



# Children and families with no recourse to public funds: Learning from case reviews

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## Abstract

This paper reviews 26 reports into deaths and serious abuse of children in families who were subject to the No Recourse to Public Funds (NRPF) rule. Our analysis illustrates vulnerabilities caused by exclusionary policies, exacerbating social deprivation and isolation experienced by the children and families and making it more difficult for professionals to respond in ways which safeguarded children's welfare. Drawing upon a social model for protecting children that requires recognition of the social determinants of harm and the economic, social and cultural barriers faced by families, we examine the experiences of children and families with NRPF who were the subject of a serious case review, and the responses of agencies responsible for safeguarding child welfare. We conclude with recommendations for practices aimed at promoting the rights and well-being of children and families subject to NRPF rules.

## KEYWORDS

child protection, children in need, death, poverty, refugee children

## INTRODUCTION

The No Recourse to Public Funds (NRPF) rule excludes most temporary migrants in the UK from social security benefits and homelessness assistance. This leaves families at high risk of homelessness and destitution.<sup>1</sup> Under section 17 of the Children Act 1989, English local authorities have a duty to support children in need, including children in families with NRPF. Despite this, several studies have

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questioned the availability and quality of this support, identifying an uneasy relationship between child safeguarding and immigration control (Dickson, 2019; Farmer, 2017; Jolly, 2018; Threipland, 2015).

This article uses Serious Case Reviews (SCRs) to understand the experiences of and professional responses to children living in families with NRPF. SCRs have now been replaced with child safeguarding practice reviews, and Local Safeguarding Children Boards (LSCBs) with 'safeguarding partners' (HM Government, 2018). However, SCR is the commonly understood term used in previous studies, so we refer to these reviews collectively as SCRs. SCRs took place in England following serious or fatal abuse or neglect of a child or young person and involved the LSCB commissioning a detailed examination to establish lessons for how professionals and organisations work together to safeguard children and promote their welfare. Numerous studies have reviewed SCRs to understand the key issues, themes and challenges and draw out implications for policymakers and practitioners. Some analysed all SCRs within a set timeframe, such as the studies undertaken by Brandon et al. (2010, 2012, 2020). Others have taken a themed approach, such as Bernard and Harris' (2019) study examining whether SCRs involving Black children consider race and cultural factors. No studies to date have analysed SCRs involving children and families with NRPF. This paper therefore considers:

- What can SCRs tell us about the lives of children and families with NRPF?
- What can SCRs tell us about professional responses to children and families with NRPF?
- What lessons can be learnt for improving practice to safeguard and promote the welfare of children with NRPF?

## Research on NRPF

Dickson (2019) cites situations where families with NRPF were left destitute without money or housing. Others give examples of food poverty in families with NRPF (Jolly & Thompson, 2022; O'Connell et al., 2019). Pinter et al. (2019) point out that the NRPF policy impacts disproportionately on people who have migrated from the Caribbean, South Asia, and sub-Saharan Africa, and Smith et al. (2021) report that people of colour make up 78% of people with NRPF. Woolley (2019) notes that 85% of people who apply for a change of NRPF conditions from the Home Office are women. The gendered impact of the NRPF rule is also illustrated by the difficulties of accessing refuge accommodation for gender-based violence, and how fears of deportation are used as a form of coercive control in abusive relationships (Anitha, 2010; Dudley, 2015; Voolma, 2018).

Social work scholars have critiqued the profession's role in implementing immigration policies that produce these racialized impacts. Humphries (2004) suggests that social work has been complicit in implementing immigration controls that degrade or dehumanise. Jonsson (2014) highlights the tensions between social work's international ethical principles and its role in national welfare systems. Finally, Farmer (2021) draws on the work of Agamben and Mbembé to argue that 'illegality' has become a dominant theme in social work with families with NRPF and that by framing people as 'illegal', social workers have become agents of *necropolitical exception*.

## A social model for protecting children

The conceptual framework underpinning this review draws upon the social model for protecting children (Featherstone et al., 2018). This model moves away from the individualised notions of risk that are dominant in the child protection system in England, to one that recognises the social determinants

of harm and the economic, social and cultural barriers faced by families, as well as the protective capacities within families and communities and how these can be mobilised. This model developed following increasing evidence that the social and economic circumstances of children matter enormously when striving to safeguard and promote their welfare (Bywaters et al., 2016).

According to the UN Convention on the Rights of the Child (UNCRC) and the Children Act 1989, migrant children have the same rights as all children in England and Wales. However, it is clear from the research evidence that children and families subject to immigration controls and NRPF are highly vulnerable to severe poverty and destitution. These policies can be seen as a form of societal, structural or statutory neglect (Jolly, 2018; Oliver, 2019), and Pelton (2015) argues that poverty is the predominant context in which harm and endangerment to children thrive. Bywaters et al.'s (2016) review of the literature on poverty and child maltreatment found that while there can be many factors causing child abuse and neglect (CAN), poverty is perhaps the most pervasive, and interacts with other factors such as mental ill-health, domestic violence and substance abuse. The review was updated in 2022 and concluded that there was an even stronger evidence base than in 2016 that family poverty and inequality are key drivers of harm to children (Bywaters et al., 2022). The economic crisis increased the prevalence of CAN but was mitigated when families were protected by social security benefits. The review concluded that there is 'substantial new evidence for a contributory causal relationship between the economic circumstances of families and CAN' (Bywaters et al., 2022:7). Two explanatory models for the relationship between poverty and CAN are the investment model (Duncan et al., 2014) and family stress model (Conger et al., 2002), which are not mutually exclusive. The investment model focuses on the capabilities of parents to provide resources for their children to thrive and succeed, which is dependent on the distribution of resources within societies. The family stress model focuses on the emotional and psychological consequences of poverty and lack of resources, with feelings of shame and stigma exacerbating stress.

The Child Welfare Inequalities project demonstrated links between deprivation and the likelihood of children being on child protection plans or in care and identified large inequities in the proportion of children from different ethnic backgrounds who are subject to child protection interventions (Bywaters et al., 2020). This project and the work of others, such as Keddell and Hyslop (2019) in Aotearoa/New Zealand, suggest complex interactions between material hardship and the resulting harm, and how families from diverse backgrounds are viewed. Stereotypes, assumptions and 'othering' processes influence professional and organisational responses (Gupta, 2017). For children and families with NRPF, these barriers include wider societal attitudes and policies towards migrants. Understanding the intersections of poverty, race, gender, immigration status and other inequalities, how these frame children and families' lives and professional and policy responses, is essential for practice within a human rights and social justice framework.

## METHODS

We searched the NSPCC national case review repository using the terms: No Recourse to Public Funds (NRPF), immigrant, migrant, asylum, immigration and refugee between 2004 and 2021. The repository is a database of published case reviews dating back to 1945. It relies on voluntary reporting so does not include all reviews but is the most comprehensive collection of case reviews. Fifty-one SCRs were identified, and 20 were subsequently excluded either because immigration status was not mentioned in the discussion/recommendations, or because the child or family was not subject to NRPF. A further five were excluded because a full summary document was not available. The remaining 26 reviews were coded line-by-line, for references to immigration status or NRPF. The text

was then consolidated into descriptive codes, before being categorisation into overarching themes (Thomas & Harden, 2008). SCR were not analysed for the cause of death or type of abuse, but instead analysis focused on what reviews said about NRPF and how it interplayed with other vulnerabilities. All reviews were already in the public domain, both in the NSPCC repository and on the respective LSCB websites. All had been anonymised prior to publication, either by use of a pseudonym, a numbered code or a letter.

Eighteen were from the past 5 years (see Table 1). However, it is unclear whether this is due to an increase in the deaths and abuse of children with NRPF or greater LSCB awareness of immigration. Similarly, newer SCR were more likely to contain the keywords 'No Recourse to Public Funds' than earlier SCR. The geographic distribution of SCR was extremely uneven. None were from the North East, but seven were published by LSCBs in Greater London. An even larger number had links to London, including 'Ellie' who was supported 'out of area' by a London borough, and Child G (2018) who had previously lived in London. This could either indicate a disproportionate number of

TABLE 1 Serious case reviews

| Name                     | Date | Local authority     | Keyword(s)                                     |
|--------------------------|------|---------------------|--|
| Child B                  | 2006 | Sandwell            | Immigrant                                      |
| BSCB-2009-10/3           | 2009 | Birmingham          | Immigrant                                      |
| Child J and Child L      | 2009 | Lewisham            | Immigrant                                      |
| BSCB-2009-10/2           | 2010 | Birmingham          | Immigrant; Asylum                              |
| Rachel (Child R) SCR0310 | 2011 | Gloucestershire     | Immigrant                                      |
| Child G                  | 2011 | Southwark           | Immigrant                                      |
| Child CH                 | 2015 | Haringey            | Immigrant; Asylum                              |
| Child R                  | 2015 | Southwark           | Immigrant                                      |
| Child S                  | 2016 | Greenwich           | Asylum   |
| Diljeet                  | 2016 | Bradford            | Immigrant                                      |
| Child H1                 | 2017 | Manchester          | Asylum   |
| Child GI                 | 2018 | Manchester          | Asylum   |
| Child G                  | 2018 | Wolverhampton       | No Recourse to Public Funds; Immigrant         |
| Child M                  | 2018 | City & Hackney      | No Recourse to Public Funds; Immigrant         |
| Child N & O              | 2018 | City & Hackney      | No Recourse to Public Funds                    |
| Ellie                    | 2018 | Medway              | No Recourse to Public funds; Immigrant; Asylum |
| Child L1                 | 2018 | Manchester          | Immigrant                                      |
| Child I                  | 2019 | Hertfordshire       | Asylum   |
| Child U                  | 2019 | Greenwich           | immigration; No Recourse to Public Funds       |
| Child K                  | 2019 | Lambeth and Bromley | Immigration; No Recourse to Public Funds       |
| Baby T                   | 2020 | Redbridge           | Asylum; No Recourse to Public Funds            |
| Child A                  | 2020 | Greenwich           | Immigrant                                      |
| Helen                    | 2020 | Salford             | Immigration; Refugee; Migrant; Asylum          |
| Leo                      | 2021 | Thurrock            | No Recourse to Public Funds; Immigrant         |
| Child P1                 | 2021 | Unnamed             | No Recourse to Public Funds; Asylum            |
| Child AZ                 | 2021 | Northamptonshire    | No Recourse to Public Funds                    |

families with NRPF in London (Jolly et al., 2020; Price & Spencer, 2015), or a greater likelihood that London-based reviews would identify NRPF status than those outside the capital.

## FINDINGS

Findings were grouped into two overarching themes of 'children's and family experiences', and 'agency responses' (See Table 2 below).

TABLE 2 Coding tree

| Analytical theme                     | Descriptive code  | Number of references | Case reviews  |
|--------------------------------------|---|----------------------|---|
| Children's and families' experiences | Physical health   | 10                   | Child G, Child M, Child S, Child AZ, Child L, Child G1, SCR0310, Diljeet, Ellie, Baby T   |
|                                      | Mental health   | 12                   | Child G, Ellie, Child I, Child S, Child L1, Diljeet, BSCB-2009-10-3, Baby T, Child A, BSCB-2009-10.2, Child R, SCR 0310                                       |
|                                      | Violence and abuse                                      | 14                   | Child G1, Child G, BSCB-2009-10.2, Child CH, Child I, Child K, Child M, Child A, Diljeet, Child P1, Child AZ, Baby T, Helen, Ellie,                           |
|                                      | Housing   | 12                   | Baby T, Child G1, Child K, Child U, Child AZ, Child R, Ellie, Child I, Child P1, SCR 0310, Child G, Diljeet, Child S  |
|                                      | Immigration   | 14                   | Child K, Child U, Ellie, Child I, Child G, Leo, Child CH, Child S, Child M, Child G1, Child K, SCR0310, BSCB-2009-10-3, Child U.                              |
| Agency responses                     | Language and culture                                    | 11                   | BSCB-2009-10.2, BSCB-2009-10-3, Child U, SCR0310, Child G, Child S, Child AZ, Baby T, Child R, Diljeet, Child G1  |
|                                      | Community support                                       | 9                    | Child G, Child H1, Ellie, Child I, Child AZ, BSCB-2009-10-3, Diljeet, Child N, Child O,   |
|                                      | Destitution as a safeguarding concern                   | 8                    | Child AZ, BSCB-2009-10-3, SCR 0310, Child G, Child G1, Child L1, Ellie, SCR 0607,   |
|                                      | Information sharing                                     | 8                    | Child G, Ellie, Child J and Child L, Child AZ, Child K, Child G, Baby T,  |
|                                      | Inadequate, knowledge, support and missed opportunities | 17                   | Child G, Ellie, Child J, Child L, Child AZ, Child K, Baby T, Child U, Diljeet, BSCB-2009-10-3, Child H1, Ellie, Child I, Child H, SCR 0310, Child G1, Child R |

## Children's and Families' experiences

### Physical health

Two SCRs found that children had not received immunisations and one mentioned the family's lack of healthcare access. One child experienced global developmental delay which resulted in Special Educational Needs. Hunger and malnutrition were mentioned in a number of studies. One child was recorded as 'crying for food', other reviews stated school concerns about child hunger, including taking extra food at school, stealing food from other children and becoming stressed when refused extra helpings. In another review, school staff noted that children were undernourished, poorly clothed, grubby and destitute and were referred to the school nurse because of concerns about eating. The report summarised that

Their day to day lives were characterised by poor care and inadequate diets.

Child I had limited age-appropriate food at home, and unsanitary conditions, including a rusty fridge. Ellie's SCR noted a lack of food in the flat at the time of her death, and Baby T's mother had been homeless and reliant on strangers for food and other essentials.

Parental ill-health was also frequently mentioned. Diljeet's mother experienced chronic conditions, including hyperthyroidism and headaches, and Ellie's mother's health condition formed the basis for her application to remain in the UK on compassionate grounds. Child I's mother presented late in pregnancy, despite complications with a previous pregnancy. Others sought help outside of mainstream health services, including local unregistered health advisors.

### Mental health

Several reviews mentioned social isolation for new arrivals in an area; being geographically distant from friends or family; being new to the UK without a support network, or because of estrangement from the family. Sometimes this isolation was not identified as a concern by professionals, and isolation could interplay with existing mental health issues. Parental mental ill health was commonly identified, and in one case, a parent had been detained under the Mental Health Act. A range of conditions was referred to including paranoid schizophrenia, postnatal depression, PTSD, anxiety and depression. In one SCR, the parents had experienced persecution by police in their country of origin before claiming asylum in the UK, which may have exacerbated their anxieties about interactions with police. In other situations, children displayed behaviours at school which might have been symptomatic of trauma, including disruptive behaviour and biting teachers.

### Violence and abuse

Domestic violence was mentioned in numerous reviews and was sometimes exacerbated by immigration status. As an undocumented migrant, Child G was noted to be particularly vulnerable to exploitation and abuse. One mother became vulnerable after her student visa expired and she was not legally entitled to work or claim benefits, leaving her financially dependent on the perpetrator. Ellie's mother was pressured by her partner to terminate her pregnancy, and when she refused, he threatened to try to get her deported.

Long-term poverty also increased the risk of exploitation and abuse. One SCR noted that the mother's isolation and lack of access to public funds led to debt and exploitation by those to whom she owed money. Child R was at risk of sexual exploitation and involved in gang activity; Baby T's mother described coercive experiences with an 'agent' and Helen was a survivor of trafficking.

## Housing

Precarious and unsuitable accommodation and homelessness were themes that arose in many of the reviews. Baby T's mother had been homeless, as had G1's mother after a relationship breakup. Child K's mother had slept in a park. Homelessness also affected children. Child U became homeless when she was 4 weeks old. Child AZ's family were evicted due to rent arrears while the mother was 34 weeks pregnant. When the family were taken to A&E after being found in a park at 10 pm on the day of eviction, staff noticed that

the family appeared to have few possessions, apart from the clothes they were wearing, and the children had no socks or shoes.

Available accommodation was often insecure or temporary. Child R shared a bed with her mother at a friend's house, and Ellie and her mother lived at a series of temporary addresses with friends. These arrangements could collapse suddenly. In 2015, Ellie spent a weekend sleeping rough after needing to leave a friend's house, impacting the family's health due to 'inadequate food [and] inability to wash or properly care for Ellie'.

The accommodation was sometimes inappropriate for children. Police described Child I's home as 'neglected', damp and mouldy, and Leo's house also had mould problems. Two SCRs referred to overcrowded housing, including five adults and seven children in a two-bedroomed house. Even accommodation provided under section 17 of the Children Act 1989 was sometimes inappropriate. Child G's section 17 accommodation had no appropriate safety equipment for the baby, and child K's family were given damp and cold accommodation after being rehoused in the Midlands by a London borough.

Insecure housing had other consequences. The inability to provide proof of address or ID sometimes prevented access to healthcare. Child G and his mother lived in Southwark but could not provide proof of address, so they registered with a doctor in Lambeth, complicating the provision of antenatal health services. Similarly, Diljeet's mother could not register with a local GP when she moved to Bradford and had no access to primary care for the 3 months after moving.

The precarity of tenancies and frequent house moves had implications for children's welfare. Child S moved on four occasions in just 18 months across four London boroughs, and although Child K lived in Bromley at the time of his death, he was not known to any agencies in the borough. When Child G and his mother were moved to the Midlands, children's services did not inform the receiving authority of the family's presence in the city or share a copy of the assessment. Ellie's frequent moves meant that no holistic assessment of needs was ever completed, which reduced both continuities of care and opportunities for consistent monitoring. Child A was out of school for long periods, partly because of moving boroughs.

Diljeet's isolation increased when they were moved to Yorkshire, where they did not know anyone. In this case, the move was for safety reasons, but in three SCRs, moves were to reduce local authority housing costs, even despite the concerns of friends and family. Families were moved out of London if they could not provide a sufficient reason to stay, depleting support networks. Child K's mother felt



that she had “been dumped in the middle of nowhere” after being rehoused, making her immigration case more difficult to resolve now she was far from her solicitor, and prevented the continuation of support to address the domestic violence she had experienced. Child S's review concluded that the move away from extended family in London might have made them more vulnerable.

## Immigration

Where immigration status was mentioned, families usually come to the UK on a visa to visit or study and then overstayed. Less frequently, the family were asylum seekers. In some circumstances, attempts to regularise immigration status have been rejected by the Home Office. Child G's family's application for leave to remain was rejected because of an unpaid fee. Leo's immigration status did not get resolved because the family did not have the funds to apply. For others, immigration issues were complicated by delays in Home Office decision-making or when different family members had different legal statuses. This also made it difficult for professionals to understand children's entitlements to services, particularly, when records incorrectly recorded immigration status. Nonetheless, professionals could play a key role in supporting children and families to regularise their immigration status and access other support services. Child K's social worker obtained a signature from the child's father allowing her to register as a British citizen and later wrote a letter of support in the mother's successful application for leave to remain.

Irregular immigration status made some families reluctant to seek help. Child G's review noted that fear of information sharing with the Home Office acted as a barrier to engagement with services. The need to avoid the attention of immigration enforcement was a motivation for avoidant behaviours in Child M's case. Social isolation and lack of friends, family or other support networks compounded this fear for Ellie's mother. Children sometimes expressed these fears—Child G1 told teachers that they were afraid their mother would go to prison.

As well as having NRPF, many families did not have the right to work in the UK. This increased their vulnerability and dependency on support services. Despite being well-educated and skilled, Ellie's mother was not allowed to work and was dependent solely on the payments she received under section 17 of the Children Act (1989). Others worked in the informal economy, putting them at risk of labour exploitation.

## Agency response

### Language and culture

English was not always the children and family's first language. Language issues were discussed in some reviews, although we are not always adequately recognised. Letters and phone calls inviting one family for a health visitor appointment were in English, and when no response was received, no appointment was made. In other cases, professional interpreters were not used even if parents did not speak English, leading to family perspectives not being understood. Friends or family members were commonly used as interpreters, with implications for confidentiality. In one case, this contributed to keeping the mother in ‘an isolated and potentially oppressed position’ with a lower standard of care (SCR 0310). Other reviews highlighted interpreting practices such as using Google Translate; booking the wrong interpreter or conducting visits without interpretation because none was available.



There were examples where the ethnicity of the child was missing, incomplete, inconsistent, or difficult to find, as was also found in Bernard and Harris' (2019) review. Diljeet's ethnic origin and religion were recorded, but little consideration was given to how these might impact their lives or the service delivery. In other cases, information was never confirmed with the family—so services did not know what language the family spoke. Child R's 'unique diversity needs' were not recorded in her Children in Care Reviews, and another SCR found that race, culture or religion was not taken into account. Professionals felt uncomfortable asking about the cultural background and so made assumptions which then informed assessments and plans.

## Community support

In the absence of public funds, community-based support was frequently accessed. This could be periodic and limited support from friends and family but sometimes went beyond financial support to emotional support and advocacy—such as accompanying families to meetings. Informal support sometimes continued when families were rehoused. When Child G was moved out of London, relatives put the family in touch with a local church. Professionals saw this as a positive influence and detailed the ways the church supported, including shopping, food aid, transport, emotional support and children's activities.

Child H1's mother attended a local church with her children, congregants visited her when she was in the hospital and the children spoke warmly of church members as 'uncles, aunts and godparents'. Ellie's mother also attended prayer meetings and church services. Child I's family attended church, receiving support but less regularly, and Child AZ's parents told the reviewer that they did not feel isolated because they were supported by local church members. Although practitioners were generally supportive of church involvement, they were also aware that it was not always positive. However, they were sometimes not confident to follow up on concerns, such as when churches discouraged families from accessing healthcare. This meant that opportunities for providing better support through faith communities were missed, as were opportunities for identifying risks or unhealthy practices.

In other cases, specialist charities provided support. For instance, one organisation supported a family after eviction and was described as making: 'enormous efforts to remain in contact' with the family. Diljeet's refuge key worker maintained frequent contact, helping with issues such as accessing health and community services, regularising immigration status, emotional support and applying for benefits. Leo was helped with groceries, furniture and clothing by a charity. Finally, a charity paid for Ellie's Bed and Breakfast accommodation when they were homeless and had been refused local authority support. Despite the role of charities in supporting families, childcare professionals were not always aware of local specialist services for families with NRPf, or the value of involving them. Child G was not referred to the local refugee and migrant centre, even though this may have reduced the mother's social isolation and helped regularise their immigration status.

## Destitution as a safeguarding concern

Child AZ's review commended the 'compassion and concern' of hospital staff who provided the family with food and other essentials when they were homeless. However, sometimes destitution was not seen as urgent or as high risk as other situations. Child G1 was referred for a child in need assessment due to destitution. An initial assessment commenced but was incomplete when the allocated worker moved job 3 months later. In another case, an initial assessment was allocated to a social

worker but was never completed. Child G's needs assessment was completed but was not updated in the 3 years of NRPF team involvement.

In three other cases, even though the child was destitute, assessments concluded there were no safeguarding concerns and closed the case. The assumption of low risk of harm, because there was no parental abuse or neglect, rested on assumptions of access to public funds which were not available to people with NRPF. Child G's review described professionals taking a 'light approach' because the only need was destitution, so no child in need plan was written, and intervention was not well co-ordinated, downplaying the harms of living without access to essential living needs or accommodation. In another case, children's services closed the case of a homeless family with NRPF and told the family to approach the NRPF team rather than following up themselves.

In another example, despite professionals knowing the family had NRPF, and concerns that the children were poorly dressed and undernourished; no further assessment was made to understand the family's needs and the circumstances of the children. In yet another SCR, despite the children being undernourished, no assessment was initiated, which the review described as a 'cultural deficit' where low standards of care became accepted for families with NRPF.

## Information sharing

Reviews expressed concerns about the lack of data sharing when moving from one local authority to another; the absence of a working formalised notification system when children were moved and not providing a family with details of support services in their new area. For instance, there was no MARAC transfer when Diljeet moved regions, so when the health visitor enquired to see if the child was known to children's services this was not picked up. Child A's SCR noted a lack of communication with housing, and between children's services and the police.

Information was not shared between GP surgeries and health-visiting teams that Diljeet's mother had been a victim of domestic violence, or that a child had been registered with the surgery. The lack of a systematic communication pathway between GP practices and health visiting or school nurses about the registration of a child from out of the area was described as the most significant missed opportunity to have supported both mother and daughter more effectively.

The lack of information sharing for child welfare or safeguarding contrasted sharply with well-developed information-sharing processes for immigration control purposes. All but two local authorities where reviews took place were members of the NRPF Connect database, enabling them to automatically share information with the Home Office Interventions and Sanctions Unit. Of the two authorities who were not NRPF Connect members, one had an Immigration Officer embedded within children's services enabling them to sit in on assessments and question families.

Suspicion and scepticism from professionals towards families with NRPF were common. An assumption that families were not really destitute and were fraudulent sometimes took precedence over child welfare concerns. In Child G's case, the NRPF team monitored social media accounts for evidence of fraud. The only time the housing provider visited Ellie was to ensure that the family was not 'harbouring' another person in the flat and to check that the family had not stayed with friends over Christmas. The review noted that

Practice focused exclusively on the use of the property rather than the welfare of its occupants.

Although no evidence that migrant families are more dishonest than other service users was reported in any SCR, the assumption was pervasive and was a barrier to children and families getting support.

## Inadequate, knowledge, support and missed opportunities

Professionals did not always understand NRPF, the specialist role of NRPF teams or the differing entitlements that various immigration statuses conferred. Sometimes, there was a lack of clarity about immigration status. Child J was variously described as: 'unaccompanied child', 'privately fostered', 'no recourse to public funds', 'a child in need of protection', 'looked after', 'placed with an approved carer' or a 'kinship carer awaiting approval'. This lack of understanding of the difference between these different statuses and procedures led to inappropriate advice being offered. Ellie was initially refused section 17 support despite presenting to the local authority as destitute. Others were refused support under Section 17 because they had NRPF, even though the Children Act 1989 is not classed as a public fund in the Immigration Rules.

When Child M's mother contacted children's services asking for help when she was becoming homeless, she was signposted to the housing team, despite being ineligible because of having NRPF. Child AZ's family was initially refused emergency accommodation because the father could not prove eligibility and later became homeless. In another example, a mother with NRPF was moved to Nottinghamshire because she could not access a women's refuge in London. However, as the review identifies, the local authority could have chosen to pay for the refuge place using section 17. Sometimes, it was the Home Office that refused support. Child G's mother had applied for leave to remain, asking for the remission of fees because she was destitute. The Home Office refused the fee waiver because of insufficient evidence of destitution. In another example, a mother applied for a maternity grant from the Home Office but was refused in error. It was eventually granted nearly a month later after a voluntary sector agency helped her to appeal.

When Section 17 subsistence payments were provided, they were sometimes extremely low. Child G's family were given £65 a week for a family of three, some of which were in the form of food vouchers. The review noted that this was

Considerably less than a similar family in receipt of benefits would receive.

As the family were not permitted to work, this was the family's only regular income. Ellie was also given subsistence support in supermarket vouchers instead of cash, making it more difficult to pay for other living needs such as transport costs.

Numerous missed opportunities were identified when families contacted services, but professionals did not understand people's entitlements. One review concluded that if professionals had probed further, they might have found that the family had entitlement to support. For child U, professionals did not explore how the mother's status as an overstayer contributed to her anxiety, dependence on her partner and unlawful employment.

Professionals often did not explore the reasons that families presented as hard to reach or engage, sometimes closing cases rather than exploring further. When families lost contact with services, this was sometimes not followed up. When child H's care order ended, the agency lost contact after receiving a letter from the Home Office saying the family was liable for deportation. In other examples, other professionals made referrals to children's services but did not receive a response, and no record was made of the referral or relevant multi-agency discussions were not recorded.

## NRPF and immigration status in SCRs

Reviews themselves did not always fully understand the issues around NRPF, immigration status and welfare conditionality. Information on immigration status was frequently inaccurate. Child AZ's review described the family as having NRPF, but later on, the same page referred to receiving DLA, and claiming housing benefits. Child G1's SCR was unable to find out how long the family had been in the UK or the immigration status of the father at the time of the events in the review. Similarly, although Child H1's review had consulted case records, assessments, case conference minutes and plans, there was no clear understanding of the family's immigration status or nationality in any paperwork. Child I's review expressed surprise that the family had not thrived in the UK when other people with the same nationality had done, not taking into account the different immigration statuses amongst co-nationals, and their impact on entitlements to welfare support.

This lack of understanding was repeated in other reviews. One review stated that 'K was a UK citizen by birth', however, British citizenship is not based on country of birth, but on parental immigration status. Similarly, the reluctance of people with an irregular migration status (or previous traumatic experiences of the authorities in their country of origin) to engage with state services was not always understood. Ellie's mother's reluctance to provide an address was interpreted as evasiveness, leading to support being refused by children's services, but the SCR did not comment on this barrier, instead suggesting that the referral was handled "in an efficient and sensitive manner".

Another example is the assertion in Child S's review that

UKBA did not have any specified responsibility to consider the needs of the newly arrived other members of the family.

Statutory guidance to the then UK Border Agency on safeguarding and promoting the welfare of children was published in November 2009 (UKBA/DCSF, 2009), which would have applied to Child S's siblings. Unfortunately, the review did not appear to be aware of either this guidance or the legal duty in Section 55 of the Borders, Citizenship and Immigration Act 2009, which underpinned it.

Some reviews did make recommendations about NRPF status. Examples include recognising that an understanding of the implications of NRPF for family life was vital in responding to children's needs, and understanding behaviours, anxieties and social isolation. Leo's review described the family's inability to work or claim benefits as 'the nub of the issue'. Another SCR stated that the mother's immigration status and lack of recourse to public funds were the two key themes of the case. There was also acknowledgement of the inconsistent application of Section 17 duties towards people with NRPF. Recommendations of clear NRPF guidance and procedures and for these to be disseminated widely were made in several SCRs. Ellie's review concluded that

lawful and efficient responses are not always enough to compensate for the very particular vulnerabilities of the extremely marginalised group represented by those who have no recourse to public funds.

## DISCUSSION

The reviews all took place following child deaths or serious abuse or neglect, however, this article has not focused on the circumstances of these tragedies and has not sought (and would not be able) to conclude whether the serious abuse or death was predictable or preventable. Instead, we have sought

to deepen our understanding of the lives of children and families who are marginalised by their lack of access to resources available to other families. A limitation of the study is that not all SCRs are deposited with the NSPCC, so our numbers likely to be an underestimation. Also, the reviews do not include situations where abuse or neglect did not result in death or serious harm or situations where death or harm was not caused by abuse or neglect, and so are not representative of all children with NRPf. However, the experiences of living with NRPf as described in SCRs were often very similar to the experiences of other families with NRPf (Jolly et al., 2022).

The Social Model argues that when thinking about the relationship between poverty, parenting and CAN, an understanding of systemic causation requires us to move away from models of assessment that focus on individual blame and responsibility, to thinking in contextual, interactional and dynamic ways about families' lives, and the economic, social and cultural barriers faced by families (Featherstone et al., 2018). The findings from this study suggest that the social and economic contexts of the families' lives caused harm to children and diminished the capabilities of their parents to care for them safely due to institutionalised exclusion from welfare safety nets. NRPf status confers vulnerabilities due to limited income, precarious housing, uncertain immigration status, and inadequate, often hostile, interactions with professionals. The findings from our review contribute to understanding how these factors can interact to the detriment of children's welfare.

Marginality, precarity and powerlessness framed the lives of the children and families, and poverty and its pervasive impacts were identified in many of the reviews. Some parents were unable to adequately feed their children due to low income, with children going hungry and experiencing emotional and physical harm as a consequence. Living in poverty impacts mental health (Friedli, 2009) and may well have contributed to the mental health difficulties experienced by many of the parents, linked for some to uncertain immigration status. Poverty also led to a greater risk of exploitation and limited abilities to leave abusive relationships, compounded by a lack of entitlement to some services and inadequate responses to legitimate requests. The SCRs show how destitution and extreme poverty manifested in families' lives and the inevitable harms experienced by children as a result. However, this was rarely viewed as a 'safeguarding' issue warranting the same attention as harm caused by parental actions or inactions. This exemplified a child protection system focused on parental behaviours rather than harm to children resulting from structural inequalities and Government policies (Featherstone et al., 2018).

A clear body of evidence demonstrates the negative effects of poor housing and homelessness on children's health and development, and substandard housing impedes parenting capacities (Cross et al., 2022). Insecure and unsuitable housing is a feature of many families' lives, with vulnerable families moving away from sources of support, both personal and professional, exacerbating social isolation and mental health difficulties, disrupting children's education and social relationships, and hampering communication between professionals. The systemic interactions of these factors were evident in the analysis of the SCRs, compounding difficulties for families and professionals attempting to maintain supportive and protective relationships. Social policies which exclude families subject to immigration control institutionalise discrimination and create harmful contexts in which it is more difficult for families to care adequately for their children.

Several authors have written about the 'culture of disbelief' and the impact of the 'hostile environment' on social workers and other professionals (Dickson & Rosen, 2020, Oliver 2020). The tension between child welfare and immigration control permeated organisational cultures and professional practice. Our analysis highlighted examples of families being treated with suspicion and, on occasions viewed as 'undeserving', at times families avoided professionals for fear of alerting the immigration authorities. This fear is not entirely unfounded. There are no formal firewalls between immigration and health and social care services in the UK (Hermansson et al., 2020), and Schedule 3 of the Nationality, Immigration and Asylum Act 2002 requires children's services to notify the Home Office of anyone in

their area who is in an 'excluded group' such as refused asylum seekers. The task of safeguarding and promoting the welfare of children is made more difficult when information sharing with immigration authorities takes precedence over communicating with children, their parents and other professionals.

Worryingly, the SCRs themselves were frequently ignorant about the implications of the NRPF rule, did not ask questions about immigration status, sometimes failed to identify poor practice, and occasionally repeated false or misleading information, indicative of the kind of 'institutional thoughtlessness' identified in the Windrush review (Williams, 2021).

## CONCLUSION

Our analysis of SCRs suggests that the NRPF rule was a barrier to ensuring that the children were cared for safely. Children experienced situations such as hunger and homelessness which directly resulted from their NRPF status, and support services did not always understand the implications of the NRPF rule for safeguarding children. The current child protection system in England focuses on the harm caused by parental action or inaction, with less attention given to social determinants of harm, and therefore is unable to consistently safeguard the welfare of children who are subject to immigration control.

Our analysis indicates that in order to safeguard and promote the welfare of children with NRPF, social workers and other professionals need to understand the implications of the NRPF rule and be supported by organisations to maintain up-to-date legal and procedural knowledge. Professionals must take into account the wider social, economic and political context in which children and families are situated in assessments and interventions. This includes recognition of the complex impact of poverty and related inequalities as a result of NRPF status on children's development and parents' capabilities, and how this intersects with immigration status. All of these factors impact also professional practice responses, and critical reflection on own and others' values in relation to immigration, race and poverty is essential, as is challenging discriminatory policies and providing advocacy. The challenges facing many families with NRPF status are significant, as is the harm many children experience through institutionalised exclusion. Migrant support, religious and other community organisations were highlighted as providing important support and building alliances between professionals, families with NRPF, advocacy and other community organisations is crucial for the promotion of the welfare and rights of some of the most vulnerable children in our society.

## CONFLICT OF INTEREST

The authors have no conflict of interest to declare.

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are openly available in NSPCC National Case Review Repository at <https://learning.nspcc.org.uk/case-reviews/national-case-review-repository>.

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## ENDNOTE

<sup>1</sup> Destitution is defined in Section 95(3) of the Immigration and Asylum Act 1999, as lacking adequate accommodation and/or the ability to meet essential living needs.



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