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Hines, Zoe and Leishman, Eppie (2023) No Knowledge of 'Public Funds'? An Investigation into Social Work Practitioners' Confidence and Knowledge When Working with Adults with 'No Recourse to Public Funds'. British Journal of Social Work. pp. 40-59. ISSN 1468-263X

https://doi.org/10.1093/bjsw/bcac108

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British Journal of Social Work (2022) **00**, 1–20
https://doi.org/10.1093/bjsw/bcac108

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No Knowledge of 'Public Funds'? An Investigation into Social Work Practitioners' Confidence and Knowledge When Working with Adults with 'No Recourse to Public Funds'

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Abstract

Literature suggests health and social care professionals lack the knowledge and confidence required to work effectively with those subject to immigration control. However, thus far few studies have focused on the social work profession. Using quantitative methods, this study explored social work practitioners' knowledge and confidence of the entitlements of adults with 'no recourse to public funds' (NRPF) to adult social care services, through an anonymous, online, national survey ($n = 113$). Using statistical tests for parametric data, several significant results were found. Training attendance had a statistically significant relationship with knowledge and confidence. Seniority level, years of experience and number of adults with NRPF worked with had statistically significant relationships with confidence but not knowledge. Findings suggest that respondents had adequate knowledge of Care Act assessments. However, confidence was low and knowledge was poor around the entitlements of asylum seekers specifically, access to advocacy and use of human rights assessments. Hence, it is suggested that social work employers should prioritise training on NRPF entitlements, focusing on the areas of poor knowledge found in this study. Moreover, further research with adults with NRPF is needed to better understand their experiences of accessing adult social care.

Keywords: adult social care services, entitlements, NRPF, quantitative online methods, social work

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Accepted: May 2022

Introduction

It has been suggested that social workers lack requisite knowledge when working with individuals subject to immigration control, which acts as a barrier to service provision (Chantler, 2012; Nellums *et al.*, 2018). However, we are yet to see adequate evidence to support these claims. Previous research indicates confidence working with this group is low for health care professionals, however, there is little evidence regarding social work professionals (Mengesha *et al.*, 2018; Scott *et al.*, 2019). The UK has a long history of immigration and border control, dating back to the 1905 Aliens Act (1905). Subjecting non-UK nationals to be 'without recourse to public funds' was first introduced in section three of the Immigration Act (1971). The condition was further legislated under New Labour in the Immigration and Asylum Act (1999) preventing 'persons subject to immigration control' accessing most welfare benefits and local authority (LA) housing. Refugees, asylum seekers (AS'), failed AS' and those with leave to remain have distinct legal statuses, yet it is possible for all to have 'no recourse to public funds' (NRPF). The NRPF condition was expanded in 2012 under the coalition governments 'Hostile Environment' policy (later reframed in 2018 as the 'compliant environment'), which seeks to make living conditions in the UK so difficult that non-UK nationals instead choose to 'voluntarily leave' (Bolt, 2021). Under the expanded conditions of NRPF, even those required to work and pay taxes into the social security system are not allowed to claim back from that system in times of need. The 'Hostile Environment' also acts a barrier to accessing education, healthcare, policing, drivers' licenses, bank accounts and employment for non-UK nationals. Following the NRPF policy being ruled unlawful for those with leave to remain by the High Court in 2020, there have been calls to scrap the policy in its entirety, particularly due to public health implications during the coronavirus pandemic (The Joint Council for the Welfare of Immigrants, 2020).

Whilst the NRPF condition placed upon some non-UK nationals prevents access to certain state support, it does not prevent adult social care departments assessing any individual who appears to require care and support, and then providing support as per the Care Act (2014) eligibility criteria (Immigration and Asylum Act, 1999). Consequently, for as long as those with NRPF are being excluded from accessing financial support and housing due to immigration controls, social work practitioners have an important role to play in assessing and supporting this group under the Care Act (2014). Adult social care departments, and the practitioners working in them, become the last safety net for adults

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with NRPF. However, inconsistencies built into policy mean these practitioners become street-level bureaucrats (Lipsky, 1971). Where demand for social services support outstrips supply, practitioners are forced to use their discretion to resolve issues of excessive caseloads, achieving key performance indicators and prioritising tasks. Whilst professional discretion informing decision-making on entitlements may be used for good, it may also breed inconsistencies or bias in practice.

Many adults with NRPF experience homelessness, poverty, discrimination, social isolation and have complex health needs (Anitha, 2010). There is therefore an evident need for social workers to have confidence and knowledge of the support available to adults with NRPF. Significantly, research indicates groups subject to immigration control are five times more likely to experience mental health problems than the rest of the population, with insecure immigration status suggested as a key contributor to this (Ryan *et al.*, 2009). This connection between mental health and immigration status further highlights the need for mental health social workers (MHSWs) to be cognisant of the entitlements of those subject to immigration controls, to ensure their needs are met (Chantler, 2012). However, previous research has indicated that mental health services have not adequately met the needs of those with irregular immigration statuses (Nellums *et al.*, 2018). In many cases, those with irregular immigration statuses are not able to access mental health services at all; identified barriers include stigma, lack of information, language barriers, lack of trust, cultural differences and lack of practitioner confidence and knowledge of their entitlements to support (van der Boor and White, 2020).

Conflicting research findings regarding social workers' understanding of the entitlements of adults with NRPF demonstrate significant gaps remain in this field of enquiry, particularly in terms of quantitative methodologies. Whilst a study of frontline practitioners (70 per cent social workers) found participants demonstrated extensive knowledge and experience of working with refugees and AS' (Robinson, 2014), more recent research has highlighted inconsistencies in practice. For example, professionals incorrectly interpreting immigration terminology, lacking required knowledge and providing incorrect information to service users (Fang *et al*, 2015; Guentner *et al.*, 2016; Farmer, 2017). This has been highlighted in a recent study which found 80 per cent of healthcare practitioners were not confident in defining immigration statuses that determine eligibility for NHS treatment (Tomkow *et al.*, 2020). Others argue social work is being co-opted into immigration enforcement: by using shared information systems, reporting non-UK nationals to the Home Office (or threatening this), and making decisions regarding who is 'deserving' of support based on immigration status, social workers are illegalising 'migrants' and acting as agents of border control (Guentner

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et al., 2016, Farmer, 2020). These significant concerns obstruct access to social care services for non-UK nationals (Farmer, 2020).

Against the backdrop of a hostile environment and receding LA budgets, it is perhaps unsurprising that a wide body of research into the social services support provided to children and families with NRPF found support is routinely under-provided and inaccessible to those eligible, constituting statutory neglect (Jolly, 2018). Children and families are erroneously being turned away from assessments and support due to having the NRPF status (Jolly, 2017). Where families with NRPF are eligible for support, gatekeeping by social workers makes that support inaccessible, in many cases resorting to litigation to ensure families receive the support they are entitled to (Dexter *et al.*, 2016). A tightening of public purse strings and growing discrimination towards those with NRPF in response to racialised UK immigration policy have been cited as contributing factors in the under-provision of such services (Farmer, 2020; Dickson and Rosen, 2021). Lack of knowledge leading to social work practitioners misinforming clients on their entitlements is another contributor; one study found 22 per cent of families were incorrectly refused social care due to their immigration status (Dickson, 2019). In response to this issue, recommendations have been made for greater focus on immigration issues in social work education and a commitment to challenging oppressive immigration policies by social workers (Hayes and Humphries, 2004; Farmer, 2020). Whilst we can draw some conclusions from the studies of children and families with NRPF, the distinctive context and legal frameworks mean we may expect some differences in findings with adults, hence more research is needed in this field.

Whilst the literature recognises social worker's knowledge and confidence can act as barriers to service provision for adults with NRPF, there is a gap in the research to evidence low levels of confidence or knowledge. This paucity in evidence provided the rationale for undertaking primary research, which investigated social work practitioners' understanding and confidence of adult social care services available to adults with NRPF. Two interrelated research questions were posed, namely: 'what level of knowledge and confidence do social work practitioners demonstrate regarding the adult social care entitlements of adults with NRPF?' and 'do demographic factors, such as years of experience and seniority level, influence the knowledge and confidence of social work practitioners regarding the adult social care entitlements of adults with NRPF?'. Some studies have used quantitative methods to explore these topics with children's services and other professional groups, however, to the researcher's knowledge, adult social workers have not yet been represented in such research. Hence, to answer the research questions, quantitative data analysis techniques were used to explore social work practitioners' knowledge and confidence and whether there was a significant relationship between these variables and the demographic

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data. To get a broad understanding at a national level, the research method used was a survey of social workers, social work students and managers ('social work practitioners') working with adults in England.

Methodology

Design

An anonymous online national survey was undertaken using Qualtrics. This method was employed as, compared with other methods of data collection, anonymous online surveys are suggested to be more likely to elicit honest responses by reducing social desirability bias and increasing anonymity (Larson, 2019). To increase reach during the COVID-19 lock-down, the survey was also recruited at a local level. The survey consisted of demographic questions and a series of three vignettes (Table 1). Two knowledge test questions were asked for each vignette. Whilst Goerman and Clifton (2011) argue participants may not respond to vignettes in the same way they would to a real-life situation, Finch (1987) highlights a benefit of vignettes is that they can be used in quantitative methods to explore complex situations with relatively large-scale samples. To address validity, the vignettes were constructed from case law, real-life cases and existing literature. The vignettes were piloted to a social worker and a project manager in adults' services. Before the survey was launched, the survey was piloted to a social worker and the researcher's academic tutor. Adjustments were made to the length of the survey based on the feedback.

Table 1. Summary of vignettes

Vignette	Description
1	An adult, B, with diagnosed mental health conditions who is seeking asylum in the UK. B is homeless and staying on the floor of an overcrowded flat. B was referred to adult social care by an asylum seekers' charity. B does not speak English. B has a Care Act assessment and is found to have needs in three domains, which need to be met in the home and arise due to B's mental ill-health.
2	A failed AS, G, with diagnosed mental health conditions, who claimed asylum in-country. G has exhausted the appeals process and faces removal from the UK. G was referred to adult social care by a community mental health team due to struggling with activities of daily living.
3	A homeless adult, S, with limited leave to remain subject to the NRPF condition. S has been referred to adult social care by homeless outreach services. S struggles to express himself fully. S has a Care Act assessment and is found to have needs in three domains. These needs arise due to S being homeless. S does not have any additional needs that arise from mental impairment, physical disability or illness.

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Whilst there are considerable benefits of using online methods, it is also worth noting the concern over participant authenticity that such methods pose (McDermott and Roen, 2012). To address user authentication, a multistage consent form required respondents to first tick a box agreeing to the consent statements, then to tick a box agreeing they were an adults' social care practitioner, before being given access to the survey. Concerns have been highlighted regarding respondent's privacy when using online methods (Gupta, 2017). This risk was mitigated in sharing the information sheet, which detailed the privacy, confidentiality, anonymity and data protection statements. The autonomy provided through online methods also brings benefits, as respondents can participate in the comfort of their chosen environment, in their own time and have freedom to withdraw at any stage.

The survey started with demographic questions before moving on to the substantive focus; a knowledge test based on vignettes. A knowledge test was used to quantify participants' knowledge of the social care entitlements of adults with NRPF. Textual vignettes were used to simulate real-life situations of three adults with NRPF who had differing immigration statuses (thus potentially differing entitlements) and had presented to adult social care for support (Table 1). These vignettes were followed by multiple choice questions regarding eligibility to adult social care services and a ten-point confidence scale (where 0 = not confident at all and 10 = extremely confident). The research was undertaken as part of a master's programme in social work practice and was unfunded.

Sample and recruitment

To achieve broad inclusion across levels of seniority and experience, the inclusion criteria were 3-fold. First, participants were required to be social workers, social work students or managers, secondly, they must work with adults and thirdly they must practice in England. Two methods for recruitment were used to increase the surveys reach. A virtual snowballing recruitment method was used via posts on social media (Baltar and Brunet, 2012). To broaden the scope of recruitment, a convenience sampling method was also used (Teater *et al.*, 2017). At the request of the researcher, a service manager sent the recruitment email with the information sheet and survey link to social work practitioners in adults' services in two merged LAs in which the researcher was employed. Critics have suggested this recruitment method leads to a lack of diversity in the sample and has often been misused (Lune and Berg, 2017). To account for this, data were collected on location of participants. Considering the COVID-19 lockdown restrictions in place at the time, this method allowed the researcher to access an increased number of participants with speed, no cost and convenience.

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The survey was launched for a ten-week period (April–June 2020) during which 113 completed responses were received. This surpassed the original target of 100 responses.

Ethical consideration

The researcher was granted ethical approval from the University of York Social Policy and Social Work Departmental Ethics Committee (SPSW/MTA/2019/19).

Informed consent was achieved by respondents selecting that they had read the information sheet and agreed to the consent statements using a tick box (Im and Chee, 2003). If the consent statements were not agreed to, the respondent could not progress with the survey. The information sheet highlighted responses were not recorded until they were submitted, at which point they could not be retrieved. The high degree of anonymity in online survey methods ensured participants were not identifiable in the sample. All data were securely stored on an encrypted University server. The researcher acknowledged that whilst the survey was not aimed at individuals with NRPF, there may be respondents who are distressed by this topic. Hence, the information sheet linked participants to resources around immigration and mental health support.

Outliers

Central Limit Theorem states when samples are large ($n > 30$) the sampling distribution will be normally distributed (Lumley *et al.*, 2002). In this research, the sample is large enough ($n = 113$) to assume a normal distribution. One outlier was found in the data. The nature of the outlier was investigated, finding no error in the entry or calculation of the data. Each statistical test was run for the datasets including and excluding the outlier. The inclusion of the outlier impacted the statistical significance found in two tests. This was for the t-test on experience of working with adults with NRPF and score (with outlier: $t = 2.084$, $\mathrm{df} = 108$, $p < 0.05$, without outlier: $t = 1.739$, $\mathrm{df} = 107$, $p = 0.085$) and the t-test on practice setting and score (with outlier; $t = 2.15$, $\mathrm{df} = 111$, $p < 0.05$, without outlier; $t = 1.862$, $\mathrm{df} = 110$, $p = 0.065$). Hence, the researcher excluded the outlier from the dataset.

Procedures and analysis

A negative scoring system was used for the six multiple choice questions in the knowledge test. The score of a correct answer was calculated using $\frac{1}{number\ of\ correct\ answers}$ and an incorrect answer $-\frac{1}{number\ of\ incorrect\ answers}$. This meant

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for each question there was a maximum score of one if all the correct answers were selected, a minimum score of minus one if all the incorrect answers were selected and a score of zero if all possible answers were selected. This scoring system ensured respondents would not get a higher score by selecting all possible answers given, hence reducing the potential to score points by guessing. As there were six questions overall (two per vignette), the highest possible score achievable was six, the lowest possible score was minus six.

The data were analysed with IBM SPSS software. As the dependent variables (score and confidence) were parametric, the relationship between them and the independent variables (the demographic data) is measured using a *t*-test when the independent variables had two subsets and one-way ANOVA for more than two subsets (Larson, 2008). To look at the association between two nominal variables Chi-squared was utilised (Field, 2018). As the data were parametric and the outlier was excluded from the dataset, Pearson's correlation coefficient was used to analyse the association between two scale variables (Field, 2018). These tests were applied to identify areas of more and less knowledge and confidence, and to explore whether there were significant relationships between demographic data, knowledge and confidence.

Results

Descriptive data

It is worth noting, respondents from London were over-represented in the sample (Table 2) when compared with regional workforce statistics (NHS Digital and Skills for Care, 2020). This is likely to be because the researcher distributed the survey within two LAs in London. Respondents identifying as female made up most of the sample (Table 2), replicating findings for the population (Skills for Care, 2017). Social workers working mostly with people with mental health problems made up 50.9 per cent of the sample. This may be due to the recruitment methods used: snowballing and convenience sampling in networks consisting predominantly of MHSWs. Comparably to the sample (Table 2), Skills for Care (2019) estimate 82.3 per cent of social workers work in LAs, 12.6 per cent in the NHS and 4.8 per cent in the independent sector. Most respondents (68.8 per cent) had worked with an adult with NRPF before. Few (5.4 per cent) declared having personal experience of NRPF. Overall, 64 per cent of respondents had not attended training on NRPF; 61 per cent stated that this is because it had not been offered to them. Of those who had attended training, 92.5 per cent was face-to-face and 7.5 per cent was online. It is expected that the

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Table 2. Sample characteristics

Sample characteristics		*N*	Per cent of total
Location	North East	4	3.5
	North West	11	9.7
	Yorkshire and The Humber	4	3.5
	East Midlands	3	2.7
	West Midlands	8	7.1
	East of England	7	6.2
	Greater London	47	41.6
	South East	23	20.4
	South West	5	4.4
	Preferred not to answer	1	0.9
Gender	Male	15	13.3
	Female	98	86.7
Level of seniority	Student	21	18.6
	Newly qualified social worker	27	23.9
	Social worker	48	42.5
	Manager	15	13.3
	Preferred not to answer	2	1.8
Practice setting	Local Authority	72	63.7
	NHS	32	28.3
	Charity	5	4.4
	Other	4	3.5

proportion of individuals receiving training online will have risen since data collection due to the impact of the coronavirus pandemic.

Knowledge and confidence

Analysis of overall score and confidence revealed how much knowledge and confidence participants demonstrated regarding the social care entitlements of adults with NRPF. The mean overall score was positive (2.3643), showing respondents got more responses correct than incorrect. The highest mean score for a vignette was on Vignette Two (Table 3). The vast majority of overall scores were positive (97.3 per cent). Reflecting current literature, the confidence score given before the knowledge test, asking for respondents' overall confidence when working with adults with NRPF, was low, with 62.5 per cent of respondents giving a score of five or less on a ten-point scale where 0 = not confident at all and 10 = extremely confident (mean confidence = 4.3). Interestingly, the confidence scores given following the questions on each vignette were lower (Table 3) reflecting respondents confidence decreased after answering the knowledge test questions. The relationship between knowledge and confidence was not statistically significant ($r = 0.088$, $p = 0.354$).

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Table 3. Mean scores by vignette

Vignette	Mean confidence score	Mean knowledge score
1	3.84	0.29
2	3.62	0.46
3	3.83	0.44

Asylum seekers

The lowest mean score for a vignette was on Vignette One (Table 3). The lowest mean score for an individual question was also within Vignette One, where respondents were asked which support services B would be eligible for following the completion of a Care Act (2014) assessment (which identified B was eligible under the national eligibility framework) (mean = 0.1741). As B is not in an excluded group, she should be provided with an assessment and services to meet her eligible needs. However, few respondents correctly identified that following an assessment which identified B met the eligibility criteria, she would be eligible for accommodation (43.8 per cent), domestic care (34.8 per cent) and floating support (24.1 per cent). Despite this vignette having the lowest overall score, it had the highest mean confidence score (Table 3). As each vignette presented an individual with a differing immigration status, it is possible respondents were the least knowledgeable of the entitlements of asylum-seeking adults (in Vignette One), compared with failed AS' facing removal (in Vignette Two) and adults with limited leave to remain and the condition of NRPF (in Vignette Three).

Care Act (2014) assessments

Respondents had good levels of knowledge around entitlements to a Care Act (2014) assessment. Most respondents understood when a Care Act (2014) assessment was needed (Table 4). As 'Care Act assessment' was selected by a similar percentage of respondents across all three vignettes (range: 4.4 per cent), this suggests respondents had a consistent understanding of when a Care Act (2014) assessment is needed. For the AS in Vignette One and the adult with leave to remain with the NRPF condition in Vignette Three, most respondents correctly identified that an interpreter and the provision of information and advice would be required (Table 4). However, a minority of respondents correctly identified that these individuals would also be eligible for an advocate (Table 4).

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Table 4. Respondents' correct selection of responses regarding entitlements to services (per cent)

	Vignette 1	Vignette 2	Vignette 3
Care Act assessment	69.6	66.1	70.5
Interpreter	81.3	n/a	73.2
Information and advice	75.0	n/a	72.3
Advocacy	38.4	n/a	33.9

Table 5. Analysis of knowledge and confidence against training and seniority level using one-way ANOVA

		Demographics	
		Training	**Seniority level**
Dependent variables	**Knowledge**	F=3.419, p<0.05	F=0.718, p=0.543
	Confidence	F=3.927, p<0.05	F=7.396, p<0.001

Human rights assessments

It would only be necessary to complete a human rights assessment for the failed AS in Vignette Two, as this contained the only example of someone who is excluded under schedule 3 of the National Immigration and Asylum Act (2002). In Vignette Two and Vignette Three the majority of respondents (59.8 per cent and 58.9 per cent, respectively) correctly identified whether a human rights assessment would be needed. For Vignette One, a minority of respondents correctly identified this (47.3 per cent); most individuals incorrectly selected that a human rights assessment should be carried out. Respondents got fewer questions correct about when to use a human rights assessment, suggesting they had less knowledge of this topic.

Relationship between demographics, knowledge and confidence

The research found attending training was significantly associated with levels of knowledge and confidence. A one-way ANOVA was used to look at knowledge and training, which was broken down into four subgroups; offered but not attended, not attended due to not being offered, attended face-to-face and attended online. A significant difference in knowledge was found between these subgroups (Table 5). The Bonferroni post-hoc test found the mean difference in score between those who had attended training face-to-face and those who had not been offered training (0.67979) was significant ($p < 0.05$). The one-way ANOVA was also run for these subgroups and confidence. There was a significant difference in confidence according to the training subgroups

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Table 6. Difference in score according to seniority level

Subgroup differences	Mean difference	*p*-value
Manager > student	2.40	0.005
Manager > NQSW	3.13	0.0001
Manager > social worker	2.09	0.006

Table 7. Analysis of knowledge and confidence against years of experience and number of NRPF adults worked with using Pearson's correlation coefficient

		Demographics	
		Years of experience	**Number of NRPF adults worked with**
Dependent variables	**Knowledge**	r=0.094, p=0.323	r=0.094, p=0.326
	Confidence	r=0.274, p<0.01	r=0.462, p<0.001

(Table 5). The post-hoc test identified that the mean difference in confidence between those who attended training face-to-face and those who were not offered training (1.474) was significant ($p < 0.01$). Hence, there is a significant difference in knowledge and confidence according to whether training had been attended. Those who received training had higher levels of knowledge and confidence than those who did not receive training.

A one-way ANOVA on seniority level and knowledge test score found there was not a statistically significant relationship between these variables (Table 5). Contrastingly, when running the one-way ANOVA for seniority level and confidence, a statistically significant difference was found in confidence according to seniority level (Table 5). Analysing this further using the Bonferroni test showed managers were more confident when working with adults with NRPF than all other levels of seniority (Table 6). Those in senior positions had higher levels of confidence than those in junior positions. However, in this research, whilst confidence came with seniority, it did not equate to greater knowledge.

Using the Pearson's correlation coefficient for years of experience and confidence, a statistically significant, positive correlation was found between these variables (Table 7). This suggests the longer the respondent had been qualified, the more confident they were in this practice area. The Pearson's correlation coefficient was calculated for years of experience and knowledge. A significant association was not found between these variables (Table 7). This finding was replicated for the number of NRPF adults worked with. When comparing this variable to score using Pearson's correlation coefficient, no significant association was found between these variables (Table 7). However, when comparing confidence

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to the number of NRPF adults worked with, a significant, strong positive correlation was found; the more adults with NRPF respondents had worked with, the more confident they felt (Table 7).

Discussion

This research found social work practitioners have good knowledge of some of the adult social care entitlements of individuals with NRPF. However, knowledge in the areas of the entitlements of non-UK nationals with certain immigration statuses, such as AS', rights to advocacy and when human rights assessments are needed, was low. As has been found with healthcare professionals (Mengesha *et al.*, 2018; Scott *et al.*, 2019), overall confidence when working with adults with NRPF was poor despite some elements of knowledge being high. Whilst knowledge was associated with whether training had been attended, confidence was associated with level of seniority, years of experience, number of adults with NRPF previously worked with and training. The research did not find a relationship between knowledge and confidence. Further research is needed to investigate how broader contexts, such as LA cost saving initiatives and immigration policies, might be associated with the low practitioner confidence and inconsistent knowledge found in this article, for instance through their impact on practitioner decision-making.

Assessments

Respondents were knowledgeable of Care Act (2014) assessment eligibility. However, there was a notable lack of knowledge around entitlements to Care Act (2014) advocacy. This suggests practitioner knowledge on the duty to refer to advocacy services, which has been highlighted as an area for improvement in previous research, remains an issue (Newbigging *et al.*, 2017). Advocacy has a crucial function in supporting access to statutory services for marginalised communities (Social Care Institute for Excellence (SCIE), 2015). Given the research into unlawful decision making by social work practitioners regarding eligibility to services for adults with NRPF, advocacy has been fundamental to ensuring the rights and needs of this group continue to be met (Dickson, 2019; Farmer, 2020). Thus, this is an area of social work practice that requires further in-service training to increase access to support for adults with NRPF.

The research findings indicate confusion amongst practitioners regarding when a human rights assessment is needed. This suggests social work practitioners' may be completing human rights assessments when they are not needed, or not completing them when they are. Either scenario may result in individuals' unjustly being turned away from adult social

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care services. To ensure social work practitioners work effectively within legal frameworks, further support should be provided around the use of human rights assessments through access to training and educational materials. To the best of the researcher's knowledge, no research has been undertaken into the use of human right assessments by social work practitioners. There is therefore a significant gap in understanding around how professionals utilise these assessments.

Asylum seekers'

Political contexts have broadly shaped public perceptions of non-UK nationals. This, amongst other factors, has led to the broad stigmatisation and discrimination of AS' and other non-UK nationals in both private and public spheres. This research corroborates findings from previous studies; practitioners' lack understanding of the entitlements of non-UK nationals with certain immigration statuses (Nellums *et al.*, 2018; Tomkow *et al.*, 2020). This research found there is a deficit in social work practitioners' understanding of the entitlements of AS' specifically, suggesting that this issue, previously highlighted by Chantler (2012), is yet to be addressed. Given the abundance of research which highlights the multiple disadvantage of AS', there needs to be a concerted effort by social work practitioners and organisations to improve understanding of AS' entitlements, to ensure this group receive the support they are legally eligible for.

Training

Receiving training on NRPF was a positive indicator of social work practitioners' knowledge and confidence of the entitlements to adult social care for adults with NRPF. This finding is key, particularly as most respondents reported they had not attended training due to it not being offered to them. Existing research suggests undertaking skills training has a positive effect on satisfaction, competency and work quality in social work settings (Clarke, 2001; Malmberg-Heimonen *et al.*, 2016). However, the evidence base is limited and somewhat outdated. To the researcher's knowledge, this is the first piece of quantitative research evidencing a relationship between knowledge, confidence and training in a social work setting.

There are significantly more studies with healthcare practitioners supporting the findings of this research that attending training positively impacts practitioners' knowledge and confidence (Munro *et al.*, 2007; Piette *et al.*, 2018). Whilst further research in a social work context may be beneficial, given the existing evidence around the positive impact of training on confidence and knowledge, social work bodies and employers

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need to make training on the entitlements of adults with NRPF available to all social care practitioners. This is not a novel argument; Robinson (2014) called for increased organisational support for frontline workers working with non-UK nationals through improved access to training, supervision and empirical research. The need for improved training is further heightened during the COVID-19 pandemic due to the increased risk of destitution, unemployment and poverty for adults with NRPF (UK Parliament, 2020).

Implications

The research found face-to-face training is most likely to impact knowledge and confidence levels. Hence, as COVID restrictions ease, face to face training should be resumed alongside online methods. Training should focus on the entitlements of individuals with a range of immigrations statuses, entitlements to advocacy and use of human rights assessments. Considering the cuts to LA budgets, other free and low-cost educational options should be considered. For instance, cases with non-UK nationals could be made an agenda item at reflective practice meetings and supervisions. Alternatively, social work teams could appoint a 'champion' to provide oversight and guidance on complex NRPF casework.

In this research, there was no relationship between knowledge and area of the UK practicing in, reflecting that it will be beneficial for a national, as well as local, approach to be taken to upskill social work practitioners in this practice area. To support best practice, LAs should adhere to the NRPF Networks' Practice Guidance to ensure assessments and services are provided to adults with NRPF in line with legal requirements. Pre-existing resources and training materials should be promoted. Furthermore, the recommendations in SCIE's (2015) good practice guidance support the findings of this study and should be enacted by social work practitioners and employers. To address the issue of entitlements to services holistically, there is a role for social work bodies and practitioners to challenge oppressive structures and policies which act as a barrier to service provision, such as the NRPF condition itself. This could be achieved by advocating for its abolition.

Limitations

As with all research, there are limitations. It is acknowledged that knowledge and confidence are not the only factors which influence practitioner decision-making regarding eligibility to adult social care services. Other impacting factors include practitioner attitudes, political contexts, stress, burnout, budgets and time limitations. Due to the scope of this

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article such factors could not be explored, though they would be interesting topics of further research. Building on the findings of this study, further research could be undertaken using direct questions (rather than vignettes), for instance by adapting the questions Tomkow *et al.* (2020) employed for a social work context. A mixed methods approach could also be used to obtain a more detailed understanding of respondent's knowledge and confidence.

To address the lack of representation in the sample, the researcher could have diversified recruitment channels to broaden the scope of respondents. However, consideration must be given to the context of the recruitment period and the researcher's time constraints. As the recruitment took place during the first COVID-19 lockdown, when there was substantial pressure on the NHS and social care, this may have impacted respondents' ability to commit time to completing the survey. Furthermore, the unfunded nature of this research project limited the researcher's ability to diversify recruitment strategies. Due to the budgetary, time and practical constraints, it was not possible to include the views of adults with NRPF in this research. However, this will be an important piece of future research to understand more about the barriers this group face when accessing adult social care.

Conclusion

Pre-existing literature suggests there is a lack of practitioner knowledge and confidence when it comes to working with those with insecure immigration statuses' (Chantler, 2012; Fang *et al.*, 2015). This research sought to determine whether social work practitioners' lack requisite knowledge and confidence in this practice area, using an online survey comprising of a knowledge test followed by confidence scales. Overall, the research found respondents ($n = 113$) had good knowledge of some of the social care entitlements of adults with NRPF, specifically Care Act (2014) assessments, interpretation and the provision of information and advice. However, respondents lacked knowledge of the entitlements of AS', rights to advocacy and the use of human rights assessments. Respondent's confidence was low throughout. As training was found to be positively associated with both confidence and knowledge of entitlements, this should be the focus of social work bodies and employers to increase access to services for adults with NRPF locally. Training should be promoted to social care practitioners at all levels of experience and seniority, as this study did not find a statistically significant relationship between seniority level, years of experience or number of adults with NRPF worked with and knowledge. Training should pay particular attention to the areas of low knowledge highlighted in this article. To effectively promote the rights and entitlements of adults with NRPF nationally, social work bodies

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should embed learning by developing policy and practice guidance. Another way to prevent individuals being erroneously turned away from adult social care services due to having NRPF, would be to abolish the NRPF condition entirely. In future, further research needs to be conducted with adults with NRPF to better understand their experiences of accessing adult social care.

Acknowledgements

The authors wish to thank Professor Martin Webber for his support on the quantitative methods and all those who supported and participated in the research.

Funding

The study was unfunded.

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