

“This is an Accepted Manuscript of an article published by Taylor & Francis in *Practice: Social Work in Action* on 9th October 2017, available online: <https://doi.org/10.1080/09503153.2017.1385756>”

‘You Just Have to Work with What You’ve Got’ Practitioner Research with Precarious Migrant Families

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Undocumented migrant families experience high levels of food poverty, exclusion from mainstream benefits, and sometimes from social work services. This is an under-researched area for social work in the UK, and there is no statutory guidance for social workers on supporting undocumented migrants. Practitioner research is one way of ‘visibilising’ their experiences. Six migrant families accessing a voluntary sector stay and play project were interviewed using a practitioner research model of semi-structured interviews on the themes of food, access to services and children. The research found that families responded to their situation with a seemingly contradictory strategy of resignation and resilience. The implications for practitioners working with this user group are considered and suggestions for support services for this group of families are offered.

Keywords: migrants; undocumented; NRPF; child poverty; destitution; food; practitioner research.

Introduction

An estimated 120,000 children in the UK live in families who are undocumented and have no right to remain in the UK (Sigona and Hughes, 2012). In addition, there is a larger group of families who are legally resident in the UK, but experience various degrees of precarity, both in the right to remain living in the UK (Vargas-Silva, 2016) and in welfare entitlements (Currie, 2016).

However, migrant families have often either been invisible in debates around child poverty, welfare and safeguarding, or their rights have been in tension with immigration law (Price and Spencer, 2015). Policies such as the no recourse to public funds (NRPF) rule have left families destitute, a situation defined in immigration law as:

“A person is destitute if— (a) he [sic] does not have adequate accommodation or any means of obtaining it (whether or not his other essential living needs are met); or (b) he has adequate accommodation or the means of obtaining it, but cannot meet his other essential living needs” (Immigration and Asylum Act, 1999).

Despite the existence of families living in extreme poverty as a consequence of their immigration status, the growing food poverty literature has tended not to consider immigration status in discussions about food poverty (Perry et al., 2014; Cooper et al., 2014).

On the other hand, existing literature about working with migrants tends to either focus mainly on adults, rather than families, or on asylum seekers, rather than other migrants (Smart, 2009). Although there are resources from the NRPF network (NRPF Network, 2016) and Homeless Link (Innovation and Good Practice Team, 2014), there is no statutory guidance for social workers on how to support families with NRPF. In the absence of this, there is sometimes confusion about the rights and entitlements of migrant families, particularly for social workers in Local Authorities where there are few migrants (Price and Spencer, 2015, p.47).

Research Aims

The research was undertaken as part of the Practitioner Research Programme at the University of Birmingham's Institute for Research into Superdiversity (IRiS), and a community-based research model was used (Goodson and Phillimore, 2012), with the aims of:

1. Understanding the experiences of food poverty for families who were at risk of destitution because of their immigration status,
2. Identifying transferable learning for practitioners to improve social work and social care practice with this service user group.

Methodology

A practitioner research approach was chosen because of its emancipatory potential in developing a critical, grassroots practice (Carr and Kemmis, 1986). There is little in the way of an evidence base for social work with undocumented migrant families, and due to the 'hidden' nature of this user group, an insider research approach was helpful in order to facilitate access to participants, who might be suspicious of unknown researchers and may be reluctant to openly discuss their situation with an outsider for fear of deportation. The practitioner research model was able to overcome this by drawing on pre-existing relationships, in an environment where 'neutral' value-free research was neither possible nor desirable (Mies, 1993).

A potential pitfall of practitioner research is that, as the researcher is an insider in a position of power, participants might feel unable to refuse to take part (Coghlan and Brannick, 2005). This ethical concern was addressed by the use of participant information sheets and informed consent forms which were discussed with potential participants, highlighting their right to withdraw or not to take part, and that this would not affect the service they receive (HCPC, 2017; BASW, 2015).

In Lunt and Shaw's (2016) taxonomy of practitioner research types, this was a type two 'practitioner-led' project. Parents attending play sessions at the project where the researcher worked were invited to take part in semi-structured interviews exploring their experiences. Out of eight regular families attending the group, seven parents, from six families participated in six sets of interviews. Interviews were held with parents rather than the whole family, as children were very young – all being below school age. Identifying information was removed from transcripts, and names of people and places were changed by the researcher to ensure anonymity. Pseudonyms were selected that were appropriate to the cultural and ethnic background of the family.

Interview schedules were structured around the themes of food; access to services; and children. 'Food' was chosen because as a practitioner, the researcher had worked with families who were destitute and experiencing food poverty and wanted to explore the impact on families. 'Access to services' because the NRPF rule excludes families from certain services, and this might impact on families' experience of poverty. Finally, the theme of 'children' was chosen to reflect the fact that interests of the child should be paramount (UNCRC, Article 3). Data were analysed inductively using content analysis (Elo and Kyngas, 2008; Hsieh and Shannon, 2005), and open coding was used to sort data into twelve categories.

Participants had a variety of backgrounds and immigration statuses. One was from an Eastern European accession country, one was an asylum seeker, and the others had become undocumented after overstaying their visas, but one had recently been granted discretionary leave to remain in the UK. All had experienced destitution, and all but one was supported under section 17 of the Children Act 1989 at the time of the interviews. Families lived in a variety of situations – privately rented housing, temporary bed and breakfast accommodation, section 4¹ housing, and 'sofa surfing'. All had pre-school children who, despite being born in the UK, were not British citizens.

Key Findings

Low and irregular incomes prevented healthy eating.

Food poverty is an issue of increasing concern in the policy literature (Cooper et al., 2015), and poor diet is known to cause low birth weight, increased child ill-health; higher mortality rates; and increased tooth decay in children (Mwatsama and Stewart, 2005). All the parents interviewed expressed concerns about their ability to provide nutritious food for their children: 'A typical diet is just a bellyful, it can't be something where you're gonna think healthy options, it's just something to fill you up really' (Tiana). Amelia had strong views about what she would eat if circumstances allowed, and was well informed about healthy eating: 'If I had the resource, more fresh fruit and vegetables, and ... a cleaner diet really, and more cleaner living, at the moment you just

have to work with what you've got.' (Amelia) A surprising finding, given that concern for healthy food is more often associated with those on higher incomes (Konttinen et al, 2012).

Lack of cooking facilities prevented parents providing a balanced diet

Available facilities had a significant impact on the type of food families ate. Tiana and her child were living in accommodation provided by Children's Services, consisting of one room in temporary accommodation with a rice cooker and table top hob. For Tiana, potential concerns about the appropriateness of the accommodation compounded her isolation and inadequate diet:

When I say I cook, it sounds hard to cook in a room, but trust me, I cook in that room - it's hard to live in, and sleep in and using the toilet and cooking in the one room...

While wanting a better diet, Tiana was resigned to the reality of what she could afford:

'I can't change nothing about my diet because when you're poor, you just have to live with what you've got, and make do with what you've got, that's how I look at things'

Opportunities to grow food were valued

Amelia noted that her childhood food in Jamaica was healthier than her child's diet in the UK. However, this could be mitigated in some circumstances -Alina spoke warmly about a gardening project at a local community centre where she supplemented her diet with fresh fruit and vegetables. This was one of the few places where healthy food could be sourced at little or no cost. Parents and children could connect with the process of growing food, resonating with parental experiences in their country of origin. Amelia, for example, reminisced about working in the fields and picking food with her grandparents as a child. Again, this is counter to what might be expected, given that alternative food - farmers markets, the organic movement and community-supported agriculture, are mostly associated with the affluent and have been described as: 'for the most part white spaces' (Guthman, 2008). Nonetheless, parents repeatedly talked about their desire for homegrown, fresh and organic produce, and their regret that they couldn't afford this for their children.

Saving money and making food last was essential for survival

Not having sufficient income to buy enough food was an issue that parents experienced in different ways. Saanvi and Briana both went without food to feed their children: ‘that’s what I eat, whatever he’s left over, or otherwise I just get some smart price noodles or bread, 40p bread. I don’t look for my food, food I’d like, just whatever is cheaper, I’ll get it.’ (Saanvi); ‘since December I might spend a whole day when I don’t eat at all, or a day when I just eat once’ (Briana). Others found that living with irregular access to food made them resourceful in making small amounts last:

If I buy a chicken, that will last a whole week, so it’s cheaper for me if I buy my meat like that, or if go to the food bank and they give me rice, that will last me two weeks (Amelia).

Not wasting food became an essential survival strategy for living on a very low or irregular income, and for Amelia, careful use of food resonated with her Jamaican culture:

For us as a Caribbean people, for Sunday meal, Monday it tastes a lot better than when we did it on a Sunday. So you enjoy it more ... to put it in the bin, that’s like throwing money away. You’re just literally taking that money and throw it away... where I’m from, we can’t go without leftovers, and it’s not possible.

Repeatedly eating the same foods could become monotonous - more than one family reported eating supermarket own brand instant noodles regularly because they were the cheapest available food, costing as little as 20p. Finding ways to make repetitive food staples interesting for children was a challenge that parents had become adept at responding to though:

‘He loves noodles, and he’ll have noodles all the time, but then I’ll look at noodles, and I could add some vegetables, or I could have some chicken, it depends on how he has his noodles’ (Briana).

You don’t have to do noodles the same way over and over, you know how to spice up you just get little things and put it together. Just make sure it’s something that you think he’d enjoy, something that is safe if you can put it in the fridge, and you can get it for the next day, then you just work with it (Amelia).

Families described spending significant amounts of time finding the cheapest food, and Gabrielle found herself literally counting pennies:

Sometimes we'll go to ASDA, and the frozen stuff is £1, and we'll go to Aldi, and it's 99 pence, and we're still saving a penny, so we do the food comparisons before we even shop there, so that's how we work it out.

Lack of transport made getting cheap food more difficult

Physically getting to places where there was cheap food available without access to a car could present problems when families lived in areas without a nearby supermarket (Shaw, 2014). When there was not enough money to buy a bus ticket, finding the cheapest shop could entail long walks –Alina, regularly walked forty-five minutes each way to avoid a £2 bus fare.

Where I'm at right now, there's not really any supermarkets, the closest one is Morrison, and I still have to take a bus. Where I was previously I could walk to Asda, and I'm saving £4 there, so now I'm gonna have to kinda evaluate things... like today, I come out, I have to use a bus pass. I need to make sure that whatever I have it can serve me until whenever I'm coming back out because if I have to come out tomorrow or come out Sunday, that's £4 out of a hundred pound (Alina).

Briana used a different strategy, talking of her embarrassment that she used out of date 'dodgy daysavers' (bus tickets for unlimited travel on a given day) to get a bus ride without paying when she was unable to afford to travel to the supermarket.

Accessing food aid was linked with feelings of stigma and shame.

Families did at time access foodbanks, but Tiana spoke about her unease at using emergency food aid:

It wasn't something that I ever thought I'd have to do...I think how the public who doesn't have to go through it portray it makes you - even when you want the help - wouldn't want to go there.

For her, visiting a food bank was the last resort when there was no other way to provide for the food needs of her family:

You know what? I was at my lowest point, to know that they could offer me some food, and it wasn't like before. I didn't have no food whatsoever.

Amelia relied on food banks to supplement shop bought food, but had mixed experiences, and was sometimes unfamiliar with the type of food offered:

You get a voucher to go and get some tinned stuff, and the tinned stuff they're giving you, we don't even, we've never ate them before, it's like [sigh] you've just got to take what you've been given, we've got no choice.

Despite her frustrations, she was at pains to appear grateful for the food donations - even when it was not what she might have chosen herself:

I can't buy Caribbean food because that is really expensive, and I know that for a fact, so it don't bother me if I go there [the foodbank] and I get some little mushy peas, if it tastes nice, but for them to give me Caribbean food, it would be too much. I'm happy with what I get, and I'll make do with what I get, because if I get baked beans, I know how to make baked beans into something else, to make it nicer.

These experiences of shame and stigma echo the literature on experiences of other foodbank users (Purdam et al., 2016), illustrating a common dislike of being seen to be passive recipients of charity.

Use of fast food restaurants as play areas

Sometimes children pressured parents to buy fast food, which was an added expense, but an afternoon in a fast food restaurant could be a good use of limited funds for Amelia:

He has a treat on a Wednesday after we finish play centre, go into town, and he can get a MacDonald's, or he can get a sandwich or something like that... even though I might say 'let me go and buy a packet of chicken nuggets for a pound' sometimes your child don't want it when you do it at home, when I sit in the environment and enjoy the environment and stuff like that... it is tough, but you just have to be wise in dealing with it, you just have to know how to balance things.

Fast food restaurants, where there was space for children to move around and interact with other children, and clean, brightly coloured, child-friendly environments were a temporary solution to the problem of having no recreational facilities inside their accommodation, and in the case of Tiana, of feeling unsafe within it.

Unfamiliarity with education system

Education was one of the few areas where immigration status did not prevent access. However, sometimes an unfamiliarity with the UK education system made access difficult, and for Alina, being refused other services intensified this unfamiliarity:

I don't know if it's compulsory to take them to you know, crèche, or you know before they go to school. I dunno if I have to pay for school, I dunno how it works in England, nobody explained it to me. I don't have any information about it. I don't even know when they start school; they said that here in England they start at four, in my country they start when they're eightish, nine years old... I phoned them and I asked them and they sent me some papers, and that's it. They sent me to register for a play group, then they asked for money, and I gave up because, for me as a single parent, I'm paying, it's expensive to pay a pound or two every time I take her to a place. So I gave up on that, I just keep her home, put the television on, and that's it.

Not having recognised ID created barriers to accessing health provision

All of the families were registered with a GP, but there were hidden barriers for those without a regular address, or without official ID such as a British Passport, utility bills or a driving license:

They said, lady, you have to go home and give us a call tomorrow morning...and make an appointment, but what if I don't have a phone to phone you from tomorrow because I don't have credit... I've been out of credit for the last two months, and they said, you know 'it's not our problem', so

I said, 'that's a crap surgery' I should move to another one. I went to this new surgery, and they asked me NHS number, bills, you know, lots of documents. It's only changing a doctor - I'm not applying for a bank loan or a mortgage! They ask all these questions, and I'm like... what England has become to! You know what I mean? Why do you need a bill to register with a doctor? So, I said no. I say to the crap one, if something happens, I just go to the emergency room. I live across to the hospital; I'll just be in the hospital all day. I'll just be in the hospital! It's very stressful you know (Alina).

These difficulties increased the likelihood of inappropriate acute hospital admissions - an area of considerable cost to the NHS (NAO, 2013) - and meant that when families were registered with a doctor, they tried to stay with them wherever possible, which caused problems for Amelia:

I'm in the east [of the City], and my Doctor's in the west, I can't move from that surgery because of my immigration status. I can't move my child from that surgery to the other surgery because they won't register my child unless I'm registered, and that's where the complication comes in.

Improvised solutions to lack of healthcare access

With limited entitlement to NHS care and access complicated by lack of ID, families practiced a kind of 'welfare bricolage' (Philimore et al., 2016) in relation to their health, making do, and improvising with the knowledge and resources they had available to them. For instance, Amelia found herself relying on traditional remedies:

I try not to get sick because I know that I have to pay for my medication, which sometimes you'd be surprised how much one more small medication costs... Your immigration status that is big because you're not working to be able to afford your own medical care. So you have to go back to like do something that your grandparents used to do, and hopefully it works, and try to look after yourself that you don't get sick that you have to go to the doctors.

Others were afraid to see a doctor in case their immigration status would be passed on to the Home Office. Gabrielle's partner Jayden commented that:

Sometimes you don't even really want to go to the doctor because you don't know what the doctor might do or who they might phone, and you can't go to

the dentist, so basically you're just living by the help of the Almighty Father above.

Having to pay for prescriptions meant that Tania felt forced into uncomfortable situations to ensure her children got their medicine:

When you're illegal then the child is illegal as well, and if you have a GP, that's good, but then the only thing you get is just the medication, and then you have to lie on the medication form at the same time, and you know to yourself that you're lying. But what can you do? I've got no money to pay for it.

Despite this bricolage approach, parents were very aware of the tightening restrictions on access to healthcare. Alina explained that:

They're saying that immigrants should start paying their NHS bills, and their Dentist bills and everything. She's only at the beginning of her life, you know, how long does she have to go to start paying.... So paying for her doctors and dentist and everything... I'll go into the ground sooner than I'd expected, to be honest, because the NHS is expensive here.

Disappointment and frustration with social workers

All but one of the families had received support under Section 17 of the Children Act, but had mixed experiences of social workers - Amelia felt patronised:

They are there, but you just don't get anything, you just don't get nowhere at all and social services just ... make up their rules and regulation and you have to abide by it.... As soon as a lot of people get their papers they want them out of their life because they're really not very much help at all, and sometimes they tend to look down on you because of your immigration status. They just talk to you anyhow and you have to do this and you have to do that and sometimes we're thinking 'we're a certain age, you can't treat people as if they're fifteen, sixteen years old', and that's how some of the time they talk to you.

Saanvi had been referred to Children's Services by her GP, but the referral had not been acknowledged, and she expressed exasperation at the lack of communication:

So some of them are really good, but social services, I have a problem with... No one has been in touch with me. My doctor wanted them, social services, every week, but no one, they didn't give me a letter, no contact.

Briana was happy with the support from Children's Services but was concerned about the length of time between the initial referral and receiving help. During this period, the family had no income at all:

It's like proving to them that we're destitute, or we've got no food or proving to them that we're homeless, it's like proving things before they actually try to help.

After being refused support from Children's Services, Briana's family eventually got section 17 support following an eviction hearing for non-payment of rent, but it took the combination of a supportive judge and the threat of legal action by a solicitor before the Local Authority supported the family:

So I went to the court and I explained the situation and the lady at the front said to me 'well, you can go in and you can talk to the judge', and that's what I did and they appointed me legal aid, right there at the court, and that was the turning point for me, that was it. It wasn't easy, but with my legal aid solicitor, he get a lot further with social [services] than I ever did trying for a couple of months.

Tiana was a survivor of domestic violence, a situation which she was afraid to escape because of the impact this would have on her immigration status:

This is the reason I've been illegal for so many years, and I've been taking abuse for so long and haven't said anything... I was gladly happy to stay there and let him batter me because I didn't have anywhere else to go.

The perpetrator used Tiana's status as an undocumented migrant against her, a situation which the social worker unwittingly colluded with:

He [the perpetrator] called the social services because he wanted them to take the child away from me because he's saying I don't have any status in the country, so I shouldn't even have the child. So... I told her I didn't have anywhere to go. She said if I could go back to him. I say: 'how can I go back to him, when he break my hand?' You understand?

Bargaining and questioning the decisions of welfare gatekeepers

Tiana's example of pushing back against the decision of the social worker by appealing to a common concern for children over and against law or policy was a tactic which parents frequently used to bargain with 'street-level bureaucracy' (Lipskey, 2010). Alina recounted a conversation with a social worker:

At the end of the day, I have to have money to buy food for the baby; they said 'it's the system, I can't do anything about it, it's the law'. So I say, 'this is the law, but you have to help us sometimes you know, we're not asking for too much, I mean, I'm sure I'm not the only one in the same position, I'm sure there are many many other out there.'

Tiana told the story of arriving at a neighbourhood office with her daughter and all her belongings in a suitcase, only to be told by a housing officer that she was not eligible for any help:

So I said 'what am I gonna do with a child - she's not even one [years old], where am I gonna go? Unless you guys are gonna take her coz that's the only option, I could go and just sleep anywhere, but with a child, it's a bit hard.' And that was my experience with them, they said they couldn't help me, and I had to cry coz then, what am I gonna do? You know what I mean?

Children, even those who were quite young, were often aware both of their immigration status and their difference from their peers with a regular migration status, and this was often seen as violating a fundamental principle of fairness. This was particularly starkly articulated by Briana's children:

Sometimes they say 'mummy, why can't we go on holiday like everyone else?' And we have to be explaining to them. 'But mummy, why have they got their status, but not you?' You know? and so you say: 'but they were born here, and we are immigrants, we're from so and so' and they're like 'but that's not fair, we've got blood in our body, and they've got blood in their body' - and sometimes it just makes me cry.

The extent to which this awareness translated into active resistance to their immigration status is beyond the scope of this research, but Lind (2016) suggests that, in at least some cases, this awareness translates into active resistance to their exclusion and deportability (de Genova, 2002). However, in the interviews with children's parents, an exasperated resignation was more often expressed, illustrated in an instinct that social workers and others in positions of authority just did not have their welfare at heart.

Implications for practice

Adequate housing

Not all families lived in accommodation provided by Children's Services, but those who did, expressed concerns about the suitability for children. 'Hostel' style accommodation often lacked space for children to run around or adequate cooking facilities. Most worryingly, more than one parent expressed concerns about the safety of children living in hostels, because of the lack of control over who was entering the building. Social workers working with this user group should particularly consider the suitability and safety of the type of housing provided, the availability of outside play areas, and access to adequate cooking facilities.

Levels of subsistence support

Families had good knowledge of healthy eating, attaching importance to healthy diets, but simply did not have enough resources to eat adequately. There is a risk that levels of subsistence support provided under section 17 are just too low to provide for an adequate diet to maintain long term health (Mwatsama and Stewart, 2005). Further research into the extent of household food security amongst migrant families is urgently needed, but Local Authorities should review their levels of subsistence support. Council members might be reluctant to increase support paid to undocumented migrants under the Children Act 1989. However, the case of R (PO), (KO) d (RO) v. LB of Newham [2014] EWHC 2561 (Admin) illustrates that a Local Authority that applies blanket support rates, which do not account for the subsistence needs of parents, as well as children, can leave themselves vulnerable to challenge at Judicial Review (Children's Legal Centre, 2014).

Even where Local Authorities are reluctant to increase financial support, creative ways of working can be explored by practitioners. Families had access to food banks, but this support was only temporary. Others (such as Alina) used a gardening project, and this could be a useful supplement to meagre food intake when income was not enough to provide a healthy, balanced diet. Gardening and cooking projects and other models of collective provision of food were effective means of providing both social support and healthy food. These could be accessed on a longer-term basis than foodbanks and were seen by families as more collaborative, healthier and less stigmatising. Networks such as 'Incredible Edible' offer resources for community growing groups (Wall, 2017).

Destitution and Assessment.

All but one of the families had received support under Section 17 to prevent destitution, but some had bad experiences; of long waits before receiving support (Briana); lack of communication (Saanvi); condescending attitudes (Amelia) and collusion with domestic violence (Tiana). Research suggests that only 38% of destitute families who approach Local Authorities receive section 17 support (Dexter, Capron and Gregg, 2016). This raises questions about what happens to the 62% who are refused help. Destitute children with NRPF fit the criteria of children in need under the Children Act 1989, but are likely to be in families with far higher levels of poverty than British citizen children. This is the result of their ineligibility for mainstream benefits or paid employment, and their vulnerability to labour exploitation if working illegally (both Briana and Tiana had experienced this).

Similarly, migrant children (such as Tiana's daughter) may be more likely to witness domestic violence because women with NRPF have difficulty accessing refuge services, and in Tiana's case, the abuse was directly related to her immigration status. The effect of witnessing domestic violence on child well-being is well documented (UNICEF, 2006), and 'Working Together' identifies domestic violence as an indicator that a child might be in need of early help services (Department of Education, 2015). This is an area where social workers can advocate both on a structural level through supporting campaigns such as the Southall Black Sisters 'Abolish No Recourse to Public Funds Campaign'; and on the individual level through being familiar with the resources for survivors of domestic violence who have NRPF, such as the Rights of Women (2013) toolkit.

Training

Social workers who are not used to working with families with NRPF may not always understand the rights and entitlements of households with a precarious immigration status. Families themselves were not always aware of what they were entitled to (e.g. Alina's confusion about school places), but social workers have a responsibility to ensure that families are not turned away from services that they are entitled to

(HCPC, 2017; BASW, 2016). This means that social workers need to have specialist knowledge of how immigration law and welfare intersect. For instance, helping a family to write to the Home Office for a subject access request if they were unsure of their immigration status can help with regularising a family's status, reducing the length of time they are dependent on support from Children's Services. Organisations such as Coram Children's Legal Centre offer regular training on the rights and entitlements of migrant children and families.

The role of social work

The examples above of social work's role in managing destitution, and the adverse experiences that a number of the families reported, seem to support Humphries (2004) description of social work's 'contradictory and ambivalent relationship with those who use state services'. The examples raise questions about how social workers can practice ethically in a situation where immigration control is increasingly intertwined with welfare provision - especially when, as in this study, service users experience social workers as part of the bureaucracy which prevents them exercising their rights.

In order to address this, there is an urgent need for the profession to develop an anti-defeatist practice (Stamp, 2014), which acknowledges the structural nature of oppression, rather than seeking individualistic solutions to social problems (Flynn, 2016). At times this might entail social workers having to make complex ethical decisions about whether to implement policy which conflicts with social work standards, professional capabilities, values or ethics.

However, if social workers are to meet standards of proficiency which require them to "practice as an autonomous professional, exercising their own professional judgement" (HCPC, 2017; and "be able to practice in a nondiscriminatory manner" (HCPC, 2017); or to work within a capabilities framework which claims that "fundamental principles of human rights and equality... underpin their practice... (and) they understand the effects of oppression, discrimination and poverty" (BASW, 2015), then these challenges cannot be ignored.

There is some precedent for such action, especially in the interface between child welfare law and immigration control. Section 9 of the Asylum and Immigration (Treatment of Claimants, etc.) Act 2004 was piloted in Manchester but was opposed by BASW and the Unison Trade Union. Local Authorities in Greater Manchester refused to implement the policy on the basis that it contradicted the principles of the Children Act, 1989, the UN Convention on the Rights of the Child (UNCRC) and the Human Rights Act 1998. Following the unsuccessful pilot, the UK Government decided not to implement the section (Britton, 2005).

Conclusion – resilience and resignation.

The apparent rise in food poverty in the UK has variously been attributed to the impact of austerity (O’Hara, 2014); or of welfare reform (Aldridge and Macinnes, 2014), but for families who are not eligible for public funds, the causes of poverty differ. Gabrielle was frank about the cause of her family’s destitution: ‘That’s the reason that we became destitute, because of our immigration status, not being able to work to send off our application.’

Parents interviewed in this study responded to their situation with a strategy of resilience and resignation, surviving on levels of income that were well under the poverty line, and below levels of benefits that British citizens with access to public funds received (Mayblin, 2016). Resilience was seen in their adeptness at surviving and providing for their children in hostile circumstances, and resignation in their low expectations from those, such as social workers, who they saw in positions of power over them.

Experiences of 'getting by' on a small budget, of not having enough money for food, and of trying to eat healthily with limited means echo other accounts of the experiences of low-income families in austerity Britain (Garthwaite, 2015; Daly and Kelly, 2016). However, the experiences of the migrant families in this practitioner research project differ in two significant ways. First, in the scale of the poverty they described, resonating with evidence that the poverty experienced by some asylum seekers is “comparable to pre-Welfare State conditions” (Collins et al., 2015). Second, the exclusionary impact of welfare restrictions such as the NRPF rule meant that unlike British Citizens, the parents interviewed in this study could not expect a welfare safety net to support them when they experienced difficulties.

Bibliography

Aldridge, Hannah and, Tom Macinnes 2014. *Multiple cuts for the poorest families: 1.75 million of the poorest families have seen their benefits cut due to welfare reform* Oxford: Oxfam GB

British Association of Social Workers. 2015. *Professional Capability Framework – Social Work Level Capabilities* Birmingham: BASW
Available at: <https://www.basw.co.uk/pcf/PCF05SocialWorkLevelCapabilities.pdf> accessed: 10/5/2017

Britton, Paul. 2005. “Do your own dirty work” *Manchester Evening News* 24th August 2005 <http://www.manchestereveningnews.co.uk/news/greater-manchester-news/do-your-own-dirty-work-1081336.amp> Accessed 23/6/2017

Carr, W and Kemmis, S. (1986) *Becoming Critical: Education, Knowledge and Action Research* London: Routledge Farmer

Children's Legal Centre (2014) *Note on the Judgment of R (PO), (KO) and (RO) v LB of Newham [2014] EWHC 2561 (Admin)* Available at http://www.childrenslegalcentre.com/userfiles/file/POvLBNewham_note_on_judgment_28_7_2014.pdf Accessed 9/1/16

Coghlan, D. and T. Brannick. 2005. *Doing Action Research in Your Own Organisation*, London: Sage.

Collins, K. E., C. Costelloe,, , T. Kador, , T. Maroukis and, K. Reyher. 2015. "Austerity, sanctions and asylum: some asylum seekers' diet comparable to pre-Welfare State conditions". *BMJ*, 2015;350: h1775

Cooper, Niall., Sarah Purcell, and, Ruth Jackson. 2014 *Below the Breadline: The Relentless Rise of Food Poverty in Britain* Oxford: Oxfam

Currie, S. 2016 Reflecting on Brexit: migration myths and what comes next for EU migrants in the UK? *Journal of Social Welfare and Family Law* Volume 38, 2016 - Issue 3

Daly, Mary and Grace Kelly. 2015 *Families and Poverty: Everyday life on a low income* Bristol: Policy Press

De Genova, Nicholas P. 2002 "Migrant "Illegality" and Deportability in Everyday Life" *Annual Review of Anthropology* 31(1): 419-447

Department for Education. 2015 *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children* London: HM Government

Dexter, Zoe, Lucy Capron and Lucy Gregg. 2016 "Making Life Impossible How the needs of destitute migrant children are going unmet" London: The Children's Society

Elo, S. and Kyngas (2007) "The qualitative content analysis process" *Journal of Advanced Nursing* 62(1), 107–115

Duvell, F (2008) "Clandestine migration in Europe" *Social Science Information*, Vol 47, Issue 4, pp. 479 – 497 doi: 10.1177/0539018408096442

Flynn, Susan. 2016 "Social Work Practice in an Economic Downturn: Understanding Austerity Through an Anti-Oppressive Framework" *Practice, Social Work in Action* Advance online publication doi:10.1080/09503153.2016.1201467

Garthwaite, K. 2015 *Hunger Pains: Life inside foodbank Britain* Bristol.: Policy Press.

Goodson, Lisa. and Jenny Philimore 2012 *Community research for participation: From theory to method* Bristol: Policy Press

Guthman, Julie. 2008 "Bringing good food to others: investigating the subjects of alternative food practice" *Cultural Geographies* 15: 431–447

Health and Care Professions Council (2017) *Standards of proficiency: Social workers in England* London: HCPC

Humphries, Beth. 2004 "An Unacceptable Role for Social Work: Implementing Immigration Policy" *British Journal of Social Work* 34 (1): 93-107

Hsieh, H. and S. Shannon. 2005 "Three Approaches to Qualitative Content Analysis" *Qualitative Health Research* 15 (9): 1277-1288

Immigration and Asylum Act 1999, s 95 (3)(a)(b)
available at: <http://www.legislation.gov.uk/ukpga/1999/33/section/95> accessed 9/5/2017

Innovation and Good Practice Team. 2014 *Supporting people with no recourse to public funds (NRPF) Guidance for homelessness services* London: Homeless Link

Kontinen, Hanna, Sirpa Sarlio-Lahteenkorva., Karri Silventoinen, Satu Mannisto and, Ari Haukkala. 2012 "Socio-economic disparities in the consumption of vegetables, fruit and energy-dense foods: the role of motive priorities" *Public Health Nutrition*: 16(5): 873–882

Lind, Jacob. 2016 "The duality of children's political agency in deportability" *Politics* September 6: 1-14

Lipskey, Michael 2010 *Street-Level Bureaucracy: Dilemmas of the Individual in Public Service 30th Anniversary Edition* New York: Russell Sage Foundation

Lunt, Neil and Ian Shaw 2017 "Good Practice in the Conduct and Reporting of Practitioner Research: Reflections from Social Work and Social Care" *Practice: Social work in action* 29 (3): 201-218 doi:10.1080/09503153.2016.1193849

Mwatsama, Modi and, Lindsey Stewart. 2005 *Food Poverty and Health Briefing Statement* London: Faculty of Public Health

Mayblin, Lucy 2016 "Myth of Pull Factor Mires U.K. Asylum Seekers in Poverty" December 5th *Refugees Deeply* <https://www.newsdeeply.com/refugees/community/2016/12/05/myth-of-pull-factor-mires-u-k-asylum-seekers-in-poverty> Accessed: 3/1/17

Mies, Maria 1993 "Towards a methodology for feminist research". In: *Social Research: Philosophy, Politics and Practice* edited by Martyn Hammersley 64-82. London: Sage

National Audit Office. 2013 *Emergency admissions to hospital: managing the demand: Report by the Comptroller and Auditor General HC 739 SESSION 2013-14* London: The Stationery Office

NRPF Network. 2016 *Assessing and supporting children and families who have no recourse to public funds (NRPF) Practice guidance for local authorities* London: Islington LBC

O'Hara, Mary 2014 *Austerity Bites: A Journey to the Sharp End of Cuts in the UK* Bristol: Policy Press

Perry, Jane, Martin Williams, Tom Sefton and Mousa Haddad. 2014 *Emergency Use Only: Understanding and reducing the use of food banks in the UK* London: Child Poverty Action Group CPAG, The Church of England, Oxfam GB and The Trussell Trust

Phillimore, Jenny, Hannah Bradby, Michi Knecht, Beatriz Padilla, Tilman Brand, Sin Yi Cheung, Simon Pemberton and Hajo Zeeb 2016 “Understanding healthcare practices in superdiverse neighbourhoods and developing the concept of welfare bricolage: Protocol of a cross-national mixed-methods study” *BMC International Health and Human Rights* 15:16

Price, Jonathan and Sarah Spencer. 2015 *Safeguarding children from destitution: Local Authority responses to families with ‘No recourse to public funds’* Oxford: COMPAS

Purdam, Kingsley. Elisabeth A. Garratt and, Aneez Esmail. 2016 Hungry? Food Insecurity, Social Stigma and Embarrassment in the UK *Sociology* 50(6) 1072–1088

Rights of Women 2013 *Seeking Refuge: Domestic violence, immigration law and “no recourse to public funds”* London: Rights of Women available at: <http://rightsofwomen.org.uk/wp-content/uploads/2014/10/Domestic-violence-immigration-law-and-no-recourse-to-public-funds-.pdf>

Shaw, H. J. 2014. *The Consuming Geographies of Food: Diet, Food Deserts and Obesity*, Abingdon, Routledge.

Sigona, N. & V. Hughes. 2012. *No way out no way in: Irregular migrant children and families in the UK*. Oxford: University of Oxford.

Smart, K. 2009 *The Second Destitution Tally: An indication of the extent of destitution among asylum seekers, refused asylum seekers and refugees*. London: Asylum Support Partnership

Stamp, Dave 2014 “My People?” in *Race, Racism and Social Work: Contemporary issues and debates* edited by Michael Lavalette Bristol, Policy Press

Travis, A. 2013 “Immigration Bill: Theresa May Defends Plans to Create ‘Hostile Environment’” *The Guardian* [Online], 10. <https://www.theguardian.com/politics/2013/oct/10/immigration-bill-theresa-may-hostile-environment>

UNICEF 2006 *Behind Closed Doors: The Impact of Domestic Violence on Children* New York: UN

Vargas-Silva, C. 2016 “EU Migration to and from the UK After Brexit” *Intereconomics Review of European Economic Policy* 51 (5) 251–255

Wall, Tanya 2017 *Incredible Edible Get Started kit* <http://incredibleediblenetwork.org.uk/resource/incredible-edible-get-started-kit> Accessed 23/6/2017