribution may be regarded as an outlier, given more informed responses from other local authority respondents. But if one out of the 17 local authorities who responded to our call for evidence is prepared to go on record as understanding itself to have no statutory obligations to children and families with NRPF, the question of what people with NRPF are being told 'off the record' does present itself.

Tia's case study is illustrative here. She was lawfully resident in the UK, albeit with a condition applied to her leave to remain denying her recourse to public funds (a condition she was seeking to have removed). Tia approached the local authority destitute, having lost her source of income, with no means by which to feed her family, and facing eviction from her home due to rent arrears.

While the local authority agreed to conduct an assessment of need, it failed to provide Tia and her family with any ongoing interim support except for the provision of a ‘one off’ subsistence payment, thus acting in breach of its duties to safeguard children from destitution. Tia’s local authority disregarded its duty to help prevent the family from becoming homeless, either by helping with the accrued arrears or by ensuring Tia was able to access appropriate advice from a housing specialist.

Finally, having failed to safeguard Tia and her children in line with its duties under the Children Act and the Homelessness Reduction Act, the local authority told her as soon as she was granted recourse to public funds that no further assistance of any kind would be offered by the local authority, given her eligibility to apply for Universal Credit. The local authority was happy to observe the letter of the law only where this was in its own financial interests.

Further, where local authorities told us that NRPF policies and practice had been revised in response to the COVID-19 pandemic, it was not always evident that these new directives translated into changed practice at ground level.

One Children’s Trust in the West Midlands told us that *‘to support and protect NRPF families, the Trust instigated the paying of families by BACS payments’*. Yet a voluntary sector agency provided us with case study information indicating that a request for payment by BACS transfer had been flatly denied by a family’s social worker. As a result the family had to make regular trips to the Trust’s office by public transport to pick up a subsistence cheque, as well as subsequent journeys to deposit the cheque in the bank, all during lockdown.

It was therefore unclear to whom the Trust had communicated the new arrangement. Neither the service user nor the voluntary-sector organisation supporting her had been informed. Given the social worker’s conduct of the case it was not clear that she had been made aware of it either.

None of this practice takes place within a social policy vacuum. Over the past two decades there has been a drive to place people subject to immigration control out of the scope of general social welfare discourse. Frequently performative legislation has been passed by successive governments with the specific intention of rendering life in the UK as unpleasant as possible for people subject to immigration control. This has created and reinforced conditions of precarity. Part and parcel of the same drive has been the internalisation of the UK’s borders, with a variety of service providers including landlords, bank employees and social workers effectively required to ‘police’ the immigration statuses of the people for whom they provide services. An outcome of this has been the conflation of precarious immigration status with ‘illegality’ (Yeo, 2019), perhaps influencing the common idea that councils ‘do not have a duty’ to anyone whose immigration status denies them recourse to public funds.

From this perspective, it is perhaps unsurprising that many social workers have adopted the aggressive gatekeeping measures identified and critiqued by voluntary-sector agencies in this report, or that they might have come to regard themselves, in the words of a practitioner from the East of England, as ‘outsourced immigration officers’. It is equally unsurprising, given the broader social-policy context, that a local authority might identify ‘repatriation’ as a key

‘move-on strategy’ with respect to non-citizens accommodated through the pandemic response. If human beings can be reduced to abstractions of ‘illegality’, stripped of any social context, or denied even the right to have rights (Arendt, 1962), then why need a given practitioner concern themselves with any individual or family’s need for accommodation or subsistence, or, indeed their wishes?

The changed conditions brought into play by COVID-19 have therefore necessitated the wholesale reverse, virtually overnight, of state bureaucratic machinery developed with the express purpose of *excluding* certain categories of people from welfare support. It is hardly surprising, in this context, that local authority responses to this new policy terrain have at times been inadequate and confused.

As noted elsewhere in this report, the new conditions created by the pandemic are such that previously existing inequalities have been further entrenched. It has been encouraging, however, to see the developments of new practice partnerships between voluntary and statutory agencies, including the commissioning of immigration legal advice by local authorities. We hope that these positive changes will form the bedrock of a policy shift away from adversarial ‘gatekeeping’ and towards a collegial, rights-based approach, in line with the core social-work principles of social justice and respect for human dignity.

5. Conclusion

Despite pockets of good practice and innovation where local authorities were able to work flexibly to support people with NRPF during the pandemic, this research found systemic shortcomings in the support available to people with NRPF.

Numerous examples were found of people unable to access accommodation, of not being able to access subsistence to prevent destitution, or of being turned away by local authorities. There were also instances where the local authority and voluntary sector had very different perceptions of what was happening in practice, making it difficult to ascertain the truth of what was happening in practice, and with the result that service users often fell between the cracks.

Areas of good practice which have developed during the pandemic included local authorities working in partnerships between different directorates such as housing and children's social care; working in partnership with voluntary and community organisations to provide support, and temporarily lowering or suspending eligibility thresholds to ensure people were not put at risk of contracting COVID-19.

Policy and practice in a rapidly changing environment sometimes conflicted with each other, and concerns were raised by both local authorities and voluntary-sector participants about what would happen in the medium to long term once the initial crisis had passed. This was most strikingly illustrated by those authorities who had followed the MHCLG guidance to 'bring everyone in' but who had no statutory duty to continue providing housing beyond the crisis.

This research raises questions about readiness for both for future public health crises, and large political changes such as Brexit, which will have an impact on rights and entitlements to access services.

Recommendations

The experiences of the participants in this research varied, and the responses of local authorities also differed widely. However, a common denominator was the way in which the NRPF rule forced people into difficult situations. The fact that local-authority support was one of the few statutory services that people with NRPF could access during the pandemic has put pressure on local authority budgets. A lack of guidance and funding from central government has made a consistent, coordinated, evidence-based response from local government difficult.

The most cogent solution to the problems raised in this report is to abolish the NRPF rule and allow people to access mainstream social security based on need, not immigration status. This has long been argued for, either in full (Southall Black Sisters 2019), for particular categories of people (Woolley 2019), or as a temporary measure during the pandemic (LGA 2020). While MHCLG's 'Everybody In' directive saw many homeless migrants not usually entitled to statutory support accommodated as a result of public health concerns, responsibility for

Local Authority Responses to people with NRPF during the pandemic

making this provision was put onto local authorities, without any legislation or statutory guidance being introduced that would allow them to execute this responsibility effectively. This represents a failure to address the underlying issue, which is, as many of our participants recognised, that some people are excluded from mainstream support in the first place.

However, we highlight here a number of more specific recommendations for improving local-authority support for people with NRPF during the pandemic and beyond:

- *Improved coordination within local authorities and with support organisations*

The suspicion and sometimes hostility that exists between local authorities and specialist voluntary-sector agencies was a frequent theme. This is in part a result of the advocacy role some of these agencies adopt on behalf of service users, including supporting the judicial review of local authority decisions. However, the unwillingness of councils to share information or work with voluntary-sector organisations has been a barrier to the provision of effective support to families. Serious case reviews into child deaths where the family had NRPF have identified that the specialist skills of local migrant-support organisations were a key element in support provision for families, and that social workers need both to be aware of these organisations and to involve them in support for families (NSPCC, 2014). This could take the form of inviting the voluntary sector to meetings, cross referrals, or commissioning immigration advice or translation services.

- *Ensuring appropriate subsistence support*

Even before the pandemic, research into the subsistence rates paid by local authorities suggested that they were sometimes too low to maintain a reasonable standard of living (Jolly, 2019). Increases in the cost of living as a result the pandemic exacerbated this problem, making it difficult for people to make ends meet. This was particularly problematic where local authorities were providing housing, but not subsistence support. Other local authorities had recognised this through a variety of policies, such as increasing subsistence support, providing extra food vouchers, or by moving to BACS payments to promote social distancing. Local authorities must continue to ensure that single homeless people accommodated through the pandemic response are, at the very least, provided with three suitable meals a day and sufficient funds to meet necessary expenses (e.g. travel, hygiene items).

- *Providing suitable accommodation*

Prior to the pandemic, concerns were raised by Threipland (2015) about the suitability of housing provided to children supported under Section 17. The pandemic has both highlighted this problem and created extra housing need, including the need for space to self-isolate for those suffering from COVID--19 symptoms. There is an additional need to reduce the use of shared facilities to ensure people are able to follow the guidelines on social distancing. Councils must also ensure that single homeless people accommodated through the pandemic response are placed in accommodation that is appropriate to their support needs, and that appropriate care, mental-health and substance-abuse support is provided to those who need it.

- *Training for council officers*

Although many urban local authorities had experienced NRPF teams who were able to offer advice to housing directorates who were not used to supporting people with NRPF, other local authorities did not have a history of working with people with NRPF, or had preconceptions about supporting people with NRPF. Others did not appear to be aware of MHCLG's 'Everybody In' letter.

In order to understand the NRPF rule, and its implications, and the complex and sometimes contradictory entitlements, council officers across directorates need suitable training that is updated as rules and policies change.

- *Clear and publicly available information about how to seek support*

Very few local authorities had information on their websites about support for people with NRPF, a situation which had not improved significantly when the survey was repeated a month after the initial survey. The call for evidence revealed a more nuanced situation. Some authorities, despite having no information on their website, had shared updated information privately within the local authority, or with trusted referral agencies.

However, the lack of publicly available information was a barrier which prevented anyone who was not already accessing support from knowing what help they would be entitled to. The omission was particularly striking when compared with the information which was routinely available on local authority websites on other issues. Information on support for e.g. small businesses, school opening times, furloughed workers was routinely available online and updated to reflect changes made in response to the pandemic.

- *Clear and consistent referral and assessment procedures*

The existence of gatekeeping practices has been a consistent concern in previous literature on local authority support for people with NRPF (Dexter et al., 2015; Price and Spencer, 2014; Jolly, 2018; Dickson, 2019). In the call for evidence, local authorities gave examples of support thresholds being temporarily lowered, or removed altogether, during the pandemic. However we have also seen numerous examples from voluntary sector organisations and people with NRPF of continued gatekeeping. This took different forms in different contexts, but included a perceived unwillingness to complete assessments, difficulties with contacting local authorities due to offices being closed, excessively complex referral or interview procedures, as well as confusion about which single homeless people with NRPF could be accommodated and which council or council-commissioned agencies they should approach..

- *Transparency about data protection and information sharing*

Fear about information being shared with immigration enforcement agencies is a well-documented fear for migrants trying to access a range of services including housing, social care, health and policing services (Hermansson et al., 2020). Formal 'firewalls' may not be possible because local authorities have a legal obligation to check whether people are part of an excluded group under Schedule 3 of the Nationality Immigration and Asylum Act 2002, and to inform the Home Office if they are supporting someone in that group. However, local authorities also have to comply with the GDPR, and should be transparent about what information will be shared, with whom, and in what circumstances. In 2017, the Local

Government Ombudsman found that Thurrock Council was at fault for sharing information about a family's immigration status with the children's schools without the parents' consent (LGA, 2017). The impact of other forms of blanket information-sharing such as embedded Immigration Officers in local authority offices, and the use of information sharing databases such as NRPF Connect, should be carefully considered by local authorities. Local authorities which have stated their opposition to the 'hostile environment' and other anti-migrant policies might consider legal action if they are concerned that their legal obligation to share information with the Home Office may be at odds with their duties to local residents.

- *Transition beyond pandemic*

A common concern for local authorities, the voluntary sector, and people with NRPF was long-term support for people with NRPF as the lockdown eased. Many local authorities have housed ordinarily-ineligible single homeless people with NRPF after being directed to do so by MHCLG. However, there was uncertainty about what would happen in the future. Clear contingency plans are needed at local, regional and national level to ensure that people are not made homeless as the pandemic develops. Local authorities should advocate forcefully, collectively and publicly to central government for an end to NRPF and the provision of ring-fenced funding to cover the actual costs of supporting homeless people with NRPF for as long as is necessary to ensure that nobody is forced to return to the streets.

Glossary

Care Act 2014

Under the Care Act 2014, local authorities have a duty to assess the needs of anyone who is ordinarily resident in their area who appears to have a need for care and support. Eligibility for care support relies on meeting a three-stage test set out in section 13(1) of the Care Act 2014 and the Care and Support (Eligibility Criteria) Regulations 2015.

However, there is an additional test for people with NRPF to meet. Section 21 of the Care Act 2014 stipulates that a local authority cannot provide care support to someone whose needs for care and support arise solely because the adult is destitute, or because of the physical effects of being destitute. This has become known as the ‘destitution plus’ test, and has the effect of making adults with care needs the service user group who face the most barriers to accessing local authority support.

Destitution

Section 95 of the Immigration and Asylum Act 1999 defines a person as destitute if—
(a) he does not have adequate accommodation or any means of obtaining it (whether or not his other essential living needs are met); or
(b) he has adequate accommodation or the means of obtaining it, but cannot meet his other essential living needs.

Destitution Domestic Violence Concession

The Destitution Domestic Violence Concession enables those who might be able to apply for leave to remain under the Domestic Violence Rule access to public funds while they submit their application. The Domestic Violence Rule applies in the following circumstances:

- A person is admitted to the UK, or given an extension of stay as a spouse/civil partner/unmarried partner/same sex partner of a British citizen or someone present and settled in the UK (NRPF is a condition of these visas) and
- The relationship was subsisting at the time the visa was issued; and
- The relationship permanently breaks down as a result of domestic violence

If the person meets the above conditions they may qualify for indefinite leave to remain.

The Domestic Violence Rule only applies to those on partner visas and not those on other types of visas.

European Union Settlement Scheme (EUSS)

EU citizens living in the UK are required to apply to the Home Office's 'European Union Settlement Scheme' (EUSS) before 30 June 2021 in order to be allowed to stay in the country after this date.

Successful applicants are granted 'settled' or 'pre-settled status'.

'Everyone In' directive

On 26th March 2020, the homelessness minister, Luke Hall, wrote to local authorities formally announcing the government's COVID-19 homelessness response and instructing councils to 'provide self-contained accommodation to '[people] who are, or are at risk of, sleeping rough, and those who are in accommodation where it is difficult to self-isolate'. The letter stated that local authorities should 'utilise alternative powers and funding to assist those with no recourse to public funds who require shelter'.

Hunger Vital Sign screener (HVS)

The HVS screener is a short form version of the US Department of Agriculture 18-item household food security module. It is designed to quickly identify households who are experiencing food insecurity. Participants respond to two statements: "Within the past 12 months we worried whether our food would run out before we got money to buy more" and "Within the past 12 months the food we bought just didn't last and we didn't have money to get more." Households who answer: "Always true" or "Sometimes true" to either or both questions were classified as food insecure

Limited leave to remain

Limited leave to remain is a temporary form of leave, usually 30 months. Individuals on family/private life routes to settlement will be granted several bouts of limited leave to remain before they are allowed to settle. The NRPF condition is normally attached to grants of limited leave to remain.

Section 17 of the Children Act 1989

Section 17 of the Children Act 1989 imposes a general duty on local authorities to safeguard and promote the welfare of "children in need" in their area. To fulfil this duty Section 17 gives local authorities the power to provide support, including accommodation and financial subsistence to families with "children in need", even if they have no recourse to public funds. The power under Section 17 can be used to support the family as a whole and to promote the upbringing of the child within the family unit.

Warwick-Edinburgh Mental wellbeing scale (WEMWBS)

WEMWBS is a 14 item questionnaire used to measure mental wellbeing, developed by researchers at the Universities of Warwick and Edinburgh. It is also available as a 7 item short form version, which is the version used in this research.

Zambrano carer

A ‘Zambrano’ carer is a non-EEA national who is the primary carer of a British citizen child or dependent adult where requiring the primary carer to leave the UK would force the British citizen to leave the European Economic Area.

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Published by: Institute for Community Research and Development
(ICRD),
University of Wolverhampton,
Mary Seacole Building,
Wolverhampton,
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Tel: 01902 325228
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