



# **Inclusive Cities COVID-19 Research and Policy Briefings**

No Recourse to Public Funds Issue #1: July 2020

#### **Introduction**

Inclusive Cities is a knowledge exchange programme working with 12 UK cities on their approach to integration and inclusion at the local level, led by the Global Exchange in Migration and Diversity at the University of Oxford.

As part of its response to COVID-19 and following consultation with the participating cities, the programme has developed a series of research and policy briefings illuminating some of the main challenges for local areas as part of their response to the COVID-19 epidemic and the link to inclusion and integration.

The work builds on the <u>Inclusive Cities Framework</u>, which sets out a roadmap for local authorities in their planning on integration and inclusion.

This briefing looks at the implications for inclusion and integration of the No Recourse to Public Funds (NRPF) immigration condition and its local impacts.

This policy and research briefing sets out:

- A short recap of the existing research base on local government work on NRPF and its link to inclusion and inclusive practices
- Changes to this support as a consequence of and in response to COVID-19
- Short, medium and longer term policy implications for NRPF provisions going forward



Please note that this is a policy and research briefing on issues relating to NRPF. It is not intended to provide detailed guidance for either local authorities or individuals.

### **Existing research base on NRPF provision**

What do we mean by No Recourse to Public Funds?

No Recourse to Public Funds is an immigration condition limiting access to a prescribed list of public funds (predominantly mainstream welfare benefits and housing assistance) based on a person's immigration status. It applies to all irregular migrants as well as people who have been granted Leave to Enter or Remain with No Recourse to Public Funds as well as those subject to maintenance undertakings. Analysis suggests that at the end of 2019, about 1.376 million people held valid UK visas that would usually have the NRPF condition attached to them (Migration Observatory/ CAB.)

NRPF is not a blanket restriction on access to public services, though sometimes eligibility for welfare benefits is used as a proxy for level of need (poverty), so that those subject to the NRPF condition can find that they are also excluded from a broader range of services.

In some circumstances, people subject to the NRPF condition may be eligible for support from social services<sup>1</sup>. People with Leave to Enter or Remain with NRPF can also apply to have the condition lifted by the Home Office if they are destitute or at risk of becoming destitute, there are compelling reasons relating to the welfare of a child due to their low income, or there are exceptional financial circumstances.

The NRPF Network provides detailed guidance<sup>2</sup> on these provisions and an online tool developed provides information for families as to their potential eligibility for support. NRPF is an area of fast moving case law and the situation and guidance can change rapidly.

<sup>&</sup>lt;sup>1</sup> Whilst immigration is a reserved matter (and so policy refers to the UK as a whole), social care is a devolved power and so the legislation is distinctive. In England, this refers to the Care Act 2014 for adults or s.17 of Children Act 1989 for destitute families; in Wales, to the Social Services and Well-being (Wales) Act 2014; in Scotland, Children (Scotland) Act and Social Work (Scotland) Act 1968; and in Northern Ireland, to Children (Northern Ireland) Order 1995 or the Health and Personal Social Services (Northern Ireland) Order 1972. In each country, services are generally provided through social services, with the exception of Northern Ireland where this is provided through the local Health and Social Care Trust.

<sup>&</sup>lt;sup>2</sup> http://www.nrpfnetwork.org.uk/information/Pages/Coronavirus-information.aspx#covid



NRPF is an immigration condition applied by central government, however many of its impacts are felt locally and some have significant impact on local policy and practice, as will be examined in this briefing. Whilst it has statutory duties in this area, local government does not receive any central government funding towards this provision.

How does NRPF impact upon inclusion and integration?

The Inclusive Cities framework sets out a number of core thematic areas in which local authorities should act in order to develop their work on integration and inclusion. NRPF is a cross cutting policy issue, which impacts on a number of these areas but particularly links to:

Mainstreaming and building inclusive public services throughout the city

- a. Developing and implementing a targeted action plan to mainstream inclusion throughout the city both the local authority and its partners
- b. Developing services which are inclusive by default, working to provide equitable access to services for all newcomers wherever this is within the capacity of the local authority
- c. Where data identifies gaps in outcomes for newcomers, providing targeted support aimed at addressing these gaps
- d. Providing day one civic orientation to help all newcomers familiarise themselves with the city

The Framework sets out what good would look like in this area:

"The city has a plan in place to make its services inclusive by default, making them open and accessible to newcomers where this is in the power of local services. Targeted support helps to address gaps in outcomes between specific newcomer groups – perhaps in relation to health, educational attainment or employment outcomes – and is in place to meet the needs of asylum seekers, refugees and children in the care system with uncertain immigration status. The inclusive city is welcoming from day one and provides the information to allow all newcomers to familiarise themselves with the city from day one, perhaps through a one stop shop or welcoming centre hosted in a local community centre, at a library or via an online resource."



One of the five core principles of the Inclusive Cities Framework is that cities can,

# 'Take action at the local level, provide advocacy at the national level, learn from best practice internationally.'

Research demonstrates that most integration happens at the local level and so it is crucial that local government provides the impetus and leadership to affect change. However, policy issues at the national level impact upon the capacity of local government to be effective. We can see this particularly in the intersection between migration policy on NRPF and its impact on integration – cities are therefore well placed to highlight these impacts.

Finally, many municipalities are advocating and learning from each other internationally in order to deal specifically with the challenges and opportunities at the local level and to provide peer-to-peer learning between cities – these will be covered in a separate briefing.

#### **COVID 19 and NRPF**

Research on NRPF (both pre and post COVID-19) has identified a number of factors, which have implications for the current context. In this section, we will cover:

- 1. potential increased risk factors for the NRPF cohort
- 2. changes in the need for support from local authorities
- 3. changes in local authority responses to NRPF issues

#### 1. Potential increased risk factors

Rapid analysis by the Migration Exchange (2020) has set out an impact assessment framework, which aims to assess the specific risks associated with COVID-19 for people within the UK immigration system in four areas:

- 1. of contracting COVID-19
- 2. of having worse clinical outcomes following COVID-19 infection
- 3. of facing indirect health impacts due to the pandemic
- 4. of facing more severe socioeconomic consequences as a result of the pandemic

In a number of these areas, the potential for increased risks apply to those within the NRPF cohort (both those supported by local authorities and the wider cohort). These are outlined below – it



should be noted that these are illustrative examples, rather than a comprehensive attempt to map all risks.

| Risk area |                | Risk factors identified in report            | Applicability to NRPF cohort                     |
|-----------|----------------|--|--|
| 1.        | Increased risk | Living 'in poorly maintained and             | Research by Vargas-Silva and Fernández-          |
|           | of contracting | overcrowded accommodation limits the         | Reino (2019) highlights that migrants are        |
|           | COVID-19       | ability to socially distance and could put   | more likely to live in overcrowded               |
|           |                | them [migrants] at greater risk of           | accommodation.                                   |
|           |                | contracting the virus.'                      |  |
|           |                |  | Research by Pinter et al (2020) highlights       |
|           |                |  | that all families in the research sample         |
|           |                |  | subject to the NRPF condition 'experienced       |
|           |                |  | some difficulties with accommodation,            |
|           |                |  | whether this was poor quality                    |
|           |                |  | accommodation with mould and cramped             |
|           |                |  | living conditions, living in overcrowded         |
|           |                |  | accommodation having to share small spaces       |
|           |                |  | with their children and other families, or       |
|           |                |  | having to sleep on the floor or to 'sofa-surf'.' |
|           |                | Some cohorts of people within the            | Research by Morris (2020) states that            |
|           |                | immigration system are concentrated in       | migrants are more likely to be self-employed     |
|           |                | 'key worker' roles. This puts them at higher | and to work in affected sectors – either those   |
|           |                | risk of coming into contact with, and thus   | which are more likely to be closed (i.e.,        |
|           |                | contracting, COVID-19 infection.             | hospitality) and thus risk destitution or in key |
|           |                |  | worker sectors such as Health and Social         |
|           |                |  | Care. Migration Exchange analysis notes that     |
|           |                |  | c.16% (74,000) of citizens from non-EU           |
|           |                |  | countries who migrated to the UK during the      |
|           |                |  | last five years work in a business that has      |
|           |                |  | been largely or entirely shut down. This         |
|           |                |  | share is 25% (183,000) among EU citizens         |
|           |                |  | who migrated recently to the UK.                 |



2. Increased risk of having worse clinical outcomes following COVID-19 infection

'People without immigration status face major barriers to accessing healthcare, many of which have been exacerbated during the COVID-19 pandemic.', including:

- charging for NHS secondary care
- can be deterred from accessing healthcare due to fears of unaffordable bills and immigration enforcement.
- low levels of GP registration among people who are undocumented, with many reports of refusals by GP practices (even given that there is no bar to access to primary care)

It should be noted here that everyone is eligible for testing and treatment for infectious diseases including COVID regardless of status and will not be asked about their status when accessing services, though this does not negate the points related to trust and information outlined above.<sup>3</sup>

This may particularly affect those granted Leave to Remain with NRPF – for example, Tier 2 workers are particularly likely to be working as doctors/nurses and they will have NRPF.

The NRPF cohort includes (though is not exclusively made up of) irregular migrants and so the outlined risks in relation to access to healthcare are likely to apply to a significant proportion of the cohort.

Research by Doctors of the World (2020a and b) highlights many barriers to accessing health care in addition to those highlighted, which are pertinent to the NRPF cohort. In particular in relation to access to GP/ primary healthcare, stating that 'mobile groups who arrive in a new area during 'lockdown' and people experiencing homelessness who are being displaced as they are housed in hotels' are struggling to register with GP practices. 'Interviews revealed that although some GP practices are maintaining registration for their temporarily displaced patients, other GPs are deregistering patients who have been temporarily housed outside their catchment areas or who are socially

<sup>&</sup>lt;sup>3</sup> https://www.gov.uk/guidance/coronavirus-covid-19-get-support-if-youre-a-migrant-living-in-the-uk



| <br>  |   |
|---|---|
|   | distancing/isolating at an alternative              |
|   | address.'   |
|   |   |
|   | There may also be difficulties in accessing         |
|   | relevant information – for example due to           |
|   | language barriers or digital exclusion <sup>4</sup> |
| People from the Windrush generation,          | Data from both the NRPF Network and Home            |
| particularly those who have not yet had       | Office (as analysed by The Children's Society)      |
| their status resolved, are at high risk of    | identifies that the top ten nationalities for       |
| more serious illness from COVID-19 due to     | granting of leave to remain under the Family        |
| their age profile and potential denial of     | Life 10 year route and supported under s17          |
| healthcare rights.                            | (in England) were predominantly African and         |
|   | Asian regions, with Jamaica and Nigeria             |
| Black Caribbean ethnicity has also been       | featuring in both lists.                            |
| identified as a risk factor for worse disease |   |
| outcomes.                                     | Research by Jolly (2019) identifies the             |
|   | specific impacts of NRPF policy for Jamaican        |
|   | families.   |
|   |   |
|   | An inability to evidence long-standing              |
|   | residence in the UK is highlighted as one           |
|   | factor inhibiting access to status for those        |
|   | affected in the Windrush generation. This           |
|   | may include those supported by the local            |
|   | authority under the auspices of the Care Act        |
|   | (or equivalent legislation in devolved              |
|   | administrations.)                                   |
| People affected by trafficking or modern      | Whilst those who receive a positive decision        |
| slavery are at particular risk of not         | through the National Referral Mechanism are         |
|   | n l   |

 $<sup>^{\</sup>rm 4}$  This issue will be covered in detail in an upcoming briefing



|    |                 | receiving treatment for COVID-19.            | exempt from charging, 30% of referrals                |
|----|-----------------|--|---|
|    |                 | Survivors have reported that traffickers     | receive a negative decision (Migration                |
|    |                 | often restricted their access to health      | Exchange.) Those who have been trafficked             |
|    |                 | services. Many may not be officially         | and not referred through the NRM are likely           |
|    |                 | identified as victims of trafficking and so  | to be NRPF and subject to restrictions                |
|    |                 | could be ineligible for free secondary care. |   |
| 3. | Increased risk  | People who experience domestic violence      | The Migration Exchange analysis stated that,          |
|    | of facing       | are only eligible for support via the        | 'there is evidence that women with insecure           |
|    | indirect health | Destitution Domestic Violence (DDV)          | immigration status or with No Recourse to             |
|    | impacts due     | concession in limited circumstances. There   | Public Funds (NRPF) are at particular risk [of        |
|    | to the          | is evidence that restrictions of movement    | domestic violence] due to the barriers they           |
|    | pandemic        | in response to COVID-19 have led to a        | experience to accessing support.'                     |
|    |                 | significant increase in domestic violence,   |   |
|    |                 | but the restrictive nature of the DDV        |   |
|    |                 | concession, and the exclusion of certain     |   |
|    |                 | cohorts from the legislative response, could |   |
|    |                 | make it harder for people affected by        |   |
|    |                 | domestic violence during the pandemic to     |   |
|    |                 | seek support.                                |   |
| 4. | Increased risk  | People without immigration status could be   | Destitution is a significant factor for the NRPF      |
|    | of facing       | further pushed into poverty as a result of   | cohort and all families and adults supported          |
|    | more severe     | the COVID-19 pandemic, as they are not       | by local authorities have been assessed as            |
|    | socioeconomic   | eligible for public funds and have no legal  | destitute. An increase in destitution is likely       |
|    | consequences    | permission to work. Moreover, many           | to increase the number of people in need of           |
|    | as a result of  | charities and community networks that        | local authority support.                              |
|    | the pandemic    | normally provide food and support to this    |   |
|    |                 | cohort and others in the immigration         | A letter from the Local Government                    |
|    |                 | system have suspended or reduced their       | Associations (8 <sup>th</sup> April 2020) states that |
|    |                 | services.                                    | 'People with NRPF are more likely to be in            |
|    |                 |  | casual, zero-hours or temporary work, so              |
|    | _               |  |   |



they have neither the safety net of statutory sick pay nor Universal Credit.'

It should also be noted here that destitution exacerbates health risks and that 'poverty is associated with poor long-term physical and mental health and low life expectancy. Living in poor quality housing, being exposed to poor quality environmental conditions, poor quality work and unemployment, not being able to afford nutritious food and sufficient heating for example all impact on health.' (Marmot 2020.)

People on family visas (e.g. partner visas) are at high risk of suffering hardship as a result of the pandemic. Family visa holders have a No Recourse to Public Funds (NRPF) condition, so they are not entitled to housing assistance or benefits such as Universal Credit. In addition, many are also expected to meet the minimum income requirement and pay substantial visa 3 fees in order to extend their leave to remain. The current crisis therefore risks jeopardising their status in the UK.

Evidence to the Home Affairs Select Committee from the NRPF Network states that since mid-March 2020, they received over 80 email enquiries about access to public services and financial support from members of the public who are lawfully present on a wide range of visas with no recourse to public funds who have suddenly lost employment, are unable to find further work and/ or are required to shield or self-isolate undertaking a variety of job roles. Common impacts and concerns that were reported include:

- inability to pay bills and rent leading to homelessness
- they have never needed to rely on public services and are very worried about applying for something that may



have an adverse impact on their current or future immigration status;

- inability to pay immigration application fees for upcoming leave to remain applications;
- friends who were supporting them are no longer able to provide assistance due to changes to their financial circumstances;
- feelings of rejection and loss of dignity

Pinter et al (2020) set out the average fee profile of the 10-year route to settlement – with a single parent of 2 children incurring c. £23k of fees.

In addition to this group, the Migration Exchange's analysis identifies that, 'student visa holders have a NRPF condition, so they are not entitled to housing assistance or benefits such as Universal Credit if they lose part-time work and cannot fall back on alternative income or savings. For those who cannot return home, the current pandemic risks forcing them into destitution.'

Many EU citizens who lose income as a result of the COVID-19 pandemic will face a minimal social safety net. Significant numbers of EU citizens struggling with living costs may not be eligible for housing

EU citizens may be at risk of becoming a significant part of the NRPF cohort in the medium to long term. (Sumption and Kone 2018.)



assistance or benefits such as Universal
Credit, because those who have not yet
secured 'settled status' will need to prove
an alternative 'right to reside' as part of the
Habitual Residence Test for accessing such
benefits and support.

#### 2. Changes in the nature of NRPF support by local government

A number of schemes established in response to the pandemic are not subject to the NRPF condition such as wages paid through the Job Retention Scheme (or 'furlough') and the Coronavirus Self-employment Income Support Scheme. Some contribution based benefits and work related benefits are also exempt, as is statutory sick pay.

However, the main safety net system of Universal Credit (UC) and a number of other benefits are considered to be public funds and are restricted for those subject to the NRPF condition. Where UC has seen significant increases in applications during the pandemic, it is reasonable to assume that a similar increase in need may be occurring amongst populations who are ineligible for UC.

Research by Price and Spencer (2015) identifies the way in which provision under s17 (in England) 'effectively creates a parallel welfare system for those the NRPF policy is otherwise designed to exclude...a welfare system that is funded by local rather than a central government.' NRPF provision through social services acts as an **important safety net**<sup>5</sup> for destitute migrant families and single adults with care needs and so has become an important function for local government both before and during the COVID crisis for the most vulnerable who would be otherwise excluded from support.

Alongside this existing safety net function, there are a number of changes to circumstances of migrants, which may affect or be affecting the NRPF cohort as presenting to local authorities.<sup>6</sup> A

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<sup>&</sup>lt;sup>5</sup> The role of local authority provision as a safety net has been consistently recognised by the courts, see for example: <a href="http://www.nrpfnetwork.org.uk/News/Pages/section-17-cases.aspx">http://www.nrpfnetwork.org.uk/News/Pages/section-17-cases.aspx</a>

<sup>&</sup>lt;sup>6</sup> Based on informal consultation with local authorities, NGOs and others



letter to the Home Secretary on 8<sup>th</sup> April from the Local Government Associations in England, Scotland and Wales declared that, 'we are also seeing high numbers of the population with NRPF facing homelessness and destitution.' These include:

- A shift in provision focussing on single homeless adults as part of the 'everyone in' policy. In a letter to council leaders in England on 26<sup>th</sup> March 2020, MHCLG requested that they 'utilise alternative powers and funding to assist those with no recourse to public funds who require shelter and other forms of support due to the COVID19 pandemic.' As identified by the NRPF Network, 'most single adults with no recourse to public funds presenting as homeless are not in need of care and support, so the Care Act powers and duty will not usually apply. However, since the beginning of the coronavirus crisis, many local authorities have provided people with no recourse to public funds, who were sleeping rough or in shelters, with accommodation as part of a public health response to keep all residents safe. The Government clearly recognises that in order to enable full compliance with shielding, self-isolation and social distancing measures, people with no recourse to public funds need to be included in any action to protect vulnerable homeless groups, although no additional guidance has been provided to councils to help implement this strategy, despite calls for this from the sector.'
- A potential change in the profile of support to section 17 families (or equivalents in devolved administrations) and others, with the COVID-19 pandemic identifying hidden populations of those needing support. Either those irregular migrants who have 'stayed below the radar' of support or those with status who were previously 'just about managing' but who now request support from the local authority. Given that access has been provided to the 'furlough' scheme, these impacts may have been mitigated in the short term, but may become more evident as the scheme winds up. Without policy change, an overall increase in the levels of destitution will also likely increase the NRPF cohort in need of support.
- The intersection of the COVID-19 pandemic with changes in the immigration system following Brexit, in particular **the risk that people eligible for EU Settled Status scheme may not be applying for the scheme**. Recent data from the Home Office shows a 46% drop in applications to the scheme in April 2020.<sup>7</sup> This includes the ongoing

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<sup>&</sup>lt;sup>7</sup> https://www.gov.uk/government/statistics/announcements/statistics-relating-to-covid-19-and-the-immigration-system-may-2020</sup>



risk to children within the care system<sup>8</sup> for whom the level of applications remains low. If this cohort do not meet the deadline for application to the EUSS scheme, there is a risk that a significant additional cohort will, in the medium to long term, become subject to the NRPF condition.

#### 3. Changes in local authority responses to NRPF issues

Local authority responses to NRPF can be categorised in four broad areas:

- 1. Provision of accommodation
- 2. Provision of food (or subsistence)
- 3. Access to information, advice and communications
- 4. Meeting other assessed needs in keeping with wider social care provision (for example in relation to disabilities or mental health)

This paper will consider the first three of these responses in relation to COVID-19 and the risk factors and structural factors outlined above

#### Provision of accommodation

Social services departments generally provide support to NRPF families. However, informal feedback from local authorities suggests that the 'everybody in' policy has been generally led by housing departments. This means that there remain some question marks as to *which legislation* has been used to house those brought in under this policy who are subject to the NRPF condition.

Secondly, this raises questions as to what will happen to people who have been housed as part of the COVID-19 response after the 'lockdown period.' One response may be in relation to the provision of information and advice, as described below. Another may be in looking to maintain some of the additional capacity built into the system (whilst accepting the severe budgetary restraints that councils are under.)<sup>9</sup> However, as identified by the NRPF Network, 'councils are acutely aware that, without significant policy change and funding to provide ongoing support, it

<sup>&</sup>lt;sup>8</sup> According to the Children's Society 'The Home Office has estimated that there are 9,000 looked after children and care leavers in the UK who would need to regularise their status by the deadline of June 2021. As of 6th January 2020, only 3,612 had been identified by local authorities and just eleven per cent (11%) had been awarded status in the 153 local authorities across the UK who were able to provide us with information.'

<sup>&</sup>lt;sup>9</sup> See for example https://www.itv.com/news/2020-05-26/exclusive-councils-in-england-and-wales-face-3-3bn-black-hole-in-funding/



will be extremely challenging to achieve positive step-down outcomes that prevent people with no recourse to public funds who have been accommodated during the pandemic from returning to rough sleeping.'10

Finally, there have been long-term concerns over the quality of accommodation provision for NRPF families. Spencer and Price (2015) outline that the provision of accommodation for NRPF families through social services is often inadequate, though with a clear finding that private rented accommodation is preferable to B&B placements stating that, 'all local authority and advocate interviewees agreed that B&B accommodation was inappropriate, inadequate and expensive.' As highlighted by the Migration Exchange, these concerns risk being compounded by the increased risks of infection in poorly maintained and overcrowded accommodation.

#### Access to food

Subsistence payments (in particular for destitute families) have been subject to a large amount of case law, due to the lack of clear guidance as to what should be provided. Guidance from the NRPF Network sets out the broad parameters as established in case law as to how local authorities should set subsistence rates and examples of what has been found to be unacceptable.<sup>11</sup>

Spencer and Price (2015) found that 'of concern for advocate interviewees was a reported tendency for some local authorities to provide families only with accommodation and not provide subsistence unless challenged by families or their advocates.' This is reiterated in post COVID-19 findings, which provide some evidence that local authorities have been providing only accommodation and not subsistence. For example, Jolly et al (2020) note that the most commonly reported impact of the pandemic was not having enough food, with more than 8 out of 10 organisations identifying this as a concern for their service users.

Additionally, research by Chalabi (2020) highlights how many families with NRPF are excluded from accessing Free School Meals. In response to the pandemic, the DfE has extended access to FSM for families in receipt of s17 support (or equivalent) and earning under £7400, though this still excludes a wide range of NRPF families not currently supported by local authorities. This is

<sup>&</sup>lt;sup>10</sup> http://www.nrpfnetwork.org.uk/News/Pages/end-rough-sleeping.aspx

http://www.nrpfnetwork.org.uk/Documents/Subsistence-support-families.pdf



also a temporary measure, which was due to be reviewed by 1st June 2020, and so it is unclear how long this provision will be in place for. Some local authorities have used local welfare assistance funds to deliver emergency support – however, this is considered a 'public fund' and so, if this is the case, a workaround needs to be identified in order for NRPF residents to access.

Access to advice and information<sup>12</sup> and communications

Jolly et al (2020) finds that there is a general a lack of information available for people with NRPF, with only 5 of the 151 local authorities in England having publicly available NRPF policies which were 'accurate, up to date and contained referral contact details during the pandemic'. More than 90 percent of local authority websites did not have updated information on support for people with NRPF during the pandemic.

In addition to the provision of information, access to the internet has become a key concern during the pandemic, particularly in relation to digital exclusion for migrant families, including those subject to the NRPF condition.

Finally, resolving immigration status is often seen as a gateway issue, which needs to be resolved before all other issues (for example in relation to employment or welfare benefits can be resolved.) Whilst the provision of immigration advice is regulated, the pandemic response may include the provision of immigration advice through regulated partners. Recent research commissioned by the Paul Hamlyn Foundation sets out a typology for increasing capacity within the immigration advice sector (Hutton and Harris 2020.) These include methods aimed at creating new capacity in the system of immigration advice provision, such as pro bono advice and non-advice, giving support teams and methods aimed at increasing the efficiency of existing specialist immigration advice is provided, such as remote advice and casework, outreach and referral partnerships and joint working.

## **Policy implications**

Some of these implications apply directly to local government, stand within the competency of local government, and devolved administrations. Others (in particular, those related to

<sup>12</sup> Please note that a separate note will look at the overall policy implications of COVID 19 for access to information and advice, including language access and digital exclusion



immigration policy) apply to central government, but may be areas in which local government may wish to make the case for change.

This section does not set out recommendations, but simply collates recommendations and potential policy implications of the analysis outlined above.

# 1. Take account of the disproportionate impact for those subject to the NRPF condition

The Migration Exchange's analysis sets some of the potential for disproportionate impacts of COVID-19 on people subject to the NRPF condition.

As part of their action planning (both in terms of COVID-19 and in longer-term), local authorities have the capacity to analyse these impacts and develop their services to ensure:

- that where possible they are inclusive by default including regardless of immigration status where possible and appropriate
- that where this is not possible, targeted services seek to mitigate these disproportionate outcomes, and at the very least, local authority practice does not exacerbate them
- One example may be to conduct an audit of the eligibility for public services to establish
  which services are restricted for NRPF and other cohorts. In particular this can help
  local authorities to establish any areas which are inadvertently exclusionary such as
  where eligibility for welfare benefits is used as a proxy for poverty and so excludes
  NRPF communities, or to ensure that existing policies for NRPF provision (such as
  subsistence rates) are appropriate in the context of other policies on inclusion

#### 2. Communications

Many local authorities do not have clear information on NRPF provision on their website or specifically in relation to their approach to COVID 19 response. The Children's Society (2020) recommend that local authorities should make clear the support available to NRPF families, including free school meals and local welfare provision where appropriate. This should also include highlighting provision from central government (or from Health and Social Care Trusts in Northern Ireland) where appropriate.



In addition to this lack of information, in some cases organisations have identified 'gatekeeping' practices or a reticence to encourage those eligible for local authority support to come forward. As well as having public health implications, this will also likely hinder work on inclusion and integration more widely. This gatekeeping also highlights the importance of unified messaging across the organisation — in particular in the current circumstance where there has been an observed shift of provision (in some circumstances) from Social Services Departments to Housing Departments.

#### 3. Provision and access to advice and information

- Using the findings of Hutton and Harris' work on capacity to understand local immigration advice capacity, gaps and opportunities to work in partnership (in particular through Inclusive Cities Taskforces) to develop new approaches
- Using the opportunity to identify cohorts who have/ are at risk of becoming NRPF and
  use preventative approaches to try to mitigate these risks. This may include
  - Those eligible for EU Settled Status or pre-settled status
  - Young people in the care system
  - People affected by Windrush
  - Irregular migrants
  - Refused asylum seekers
- Review access to information, including the provision of internet access
- Development of public health and information campaigns with and for targeted communities14

# 4. 'Stepping down' the emergency measures and retaining accommodation capacity

The 'everyone in' scheme has allowed local authorities to provide housing support regardless of immigration status. However, this is an emergency measure and it is unclear what will happen longer term. In 'unwinding' this policy post lockdown, there are a range of measures

<sup>&</sup>lt;sup>13</sup> Project 17, Migrant Rights Network and Public Interest Law Centre identified this as a concern in a letter to local authorities on 14<sup>th</sup> April 2020 <a href="https://www.project17.org.uk/media/96286/las-and-covid-19-follow-up-letter-144-basic.pdf">https://www.project17.org.uk/media/96286/las-and-covid-19-follow-up-letter-144-basic.pdf</a>

<sup>&</sup>lt;sup>14</sup> As identified in the PHE review of the impact of COVID on BAME communities https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/892376/COVID\_stakeholder\_en\_gagement\_synthesis\_beyond\_the\_data.pdf



which local authorities may wish to consider, whilst acknowledging that severe budgetary constraints may limit capacity to do this, unless additional support is granted:

- Maintaining some of the newly sourced accommodation capacity to adapt for longer term use
- Developing new forms of accommodation provision for NRPF families (such as the Praxis/ Commonweal model<sup>15</sup> for accommodation paired with wrap around support)
- Working in collaboration with the voluntary sector on hosting models

#### 5. NRPF National Policy changes

Many organisations have called for at least a temporary pause or abolition of the NRPF condition for the duration of the pandemic. These include recommendations from the LGA, many NGOs and local authorities.<sup>16</sup>

Short of this change, there are other more piecemeal policy changes, which could perhaps become permanent changes to the NRPF policy, short of wholesale suspension. These may include:

- Provision of funding for local authorities to provide support to people with NRPF who have been accommodated on public health grounds, alongside clarity about legal powers and duties
- Remove restrictions on in work benefits to support families with Leave to Remain with NRPF to remain in employment where possible
- Remove local welfare funds from the 'Public Funds' list to allow local authorities to provide emergency support
- Increasing access to free school meals for those not in receipt of local authority support
- Amending and simplifying the process to have the NRPF condition lifted (see Wooley 2020)

<sup>&</sup>lt;sup>15</sup> A full evaluation of the project is available here: <a href="https://drive.google.com/file/d/1EFnqSvYSqbMsDdmvsPdFzjmLpcoeY\_3r/view">https://drive.google.com/file/d/1EFnqSvYSqbMsDdmvsPdFzjmLpcoeY\_3r/view</a>

<sup>&</sup>lt;sup>16</sup> Organisations who have called for the suspension of NRPF in response to the pandemic include LGA, COSLA, Welsh LGA, Mayors of Bristol and London, IPPR and The Children's Society, Children's Commissioner for England, DWP Select Committee as well as a letter signed by over 100 MPs.



### Wider changes to the immigration system

Beyond changes to the NRPF system, there are a number of interlinked policy areas, which could impact on the NRPF cohort. Suggestions and recommendations from others have included:

- Changes to EU Settled Status scheme including extending the application deadline in order to mitigate the risk of EU nationals joining the NRPF cohort and requiring support
- Suspension of the Habitual residence test for EU nationals
- Reviewing the schedule of visa fees, including the immigration health surcharge as well
  as making provision for those whose visa is due to expire and the fee waiver system in
  recognition of the impact of the pandemic
- Suspension of the minimum income requirement (of at least £18,600 per year) and the maintenance and accommodation requirements for all those renewing family visas (partners, parents of settled children, children of partners with limited leave)
- Suspension of NHS charging in recognition of the health impacts on the NRPF cohort

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