

Social Work with No Recourse to Public Fund Migrants: Obstacles and Strategies

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Abstract

Migrants with no recourse to public funds (NRPFs) are vulnerable to destitution due to the NRPF condition attached to their immigration status. In this quantitative study, fifty-five social workers in England completed an anonymous online survey identifying the obstacles faced in their practice with NRPF migrants and any strategies they developed to overcome these impediments. Informed by the Theoretical Domains Framework, the study identified four main obstacles when working with NRPF migrants: lack of resources to support NRPF migrants; lack of knowledge/skills; negative attitudes from colleagues and insufficient institutional support. Compared to their local authority counterparts, NHS social workers expressed lower levels of confidence in their knowledge and skill level, and received less specific training, organisational guidance and support in their work with NRPF migrants. A 4-fold typology of strategies used by social workers to overcome obstacles was devised from responses to an open-ended question. In addition to the need for more resourcing, the findings suggest a need for social work education and training on how to effectively support NRPF migrants using extant legislation and agencies, and suggest knowledge exchange to promote inter-agency collaboration.

Keywords: hostile environment, infrastructural power, migration, no recourse to public funds, social work, theoretical domains framework

Accepted: September 2023

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Introduction

The last two decades have witnessed vigorous growth in international migration, increasing from 173 million in 2000 to 281 million by 2020 (United Nations Department of Economic and Social Affairs, 2020). Whilst the vast majority of international migrants are unlikely to ever require the support of social workers (Jolly, 2018a), those that do are amongst the most vulnerable and marginalised in society. This is particularly the case for migrants with No Recourse to Public Funds (NRPFs; Jolly, 2018a), hereto 'NRPF migrants'.

NRPF migrants are 'subject to immigration control' and have an NRPF condition attached to their immigration status, excluding them from accessing public funds, including the mainstream benefits system, public housing and local authority (LA) homelessness aid. According to the NRPF Network, NRPF migrants include:

- 'asylum-seekers;
- refused asylum-seekers;
- special visa categories, such as spousal, student and some human rights cases;
- people who have overstayed their visas;
- undocumented or irregular migrants;
- some European Economic Area (EEA) migrant cases and
- people who have leave to remain but with an NRPF condition' (cited in Farmer, 2017, p. 359).

Determining the number of individuals with NRPF in the UK is acknowledged by the Government to be challenging (Home Office cited in Benton *et al.*, 2022, p. 6). However, a recent study estimated the figure to be around 2.2 million (Benton *et al.*, 2022).

The 1999 Immigration and Asylum Act was a seminal piece of UK legislation designed to create a 'hostile environment' for migrants deemed undesirable (Allsopp *et al.*, 2014, p. 14). This Act excluded asylum-seekers from the benefits system and dispersed them throughout the country, increasing the risk of destitution and social isolation (Sales, 2002), with the aim of deterring asylum-seekers from coming to the UK and disincentivising those whose asylum application was denied from remaining in the country (Parker, 2020). The Nationality, Immigration and Asylum Act (2002) further compounded the prospect of destitution as it largely removed asylum-seekers' right to work. The 2014 and 2016 Immigration Acts intensified the hostile environment as they 'created a legislative framework for criminalising the rental of accommodation to undocumented migrants, new sanctions for illegal workers and their employers and restrictions on undocumented migrants opening bank

accounts or holding driving licences' (Jolly, 2018a, p. 190). The coronavirus pandemic also exposed the vulnerability of NRPF migrants who have the right to work in the UK but have no access to social security benefits if they cannot work, placing them at an increased risk of destitution (Hines and Leishman, 2023).

According to Griffiths and Yeo (2021), these dire outcomes are not unintended consequences of state policy but pivotal to its functioning and teleology. The UK's immigration infrastructure was initially developed following the disintegration of the British Empire and 'reflected a political drive to control the entry of racialised and dispossessed former colonial peoples' (Griffiths and Yeo, 2021, p. 524). Scholars have argued that immigration policy in the UK retains a strong racial dimension (Turnbull, 2017; El-Enany, 2020), with the hostile environment 'legitimising and even encouraging racism and xenophobia' (Griffiths and Yeo, 2021, p. 533).

Mann's concept of 'infrastructural power', defined as 'the capacity of the state to penetrate civil society, and to implement logistically political decisions throughout the realm' (Mann, 1986, p. 113) can be used to understand the societal diffusion of the hostile environment (Morgan, 2023). In the UK, the state has 'deputised' (Griffiths and Yeo, 2021, p. 536) a plethora of actors to enforce immigration policy during routine interfaces. Landlords, employers, bank workers, school officials, police, health and social care practitioners and even marriage registrars, have all been co-opted into this system, as they are compelled to check immigration status or face significant penalties. Social workers are amongst those identified as potential border control deputies (Griffiths and Trebilcock, 2023). Humphries asserted that 'the balance has shifted decisively towards control, restriction, surveillance and ultimately exclusion' (2004, p. 94), and Farmer identified a shift from "gatekeeping at the border" to "gatekeeping access to services" (2017, p. 365), with social workers acting as 'border-guards'. Jolly similarly highlighted the 'ambivalent role of social work', where practitioners are caught between their commitment to 'social justice' and 'human rights' whilst also being asked to exercise 'exclusionary policies' (2018a, p. 191). As well as being members of a value-based profession, social workers are also constituents of society and therefore not immune to the influence of a culture hostile to 'unauthorised' migrants and its concomitant racial associations. A recent survey by Gurau and Bacchoo (2022) illustrated a level of racism amongst social work practitioners and found that 9 per cent had experienced racism from a colleague or manager in the previous year.

However, since infrastructural power relies on the cooperation of multiple actors and power is a 'two-way street' (Morgan, 2023, p. 1081), there exist opportunities for 'deputised' actors to resist. Morgan (2023,

p. 1081) cites multiple examples of how unions, charities, schools and administrators adopted various resistant strategies, from 'bureaucratic foot-dragging' to coordinated campaigns.

Masocha's (2014) study of social workers in Scotland found frustration at the lack of training and guidance when working with asylum-seekers, as well as the poverty of resources available. Masocha reported that social workers typically used rhetorical strategies to depict themselves as advocates for asylum-seekers, levelling the blame for their plight at structural deficiencies, thus alleviating themselves from any complicity and circumventing 'potential charges of discriminatory or oppressive practice' (2014, p. 1632). Jolly's work repeatedly refers to the structural obstacles faced by social workers, reporting that the undocumented migrants he interviewed exhibited multiple levels of 'statutory neglect', including 'failure to provide adequate food, clothing and shelter' (2018a, p. 192). Elsewhere, Jolly highlighted the difficulties where social workers are required to make 'complex ethical decisions about whether to implement a policy which conflicts with social work standards, professional capabilities, values or ethics' (2018b, p. 112). He argued that this is yet more complicated since there is no 'statutory guidance' directing social work practice with NRPF migrants, which can lead to 'confusion about rights and entitlements' (2018b, p. 100).

Other researchers have explored how social workers attempt to overcome these obstacles. Robinson and Masocha (2017) interviewed thirty-four social workers in England and Scotland who found 'creative ... ways to navigate these problems' (p. 1528) using 'discretionary power' (p. 1525). However, details of these 'creative' strategies and discretionary powers were not presented. Mostowska's (2014) study of social workers in Copenhagen and Dublin engaged with homeless EU migrants identified three broad strategies and provided examples of how social workers attempted to support migrants excluded from the mainstream benefits system. First, 'submissive' strategies whereby social workers comply with government guidelines, such as contacting embassies or migrant-specific organisations and recommending migrants return to their country of origin. Second, 'subversive' strategies which undermine government policies, such as offering 'anonymous help' (p. i24) by choosing not to disclose/record service-users' nationality and immigrant status when not mandated to do so. Finally, 'innovative' strategies where social workers were involved in 'seeking more "structural", long term solutions' (p. i24), such as generating private funding for migrant projects and activist endeavours, including 'campaigning, advocacy and research' (p. i25). Whilst findings from studies conducted in different countries (within the UK and beyond) are not directly comparable due to differences in legislative frameworks, funding and cultural contexts, they nonetheless

indicate some of the challenges and considerations facing social workers when they encounter NRPF migrants.

Previous research has largely been qualitative. This study utilised a quantitative research design to obtain data from a larger number of social workers about the obstacles faced in their practice with NRPF migrants and the strategies developed to try to overcome some of those obstacles. The study sought to answer the research question: What type of problems do social workers encounter whilst working with NRPF migrants, and what strategies are used to attempt to overcome those obstacles?

Methods

Research design

The study adopted a quantitative cross-sectional research design in the form of an anonymous online self-administered survey, using *Qualtrics* software. The benefits of this design include low cost, the convenience for participants to complete the survey in their own time, broad reach and, arguably, its lack of ‘interviewer-related biases’ (Vehovar and Manfreda, 2017, p. 144). Anonymous online surveys are also anticipated to reduce social desirability bias thus resulting in more honest responses, particularly on sensitive issues (Larson, 2019). The disadvantages, however, include the potential for participants to misunderstand questions, with no opportunity to clarify meanings, and the lack of nuance (Dalati and Gomez, 2018). Further, conscious or unconscious bias may inform the design and framing of survey questions and/or the interpretation and communication of responses (Buetow and Zawaly, 2022). This was mitigated as far as possible by piloting the survey, giving equal space for open-text responses to different questions and the researchers discussing the design and results to reflect on potential biases. However, not all the survey questions were neutral. Some questions were positioned from a value base of assuming that social workers should treat migrants well irrespective of their legal status. Whilst there were options to disagree with the positively framed statements, this may have affected responses.

Measures: theoretical domains framework

The survey design was based upon the validated Theoretical Domains Framework (TDF, version two) which synthesises thirty-three behaviour

change theories into fourteen domains (Atkins *et al.*, 2017). Developed by implementation researchers and behavioural scientists, the TDF attempts to ‘simplify and integrate a plethora of behaviour change theories’ (Cane *et al.*, 2012, p. 2). The TDF is a theoretically informed framework, not a theoretical perspective in itself, and is particularly helpful in exploring the ‘barriers and facilitators’ of various practices and interventions (Atkins *et al.*, 2017, p. 3).

The TDF provides a useful structure to explore the obstacles, solutions and approaches of social workers to particular interventions, practices and conundrums. This framework was chosen as its prescribed domains (see Table 2) dovetailed with the research question. The authors anticipated that an exploration of each domain would highlight the challenges and considerations facing social workers when they encounter NRPF migrants within a hostile environment and in the context of a lack of material resources to support them. This in turn could help to inform practice.

In this study, thirteen of the fourteen domains were considered relevant and thus used (Atkins *et al.*, 2017), two of which were combined for pragmatic reasons. Generic domains include categories such as ‘knowledge’, ‘skills/beliefs about capabilities’ and ‘social/professional role and identity’. Whilst the TDF provides a structured research agenda through its domains, users must devise their own questions within each domain heading (see examples by Paudyal *et al.* (2019) and Huijg *et al.* (2014), which guided the authors in devising survey questions for this study). For example, in the domain ‘Behavioural Regulation’, defined as ‘Anything aimed at managing or changing objectively observed or measured actions’ (Huijg *et al.*, 2014, p. 4), participants were asked to rate their level of agreement with the statement: ‘I have developed strategies to overcome the obstacles faced when working with NRPF migrants’. Whilst the questions largely focused on the competencies of working with migrants, some questions did focus on attitudinal or value statements, for example, ‘My inability to effectively support NRPF migrants presents a challenge to my professional values’ and ‘If I effectively advocate on behalf of NRPF Migrants, I feel like I am making a positive impact’.

The survey consisted of thirty closed, mostly forced-response, questions, using five-point Likert-style attitudinal and agreement scales (see Table 2). Participants were also asked demographic questions, their experience of working with NRPF migrants, and two optional open-ended questions asking about any strategies they used to work with NRPF migrants and any further comments.

Ethical considerations

The information sheet formed the front page of the survey to ensure participants had the option to read it. The next page presented a series of consent statements and the survey would only open if participants clicked to confirm that they agreed with each statement. No identifying participant information was requested and responses were submitted anonymously thus ensuring anonymity and confidentiality. Participation was voluntary and no incentives were offered. The study received ethical approval from the social policy and social work departmental ethics committee of the University of York (Ref: SPSW/MTA/2019/7).

Eligibility and recruitment

Participants had to be registered social workers practicing in voluntary or statutory settings in England.

Recruitment blurbs were circulated online via social work organisations and special interest groups, including The British Association of Social Workers (BASW); BASW's Immigration, Asylum and Trafficking Special Interest Group; The Social Workers Union; the NRPF Network and mental health charity Think Ahead. Additionally, the study was publicised through the researchers' twitter accounts and networks. This snowballing technique meant that the study was advertised nationally to all social workers and also targeted at those with an interest in immigration and asylum. The survey was live from April to June 2020. Respondents were asked to focus on their practice in non-pandemic conditions, prior to the coronavirus pandemic.

Data analysis

Quantitative data were analysed using SPSS (version 26) and reported using descriptive statistics. Open-ended questions were thematically analysed, whereby themes and patterns were derived inductively from the data (Joffe, 2012). Analysis of strategies social workers reported to use or have used to support NRPF migrants led to the development of a new 4-fold typology.

Results

Sample

Fifty-five social workers completed the survey. Respondents were mostly female (69.1%, $n=38$), employed in statutory services (89%, $n=49$), with thirty (54.5%) working in LA and nineteen (34.5%) working in NHS settings, and the rest working in charitable (7.3%, $n=4$) or independent sectors (3.6%, $n=2$). Almost three-quarters of participants worked in mental health (43.6%, $n=24$) or family and childcare services (29.1%, $n=16$), with the rest (27.3%, $n=15$) working across other sectors, including migrant specialist services (16.4%, $n=9$). All but one family and childcare practitioners worked for an LA, whilst over two-thirds of mental health social workers worked for the NHS (70.8%, $n=17$), with the rest (29.2%, $n=7$) working in LA settings. Most regions of England were represented. Years' experience in social work ranged from <1 to $20<$, with 1–5 years' experience reported most frequently (38.2%, $n=21$) and just over half (50.9%, $n=28$) reporting six or more years' social work practice experience (see [Supplementary Table S1](#)).

Experience of working with NRPF migrants

Almost half of participants (49.1%, $n=27$) reported working with NRPF migrants at least 1–3 times per month, of whom seventeen (30.9%) worked with this population daily. In contrast, two-fifths (41.8%, $n=23$) rarely worked with this group, with a small minority (9.1%, $n=5$) disclosing never having worked with NRPF migrants.

Respondents reported that NRPF migrants sought their help with a range of issues, from accommodation to mental health and education. The most common issues NRPF migrants sought support with were financial (32.7%, $n=18$), accommodation (23.6%, $n=13$) and mental health (16.4%, $n=9$), with a small minority citing immigration (9.1%, $n=5$) and family and childcare issues (3.6%, $n=2$) (see [Table 1](#)).

TDF analysis

The most notable findings are presented below, though all results, and definitions of each domain in the TDF, are displayed in [Table 2](#).

Table 1. Experience of working with NRPF migrants

Experience	<i>N</i> (%)
Frequency of working with NRPF migrants:	
Daily	17 (30.9)
1–3 times per week	2 (3.6)
1–3 times per month	8 (14.5)
Rarely	23 (41.8)
Never	5 (9.1)
Issues NRPF Migrants seek help with:	
Mental Health	37 (67.3)
Accommodation	45 (81.8)
Education	12 (21.8)
Financial	44 (80)
Family and childcare	20 (36.4)
Immigration	37 (67.3)
Other	5 (9)
Most common issue NRPF migrants seek support with:	
Mental health	9 (16.4)
Accommodation	13 (23.6)
Education	0
Financial	18 (32.7)
Family and childcare	2 (3.6)
Immigration	5 (9.1)
Other	3 (5.5)

Knowledge and skills/belief about capabilities of working with NRPF migrants

Participants reported mixed levels of confidence vis-à-vis their knowledge and skillset in working with NRPF migrants, with those practicing in LA settings expressing considerably more confidence than NHS social workers. Over half of participants strongly or somewhat agreed that they had a reasonable comprehension of immigration legislation (54.4%, $n = 30$), understood the rights and entitlements of NRPF migrants (56.4%, $n = 31$) and believed they had the necessary skills to support them (54.4%, $n = 30$). However, whilst roughly two-thirds of LA social workers expressed agreement across these three statements, only one-third of NHS practitioners agreed, indicating differences in confidence in knowledge and abilities to support NRPF migrants. Whilst three-quarters of those working in family and childcare reported some level of confidence, only one-third of mental health practitioners did so.

Half of respondents (50.9%, $n = 28$) strongly or somewhat agreed they were confident they could effectively advise NRPF migrants on their rights and entitlements, and 43.6% ($n = 24$) indicated that they received training to work with NRPF migrants. Over two-thirds of LA respondents expressed agreement, compared with only one-fifth of NHS practitioners. The vast majority of family and childcare social workers

Table 2. TDF domains, survey statements and responses

TDF domains	Domain definitions*	Survey statements	Responses n (%) Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Knowledge	An awareness of the existence of something.	I believe I have a reasonable understanding of Immigration Legislation.	12 (21.8)	18 (32.7)	6 (10.9)	11 (20)	8 (14.5)
		I believe I have a good understanding of the rights and entitlements of NRPf Migrants.	13 (23.6)	18 (32.7)	6 (10.9)	11 (20)	7 (12.7)
		During my social work training, my university/college provided instruction on how to work with NRPf Migrants.	1 (1.8)	0	4 (7.3)	16 (29.1)	34 (61.8)
		I know where to seek advice about working with NRPf Migrants.	25 (45.5)	20 (36.4)	2 (3.6)	7 (12.7)	1 (1.8)
		There are enough organisations offering advice on how to effectively support NRPf Migrants.	3 (5.5)	15 (27.3)	11 (20)	18 (32.7)	8 (14.5)
Skills/Beliefs about capabilities	An ability or proficiency acquired through practice/ Acceptance of the truth, reality or validity about an ability, talent or facility that a person can put to constructive use.	I have received training to work with NRPf Migrants.	8 (4.5)	16 (29.1)	7 (12.7)	11 (20)	13 (23.6)
		I believe I have the necessary skills to support NRPf Migrants.	14 (25.5)	16 (29.1)	7 (12.7)	16 (29.1)	2 (3.6)
		I am confident that I can effectively advise NRPf Migrants on their rights and entitlements.	11 (20)	17 (30.9)	5 (9.1)	15 (27.3)	7 (12.7)
Social/professional role & identity	A coherent set of behaviours and displayed personal qualities of an individual in a social or work setting.	It is my professional duty to advocate on behalf of NRPf Migrants.	37 (67.3)	13 (23.6)	5 (9.1)	0	0
		It is my professional duty to challenge my organisation if they do not support NRPf Migrants.	40 (72.7)	12 (21.8)	3 (5.5)	0	0
		My inability to effectively support NRPf migrants presents a challenge to my professional values.	27 (49.1)	15 (27.3)	10 (18.2)	0	3 (5.5)

(continued)

Table 2. Continued

TDF domains	Domain definitions*	Survey statements	Responses n (%) Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Optimism	The confidence that things will happen for the best or that desired goals will be attained.	Social Workers can do little to support NRPF Migrants.	0	8 (14.5)	7 (12.7)	23 (41.8)	17 (30.9)
		I am optimistic that conditions will improve for NRPF Migrants over the next 5 years.	1 (1.8)	8 (14.5)	10 (18.2)	26 (47.3)	10 (18.2)
Beliefs about consequences	Acceptance of the truth, reality or validity about outcomes of a behaviour in a given situation.	Working with NRPF Migrants is pointless because they have no access public funds.	2 (3.6)	0	5 (9.1)	7 (12.7)	41 (74.5)
		If I advocate on behalf of NRPF I will come into conflict with my manager.	4 (7.3)	3 (5.5)	12 (21.8)	16 (29.1)	20 (36.4)
Reinforcement	Increasing the probability of a response by arranging a dependent relationship, or contingency, between the response and given stimulus.	When I manage to effectively support NRPF Migrants I get positive recognition from colleagues.	13 (23.6)	15 (27.3)	24 (43.6)	3 (5.5)	0
		If I effectively advocate on behalf of NRPF Migrants, I feel like I am making a positive impact.	33 (60)	17 (30.9)	5 (9.1)	0	0
Intentions	A conscious decision to perform a behaviour or a resolve to act in a certain way.	I would inform the Home Office if I encountered an NRPF Migrant, even if it increased the likelihood of them being deported.	5 (9.1)	9 (16.4)	22 (40)	6 (10.9)	13 (23.6)
		I would work harder for service users originally from England than I would for NRPF Migrants.	0	0	5 (9.1)	7 (12.7)	43 (78.2)
Goals	Mental representations of outcomes or end states that an individual wants to achieve.	NRPF Migrants should not be in this country and I would prioritise facilitating their departure to their country of origin over attempting to support them to stay in this country.	0	1 (1.8)	4 (7.3)	5 (9.1)	45 (81.8)

(continued)

Table 2. Continued

TDF domains	Domain definitions*	Survey statements	Responses n (%) Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
		I would feel rewarded if I was able to alleviate poverty amongst NRPF Migrants.	39 (70.9)	10 (18.2)	6 (10.9)	0	0
Environmental contexts and resources	Any circumstance of a person's situation or environment that discourages or encourages the development of skills and abilities, independence, social competence and adaptive behaviour.	My organisation provides guidelines on how best to work with NRPF Migrants.	10 (18.2)	17 (30.9)	9 (16.4)	10 (18.2)	9 (16.4)
		My organisation takes a proactive approach to support NRPF Migrants.	15 (27.3)	12 (21.8)	8 (14.5)	9 (16.4)	11 (20)
		I believe there are enough resources allocated to NRPF Migrants living in England.	0	1 (1.8)	8 (14.5)	16 (29.1)	30 (54.5)
Social influences	Those interpersonal processes that can cause individuals to change their thoughts, feelings or behaviours.	I can depend on the support of colleagues if I advocate on behalf of NRPF Migrants.	14 (25.5)	26 (47.3)	9 (16.4)	3 (5.5)	3 (5.5)
		Some of my social work colleagues have a negative attitude towards NRPF Migrants.	7 (12.7)	10 (18.2)	19 (34.5)	8 (14.5)	11 (20)
Emotion	A complex reaction pattern, involving experiential, behavioural and physiological elements, by which the individual attempts to deal with a personally significant matter or event.	I experience significant frustration when working with NRPF Migrants because I do not have the resources to support them effectively.	18 (32.7)	19 (34.5)	13 (23.6)	4 (7.3)	1 (1.8)
		I experience significant frustration when working with NRPF Migrants because I do not believe it is my duty to support these individuals.	3 (5.5)	0	4 (7.3)	8 (14.5)	40 (72.7)
		My inability to effectively support NRPF migrants has a negative impact on my mental health and emotional well-being.	4 (7.3)	13 (23.6)	19 (34.5)	13 (23.6)	6 (10.9)

(continued)

Table 2. Continued

TDF domains	Domain definitions ^a	Survey statements	Responses n (%) Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Behavioural regulations	Anything aimed at managing or changing objectively observed or measured actions.	I have developed strategies to overcome the obstacles faced when working with NRPF Migrants.	8 (14.5)	19 (34.5)	22 (40)	3 (5.5)	3 (5.5)

^aDomain definitions (taken from [Huijg et al., 2014](#), p. 4, [Table 1](#)).

indicated agreement, compared to less than a quarter of mental health practitioners.

The low-levels of confidence amongst social workers practicing in the NHS is notable, since over two-thirds of NHS respondents worked in mental health, and two-thirds of all respondents reported that NRPF migrants sought help with their mental health. This raises important questions about the preparedness of NHS social workers to effectively support NRPF migrants. Indeed, only one NHS respondent indicated they had received training to work with this client group. As expected with generic social work training programmes, the overwhelming majority of respondents (90.9%, $n = 50$) indicated that they did not receive instruction on how to work with this population during university or college training. However, the majority (80%, $n = 45$) suggested that they knew where to seek relevant advice.

Environmental contexts and resources

Nearly half of all participants (49.1%, $n = 27$), including two-thirds of LA social workers but only one-fifth of NHS practitioners, strongly or somewhat agreed that their organisation provided guidelines on how best to work with NRPF migrants, and that their organisation takes a proactive approach to supporting NRPF migrants. Three-quarters of family and childcare social workers indicated some level of agreement, compared with only one-fifth of mental health practitioners. These figures further evidence that LAs, and in particular family and childcare services, appear better prepared to work with NRPF migrants than NHS social work services, particularly in mental health.

Social influences and reinforcement

The majority of participants (72.7%, $n = 40$) strongly or somewhat agreed that they could depend on the support of colleagues if they advocated on behalf of NRPF migrants. However, a considerable minority (30.9%, $n = 17$), roughly one-quarter of LA ($n = 8$), one-fifth of NHS ($n = 4$) and three-quarters of charitable or independent ($n = 5$) social workers, indicated that some social work colleagues had a negative attitude towards NRPF migrants. Whilst these figures are small, they nonetheless raise concerns, running contrary to fundamental social work values and potentially having an adverse impact on service provision for this group.

Social or professional role and identity/emotion

Almost all respondents (90.9%, $n=50$) strongly or somewhat agreed it was their professional duty to advocate on behalf of NRPF migrants and an even higher figure (94.5%, $n=52$) indicated that it was their professional duty to challenge their organisation if they did not support NRPF migrants. Over three-quarters (76.4%, $n=42$) indicated that their inability to effectively support NRPF migrants presented a challenge to their professional values. On these three issues, there were no major differences across social work divisions.

However, there were differences regarding social workers' emotional response to working with NRPF migrants. The majority (67.3%, $n=37$) indicated that they experienced considerable frustration when working with NRPF migrants because they did not have the resources to support them effectively. Over two-thirds of family and childcare social workers (68.7%, $n=11$) and three-quarters of mental health practitioners (75%, $n=28$) expressed frustration at the lack of resources. Frustrations were higher amongst NHS social workers (reported by 84.2%, $n=16$) compared to LA practitioners (56.6%, $n=17$). This difference may be attributable to NHS social workers' self-disclosed lower levels of confidence and knowledge in working with this group and/or differences in resourcing and experience.

Beliefs about consequences

A majority of participants (87.2%, $n=48$) strongly or somewhat disagreed that working with NRPF migrants was pointless because they had no access to public funds.

A sizable minority (30.9%, $n=17$), almost half of NHS social workers (47.4%, $n=9$) but less than one-fifth of LA practitioners (17.7%, $n=5$), strongly or somewhat agreed that their inability to effectively support NRPF migrants had an adverse impact on their own mental health and emotional well-being. Over one-third ($n=9$) of mental health social workers and one-quarter of family and childcare practitioners ($n=4$) indicated some level of agreement. The higher number of NHS social workers indicates a level of emotional turmoil may be related to a lack of material resources to support NRPF migrants and a lack of knowledge and skills around creative ways of working within the existing legislation.

Behavioural regulation

This domain referred to social workers managing or changing their actions (Huijg *et al.*, 2014) in response to the challenges faced. Almost

half of participants (49.1%, $n=27$) strongly or somewhat agreed that they developed strategies to overcome obstacles faced when working with NRPf migrants. Twenty-six participants (47.3%) responded to an open-ended question describing strategies they developed to overcome such obstacles. Roughly two-thirds ($n=17$) worked in a LA, with the rest working for the NHS ($n=6$) and charitable organisations ($n=3$). Most practiced in either family and childcare settings ($n=10$) or mental health services ($n=9$), with the remainder operating in a range of other sectors. The majority had six or more years' experience in social work ($n=15$), though a considerable number had five or fewer years' experience ($n=11$). Respondents from Yorkshire and Humberside ($n=8$) offered the most strategies, followed by those from London ($n=6$) and the North-West ($n=5$). The strategies are described below.

Strategies to overcome obstacles

Thirty-two strategies were reported, with several respondents outlining multiple strategies. In total, four broad strategies were identified: (i) collaborative; (ii) self-directed learning; (iii) adaptive and (iv) consciousness-raising.

Collaborative strategies involved attempts to refer to, cooperate with and seek guidance and support from organisations with expertise in the field of immigration. Fifteen strategies fell under this category, with two-thirds from LA social workers ($n=10$). Respondents cited the importance of relying on other professionals' expertise including legal assistance, interpreters, immigration case workers and strong connections with housing providers and voluntary organisations, to facilitate their work with NRPf migrants.

Self-directed learning strategies involved attempts to develop one's own knowledge and skills to work with NRPf migrants. Five participants, all practicing in mental health in the NHS ($n=3$) or a LA ($n=2$), identified such a strategy, which included using online resources, seeking out training opportunities and using supervision. However, this strategy was not without risk:

I learnt by making mistakes when supporting people to apply for immigration statuses, which could have led to someone being deported.

This participant underscored the important role social workers can play in NRPf migrants' lives, acknowledging that a mistake may have life-changing consequences for service-users.

Adaptive strategies did not require proficiency in immigration law but expertise and knowledge of legislation and processes relevant to general social work practice, including the Care Act (2014), 'Human Rights Legislation', and the Children Act (1989). Six respondents, all working

for a LA and most in family and childcare settings ($n=4$), referenced this approach. One practitioner explained:

I advise the migrant families to find a solicitor so they can challenge us. My manager know[s] this strategy and when we are challenged they always give in.

This is a clear example of how understanding local procedures can help social workers support NRPF migrants.

Consciousness-raising strategies involved efforts to raise awareness of the plight of NRPF migrants, through education, confrontation and/or advocacy. This included educating other professionals around issues facing NRPF families, writing comprehensive guidelines to support NRPF migrants, and challenging the 'hostile' environment and directly confronting institutions that perpetuate oppressive practice. Six participants identified this strategy, with equal representation between settings and divisions.

Discussion

This study highlighted the obstacles facing social workers when working with NRPF migrants and explored the strategies they develop to overcome these impediments. Four key obstacles were identified: (i) lack of resources to support NRPF migrants; (ii) lack of knowledge and skills including the absence of relevant teaching and training; (iii) negative attitudes from some social work colleagues and (iv) insufficient support from employing organisations.

All participants agreed that there are not enough resources to effectively support NRPF migrants. This was hampered by the fact that social workers receive little or no training about how to circumvent this lack of resource to offer some support to this heterogeneous group. However, whilst training may help social workers find creative ways of providing support, the poverty of resources still needs to be addressed. These findings echo those of [Jolly \(2018a, 2018b\)](#), [Robinson and Masocha \(2017\)](#) and [Masocha \(2014\)](#). As social work is a value-based profession with an explicit commitment to social justice, human rights and anti-oppressive practice ([Dominelli, 2002](#)), it was unsurprising that social workers believed they had an important role to play in the lives of NRPF migrants who sought support, and most agreed they had a responsibility to advocate on their behalf. Due to a dearth of resources, most also agreed that their failure to support NRPF migrants effectively challenged their professional values.

However, contrary to the core values of social work, a minority of respondents from across social work divisions suggested that some colleagues held negative attitudes towards NRPF migrants, raising questions

about discrimination. Rather than engaging in anti-oppressive practice, this finding suggests that some social workers either actively or passively reproduced oppressive practices towards NRPF migrants, echoing similar findings around racial discrimination by [Gurau and Bacchoo \(2022\)](#). Some social workers thus seem to hold contrary value positions that influence their practice goals and this is perhaps unsurprising as social workers are influenced to some degree by a society that is being pushed to become more hostile and xenophobic. Indeed, trying to positively support NRPF migrants in this hostile climate could come at personal and/or professional cost for social workers in unsupportive environments. This resonates with [Masocha's \(2015\)](#) findings that whilst most practitioners expressed positive regard towards asylum-seekers, a minority conveyed pejorative views.

This study uncovered striking differences between social workers practicing in different settings and divisions. Compared to their LA and family and childcare counterparts, NHS and mental health social workers expressed substantially lower levels of confidence in their knowledge and skill-level in working with NRPF migrants, received notably lower levels of specific training and obtained less organisational guidance and institutional support in their work with NRPF migrants. They also reported much higher levels of frustration and emotional distress when working with NRPF migrants, likely due to their inability to effectively support them. This emotional turmoil is emblematic of the ambivalent aspect of social work with NRPF migrants, where practitioners are expected to be both helpers and deputised border control agents, expected to provide a holistic support to service users, but starved of the resources to do so.

Social workers, like other state and non-state actors who encounter NRPF migrants, are co-opted into a system of immigration control dominated by a hostile environment, which has a near-hegemonic status in the UK. However, hegemonies are not beyond contestation, particularly in a system that relies on infrastructural power. This article identified a series of strategies enacted by social workers that attempt to circumvent the draconian implications of hostile policies.

A 4-fold typology of strategies was inductively derived from the data, with 'collaborative', 'self-directed learning' and 'adaptive strategies' loosely fitting into [Mostowska's \(2014\)](#) 'subversive' classification and 'consciousness-raising' fitting neatly into Mostowska's category of 'innovative' strategies.

Congruent with [Robinson and Masocha's \(2017\)](#) findings, the results demonstrate that social workers tend to practice within the governing framework but show considerable discretion, skill and innovation to overcome substantial impediments in their efforts to support NRPF migrants. In this way, practitioners attempt to resolve the ambivalence and competing demands associated with their complex role.

Implications for policy and practice

The typology of strategies offers practical solutions and adds to the canon of knowledge social workers can access in their work with NRPF migrants, especially in the context of a paucity of resource and a 'hostile environment'. Results of this study indicate that social workers practicing in LAs have higher levels of knowledge, skills and confidence in working with NRPF migrants than their NHS counterparts, thus initiatives could be developed to facilitate knowledge-exchange programmes between organisations to increase practitioners' ability to support NRPF migrants. Social work education and training could also be enhanced to increase social workers' knowledge, skillset and confidence in using extant legislation and agencies to help support NRPF migrants. Such training may also help to educate social workers about the challenges facing NRPF migrants and help to counter the negative media and political portrayal of this group.

Limitations

This study was limited by its small sample size, which restricted generalisability and a comparative analysis of the findings. Future larger-scale studies could explore any relationships between practitioners' use of particular strategies and the socioeconomic characteristics, local politics and number of NRPF migrants in those areas. Additionally, a mixed methods approach could augment the specificities of each strategy and explore challenges and considerations in their use through qualitative interviews. Future research could also explore the views, experiences and strategies used by other professional groups working with NRPF migrants both in the UK and elsewhere.

Exploration of each domain in the TDF shed light on the obstacles and facilitators of good practice. However, the framework focused predominantly on competencies; a more explicit examination of participants' values and attitudes towards NRPF migrants would have been insightful. Social workers are members of broader society and also work in a contentious environment subject to the whims of political power. They are not immune to the influence of dominant narratives depicting 'undocumented' migrants in a pejorative manner. Asking social workers about their attitudes to undocumented migrants and major political events such as Brexit may have been illuminating.

Additionally, the self-selected sample may be biased as practitioners who hold sympathetic/more progressive views towards NRPF migrants were perhaps more likely to complete the survey and to have considered/used strategies to circumvent existing legislation.

Finally, the focus on improving social work practice with NRPF migrants has limited utility since the structural impediments imposed by a state-sponsored hostile environment are so comprehensive that practitioners will continue to struggle to meet the needs of this marginalised group. Nonetheless, social workers continue to work with this population, and any marginal improvements in practice are thus worthwhile.

Conclusion

Migrants with NRPFs are denied access to welfare benefits and public housing. Structurally informed by the TDF, a cross-sectional anonymous online survey examined the obstacles facing social workers working with NRPF migrants and explored their strategies for overcoming these obstacles. Responses from fifty-five social workers across England identified four major obstacles, and a new 4-fold typology of strategies was devised. Differences were noted between social workers employed in different settings, with NHS social workers reporting notably lower levels of confidence in their skill-set and knowledge, receiving less specific training and obtaining less organisational guidance and institutional support in their work with NRPF migrants compared to those in LA settings. With a lack of material resources to support NRPF migrants and the lack of political will to make public funds available to newly arrived migrants, this article has identified a number of strategies that social workers are using to support NRPF migrants. Opportunities to discuss and share such strategies, perhaps through knowledge exchange, could support this approach further.

Acknowledgements

The authors would like to thank all those who took part in the study.

Funding

The study was unfunded.

Supplementary material

[Supplementary material](#) is available at *British Journal of Social Work Journal* online.

Conflict of interest statement

None declared.

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