

2022-03-02

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<http://hdl.handle.net/10026.1/18865>

10.1108/ijmhsc-11-2021-0107

International Journal of Migration, Health and Social Care

Emerald

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No recourse to public funds: a qualitative evidence synthesis

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Funding details.

The authors received no specific funding for this work.

Disclosure statement.

The authors declare no direct financial interest in this research

Data availability statement.

There is no additional data set associated with this paper

Acknowledgements

We would like to thank Sara Bailey for her contribution to identifying and accessing relevant databases and assistance with the initial screening of articles.

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Abstract

Purpose

This article outlines the findings of the first qualitative evidence synthesis of empirical research on the impact of the No Recourse to Public Funds (NRPF) rule which prevents most temporary migrants from accessing social security benefits in the UK.

Design/methodology/approach

The review used the 2020 Preferred Reporting Items for Systematic reviews and MetaAnalyses (PRISMA) protocol guidelines. Data were analysed using Thomas and Harden's (2008) thematic synthesis methodology. An initial 321 articles were identified from 13 databases, of which 38 studies met the inclusion criteria.

Findings

The key insights were that NRPF causes destitution and extreme poverty and has a disproportionate impact on racialised women. Studies found that support services were underdeveloped, underfunded, inconsistent, and had a culture of mistrust and racism towards migrants. Migrants were often fearful of services due to concerns around deportation, destitution and state intervention around children.

Research limitations/implications

The review focused on qualitative research. Future empirical and theoretical research is needed in the following areas: NRPF as a practice of everyday bordering, the role of the Home Office in creating and sustaining the policy; differing gendered experiences of NRPF; and a broader geographical scope which includes all four UK nations and takes an international comparative approach.

Originality/value

Despite an estimated 1.4 million people in the UK with NRPF (Citizens Advice 2020), there is little policy or theoretical discussion of the experience of having NRPF or the implications of the rule. This lack of analysis is a significant gap in both our understanding of the landscape of poverty in the UK, and the ways in which immigration policies create extreme poverty. This paper is the first systematic qualitative review on NRPF, bringing together the research evidence on how NRPF negatively affects outcomes for migrants, local authority and voluntary sector responses to NRPF and theoretical perspectives on NRPF.

Key Words: NRPF, gender, destitution, everyday bordering, migrants, immigration.

1. Introduction

The No Recourse to Public Funds (NRPF) rule was introduced through the UK Immigration Act 1971. NRPF imposes conditions on leave to enter or remain in the UK including the requirement for applicants to maintain and accommodate themselves and dependents ‘without recourse to public funds’. The ‘public funds’ in the current Immigration Rules include most social security benefits and tax credits, council housing and local authority homelessness assistance. The NRPF condition is applied to most people subject to immigration control, including those who migrated to work, study, visit, join their family, and for people who are seeking asylum. It also applies to people who overstay their visa and to undocumented migrants. In 2012, as part of the UK’s ‘hostile environment’ (Kirkup 2012), the condition was extended to people with leave to remain on private and family life grounds.

Numbers of people with NRPF in the UK are substantial - Citizens Advice estimates that there are nearly 1.4 million people in the UK with NRPF, and enquiries to the charity about NRPF issues increased by 91 per cent a year during the pandemic (Citizens Advice 2020). Despite the existence of large numbers of people who are subject to the rule, there is little policy or theoretical discussion of the experience of having NRPF or the implications of the rule. This lack of systematic analysis is a significant gap in both our understanding of the landscape of poverty in the UK, and the way in which immigration policies can cause extreme poverty. This paper therefore provides the first systematic qualitative review on NRPF, bringing together the research evidence from both academic and grey literature on the impact of NRPF. The review is motivated by the need to stimulate conversations in academia, central and local government and the voluntary sector, to respond strategically to the critical issues associated with NRPF. It aims to answer the following three research questions:

1. What is the experience of NRPF for migrants in the UK?
2. What is the service response for people affected by NRPF?
3. Which theoretical perspectives and understandings are used to frame research about NRPF?

The article is structured as follows. First, the qualitative evidence synthesis methodology adopted

for the review is outlined. Following that, the main themes inductively gleaned from the review are synthesised and analysed. This analysis is drawn upon in the discussion section which contextualises the findings within the wider literature. Finally, the article concludes by identifying gaps in the evidence and make recommendations for further research.

2. Methods

The review was conducted following the 2020 Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines (Page et al. 2021), and took a qualitative evidence synthesis approach. Data were analysed using Thomas and Harden's (2008) thematic synthesis methodology. Databases were searched for studies published between 2000 and 2020 with the keywords 'NRPF' or 'no recourse to public funds'. Empirical studies with qualitative or mixed methods research designs (including secondary analysis of data) were included. Empirical research without a qualitative component, Masters/PhD theses, commentaries and opinion pieces were excluded along with duplicates.

The following databases were searched: Web of Science Core Collection; Scopus; ZETOC; JSTOR; Directory of Open Access Journals; MEDLINE; Social Care Online; APA PsycINFO; Social Sciences Citation Index; International Bibliography of the Social Sciences;

In addition, the following grey literature databases were also searched:

OpenGrey;
Mendeley; Google Scholar.

Abstracts were reviewed and articles that did not refer to the NRPF rule were excluded. Abstracts were initially reviewed individually and then discussed collectively as a research team to ensure consistency. The following data were then extracted from each study:

Author(s)
Title
Date
Aims/Objectives
Peer-review status

Research methods
Sample size
Academic discipline
Theoretical or epistemological perspective
Limitations
Findings/qualitative themes
Relevant quotes , and conclusions/recommendations.

Following assessment, further articles which did not meet the criteria were also excluded. Where an author had contributed to a previous study, a different member of the team was allocated to extract and analyse the data. Findings from studies were synthesised using a process of inductive line by line coding, these codes were then grouped into overarching themes drawn from the data. These themes were discussed and amended following discussion and four themes were eventually identified (See table 2).

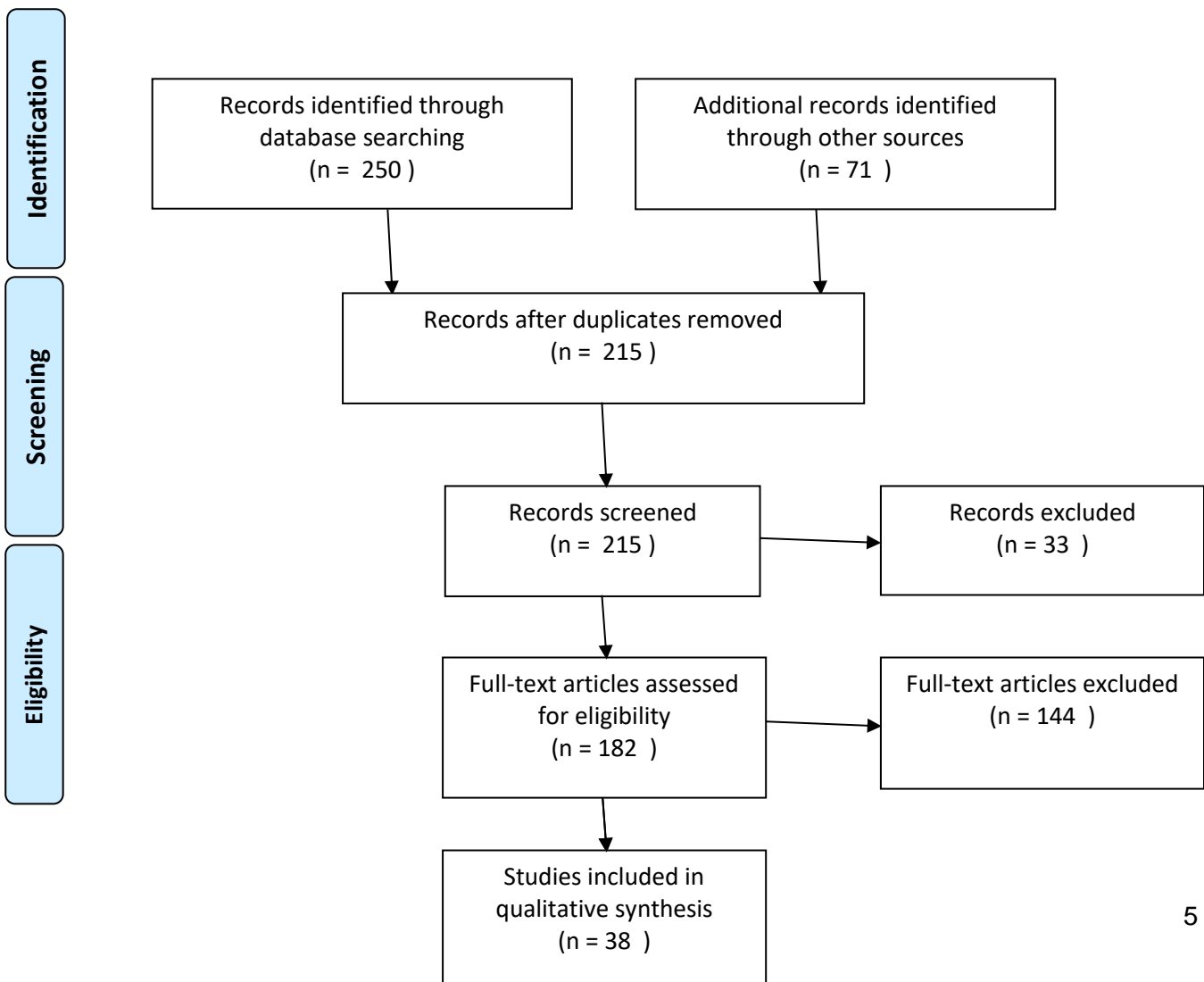
Positionality

Although the authors followed a systematic and rigorous process for the selection, analysis and synthesis of the papers, the positionality of the authors of this paper is an inevitable influence on their approach. All the authors work with or are trustees of charities that support people in the circumstances reviewed in this paper, and are openly opposed to the current hostile environment. Thus the review does not claim to be detached or objective, but reflects the positionality of the authors.

3. Findings

From 321 initial documents, 215 remained for screening after duplicates were removed. 33 studies were excluded during manual screening of abstracts because they did not meet the inclusion criteria. The full text of the 182 remaining articles were assessed for eligibility. 144 articles were excluded at the full text stage, most commonly because the article did not contain empirical findings, or the findings were not explicitly related to NRPF. 38 studies met the inclusion criteria (See figure 1).

Figure 1. PRISMA Flow Diagram



Description of studies

Half of the included studies appeared in peer-reviewed journals. Two-fifths were drawn from the grey literature, mostly in reports published by third sector organisations, but in two cases by local government (NRPF Network 2011; Islington 2006).

Studies utilised a wide range of research methods (see table 1 below), and fourteen took a mixed-methods approach. The most common methods were semi-structured or in-depth interviews with people with lived experience of NRPF, practitioners and policymakers. 24 studies used interviews either as the sole method or as part of a mixed-methods study.

Table 1: Research methods used

Method	Frequency
Semi-structured/in-depth interviews	24
Questionnaires/survey	8
Case study	5
Mapping of policy documents	5
Ethnography	3
Workshop/focus group	3
Secondary analysis of data	3
Analysis of freedom of information requests	3
Case file analysis	2

Delphi method	1
Walking/go along interviews	1

Not all of the studies disclosed a particular disciplinary background. Of the 23 that did, the most common academic discipline was social work (n. 6), followed by sociology (n. 5) and health science (n.3). Social policy and migration studies were each referred to twice, and public health, applied psychology, anthropology, criminology and critical border studies were each referred to once. Explicit theoretical perspectives were even less frequently stated, although five studies situated their research within a feminist approach.

Methodological limitations of the studies

Most of the studies were small scale and focused on one geographical area, such as a city, region or sometimes one country of the UK. Most studies used non-probability sampling methods, such as snowball sampling, so are not representative of the population of people with NRPF. However, as Phillimore (2016) noted, this was often the only possible sampling method because of the lack of data about migrant populations. The mean number of participants was 28, the smallest sample size was 3 and the largest was 92. Four studies did not mention sample size, as the research used ethnographic (Farmer 2020) or case study (Potter et al. 2018) methodologies.

Studies that used survey or multi-stage research designs had larger sample sizes (Price and Spencer, 2015; NRPF Network 2011; Boobis et al. 2019). In contrast, small scale action research or practitioner research projects had smaller samples (Rainey 2020; Jolly 2018b), often with the explicit intention of producing richer, more in-depth data (Odumade and Graham, 2019). Some studies used ‘insider’ research where the researcher was employed by the agency in which they interviewed (Sharma and Marsh 2018; Dickson 2019; Capron et al 2016). This had advantages in terms of access and building up trust with a ‘hidden’ group, but raised issues of power and possible conflicts of interest in situations where there was a combined support worker/researcher role (Pinter et al. 2020). Some studies took a participatory approach (Sharma and Marsh 2018; Anitha 2011; Rainey 2020; O’Neil et al. 2020; Anitha 2010), but other research

designs did not involve people with lived experience of the NRPF rule (Potter 2015; Jayaweera 2017; Oliver and Jayaweera; Jolly 2019; Boobis et al. 2019).

Review findings

Forty-one codes were identified from the studies and these were grouped into four overarching themes: NRPF context; Experiences; Service level responses; and theoretical perspectives (See table 2 below).

Table 2: Coding tree

Themes	Codes	Frequency
NRPF context	Ad hoc parallel welfare system	5
	Immigration status	3
	Numbers	4
	Home Office decision making	3
	Integration and social cohesion	3
	Differing immigration status within Household	2
Experiences	Debt	2
	Food poverty	6
	Emotional health and wellbeing	7
	Health impact	10
	Impact on education	5
	Financial impact	6
	Link with Domestic Violence	8
	Exploitation	7
	Impact on children	5
	Length of time living with NRPF	6
	Employment	2
	Gendered experience	3
	Fear of seeking help	7
	Integration & Social Cohesion	3
	Resilience	2
	Help from friends and family	3
	Transport	2
	Lack of legal advice	6

	Housing and homelessness	11
	Racialised othering	5
Service level responses	Refusing support	7
	Information sharing/firewalls with Home Office	3
	Low support rates	6
	Lack of sympathy/humanity	5
	Lack of understanding of NRPF	11
	Fear of fraud	2
	Expense to local authorities	6
	Gatekeeping	5
	Focus on immigration status rather than welfare	6
	Distrust/Humiliation?	2
	Lack of support	7
Theoretical perspectives	Necropolitics	2
	Neglect	2
	Superdiversity	1
	Weaponised time	1

Context

Most research participants with NRPF had applied for leave to remain in the UK on the grounds of family or private life under Article 8 of the Human Rights Act 1998 (NRPF Network 2011; Pinter et al, 2020), others had claimed asylum, or had entered the UK as a dependent (Islington 2006). However, immigration status sometimes differed even within the same family or household, with children more likely to have British citizenship than parents (Price and Spencer 2015; Pinter et al. 2020).

Few studies estimated how many people are subject to NRPF in the UK, but three included numbers of people who were supported by local authorities. In 2006, a survey found that numbers being supported were increasing, although this was uneven, and London boroughs received more referrals than other authorities. One authority reported a 20-30% increase in referrals (Islington, 2006). A 2011 survey found that 51 local authorities were supporting 6,500 people with NRPF (NRPF Network 2011). In 2015, a survey of 174 local authorities in England and Wales found 2,679 NRPF families and 4,644 children were receiving support under section 17 of

the Children Act in the 2012/13 financial year, a 19% increase on the previous year. 61% of these children were supported by London boroughs (Price and Spencer 2015). In contrast to rising referrals for children, there was evidence of a fall in the number of referrals of adults with NRPF (NRPF Network 2011).

Price and Spencer (2015) found that most people with NRPF who approached local authorities for support had been self-sufficient for long periods and were well integrated into the communities they lived in. However, they had become destitute following a crisis such as unemployment, relationship breakdown, employer immigration checks, or refusal or delays from the Home Office (*ibid.*). The NRPF rule had created an ad hoc parallel welfare system of unofficial, piecemeal support for people who were not eligible for mainstream social security (Price and Spencer 2015; Capron et al. 2016). There were also wide differences in practices between local authorities (NRPF Network 2011; Anitha 2010). This local authority support could last for many years in some cases (NRPF Network 2011; Islington 2006), leaving people with NRPF in a situation of enforced liminality, particularly for those such as undocumented migrants and asylum seekers without the right to take up paid employment (Rainey 2020; O'Neill et al 2020).

Experiences of living with NRPF

The most frequently reported experience in the literature was of Domestic Violence (DV), identified in 14 of the 38 articles. DV was a common reason for referral to local authorities for support (Price and Spencer, 2015; Islington 2006), and a major route into destitution (Capron et al. 2016). Studies also showed barriers in accessing support services because of the NRPF rule (Hague, Thiara and Mullender 2011; Anitha 2010; Dudley 2017), which made disclosure of DV difficult (Anitha 2011). Furthermore, there was a lack of information about leaving an abusive relationship and about entitlement to health and welfare services (Pinter et al. 2020). The evidence requirements necessary to access the DV concession within the immigration rules were poorly understood by services (Anitha 2008) and the concession excluded students and EEA nationals (Oliver and Jayaweera 2014). Furthermore, Oliver (2020) found examples of migrant women being incorrectly refused social security benefits. Given these challenges, the threat of deportation or destitution was often used by perpetrators as part of gendered abuse (Mirza 2016; Oliver 2014). NRPF exacerbated vulnerabilities and financial dependencies and increased the likelihood of exploitation or abuse, and for some women increased the risk of coercion and control in relationships (Dudley 2017; Oliver and Jayaweera 2014; Anitha 2010).

Price and Spencer (2015) found that the most common welfare needs for families with NRPF presenting to local authorities were accommodation, followed by food, clothing and warmth. Families with NRPF, were at particular risk of food poverty (Capron et al. 2016; Jolly 2018a) and children were not entitled to access free school meals² (O’Connell et al. 2019; Odumade and Graham, 2019). Accessing food aid, typically via food banks, was linked with feelings of stigma and shame (Jolly 2018b). Furthermore, the lack of cooking facilities in accommodation prevented people from accessing a balanced diet (ibid.).

The mental health impact of having NRPF was explored by three studies (Odumade and Graham 2019; Jolly 2018a; Boobis et al. 2019). The constant threat of immigration raids further compounded anxiety and other mental health distress (O’Neill et al. 2020). Some people developed symptoms of reactive depression over time as a result of the uncertainty of their immigration status and destitution (Islington Council 2006). This trauma could also be seen in use of self-medication and addictions (Boobis et al. 2019). Physical health was also a concern, with illness sometimes resulting in long term care needs (Islington Council 2006). Health conditions were sometimes exacerbated by lack of healthcare access (Ottosdottir and Evans 2014). This left people with NRPF particularly vulnerable to infectious diseases such as tuberculosis (Potter et al. 2018), and COVID-19 (Pinter et al. 2020).

Despite healthcare not being listed as a ‘public fund’ for the purposes of immigration control, the immigration health surcharge, prescription costs, and lack of UK recognised ID were barriers in accessing healthcare (Dickson 2019; Odumade and Graham 2019; Jolly 2018b). Jayaweera (2017) noted the lack of guidance and resources to address the health needs of vulnerable migrant women, and McLeish and Redshaw (2019) identified that mothers found maternity care experiences to be confusing and frightening. Potter (2015) also noted difficulties with safe discharge from hospital into the community for patients with NRPF because of lack of entitlements to housing or social security benefits.

Children suffered from isolation (Jolly 2018a) and a lack of play spaces in housing (Oliver 2014). Having NRPF could impact on children’s education (Capron et al. 2016), as parents were not always familiar with the British education system, which sometimes differed from their

² The guidance has since been updated to allow some children in families with NRPF to be eligible for free school meals

experience before moving to the UK (Jolly 2018b). Difficulty accessing education also impacted post compulsory age schooling. For instance, adults with NRPF accessing higher education were charged international fees (Odumade and Graham 2019). This lack of access to higher education reduced opportunities to gain skills and qualifications and impeded entry into the labour market (Oliver and Jayaweera 2014).

Destitution, as defined by the Nationality, Immigration and Asylum Act 1999, was a common experience for people with NRPF. However, migrants with children could access support from local authorities under the Children Act 1989, or the Care Act 2014, for adults with care needs. This lessened the likelihood of destitution and extreme poverty (NRPF Network 2011). Many people became destitute after a crisis such as the death or incapacity of the main family earner, leaving an abusive relationship, or being granted leave to remain in the UK with the NRPF condition imposed (Capron et al. 2016). Long term destitution caused a range of financial problems (Odumade and Graham 2019; Boobis et al. 2019), including difficulties with affording formula milk for mothers who were HIV positive (Tariq 2016), lack of money to travel to appointments, buy bedding or cooking equipment (Potter 2015), or afford adequate accommodation (Anitha 2010). The experience of destitution could also force people into debt (Capron et al. 2016). This was particularly an issue for families with dependent children who had additional costs, such as school dinners, especially where schools had a policy of not allowing packed lunches (Dickson 2019). Destitution also led to difficulty in leaving exploitative relationships, and to employment in the informal economy (Price and Spencer 2015; Jolly 2018a; Capron et al. 2016; Oliver 2014).

Boobis et al. (2019) found that migrant homelessness was increasing, and the fastest growing group was those with NRPF and/or an irregular migration status. As a result of restrictions in accessing social housing and homelessness assistance (Oliver 2014; Oliver and Jayaweera 2014), accommodation was sometimes overcrowded and in poor condition (Capron et al. 2016; Dickson 2019), with exploitative landlords (Oliver 2014), insecure tenancy. This left families having to live with the risk of eviction (Capron et al. 2016), forced to move repeatedly (Price and Spencer 2015; O'Neill et al. 2020; Jolly 2018a), or living in temporary night shelters (Rainey 2020). For families who received support from children's services, accommodation was of variable quality. Some local authorities used temporary 'Bed and Breakfast' accommodation which was expensive and sometimes poor quality and without appropriate facilities (Islington Council 2006; Farmer 2017).

Sometimes families were supported 'out of borough', removing them from support networks (Jolly 2019),

Undocumented migrants and most asylum seekers were barred from taking up paid employment (Capron et al. 2016). However, even for those who were able to work legally, requirements to report to the Home Office made it difficult to hold down a job, and employers were not always sympathetic to allowing time off work to report (O'Neill et al. 2020). Jayaweera noted that the NRPF rule intersects with gendered experiences of work and personal relationships to create 'circumstances that are detrimental to their human security' (Jayaweera 2017). People with NRPF were less likely to seek help from the Police because of fear of detention or removal (Capron et al. 2016; Anitha 2010; Rainey 2020), especially for people who had fled repressive regimes in their country of origin (Dudley 2017). Women were sometimes less likely to trust the Police and other agencies because of patriarchal experiences with authorities before migration to the UK (ibid.). Others feared approaching Children's Services because of anxiety about having their children removed (Capron et al. 2020). This fear was not without foundation, Dickson (2019) found examples of local authorities threatening to take children into care if they were destitute. Farmer (2017) also noted examples of local authorities offering to accommodate the child but leaving the parents homeless. One local authority had offered children up for adoption after (erroneously) telling families they were not entitled to local authority support because of their immigration status (Islington 2006).

Many people with NRPF relied on friends and family for support (Anitha 2011), but being able to survive entailed a strength which Sharma and Marsh (2018) describe as 'self-empowerment'. Living for long periods without access to welfare provision meant that people with NRPF developed coping strategies, variously described as 'making do and missing out' (Odumade and Graham 2019) or 'resilience and resignation' (Jolly 2018b).

Everyday racism and racialised discrimination in service provision were experienced by people with NRPF (Sharma and Marsh 2018). O'Neill et al. (2020) noted the racist, sexist and anti-migrant rhetoric from services that support migrant women and their families. Dickson (2019) cited examples of racism from local authority staff such as a client from Nigeria being called 'bush girl' by her social worker. Hague, Thiara and Mullender (2011) found that women of colour experienced a double discrimination of racism and patriarchy in addition to the restrictions of their NRPF status. However, there are also notable and complex differences within minoritised

communities. For instance, Oliver and Jayaweera (2014) found that Pakistani migrant women had lower participation in the labour market and faced higher levels of discrimination.

Service level responses and the NRPF rule

Some people with NRPF were referred to local authorities for support with housing and subsistence to prevent destitution, yet many migrants were refused assistance (Jolly 2019; Dudley 2017). One authority reported that they received on average ten formal referrals a month, but supported only one or two of these (Islington 2006). Capron et al. (2016) found that only 38% of families who applied for support under section 17 of the Children Act 1989 received it. One voluntary sector support agency claimed that as many as 76% of referrals to local authorities were refused support (Dickson 2019). One way which families with NRPF were able to challenge local authority decisions to refuse support was through Judicial Review (ibid.). Indeed, Anitha found that some local authorities did not provide support unless they were subject to Judicial Review (Anitha 2010). This was echoed by Islington Council's (2006) finding that the fear of legal challenge rather than assessment of need prompted some local authorities to provide support, and that the areas with the most developed services were the ones which had been regularly challenged legally.

Dickson (2019) argued that routine information sharing with the Home Office acted as a deterrent to vulnerable children seeking support. However, the NRPF Network (2011) suggested that cases are more likely to be resolved via partnership working between local authorities and Home Office immigration control, and Capron et al. (2016) gave examples of immigration officers being embedded within local authority social work teams. Islington Council (2006) argued that information about immigration status is needed to check eligibility, and gave the example of one local authority who required service users to sign a 'conditions of service' consent form allowing information to be shared with the Home Office before any assistance was provided.

For those who received subsistence support from local authorities, payments were sometimes too low to prevent poverty (Capron et al. 2016; Jolly 2018a; Farmer 2017). Payments were often originally based on the rates paid by Home Office under Section 4 of the Immigration and Asylum Act 1999, but had not been reviewed to keep pace with increases in section 4 rates (Islington Council 2006). Dickson (2019) pointed out that Section 4 is the minimum the Home Office says is required to avoid a breach of the European Convention on Human Rights. Rates varied from

£25 a week for a mother and baby (Farmer 2017), between £30-£40 per week for single adults (Islington Council 2006), and a mean rate of £106.18 a week for a single parent with two children (Jolly 2019).

There was a focus on procedural issues such as reducing case numbers, or cutting the money spent on people with NRPF by statutory agencies (NRPF Network 2011). Dickson (2019) noted that some statutory agencies employed strategies of misinformation, attacks on credibility of migrants, intimidation, aggression and disrespect towards families with NRPF. An indicative example of this lack of care was given in O'Neill et al.'s account of the experience of a woman queuing to report at the Home Office:

"One of the mothers in our group was told by an officer monitoring the queue to sign, in response to her complaint that she was tired, had aching feet and was heavily pregnant, that 'her feet were not pregnant'." (O'Neill et al. 2020, p.138)

There were some examples of professional codes of ethics conflicting with these practices. For instance, one London borough had been threatened with industrial action by social workers after withdrawing support for families with NRPF as it went against social work ethical standards (Islington 2006).

Studies showed that support services did not fully understand the NRPF rule, or what constituted a 'public fund' for immigration purposes (Odumade and Graham 2019; Philimore 2016). There was a lack of specialist expertise about different immigration statuses and their respective welfare entitlements (Price and Spencer 2015; Islington Council 2006). The complexity of rules on entitlements meant that decisions on support were sometimes arbitrary, and led to 'hypercorrections' when service providers over interpreted the rules on entitlements (Oliver 2020). This resulted in people being excluded from services that they were entitled to, such as third sector advice services (Pratt et al. 2004), the Destitution DV concession (Dudley 2017; Anitha 2008), and people who had recourse to public funds being refused benefits by the Department of Work and Pensions (DWP) (Boobis et al. 2019). Ottosdottir and Evans (2014) found examples of people being refused primary healthcare, others found that people were even refused access to TB medication (Potter 2015).

There was a perception that local authorities had an excessive concern with 'catching families out'. Fraud officers and credit checks were routinely used at 'child in need' assessments (Dickson

2019). Islington Council (2006) noted an example of a local authority who regularly checked with HMRC to see if service users were secretly working. Despite this focus, there was little evidence that people with NRPF were disproportionately likely to be fraudulent. The only evidence in any of the studies was from Islington Council's (2006) survey, where despite asking explicitly about fraud, only two of the 26 local authorities surveyed had ever encountered fraud in their NRPF service. Nonetheless, the perception of widespread fraud persisted - one local authority complained that Genito-Urinary Medicine clinics would not share confidential medical information with them to check that service users were not accessing medication from more than one hospital (ibid. p.10). Fear of fraud was seen more broadly in a general distrust and disbelief towards people with NRPF (Sharma and Marsh 2018), for example in surveillance of children's clothes, mobile phones and other possessions to check if migrants with NRPF were as poor as they said they were (O'Neill et al. 2020), this distrust was reflected in feelings of disappointment and frustration with social workers from families with NRPF (Jolly 2018b).

Local authority care and support for people with NRPF is not funded by central government (Potter 2015; NRPF Network 2011; Pinter et al. 2020). For authorities with large numbers of people with NRPF this caused a financial shortfall (Potter 2015). Evidence for the cost of supporting people with NRPF is patchy, but in the 2009/10 financial year, local authority respondents to a survey gave the cost of supporting people with NRPF as £46.5 million (NRPF Network 2011). Price and Spencer estimated that support for families with NRPF cost local authorities £28million a year (Price and Spencer 2015). One authority avoided paying for emergency accommodation for people with NRPF due to the difficulty of withdrawing support once it had been provided (Islington Council 2006).

Local authorities employed a range of 'gatekeeping' measures to prevent people with NRPF from accessing support. These included delaying assessments or introducing stricter support thresholds (Capron et al. 2016) and asking for evidence such as utility bills which were difficult to provide for those without stable accommodation (Oliver 2020). One local authority in London had introduced a 'robust front door' policy with the intention of making it more difficult to access support (Jolly 2019). Farmer (2017) identifies gatekeeping as a form of everyday bordering. However, not all authorities took this approach. Some employed a 'case resolution' approach to help service users resolve their immigration and support issues (Islington Council 2006), and Homerton Hospital had a service level agreement in place with Hackney Council to fast track support for people with TB who had NRPF. Other authorities worked with a housing officer to

source the most appropriate accommodation for each family, such as self-contained accommodation for those with a particular need, and used environmental health officers to inspect properties before providing accommodation (ibid.).

Although there were examples of promoting a rights based approach at a local level (Anitha 2011), Dickson (2019) found that child in need assessments for families with NRPF were focused on the credibility of parents rather than the welfare of the child, and that children's views, wishes and feelings were neglected or ignored. Similarly, Farmer (2017) noted that local authority support was often refused by social workers on the basis of a family's immigration status rather than the child's needs. This difference in values between procedural and rights based approaches was highlighted by the recommendations in research by the NRPF Network (2011) which argued that more timely decisions on immigration applications and greater numbers of returns/removals would result in fewer 'cases' remaining on local authority support.

Access to immigration advice was key to ensuring that people with NRPF were able to exercise their rights to social care (Anitha 2010), housing (Boobis et al. 2019) and to regularise immigration status (Oliver 2014). However, cuts to legal aid made it more difficult for people to access legal advice (Anitha 2010; Oliver 2014). Boobis et al. (2019) found that 67% of organisations in their study had found that legal aid cuts had increased migrant homelessness.

Theoretical perspectives and the NRPF rule

Few studies outlined a theoretical perspective on the NRPF rule, but both O'Neill et al. (2020), and Farmer (2020) draw on the work of Mbembe (2003) to characterise the NRPF rule as an example of necropolitical exception. Necropolitics builds on the Foucauldian concept of biopolitics to describe situations where institutions of power exercise 'subjugation of life to the power of death' and where 'populations are subjected to conditions of life conferring upon them the status of living dead' (Mbembe 2003, p.39-40).

Others theorised the treatment of migrants with NRPF as a form of neglect, either 'statutory neglect' where children have experiences as a result of law or policy which would be considered as neglectful if perpetrated by a parent or carer (Jolly 2018a); or 'governmentality affected neglect' where confusing and complex regulations led to irrational outcomes (Oliver 2020). Rainey (2020) noted that the hostile environment is an example of the construction of a

‘community of value’ (Anderson 2013) where ‘good citizens’ are contrasted with outsiders such as ‘illegal’ immigrants, and perceptions of illegality expand in racialised ways.

Phillimore (2016) used ‘superdiversity’ as a lens to explore migrant access to antenatal care in the West Midlands, arguing that structural, legal and institutional barriers, rather than migrants themselves not seeing it as a priority, was responsible for poor access to antenatal care. Finally, Rainey (2020) used the example of asylum seekers waiting to hear from the Home Office on their case as an example of ‘weaponised time’ (Power 2014) where the temporal experience of waiting and destitution is used as a form of disciplining.

Discussion

Negative Health Outcomes, Extreme Poverty and Destitution

The negative health outcomes identified in the literature and prevalence of extreme poverty and destitution are not unintended outcomes of the NRPF rule, but are, as Dickson and Rosen (2020) suggest, part of a wider trend in migration policy which is deliberately designed to be punitive and ‘hostile’. This trend can be seen beyond the NRPF rule in policies such as the NHS charging regime for ‘overseas visitors’ which, according to Shahvisi (2019) may cost more to administer than the money recovered. Another example is the data sharing between health, welfare and homelessness services and immigration enforcement, which has the impact of discouraging people in need from seeking help (Hermansson et al. 2020).

Despite the link between NRPF, homelessness and destitution, currently, monitoring data on protected characteristics does not disaggregate information regarding immigration status. The extent of homelessness, destitution and extreme poverty linked to NRPF is therefore largely hidden from view. Despite renewed concerns about the existence of extreme poverty in the UK in recent years, policy recommendations from poverty advocacy organisations have largely focused on reforms to social security benefits (See, for instance, Fitzpatrick et al. 2020; Tucker 2019), which do not address the poverty faced by people without access to the social security safety net because of the NRPF rule. Migrant destitution is qualitatively different to other forms of poverty in that it results from deliberate and systematic exclusion from welfare provision by

government policy, and therefore does not respond to the familiar social policy lever of raising social security benefit levels. Unless there is a specific understanding of NRPF, its causes and impacts, anti-poverty advocates risk compounding the exclusion that many migrants face.

The Differential Gendered Impact of NRPF

The gendered impact of NRPF is racialised, nuanced and heterogeneous. Women have reported feeling 'doubly different' - othered for being non-white and for their immigration status (Thiara et al., 2011). Women who speak English as a second language face additional barriers to English speakers (Oliver and Jayaweera, 2013). The impact of NRPF for South Asian women is also notable but often hidden, especially for women on spouse visas (ibid.). Within South Asian communities, women from Pakistan and Bangladesh face additional barriers to the labour market and face other forms of Islamophobia (Anitha and Dhaliwal, 2019).

Anitha and Dhaliwal (2019) have argued that abusive men have knowingly 'weaponised' the NRPF rule to effectively force women to stay in abusive relationships, for fear of destitution or deportation. Given this context, women with NRPF are unlikely to approach the police which makes it more difficult to legally challenge perpetrator harassment and violence, thereby perpetuating the risk of violence and abuse.

Pratt et al. (2004) argue that the state is therefore complicit in perpetuating gender based violence and traumas through the NRPF rule. Whilst the emotional burden of these experiences is obvious, there is a lack of research on the emotional toil of such hardship, how to mount affordable and successful legal challenges, and ways in which communities and the voluntary sector could effectively and practically respond to these types of gender based traumas.

A lack of governmental protection for families subjected to NRPF

The removal of the right to access mainstream social security benefits shifts responsibility and costs away from central government to local authority social care services. There are restrictions on migrant entitlement to social care under schedule 3 of the Nationality, Immigration and Asylum Act 2002. However, Section 17 of the Children's Act 1989 sets out a general duty to

safeguard and promote the welfare of children, and the Care Act 2014 provides a framework for adult social care. Local councils are therefore legally bound to respond to children and their families whose welfare is undermined by the NRPF rule. However, despite this legal duty, local authority responses vary across regions and are inconsistent. Levels of support and entitlements are therefore linked to geography rather than the universal application of law. Inadequate service responses by local authorities are compounded by a lack of understanding and sympathy for and worse still in some cases, suspicion of those with NRPF, due largely to concerns about the cost implications of long-term support.

Everyday Bordering

NRPF is under theorised in the current literature, yet clearly serves as an example of everyday bordering where local authority and non-governmental actors are utilised by government to monitor migrant bodies (Cassidy, 2019; Yuval-Davis et al., 2018). For instance, in the statutory sector, local authorities are legally obligated by schedule 3 of the Nationality, Immigration and Asylum Act 2002 to share information with the Home Office on undocumented migrants who they support. However, concerns have been raised about the ethical implications of data sharing (Hermansson et al. 2020), and of possible conflicts between bordering practices and global social work ethical obligations (Jonsson 2014).

Studies have also shown that some actors within the voluntary sector are complicit in everyday bordering, by unnecessarily frustrating access to entitlements for migrants with the NRPF. For example, Barnardo's has previously provided government funded support services for children in immigration detention centres (Tyler et al., 2014), and in 2017, the charities St Mungo's, Thames Reach, and Change, Grow, Live were reported to be conducting joint street outreach to migrant rough sleepers alongside Immigration Control and Enforcement (ICE) officers (Corporate Watch 2017). Yet some groups such as Southall Black Sisters and a range of other migrant rights and anti-racist organisations, oppose excessive immigration powers and the NRPF rule. More broadly, the diversity of positions within the voluntary sector reveals a lack of a clear and coherent political opposition and theorisation of NRPF. Further research is required therefore to understand more fully how non-state actors comply with the NRPF policy. Importantly, also, what praxis and theories have emerged to subvert and oppose it.

Undermining of Equality Legislation

NRPF disproportionately affects women, racialised, low-income and disabled groups, and as such undermines the Equality Act (2010) and Human Rights Act (1998) and Public Sector Equality Duties . Currently, the Home Office does not adequately monitor the ways in which NRPF immigration status intersects with other protected characteristics or disaggregate data on protected characteristics and NRPF status so the way that rights and entitlements are undermined cannot be monitored. There is sufficient evidence in place however, for the Equality and Human Rights Commission to investigate the NRPF rule more fully, given the way that it disproportionately affects Black and minority ethnic women and children.

Whilst it is important to build evidence on the negative outcomes of NPRF, recording data on NRPF could unintentionally legitimise everyday bordering and stigmatisation of migrant bodies. This shows the tensions between suggesting policy recommendations to tackle the negative outcomes of NRPF and the broader politics of resistance to racialised immigration controls. On the one hand, the humanitarian recommendation of asking for consistent and accurate recording of data on NRPF would advance precise knowledge to evaluate access to or denial to services provisions, and how to better respond to the challenges. On the other, it could be seen as depoliticising NRPF, separating it from the broader political resistance to the hostile environment, everyday bordering, and growing anti-migrant racism.

Conclusions

Implications for future research

i. Equality - Despite the well documented ways in which the NRPF rule disproportionately impacts on particular demographics, the relationship with the specific protected characteristics in the Equality Act 2010 was little explored in the literature. The research also focused on the impact of the rule on particular groups. As NRPF is racialised and gendered, the literature has largely therefore focused on women, children and families. There has been less research on the

impact on single adults and on the challenges and vulnerabilities that men and fathers face. There was also little research on the differential experiences of different migrants with NRPF, and how factors such as English or basic digital skills, combined with gender, impacted on the experiences of exclusion that people with NRPF faced. Finally, there was also a gap in research on opposition to the NRPF rule, in contrast to the wide research on migrants rights social movements in other national contexts (such as the Dreamers movement in the USA and the Sans Papiers movement in France) and the relationship between NRPF and migrant rights as a whole.

ii. Impacts - The hardship and exclusion that the NRPF rule results in was repeatedly described by the studies, but the ways in which communities and the voluntary sector could effectively and practically respond to these types of traumas was under researched. Similarly, the long term physical and emotional toil of hardships was under researched. Longitudinal research which explored the temporal aspects of being subject to the NRPF rule for long periods of time was almost entirely absent from the literature.

iii. Power and Politics - Most studies focused on the service level implications of the NRPF policy, and particularly the role of local authorities, but less on the macro role of the UK government or analysis of the policy itself. By not including empirical evidence from the Home Office (the relevant department processing asylum and immigration cases), the data which we reviewed was limited to those produced by intermediary organisations like local authorities and third sector organisations. There is a need for research to investigate the diffuse and networked power of government to enforce upon local government and non-governmental actors compliance with the NRPF immigration rule.

Finally, it is difficult to know the extent to which experiences of the NRPF rule differ across different areas of the UK. Although the NRPF rule applies across the four nations of the UK, health and social care policy is the responsibility of the devolved administrations. However, the literature focused on London, and there was a particular lack of research in Wales and Northern Ireland. Although the NRPF rule only relates to the UK, few studies set the NRPF rule into a comparative international context of everyday bordering practices and welfare conditionality. Future research on the NRPF rule could take a comparative approach with similar policies in other national contexts, such as the US 'Public Charge' rule.

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