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Leave No One Behind: the Challenge of Providing Care in a Hostile Environment

Report on migrants' lack of access to support under the Care Act 2014

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About The Authors

Brian Dikoff, Migrants Organise

Migrants Organise provides a platform for refugees and migrants to organise for power, dignity and justice. We combine advice and support for individuals affected by the hostile environment immigration policies with community organising, advocacy, research and campaigning to help dismantle structural racism.

Brian Dikoff is the Legal Officer at Migrants Organise. He is an IAA Level 3 adviser and Law Society IAAS Senior Caseworker. He leads on Migrants Organise's strategic legal and policy work, and founded the Migrants Mental Capacity Advocacy project which works specifically with mentally disabled migrants who may lack capacity to make immigration related decisions.

Serena Fasso, Wilson Solicitors LLP

Wilson Solicitors LLP is a law firm based in Tottenham, North London, with over 30 years' experience representing migrants across the fields of immigration, family, public law and human rights. We work with some of the most marginalised individuals in society and undertake both individual casework and strategic litigation to advance migrants' rights.

Serena Fassò is a senior associate solicitor and team leader in the firm's Public Law and Human Rights department and has particular expertise in community care law and representing both children and adults in judicial review challenges to the decisions and policies of central and local government.

Imogen Sneath

Imogen Sneath recently graduated from Durham University with a 1st Class BA in Geography. Their dissertation, *"They Gave Me More Power": How Migrants Organise Challenges the Hostile Environment and Empowers Asylum Seeking and Refugee Women in London*, was completed in collaboration with Migrants Organise and explored how community-based initiatives foster empowerment and resilience for asylum-seeking and refugee women. They have practical experience in community organising, research and advocacy, supporting projects that address social justice and community engagement. For this report, they contributed to research and editing, applying academic and practical insights.

Note on Language

The authors of this report do not intend to further entrench arbitrary immigration legal statuses on individuals on the move. Whenever possible, we have thus used the word "migrants" to refer generally to individuals who are subjected (whether lawfully or not) to immigration control and the hostile environment policy by the UK.

However, given that this report provides a legal analysis, we inevitably have to use definitions as reflected in the legal framework given that they carry specific meanings as defined by the current law, e.g. "asylum seekers".

Acknowledgement

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Executive Summary

Purpose and Scope of the Report

This report investigates the extent to which migrants, including asylum seekers who are not legally excluded from support under the Care Act 2014, are nonetheless denied access to adult social care services in practice. Drawing on Freedom of Information (FOI) requests submitted to all 33 London local authorities, casework from Migrants Organise and Wilson Solicitors, and frontline practitioner interviews, it reveals systemic failures in support provision.

This report also evaluates whether local authority practices comply with statutory duties under the Care Act 2014, the Equality Act 2010, and related obligations. In addition, it identifies the legal, structural and institutional barriers that prevent vulnerable migrants from receiving person-centred care.

Legal Context

The Care Act 2014 consolidated adult social care legislation in England and placed individual wellbeing at the centre of decision-making. It establishes a general duty on local authorities to assess and support adults with care and support needs, regardless of their background, in line with the Wellbeing and Universality Principles[1]. It also places an emphasis on the need to prevent and delay the development of care and support needs[2].

The Care Act however also contains two key restrictions intended to limit access to support for migrants subjected to immigration control, as part of the wider hostile environment policy, namely:

1. **Schedule 3 of the Nationality, Immigration and Asylum Act, 2002**, which excludes some categories of migrants (e.g. certain undocumented individuals and failed asylum seekers) from receiving support, unless failure to provide it would breach their rights under the European Convention on Human Rights (ECHR).
2. **Section 21 of the Care Act 2014**, which prohibits support where care needs arise *solely* from destitution for persons subject to immigration control.

1 Care Act 2014, s1 https://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/general-responsibilities-of-local-authorities

2 Care Act 2014, s2 https://www.legislation.gov.uk/ukpga/2014/23/section/2

These restrictions do not apply to all migrants. Notably, asylum seekers, individuals with pending immigration applications or appeals, and those with leave to remain but subject to a "no recourse to public funds" (NRPF) condition are ***not*** excluded from accessing Care Act, though they are still subject to the destitution-plus test. This report examines whether that entitlement to support services is realised in practice.

Key Findings

- **Lack of Awareness of Entitlements under the Care Act 2014**
  Many migrants and asylum seekers are unaware of their rights under the Care Act 2014 and are not provided with the information they should receive from local authority social services, potentially in breach of Section 4 of the Care Act.

- **Barriers to Accessing a Care Needs Assessment**
  Our FOI results reveal that on average, between the period of January to June 2024 only **42.56%** of requests for a Care Act assessment actually resulted in assessments being carried out. This is despite Section 9 of the Care Act providing for assessments to be carried out on anyone who "appears to" have needs for care and support, which is a very low bar. Qualitative data from our casework and interviews also reveals that there are especially high barriers to obtaining assessments for migrants and asylum seekers.

- **Inadequate and Legally Non-Compliant Assessments**
  Even when assessments are conducted, they are often superficial and inadequate, with needs for care and support being missed or not being understood.

- **Lack of Reliable Data and Monitoring**
  FOI data reveals that a significant number of local authorities are unable to report how many people with NRPF were referred, assessed, or supported under the Care Act (or what their immigration status is). The absence of such data appears to be indicative of a failure to monitor local authorities' compliance with their statutory duties, particularly under the Equality Act and the Public Sector Equality Duty.

- **Inadequate Support for Migrants Following Needs Assessment**
  Migrants and asylum seekers face distinct challenges and require specific support to access and understand the support they are entitled to, for example in terms of accessing adequate and appropriate asylum support from the Home Office. Additionally, there is often an incorrect and widespread assumption that the availability of Home Office asylum support relieves local authorities of their statutory responsibilities under the Care Act.

Implications

These findings indicate that local authority practices are failing to realise the inclusive, preventative and person-centred vision of the Care Act 2014. Instead, the entitlements of migrants are often undermined and restricted by unlawful gatekeeping, misinformation and structural discrimination.

Vulnerable individuals – many with serious health needs, traumatic histories, or mental ill health – are left unsupported and at risk of homelessness, hospitalisation, or prolonged suffering. Litigation is often the only way they are able to access vital support to manage their conditions and reduce the risk of deterioration.

One of the key problems evidenced by our casework and qualitative research however is that a) the organisations who advocate on behalf of vulnerable migrants (including mental health services) often lack awareness of and experience with the Care Act framework to effectively assist or signpost individuals in need of support and b) there is insufficient provision of community care legal services to manage the demand due to the inadequate system of legal aid that funds the provision of services in this area. This means it is extremely difficult to adequately protect and enforce the support needs of migrants with physical and mental disabilities and other conditions.

This failure is not simply administrative; it reflects a deeper structural contradiction. The Wellbeing and Universality Principles that underpin the Care Act are in direct tension with the legal and bureaucratic exclusions placed on people with insecure immigration status. Rather than being enabled to "achieve the outcomes that matter to them in their life"[3], as the Act intends, migrants and asylum seekers are instead subject to fragmented assessments of legal entitlement, reinforcing the institutional exclusion of the Hostile Environment policy. In this context, local authorities are frequently drawn into performing quasi-immigration enforcement roles, rather than fulfilling statutory social care obligations.

To fulfil the true vision of the Care Act, policy and practice must shift away from exclusionary frameworks and toward universal, rights-based provision that centres on dignity, need and belonging, regardless of immigration status. The marginalisation of migrants through the ongoing hostile environment policies weakens the fabric and implementation of the Care Act for everyone.

3 *Care and Support Statutory Guidance* (Department of Health and Social Care, July 2025) para 1.1 <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance> accessed 30/09/2025

Recommendations

1. **Improve awareness of Care Act entitlements among migrants and frontline organisations**
   Local authorities and civil society actors must proactively ensure that people with insecure immigration status are informed of their rights under the Care Act. This includes publishing translated guidance, training voluntary sector staff and publicising accessible referral pathways.

2. **Ensure timely and consistent access to Care Act assessments**
   Local authorities should create clear, streamlined referral processes, avoid unnecessary delays and remove gatekeeping practices that prevent or delay assessments for people with NRPF. Delays of multiple months are unlawful and undermine the purpose of the Care Act.

   We recommend that the Care Act statutory guidance be amended to include a more specific timeframe for completion of Care Act assessments and how requests should be prioritised. There should also be a strict late time limit of 3 months. Such an amendment of course will need to be accompanied with an increase in social services funding.

3. **Clarify assessment duties and remove local variation in practice**
   Councils must not impose unlawful thresholds e.g. requiring ID documents or mental health diagnoses before accepting referrals. Statutory guidance should explicitly state that immigration status is an irrelevant consideration when determining whether an adult with potential needs is entitled to a Care Act assessment.

4. **Improve the quality of assessments, particularly for people with mental-ill health**
   Social workers must be trained to recognise how trauma, stigma and mental health symptoms present in diverse communities. They need to be skilled in conducting trauma-informed and culturally competent assessments, avoiding over-reliance on subjective observations and understanding barriers to voluntary disclosure.

5. **Introduce standardised training on migrants' rights under the Care Act**
   All adult social care teams should receive training on the intersection of immigration law and social care duties, including Schedule 3 of the Nationality, Immigration and Asylum Act 2002 and Section 21 of the Care Act. Children's social care teams would also benefit from this training in order to inform transition planning to adult services.

6. **Mandate the collection of immigration data in Care Act records**
   Councils should routinely record immigration status within assessment and case management systems. While *in theory* not asking for immigration status should reduce the likelihood of discriminatory practices, in reality the absence of data hampers efforts to hold local authorities accountable for their decisions. Without immigration data, it is also difficult for local authorities to understand the barriers individuals face in accessing and understanding the support system.

   Introducing a mandatory requirement to record accurate immigration data will require social workers to have better training and understanding of immigration status and its intersection with the Care Act.

7. **Increase oversight and accountability for assessment outcomes**
   Local authorities should publish disaggregated data on Care Act referrals, assessments and eligibility determinations for people with NRPF or pending asylum claims. The Department for Health and Social Care should develop an audit framework to monitor compliance.

8. **Clarify / reform Section 21 of the Care Act**
   The "destitution-plus" test under Section 21 is vague and inconsistently applied. The government should issue specific statutory guidance – or consider legislative reform – to ensure that this provision is not used to deny basic care to people with complex vulnerabilities.

9. **Include lived experience in future research and policy development**
   Future work to improve access to care and support services should include the voices of migrants with direct experience of being excluded from Care Act entitlements to better understand specific barriers faced by this group, their needs and how to ensure the provision of meaningful support.

10. **For central government to increase funding for social care and access to justice**
    Any duties imposed by the Care Act would be rendered meaningless in practice without adequate resources. The cost for local authorities to support migrants is often exorbitant if they do not have status and access to public funds. At the same time, the ongoing crisis with legal aid and advice provision means that many vulnerable migrants under local authority care are unable to obtain advice on their immigration options let alone take steps to regularise their status.

Qualitative and Quantitative Evidence

Methodology

This report aims to examine whether statutory entitlements under the Care Act 2014 are being meaningfully realised for migrants and asylum seekers in London. In particular, it focuses on three cohorts who are often excluded from other forms of support:

1. Asylum Seekers;
2. Individuals with pending immigration applications or appeals; and
3. Individuals with leave to remain subject to the NRPF condition.

Through this lens, the report seeks to identify systemic patterns of exclusion, misapplication of the law and failures by local authorities to discharge their legal duties. It aims to inform legal practitioners, policymakers and local government officers of areas requiring urgent reform or intervention.

To achieve this, the report adopts a mixed qualitative and quantitative evidence base to assess how statutory adult social care duties under the Care Act 2014 are operationalised in practice. The research draws on the combined expertise of Migrants Organise and Wilson Solicitors LLP, two organisations with longstanding experience in legal advocacy and migrant support.

Our methodology integrates legal analysis, frontline practitioner insight and data collection across multiple sources which is further described below.

Casework Analysis

This report examines cases from Migrants Organise's Community Programme and Wilson Solicitors' Legal Aid Practice to identify patterns in how migrant individuals experience barriers when trying to access care and support services.

Migrants Organise's Community Programme supports over 800 vulnerable migrants and refugees, including providing service users with accessing support under the Care Act 2014. The organisation also runs a specialist Migrants Mental Capacity Advocacy (MMCA) project supporting approximately 80 individuals who lack mental capacity to engage with immigration processes. Many clients have significant mental health issues and have been detained under the Mental Health Act 1983.

Wilson Solicitors provide legal advice and representation to individuals refused access to community care services under the Care Act 2014. As specialists in migrant legal services, their community care clients typically have no leave to remain, no recourse to public funds, and insecure immigration status.The report analyses over 40 anonymised case studies from both organisations, documenting individuals' experiences attempting to access care and support services.

All case studies included in this report have been anonymised to protect client confidentiality, and have been selected to highlight recurrent themes emerging in both our legal and advocacy practice.

Interviews with Frontline Practitioners

To supplement casework analysis with additional qualitative data, we utilised a combination of semi-structured interviews and focus group discussions to examine the professional perspectives of practitioners who facilitate access to Care Act 2014 services for migrant individuals. A purposive sampling approach was utilised to recruit 12 frontline practitioners specialising in public and community care law, migrant advocacy professionals and case support workers, qualified social work practitioners and third sector professionals from community organisations providing services to individuals with NRPF. Additionally, one focus group discussion was conducted with 15 frontline NGO caseworkers to facilitate collective reflection on shared experiences and institutional practices.

In-depth, semi-structured interviews were conducted to explore practitioners' experiential knowledge of supporting clients through Care Act assessment and service provision processes. The interview schedule examined perceived systemic barriers to access, institutional responses to legislative requirements and patterns of organisational compliance or resistance within local authority frameworks. All data collection procedures adhered to established ethical protocols, with informed consent obtained from all participants. Interview data was anonymised during transcription to ensure participant confidentiality whilst preserving analytical utility.

A significant limitation of this research design is the absence of direct testimony from service users who have navigated or attempted to navigate Care Act 2014 assessment processes. Although this limits the comprehensiveness of findings regarding lived experiences of accessing statutory support, we have used our best efforts to document lived experiences that we come across in our practice in the case studies included in this report. It is also our view that the structural barriers and procedural challenges identified by the professionals we interviewed may represent conservative estimates of the actual difficulties experienced by service users, given the potential for professional intermediation to mitigate some of these obstacles.

Freedom of Information (FOI) Requests

FOI requests were submitted to all 33 local authorities in London to obtain quantitative data on specific questions we identified relevant to migrants' access to Care Act support. We decided to focus on the period between January – June 2024 in order to limit the scope of the request and minimise the risk of local authorities refusing to respond by citing resource constraints[4]. The questions asked sought to obtain information about how social services departments respond to referrals from people with NRPF, including:

- The number of Care Act assessments conducted for individuals with NRPF;
- The number of support packages granted;
- Whether immigration status is recorded and how eligibility is determined;
- Whether the local authority has issued internal guidance or training on supporting migrants under the Care Act.

We also requested relevant policies. We did not obtain complete answers to our requests, particularly in relation to provision of internal policies. Requests for quantitative data were much more successful and are discussed further below.

The full results of the FOI requests can be found in this spreadsheet.

4 Under s12 of Freedom of Information Act (2000), public authorities such as a local authority can refuse to respond to requests for information if the estimated cost of fulfilling them exceeds certain limit. The current limit is £450 (£600 for central government).

Legal and Policy Framework

The Vision of the Care Act 2014

The Care Act 2014 was introduced to consolidate adult social care law in England, replacing a fragmented and inconsistent legal framework with a single statute. Following a three-year review, the Law Commission's 2011 Report on Adult Social Care reform proposed[5] this unified framework, underpinned by clear statutory guidance, to replace the prior patchwork of provisions[6].

Central to the Act is the **Wellbeing Principle** (Section 1), which requires local authorities to promote individual wellbeing whenever they exercise care and support functions. Wellbeing is broadly defined across eight domains:

1. **Personal dignity**
2. **Physical and mental health and emotional wellbeing**
3. **Protection from abuse and neglect**
4. **Control by the individual over their day-to-day life**
5. **Participation in work, education, training, or recreation**
6. **Social and economic wellbeing**
7. **Suitability of accommodation**
8. **Domestic, family, and personal relationships**

The Law Commission envisaged the Wellbeing Principle operating at both structural and individual levels: shaping service design and eligibility frameworks, and guiding every individual-level care decision. In support of this central principle are Sections 2-7 of the Care Act, establishing further duties on local authorities, including:

- Preventing needs for care and support (Section 2)
- Promoting integration with health services (Section 3)
- Providing information and advice (Section 4)
- Promoting diversity and quality in service provision (Section 5)
- Co-operating generally (Section 6)
- Co-operating in specific cases (Section 7)

5 Adult Social Care (The Law Comission, 10 May 2011), <https://webarchive.nationalarchives.gov.uk/ukgwa/20241223105407/https://lawcom.gov.uk/project/adult-social-care/#related> accessed 13/10/2025

6 National Assistance Act 1948; Chronically Sick and Disabled Persons Act 1970; NHS and Community Care Act 1990

In parallel, the **Universality Principle** reinforces that these duties apply to all who interact with the care system, not only those with "eligible needs". As the statutory guidance explains, the Wellbeing Principle *"applies equally to those who do not have eligible needs but come into contact with the system in some other way... it should inform the delivery of universal services which are provided to all people in the local population, as well as being considered when meeting eligible needs"*[7].

Together, these principles articulate a preventative and person-centred vision for adult social care, one which anticipates and addresses needs before they escalate into crises.

Legal Restrictions on Access for Migrants

As previously noted in this report, despite this inclusive framework, migrants and individuals seeking protection in the UK face substantial legal restrictions on accessing support under the Care Act 2014. These restrictions stem from longstanding immigration policies designed to limit migrants' rights and enforce the hostile environment[8].

These restrictions were notably left unaddressed in the Law Commission's 2011 review[9], despite documenting concerns regarding their impact:

> *11.34 A significant number of responses provided evidence on the effect of the current prohibition on providing social care services to those subject to immigration control. Consultees pointed to the negative impact of the existing prohibition on people's mental and physical health. Many argued that a review of political policy is required to ensure that the social care needs of vulnerable people are met.*
>
> *11.37 We do not make any recommendation in relation to the prohibition on providing adult social care services to those subject to immigration control. If the policy of the Government and the Welsh Assembly Government towards asylum seekers continues, the likely consequences identified by consultees are that vulnerable asylum seekers will continue to be excluded from access to support, with the result that their physical health and well-being may deteriorate, and existing mental health problems will be exacerbated. Retaining the prohibition would continue to place a heavy burden on surrounding families, including children, to care for the asylum seekers, and would also perpetuate the existing legal confusion about the assessment process for asylum seekers.*

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7 Care and Support Statutory Guidance (Department of Health and Social Care, July 2025) para 1.13 <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance> accessed 30/09/2025

8 The Hostile Environment Explained (Joint Council for the Welfare of Immigrants) <https://jcwi.org.uk/reportsbriefings/the-hostile-environment-explained/> accessed 24/08/2025

9 Adult Social Care (The Law Comission, 10 May 2011), < https://webarchive.nationalarchives.gov.uk/ukgwa/20241223105407/https://lawcom.gov.uk/project/adult-social-care/ > accessed 13/10/2025

There are two main legal mechanisms that restrict access to care and support:

(i) Schedule 3 of the Nationality, Immigration and Asylum Act (NIAA) 2002

Schedule 3 explicitly excludes three categories of individuals from receiving support under the Care Act:

1. Individuals 'in breach of immigration laws' who are not seeking asylum e.g. overstayers (Paragraph 7)
2. Asylum seekers whose appeal rights are exhausted (ARE) and who have failed to comply with removal directions (Paragraph 6)
3. Individuals granted refugee status by another European Economic Area (EEA) state (Paragraph 4)

Two important groups remain outside of this exclusion:

1. Asylum seekers with pending claims
2. Individuals with valid immigration status but subject to NRPF conditions

Notably, even where Schedule 3 exclusions apply, Paragraph 3 creates an important exception: if withholding support would result in a breach of individual rights under the ECHR, support must still be provided. This requires local authorities to conduct a "human rights assessment" – especially in relation to Article 3 (protection from inhuman or degrading treatment) and Article 8 (respect for private and family life).

Case law has clarified these obligations. In *Birmingham City Council v Clue [2010] EWCA Civ 460*, the court held that individuals preparing non-abusive human rights-based immigration applications – such as those based on private or family life – may face legal barriers to removal. In such cases, support must be provided. This principle builds on *R (Kimani) v London Borough of Lambeth [2003] EWCA Civ 1150*, which found that no duty arises under the ECHR where a person can return home freely, but such a duty may arise if practical or legal barriers to return exist.

(ii) Section 21 of the Care Act 2014 – The "Destitution Plus" Test

Section 21 applies to persons subject to immigration control and reproduces an earlier restriction from the National Assistance Act 1948. It prohibits local authorities from meeting needs that arise "solely because the adult is destitute or because of the physical effects, or anticipated physical effects, of being destitute".

A "person subject to immigration control" is defined under Section 115 of the Immigration and Asylum Act 1999 to include all individuals who:

- Require but do not possess leave to enter or remain in the UK
- Have leave to remain that is subject to an NRPF condition
- Were admitted under a maintenance undertaking

In practice, distinguishing between care needs that arise "solely" due to destitution and those arising from other causes is highly problematic. Many care needs, especially mental and physical health conditions, are compounded by destitution or homelessness and cannot be disentangled neatly from one another.

Whilst the courts have recognised these complexities and provided guidance on applying the 'destitution plus' test, its practical effect has been to generate ongoing jurisdictional disputes between local authorities and the Home Office, creating a 'turf war' over which public authority is responsible for supporting often very vulnerable individuals. As Lord Canwarth observed in *SL v Westminster City Council* [2013] UKSC 27, referencing the historical development of these tensions:

> *"As Baroness Hale of Richmond explained in the leading authority (R (M) v Slough Borough Council [2008] UKHL 52, [2008] 1 WLR 1808 ("Slough")), this section of the 1948 Act has for the most part been a relatively peaceful backwater of the law. She observed: "... until 1996, it would not have occurred to anyone that Section 21(1)(a) might cover this sort of case. There was no need for it to do so. And it was not designed to do so." (paragraph 7)*
>
> *That peace was shattered in the 1990s by the pressures of tighter immigration control, and the recognition by the courts of the potential role of local authorities under Section 21(1)(a) in meeting the resulting needs (see R v Hammersmith and Fulham London Borough Council, ex parte M (1997) 30 HLR 10). The Immigration and Asylum Act 1999, which followed a 1998 White Paper, sought to redefine the respective responsibilities of national and local government (Slough paragraphs 22–24). It established a national scheme of last resort, initially administered by a new body, the National Asylum Support Service ("NASS") (later administered by the UK Border Agency on behalf of the Secretary of State), and at the same time introduced amendments limiting the application of Section 21 in the case of those subject to immigration control. There followed what one commentator called an "unseemly turf war" (Slough, paragraph 28) over responsibility for homeless asylum-seekers as between, on the one hand, local authorities under Section 21(1)(a) of the 1948 Act and, on the other, central government under the new national scheme".*

This historical context highlights how the Care Act 2014's continued use of the destitution plus test reinforces long-standing tensions between immigration control and social care duties.

Practical Application and Systemic Failures

Outside of the restrictions outlined above, migrant individuals are legally entitled to Care Act support. Three specific cohorts are entitled to access Care Act support under the Wellbeing and Universality Principles while remaining subject to the destitution-plus test:

1. Asylum seekers with pending claims
2. Individuals without leave to remain but with pending or viable immigration applications (includes those with an appeal to the refusal of an asylum claim)
3. Migrants with valid leave but subject to NRPF conditions

This report examines whether migrants in the above three categories are actually able to access support under the Care Act 2014 and the barriers that exist.

Findings

This report finds a significant gap between the legal entitlements introduced by the Care Act 2014 and their realisation for migrants and asylum seekers. While the Care Act articulates a progressive vision grounded in the Wellbeing and Universality Principles, its implementation for migrants is often lacking.

We have identified five main issues which are discussed in this section. These are:

1. **Lack of Awareness of Entitlements under the Care Act 2014**

2. **Barriers to Accessing a Care Needs Assessment**

3. **Inadequate and Legally Non-Compliant Assessments**

4. **Lack of Reliable Data and Monitoring**

5. **Inadequate Support for Migrants Following Assessment**

1. Lack of Awareness of Entitlements under the Care Act 2014

We have found a widespread lack of awareness on the part of migrants and asylum seekers about the role of social services and support available under the Care Act 2014. Our research, including data gathered through interviews with practitioners, reveals that many individuals remain unaware of the Care Act assessment process, its requirements and eligibility criteria. This includes asylum seekers who are legally entitled to support under the Care Act when they have eligible care and support needs.

There is no sufficient information in the public domain. For example, the information provided by the Home Office to asylum seekers contains only minimal reference to social services support. The asylum application guidance includes just one brief paragraph[10]:

> **Disability care needs:** If you have a disability or special care need, you can contact your local Social Services to request a community care assessment. The local authority may decide to offer you accommodation and support. Find your local council on GOV.UK

This cursory information provides no detail about the referral process, assessment procedures or the range of support available. Consequently, many individuals who are potentially entitled to Care Act support are neither referred nor assessed.

CASE STUDY: **JS**

JS is an asylum seeker from India who lived in an asylum seeker hotel. He complains of physical health issues including chronic pain on his hip / legs which is being investigated by the GP. He struggles to walk even a short distance and is in constant pain. In the meantime he has been provided with a top bunk bed in a shared room. He also has a history of drug addiction and previous suicide attempt. He complained about the accommodation to the hotel reception several times but nothing was actioned. **JS** did not know about referral to social services and this was never done by hotel staff, home office or his GP, until eventually Migrants Organise stepped in and made the referral.

CASE STUDY: **PS**

PS is a 69 year old asylum seeker from Nepal. She suffers from grandiose delusional disorder and has been sectioned under the Mental Health Act 1983 several times throughout the years. She is a hoarder and was found eating from the rubbish bins in the past which led to one of her mental health detentions. She also has incontinence problems. **PS** lived in asylum seeker accommodation for at least 2 years and was never referred to social services by hotel staff and/or the Home Office, or her GP until Migrants Organise stepped in.

10 *Information Booklet about your Asylum Application* (UK Visas & Immigration, updated 02/06/2025) <https://www.gov.uk/government/publications/information-leaflet-for-asylum-applications/information-booklet-about-your-asylum-application--2> accessed 30/09/2025

Systemic Issues and Broader Context

The lack of awareness about Care Act support and how to access it seems to be a wider issue which extends beyond the migrant community itself. For example, a polling survey of 1,800 adults in England carried out by Health Watch in 2022 found that 40% of respondents did not know about the Care Act 2014[11]. Further, community care law practitioners interviewed as part of this research frequently stated that community care as a practice area is often "widely misunderstood", with many people unaware that they can access community care advice and representation to secure local authority support. This knowledge gap is likely more pronounced among migrant communities, who often have limited English proficiency and minimal familiarity with UK support systems.

This issue also extends to frontline migrant charities providing support for migrants and asylum seekers. Our interviews show that only a handful of charities are familiar with the legal framework and how to advocate for Care Act assessments and support. Advisers often focus, for example, on whether asylum accommodation provided by the Home Office is suitable, instead of considering whether there are potentially care needs that should be assessed by local authorities. *The Care Rights Project* currently stands as the only specialist charity in England offering second-tier advice and support for adult migrants, providing invaluable sector guidance. However, the organisation is small. Unless individuals receive support from knowledgeable professionals (typically from charities) or lawyers who can advocate for Care Act assessments, they often remain without assistance, advice or information about their legal entitlements.

The Home Office's Asylum Seeker with Care Needs policy[12] envisages a mechanism where referrals for asylum seekers with potential care needs are made by the Home Office to social services. In our experience however, this seldom happens. In fact, Wilson Solicitors frequently encounter cases where local authority social services decide that disabled individuals are (or would be) suitably placed in Home Office accommodation which is unsafe and inaccessible, completely disregarding their statutory duties under the Care Act. For example, in one case, at multi-agency meetings discussing a plan for a client's discharge from hospital following a double leg amputation, the local authority's support plan – having conducted a Care Act needs assessment – was for the client to return to Home Office accommodation, in spite of the fact that this was a property on the first floor with no wheelchair access or fire safety exit, which hospital staff had advised would not be suitable. It was only after Wilson Solicitors became instructed that the local authority agreed to provide him with suitable accommodation.

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11 Healthwatch, Getting Social Care Right Starts with Good Information and Advice (2022) <https://www.healthwatch.co.uk/blog/2022-09-28/getting-social-care-right-starts-good-information-and-advice> accessed 04/09/2025

12 Home Office, Asylum Seekers with Care Needs (Version 2, 2018) <https://assets.publishing.service.gov.uk/media/5b6477dded915d377f49159b/Asylum-Seekers-With-Care-Needs-v2.0ext.pdf> accessed 30/09/2025

Data Analysis: Freedom of Information Findings

Through FOI requests, we asked local authorities in London how many referrals they had received between January and June 2024 requesting a Care Act assessment, and how many of these were for individuals with NRPF. The reasoning was that the numbers would provide at least an indication of the proportion of Care Act referrals for migrants compared to the general population, and thus provide an indication of the migrant community's awareness of Care Act support.

The results of our FOI requests highlighted significant gaps in data collection:

- 16 local authorities (48%) were unable to provide requested data
- Substantial discrepancies existed in data provided by responding authorities
- Local authorities demonstrated poor data collection regarding this vulnerable cohort

The data received shows that the proportion of NRPF individuals requesting assessments was extremely low. This is further indicative of the lack of awareness about Care Act entitlements amongst migrant communities.

The table below compares the FOI data with the number of individuals receiving Home Office asylum support during the same period (January – June 2024)[13].

Table 1:
NRPF Requests and Asylum Support by Local Authority (January – June 2024)

Local Authority	Requests for Assessment	NRPF Identified	% NRPF (of requests)	Number of Individuals in Home Office Asylum Support June 2024[14]	Notes
Barking and Dagenham	2,691	Not held	n/a	475	Immigration status not recorded
Barnet	560	<10	≤1.79%	1,105	Estimate based on max possible %
Bexley	5,084	Not held	n/a	103	Immigration status not recorded

13 Note that our initial requests asked for a detailed breakdown of immigration statuses, e.g. the number of "asylum seekers" versus "EEA nationals". However, local authorities did not hold this level of detail, so we simplified the question to the broader category of "individuals with no recourse to public funds", which included asylum seekers and other categories of migrants without lawful status.

14 "Home Office Data" refers to the number of asylum seekers receiving support in each local authority as of June 2024 <https://www.gov.uk/government/statistical-data-sets/immigration-system-statistics-data-tables#asylum-and-resettlement> accessed 25/09/2025

Local Authority	Requests for Assessment	NRPF Identified	% NRPF (of requests)	Number of Individuals in Home Office Asylum Support June 2024[14]	Notes
Brent	No response	n/a	n/a	904	No FOI answer provided
Bromley	2400	n/a	n/a	153	–
Camden	1743	Not Held	n/a	301	Data not maintained in usable dataset
City of London	0	0	0%	0	–
Croydon	3,421	26	0.76%	1,184	–
Ealing	1,055	0	0%	1,111	–
Enfield	710	5	0.70%	232	–
Greenwich	1,121	37	3.30%	155	–
Hackney	1,144	22	1,92%	630	Based on address and support reason
Hammersmith and Fulham	No requests	–	n/a	390	No requests received in time period
Haringey	2,806	1	0.04%	301	–
Harrow	4,318	Not reported	n/a	276	Immigration status not asked at point of request
Havering	4,355	Not held	n/a	181	–
Hillingdon	5,678	5	0.09%	2,086	Proportion considered too low to generalise
Hounslow	1,114	Not reportable	n/a	1,607	NRPF data not reportable
Islington	2,349	15	0.64%	669	Referrals during Care Act assessments
Kingston upon Thames	3,359	10	0.30%	267	Includes asylum seekers, discretionary/ exceptional leave

Local Authority	Requests for Assessment	NRPF Identified	% NRPF (of requests)	Number of Individuals in Home Office Asylum Support June 2024[14]	Notes
Kensington and Chelsea	Not identifiable	Not identifiable	n/a	50	No mechanism for identifying NRPF status
Lambeth	847	0	0%	474	–
Lewisham	No response	No response	n/a	243	–
Merton	No response	Not available	n/a	316	Data not available
Newham	906	9	0.99%	1,289	–
Redbridge	4,202	Not extractable	n/a	794	Would require manual review of 1311 records
Richmond upon Thames	316	<5	≤1.58%	10	Based on maximum count
Southwark	2,551	131	5.13%	1,177	–
Sutton	163	0	0%	7	–
Tower Hamlets	1,328	23	1.73%	765	–
Waltham Forest	250	0	0%	205	Legal status not recorded in system
Wandsworth	198	0	0%	39	–
Westminster	961	Not held	n/a	545	–

Table Legend

"n/a" = not applicable

"Not held"/ "not reportable"/ "not extractable" = local authority does not record or cannot retrieve data without disproportionate effort

Asylum seekers represent a particularly vulnerable population due to trauma experienced in their countries of origin, during often perilous journeys to the UK, and within the UK asylum system itself. They experience higher rates of poor physical and mental health[15], making the low referral numbers especially concerning.

The failure to ensure potentially eligible individuals understand how to access Care Act support constitutes a breach of Section 4 of the Care Act 2014, which imposes clear duties on local authorities to provide information and advice:

> ***Section 4(2)*** *requires information and advice on:*
>
> - *The system provided by the Care Act and how it operates in the authority's area*
> - *The choice of care and support types and providers available*
> - *How to access available care and support*
> - *How to access independent financial advice on care and support matters*
> - *How to raise concerns about adult safety or wellbeing*
>
> ***Section 4(4)*** *further mandates: Information and advice provided under this section must be accessible to, and proportionate to the needs of, those for whom it is being provided.*

The picture that emerges from the FOI data received points to a failure in the system's ability to inform migrants and asylum seekers about their Care Act entitlements. This lack of awareness operates at multiple levels: among the individuals themselves, within frontline public services including healthcare providers and accommodation staff, and among migrant support organisations. This leaves vulnerable individuals without essential support and protection, despite their legal entitlements. Without adequate awareness of Care Act rights and accessible pathways to assessment, eligible individuals remain invisible to the very services designed to support them.

It is imperative that clear information on Care Act entitlements is made accessible to migrants and asylum seekers, including in multiple languages, to ensure they can exercise their legal rights. Equally, local authorities must actively coordinate with the Home Office, Migrant Help accommodation providers and GP surgeries to ensure that information about support under the Care Act is relayed effectively to individuals in the local authority area.

15 Barnswell, Chantler & Ah-Wan, The Mental Health of Asylum Seekers and Refugees in the UK (2025), <https://www.mentalhealth.org.uk/explore-mental-health/publications/mental-health-asylum-seekers-and-refugees-uk> accessed 30/09/2025

2. Barriers to Accessing a Care Needs Assessment

The Care Act 2014 establishes a deliberately low threshold to assess needs. Section 9 requires that:

> *Where **it appears** to a local authority that an adult **may** have needs for care and support, the authority **must** assess –*
>
> *(a) Whether the adult does have needs for care and support, and*
>
> *(b) If the adult does, what those needs are [emphasis added]*

The Care Act statutory guidance stresses that this is a low bar:

> *6.13 Local authorities must undertake an assessment for any adult with an **appearance of need for care and support**, regardless of whether or not the local authority thinks the individual has eligible needs or of their financial situation. [emphasis added]*

The rationale behind this is also clear in the statutory guidance, which states:

> *6.1 The assessment and eligibility process is one of the most important elements of the care and support system. The assessment is one of the key interactions between a local authority and an individual, whether an adult needs care or a carer. The process must be person-centred throughout, involving the person and supporting them to have choice and control.*

Despite these clear statutory requirements, casework evidence from Migrants Organise and Wilson Solicitors reveals systemic barriers that prevent timely and effective access to being assessed, particularly for migrants and asylum seekers.

Systemic Delays and Gatekeeping Practices

CASE STUDY: **MK** (8 month assessment delay)

MK is an asylum seeker in the UK living in asylum support accommodation. He has a diagnosis of PTSD, severe depressive disorder and mild intellectual development disorder. This impairs his executive functioning, and **MK** struggles with day to day tasks such as cooking, maintaining his home information, understanding complex information, going to important appointments, etc. His friends provide him with informal care and support that he requires including making his food, cleaning his place, and taking him to appointments. Migrants Organise submitted a referral for Care Act assessment to Tower Hamlet Social Services which identifies clearly his care needs and included two detailed psychiatrist reports which were prepared for his asylum claim.

Migrants Organise was assisting **MK** with a number of other matters, and – given the support that his friends were providing – **MK** was on the whole in a stable situation, and therefore we did not prioritise chasing social services. Despite this, we still sent regular reminders to social services, at least once a month. The request for assessment was submitted in July 2023 and social services in the end only assessed him in March 2024, **after 8 months**. We had to threaten social services with legal action before the assessment was eventually carried out.

CASE STUDY: **JS** (systemic referral rejection)

JS is an asylum seeker who is street homeless. He has a serious hip injury which affects his mobility and means that he suffers from a high level of pain all the time. We referred **JS** for an urgent assessment of his needs to Hackney Social Services on 6 May 2025 and highlighted his precarious position and the urgency given that he is street homeless. We also indicated that **JS** likely will require an occupational therapist assessment given his mobility issue. We received a response on the same day from the Occupational Therapist and Sensory team stating:

*Unfortunately, we are unable to accept clients for assessment with no fixed address (we provide equipment and adaptations for people at home). **[JS]**'s care needs will be assessed during his hospital admission for surgery. Otherwise please discuss with his GP.*
Kind regards,

The team failed to refer the case to other departments in social services. After we requested this, an internal referral was made to another team, who then told us that "they lack sufficient information to accept and assign [JS] for an urgent assessment." They informed us that they require the following information before they can assess, including:

** What are **[JS]**'s presenting social care needs, risks, and the urgency of these needs?*

** What support is currently in place for **JS**, both formal (e.g., health team, GP, medication) and informal (e.g., family, friends, housing)?*

** What aspects of the current support are working well, and what is not working?*

** What are **JS'** strengths?*

** What specific support is being requested from social care?*

** Has a date been agreed for **JS'** surgery?*

** The referral form indicates that **JS** is in temporary accommodation. Could you confirm if this is correct or if he is currently street homeless? Please provide details regarding the circumstances of his homelessness and whether he is open to housing options.*

** The referral also mentions **JS** staying in hostels. If possible, could you please provide the address?*

** **[JS]**'s telephone number should have one.*

At the time of writing this, a month had passed since the referral and no assessment had been carried out.

The response to **JS**' referral demonstrates a fundamental misunderstanding of Care Act duties, as assessment obligations are not contingent upon having fixed accommodation. Following advocacy, the case was internally referred to another team, which then requested extensive additional information – including a detailed social care needs analysis, current support arrangements and specific accommodation details. This process effectively imposes additional barriers to assessment for a homeless individual already identified as requiring urgent support.

Requesting an assessment frequently requires intensive casework, and there is a considerable variation between local authorities in both referral processes and the information requested. Some authorities require specific forms to be submitted online or by email, while others have no standardised procedure. In certain cases, forms specify that they must be completed by a professional, effectively preventing informal carers or family members from initiating referrals on behalf of an individual.

CASE STUDY: **OE**

OE is a refugee in the UK. He suffers from schizophrenia and alcohol addiction. He experiences auditory and visual hallucinations of persecutory nature and presents as a thought disordered. He lives with his sister who struggles to support him. A referral to Croydon social services was made using their portal, with several subsequent chasers listed in the timeline below:

- ***17/12/24** – We used the portal to submit the referral and received the confirmation.*
- ***14/01/25** – We weren't able to find any email address for the department to chase the referral publicly. We sent an email to the NRPF team (we have this email due to casework for another case), who provided us an email from another team within social services. We then sent an email to this team.*
- ***20/01/25** – We sent another chaser email and called adult social care and was informed that the initial referral did not go through. The team was not able to advise why that is and advised to resubmit. The team we spoke with was able to access the emails we had sent, which included completely the referral we had sent. However they insisted that the referral had to be resubmitted through the online port. We resubmitted on the same day.*
- ***04/03/25** – We did not hear back and sent an email threatening legal action.*
- ***05/03/25** – We received a call back from an allocated social worker, stating that given the mental health element of the case, the assessment needed to be carried out by an NHS mental health team.*

The experience gained through our casework is that often assessments are only started or completed as a result of intensive efforts on the part of advocates/ caseworkers to keep up the pressure, or the threat of legal action. In some cases, legal action is necessary just to get local authorities to commence a needs assessment. For example, Wilson Solicitors are often instructed to challenge delays in initiating or completing Care Act assessments after someone is brought to the attention of social services. In many cases assessments are delayed and protracted for extensive periods even after the exchange of legal correspondence.

This is further complicated by the fact that unfortunately there is no legal requirement for local authorities to complete an assessment within a specified timeframe. The Care Act statutory guidance states:

> ***6.29** – An assessment should be carried out over an appropriate and reasonable timescale taking into account the urgency of needs and a consideration of any fluctuation in those needs.*

"Appropriate and reasonable timescale" is thus open to interpretation and results in wide variation in practice. It is often necessary to make representations on what 'urgent' needs require and what a 'reasonable timescale' is in individual circumstances in order to move assessments along, and ensure decisions are reached on what care and support to provide, if any. Furthermore, although local authorities *"should inform the individual of an indicative timescale over which their assessment will be conducted and keep the person informed throughout the assessment process"* (paragraph 6.29 of the guidance), in practice both Wilson Solicitors and Migrants Organise have never seen this happen.

This issue is also clearly reflected in the experience of other frontline charities we interviewed. A casework manager from a frontline charity for example stated that making a referral for the Care Act is *"not for the faint-hearted"*, and *"the amount of advocacy that is needed is so substantial, it is ridiculous"*. Other organisations less experienced in supporting individuals to access Care Act support often send the request as a safeguarding referral to social services and receive no response.

Wilson Solicitors frequently come across systemic failures in ensuring a timely and adequate transition from children's services to adult services as a result of delayed Care Act assessments. In the best scenarios, this means young people fall through the gaps in service provision and are left without support until adult services become involved. In the worst scenarios, this leads to significant needs being unmet and can result in tragic consequences for very vulnerable young people. This is illustrated via the case studies below, both relating to two young people with insecure immigration status.

CASE STUDY:
TWO INQUESTS INTO THE DEATH OF A YOUNG PERSON

Wilson Solicitors acted in inquest proceedings relating to the death of two young individuals with mental ill health who took their own life, in different circumstances and at different times. **WK**, a young man with refugee status and subject to deportation proceedings who had been looked after by social services before being detained, took his life while held in immigration detention. **NG**, a young woman with a pending immigration application who had spent two years in local authority care and had just turned 18, took her life while awaiting news on the local authority's arrangements for her transition to adulthood.

In both these young persons' cases, Care Act referrals had been made but no assessment had been commenced, let alone completed, by the time they died.

In **WK's** case, a Care Act referral had been sent to a team within the local authority's adult social services which rejected the referral on the basis they were the wrong team but failed to pass it on to the relevant team responsible for assessing the care needs of people in prison, a failure which did not transpire until relevant disclosure was sought and obtained in the inquest proceedings. In **WK's** inquest the jury determined that the failure to carry out a Care Act assessment was a factor relevant to his death.

In **NG's** case, adult social services had been asked to carry out a needs assessment but had failed to do so before her 18th birthday, in spite of clear statutory guidance requiring local authorities to complete 'transition' Care Act assessments before someone turns 18 to ensure the right care and support is in place when young people move from children to adult service provision. In **NG's** inquest, the Coroner found that there had been a failure to co-ordinate her transition out of children's social care and carry out a Care Act needs assessment which probably made a more than minimal contribution to her death.

Data from our FOI requests support our qualitative findings and show that **less than half of requests for assessment** actually led to an assessment being carried out by social services. In some local authorities less than 10% of the referrals resulted in an assessment being undertaken. This includes: Harrow (8.77%), Hillingdon (4.58%), Sutton (9.69%) and Wandsworth (8.66%).

Table 2:
Request for assessment under the Care Act 2014, and number of requests which proceeded to assessment.

Local Authority	Between 01/01/24 and 30/06/24, how many requests for assessments of care and support needs under the care act 2014 did your local authority receive?	Of these, how many proceeded to an assessment of their care and support needs?		Number of request of assessment received over the same period: data obtained from a second set of FOI requests (please see table 3 below)
Barking and Dagenham	2691	936	17.85%	2,691
Barnet	3565	2809	78.79%	560
Bexley	5240	2678	51.11%	5,084
Brent	5788	896	15.48%	No response
Bromley	1998	910	45.55%	2400
Camden	1743	1226	70.34%	1743
City of London	20	14	70.00%	0
Croydon	3421	1324	38.70%	Figures not recorded
Ealing	Ignored question	11,077	N/A	1,055
Enfield	4189	708	16.90%	710 care and support assessments undertaken in period
Greenwich	1079	724	67.10%	1121
Hackney	1334	668	50.07%	1144
Hammersmith and Fulham	1583	421	26.60%	"No requests received in time period requested"
Haringey	1007	479	47.57%	2806
Harrow	3513	308	8.77%	4318 (not including carers)
Havering	2273	1335	58.73%	4355
Hillingdon	9285	425	4.58%	5678
Hounslow	1119	579	51.74%	1114
Islington	2435	833	34.21%	2349
Kingston upon Thames	3633	1347	37.08%	3359
Kensington and Chelsea	1486	227	15.28%	No response
Lambeth	794	698	87.91%	847 requests received
Lewisham	891	275	30.86%	No response
Merton	860	860	100.00%	No response
Newham	265	518	195.47%	906
Redbridge	1298	659	50.77%	4202
Richmond upon Thames	4923	505	10.26%	316
Southwark	597	597	100.00%	2551

Local Authority	Between 01/01/24 and 30/06/24, how many requests for assessments of care and support needs under the care act 2014 did your local authority receive?	Of these, how many proceeded to an assessment of their care and support needs?		Number of request of assessment received over the same period: data obtained from a second set of FOI requests (please see table 3 below)
Sutton	2735	265	9.69%	163
Tower Hamlets	3996	733	18.34%	1328
Waltham Forest	678	532	78.47%	250
Wandsworth	3937	341	8.66%	198
Westminster	2331	416	17.85%	961
		AVERAGE*	**42.56%**	
		MEDIAN	**38.70%**	
*Please note that we have excluded data from Newham council given that the response is illogical. The number of requests for assessment cannot exceed the number of assessments carried out following these requests				

Even less data was obtainable when we tried to request a breakdown for individuals with NRPF status. 16 out of 33 local authorities (48%) could not provide us with information as to whether the referrals relate to individuals who are NRPF, and even fewer were able to state whether referrals relating to NRPF individuals proceeded to an assessment. The inaccuracies in the data provided indicate a wider issue of lack of monitoring and evaluation by social services, which is discussed further below.

Table 3:
Care Act Assessment Requests (01/01/24 – 30/06/24)

Local Authority	Between 01/01/24 and 30/06/24, how many requests for assessments of care and support needs under the care act 2014 did your local authority receive?	Of these, how many were identified as NRPF	Of these, how many proceeded to an Assessment	Notes / Clarifications
Barking and Dagenham	2,691	Not held	Not held	No NRPF data recorded
Barnet	560	<10	<10	-
Bexley	5,084	Not recorded	Not recorded	Immigration status not recorded
Brent	No data	n/a	n/a	No response to any part of the question
Bromley	2,400	Not available	Not available	-
Camden	1,743	Not held	Not held	No relevant data set maintained
City of London	0	0	0	-

Local Authority	Between 01/01/24 and 30/06/24, how many requests for assessments of care and support needs under the care act 2014 did your local authority receive?	Of these, how many were identified as NRPF	Of these, how many proceeded to an Assessment	Notes / Clarifications
Croydon	3,421	26	26	Based on data from part ii
Ealing	1,055	0	Not available	-
Enfield	710	5	4	-
Greenwich	1,121	37	13	-
Hackney	1,144	22	Exempted (FOI S12)	Response refused under cost/ time exemption
Hammersmith and Fulham	0	0	0	No requests during time period
Haringey	2,806	1	0	Individual already in receipt of services
Harrow	4,318	Not held	Not held	Immigration status not collected at point of request
Havering	4,355	Not held	Not available	-
Hillingdon	5,678	5	4	
Hounslow	1,114	Not reportable	No response	
Islington	2,349	15	15	
Kingston upon Thames	3,359	10	5	Defined as asylum seeker, discretionary or exceptional leave to remain
Kensington & Chelsea	Not identifiable	Not identifiable	Not identifiable	No way of identifying NRPF status
Lambeth	847	0	0	-
Lewisham	No response	n/a	n/a	-
Merton	No response	n/a	n/a	-
Newham	906	9	8	-
Redbridge	4,202	Not reportable	Not reportable	Status held in free-text notes; cannot be retrieved without exceeding time/ cost cap (S12)
Richmond upon Thames	316	<5	0	-
Southwark	2,551	131	57	-
Sutton	163	0	n/a	-

Local Authority	Between 01/01/24 and 30/06/24, how many requests for assessments of care and support needs under the care act 2014 did your local authority receive?	Of these, how many were identified as NRPF	Of these, how many proceeded to an Assessment	Notes / Clarifications
Tower Hamlets	1,328	23	Not retrievable	Not held in a retrievable format
Waltham Forest	250	0	0	No legal status recorded
Wandsworth	198	0	0	-
Westminster	961	Not held	Not held	-

Table Legend
"Not held" = council does not hold or track the relevant data
"Not available" / "Not reportable" = data exists but not in a usable / retrievable format
"<10" / "<5" = where the number is small and redacted for privacy reasons
"No data" / "no response" = council provided no information in reply
"FOI §12" = application of exemption under FOI Act e.g. Hackney applied §12 (cost/time)

In order to obtain the data from table 2 and 3, we sent 2 separate rounds of FOI requests, a few months apart. This means that we had asked the following same question twice:

> ***Between 01/01/24 and 30/06/24, how many requests for assessments of care and support needs under the care act 2014 did your local authority receive?***

Surprisingly most local authorities provided different answers to this question, with significant variation. Westminster council for example initially indicated that they received 2,331 requests, which then became 961. Southwark on the other hand, initially indicated 597 referrals (and 597 assessments), before then stating that they had 2,551 referrals.

Regardless of the gaps and potential inaccuracies in the data provided, the overall data obtained indicate an extremely low rate of assessments being carried out which appears to be at odds with the low statutory bar for a duty to assess.

It is interesting to note that the Care Act Statutory Guidance only discusses the possibility of local authorities not carrying out an assessment in the context of an individual refusing to be assessed:

> *6.20 An adult with possible care and support needs or a carer may choose to refuse to have an assessment. The person may choose not to have an assessment because they do not feel that they need care or they may not want local authority support. In such circumstances local authorities are not required to carry out an assessment.*

Even in this situation, that statutory guidance requires Local Authorities to take further action:

> *However, where the local authority identifies that an adult lacks mental capacity and that carrying out a needs assessment would be in the adult's best interests, the local authority is required to do so. The same applies where the local authorities identifies that an adult is experiencing, or is at risk of experiencing, abuse or neglect. Where the adult who is or is at risk of abuse or neglect has capacity and is still refusing an assessment, local authorities must undertake an assessment so far as possible and document this. They should continue to keep in contact with the adult and carry out an assessment if the adult changes their mind, and asks them to do so.*

The reality is a far cry from the guidance set out by the Statutory Guidance. Obtaining an assessment under the Care Act is extremely difficult and many individuals are not assessed as a result. This can be the case even when professional caseworkers or legal representatives are involved.

3. Inadequate or Unlawful Assessments

Even where a Care Act needs assessment is conducted, our evidence suggests that these are often inadequately carried out, failing to meaningfully identify or respond to the individual's complex needs. Assessments may conclude that the person does not meet eligibility thresholds, despite clear evidence of significant vulnerability or need.

CASE STUDY: **PS**

PS is a 69-year-old asylum seeker from Nepal who suffers from grandiose delusional disorder and presents with pressured speech and disorganised thought. She also has a number of physical health issues including joint pain and incontinence. Since 2020, she has been detained under the Mental Health Act 1983 on three occasions: twice under Section 2 and once under Section 3. Despite these detentions, **PS** was discharged back into asylum support accommodation provided by the Home Office each time.

Following her first mental health detention in November 2020, Migrants Organise referred her for a Care Act 2014 assessment. In March 2021, the Home Office safeguarding team also contacted Croydon Social Services to raise serious concerns about **PS'** vulnerability, noting she had recently undergone a memory assessment and would require appropriate accommodation to meet her care needs. Despite this, when the local authority eventually completed an assessment, it concluded that **PS** had no eligible care needs. The social worker based this decision on a single virtual Teams meeting, observing that **PS** "presented very clean and was able to communicate clearly," and was "physically able and independent in daily living tasks including washing, dressing, shopping and going out."

No further action was taken due to limited advocacy capacity. **PS'** condition deteriorated over the following two years, leading to another psychiatric detention in 2023 after she was found suffering from hallucinations and severe delusions. It was only after PS was granted immigration status in late 2024, and with increased advocacy support, that she was reassessed. This time, she was found to have seven eligible care needs and was assessed as lacking capacity to make decisions about her care and accommodation.

CASE STUDY: **JM**

JM, a client of Wilson Solicitors, had NRPF and suffered from stage 4 chronic kidney disease, diabetes, and other serious medical conditions. He was homeless and living in a night shelter without cooking facilities, which prevented him from following his medical dietary restrictions and led to repeated emergency hospitalisations. The local authority initially assessed him and found no eligible care needs, directing him to the homelessness prevention team instead. However, with legal intervention, coordination with **JM's** medical team, and detailed representations, the local authority ultimately reassessed his needs and found him eligible for support and provided him with appropriate accommodation.

CASE STUDY: **AY**

AY was a young asylum seeker from Nigeria (he has now been granted refugee status) with physical disabilities and mobility challenges, as well as ongoing mental health issues. He had NRPF and was referred for a Care Act assessment in August 2024 with support from The Care Rights Project. The local authority offered interim support under Section 19 pending the outcome of an assessment. Although an initial assessment was started in September 2024, it was never completed or shared with **AY**. Following a change in social workers, a second draft assessment was provided only in April 2025. That draft referred to the September assessment as if it had been completed and treated the second as a review. Only after Wilson Solicitors intervened was it confirmed that the original assessment had not met legal standards. In particular, the assessment had only considered the impact of **AY**'s physical condition on his wellbeing and daily life, but had failed to adequately understand and assess the impact of his mental ill health. **AY** remained in partially inaccessible accommodation for ten months during this delay.

These individual cases reflect a broader trend confirmed by interviews with charity workers and solicitors. A frontline caseworker stated:

> *"The main issue is the social worker's assessment itself. Most of the time, social workers ask closed questions, with no investigation, let alone seeking other professional views or reports."*

Another youth-focused charity added:

> *"Even when we provide medical evidence, it makes no difference. The assessments are always so poor. It's easier to wait for a negative decision and then refer the case to a solicitor for an independent social work assessment."*

However, access to legal redress is increasingly constrained. According to Law Society research (February 2024), 42 million people across England and Wales lack access to a local legal aid provider[16], a crisis that severely undermines vulnerable clients' ability to challenge unlawful assessments.

Application of the "Destitution Plus" Test

The above issue is often exacerbated by the often difficult application of the destitution plus test. The Section 21 "destitution plus" test requires social workers to determine whether care and support needs arise "solely" because of a person's destitution, including the 'physical effects' of being destitute. In our view, this binary distinction is unworkable in practice. Most needs are deeply interwoven with an individual's housing, availability of support and access to basic resources, particularly in cases involving mental ill-health or chronic illness.

Expecting individuals in deep material deprivation to ignore or "set aside" their immediate concerns, such as when they will eat or where they will sleep, in order to articulate abstract care needs is not only inappropriate but unrealistic. Yet this is precisely what the "destitution plus" framework demands. Social workers are often required to make assessments that separate needs from the very destitution that intensifies or causes them, thereby undermining the holistic spirit of the Care Act 2014.

CASE STUDY: **SA**

SA was an asylum seeker from Palestine who had been living in the UK for 25 years. He suffered from bipolar disorder and although he self-identified with his condition he would refuse medication, at times citing the fact that he was destitute and unable to afford food as a main reason why he was not taking the medication while other times stating that he did not need it. **SA** was often street homeless, particularly during manic stage when he often made unwise if not incapacious decisions – for example leaving his asylum support accommodation to the street and therefore losing his entitlement. During this period he would also have problems with self-care including not eating, washing or changing clothes.

Migrants Organise made a referral to social services for **SA** who found that **SA** had no eligible care needs. During the assessment, the social worker asked **SA** whether he needed any support to which he answered no, as his main difficulties were destitution and not having accommodation or enough money to eat. The social worker thus concluded that his needs arose solely because of destitution and therefore he was not eligible for support under the Care Act. After social services refused support, **SA** was sectioned under the Mental Health Act 1983.

16 The Law Society, Civil Legal Aid: Millions Still Without Access to Justice (2024), <https://www.lawsociety.org.uk/contact-or-visit-us/press-office/press-releases/civil-legal-aid-millions-still-without-access-to-justice> (Press Release) accessed 05/08/2025

Data Results

Despite the above issues, data we obtained from FOI requests do indicate that the majority (60.19%) of assessments result in care and support being provided.

Table 4:
Care Act 2014 Assessments and Outcomes (01/01/2024–30/06/2024)

Local Authority	Total Assessments	Support Provided	% Provided	Support Refused	Notes on Refused / Unavailable Data
Barking and Dagenham	936	773	82.59%	88	–
Barnet	2809	1280	45.57%	12	–
Bexley	2678	1351	50/45%	Not recorded	No system option for "refused"
Brent	896	434	48.44%	45	–
Bromley	910	690	75.82%	27	–
Camden	1226	78	6.36%	Not available	Unable to provide accurate data
City of London	14	13	92.86%	0	–
Croydon	1324	Not recorded	–	Not recorded	Data not recorded
Ealing	11077	6453	58.26%	3107	–
Enfield	708	534	75.42%	66	–
Greenwich	724	540	74.59%	66	–
Hackney	668	562	84.13%	Exempt	FOI exemption (§12)
Hammersmith and Fulham	421	243	57.72%	Not available	12% refusal rate reported
Haringey	479	41	8.56%	Not available	Data not currently available
Harrow	308	252	81.82%	n/a	LA reports it "never refuses eligible support"
Havering	1335	482	36/10%	0	–
Hillingdon	425	107	25/18%	n/a	Not held in reportable format (exceeds FOI cost limit – §12)
Hounslow	579	383	66.15%	37	–
Islington	833	682	81.87%	n/a	Not held in reportable format (exceeds FOI cost limit – §12)
Kingston upon Thames	1347	1346	99/93%	113	–
Kensington and Chelsea	227	172	75.77%	14	–
Lambeth	698	506	72.49%	Not available	LA applies eligibility during assessment, not post-refusal
Lewisham	275	172	62.55%	26	–
Merton	860	632	73.49%	0	–

Local Authority	Total Assessments	Support Provided	% Provided	Support Refused	Notes on Refused / Unavailable Data
Newham	518	389	75.10%	26	-
Redbridge	659	539	81/79%	15	-
Richmond upon Thames	505	189	37.43%	Exempt	Exceeds FOI cost limit (§12)
Southwark	597	502	84.09%	88	-
Sutton	265	112	42/26%	Not available	Data not held in reportable format
Tower Hamlets	733	125	17/05%	Not available	Data not held in accessible format
Waltham Forest	532	262	29.25%	Not available	Data not held in accessible format
Wandsworth	341	106	31.09%	Not available	Data not held in accessible format
Westminster	416	299	71.88%	44	-
Average % of assessments resulting in care/ support provided = 60.19%					
Table Legend **"Not recorded" / "not available"** = local authority unable to extract data in current format **"Exempt"** = FOI exemption due to cost / time burden e.g. §12 **"n/a"** = local authority reports that refusals don't apply due to internal policy or eligibility processing					

While this is encouraging, there are reasons to be cautious with the data provided.

Firstly, local authorities either could not provide data on the number of cases in which support was refused or provided figures that did not add up. For example, Westminster Council reported 416 assessments with 299 resulting in support and 44 explicitly refused, leaving 73 assessments unaccounted for.

Secondly, the data provided might not reflect the experience of individuals who are NRPF, who are more likely to be denied support on account of their immigration status and Care Act entitlements not being properly understood, and who are more likely to present as destitute and thus caught by Section 21 as discussed above.

As shown on Table 5 below, most local authorities could not confirm how many assessments related to NRPF individuals or what the outcome was. Most boroughs could not identify how many referrals related to NRPF status, how many progressed to assessment, or how many resulted in care and support being provided.

Table 5:
Care Act Referrals for Individuals with NRPF

Local Authority	Total requests for assessment	Requests identified as NRPF	Requests that proceeded to an assessment	Resulted in care and support	Resulted in care and support refused
Barking & Dagenham	2691	Not held	Not held	Not held	Not held
Barnet	560	<10	<10	<10	<10
Bexley	5084	Not routinely recorded	Not routinely recorded	Not routinely recorded	Not routinely recorded
Brent	No data provided	No data provided	No data provided	No data provided	No data provided
Bromley	2400	0	n/a	n/a	n/a
Camden	1743	Not held	Not held	Not held	Not held
City of London	0	n/a	n/a	n/a	n/a
Croydon	3421	26	26	26	26
Ealing	1055	0	n/a	n/a	n/a
Enfield	710	5	4	2	2
Greenwich	1121	37	13 supported	13 supported	18 not supported
Hackney	1144	22	Exempt (FOI S12)	Exempt	Exempt
Hammersmith & Fulham	No requests received in time period requested	n/a	n/a	n/a	n/a
Haringey	2806	1	0 (person in receipt of services)	0 (person in receipt of services)	0 (person in receipt of services)
Harrow	4318	Not recorded	Cannot answer	Cannot answer	Cannot answer
Havering	4355	Not held	n/a	n/a	n/a
Hillingdon	5678	5	4	0	Unknown
Hounslow	1114	Not reportable	-	-	-
Islington	2349	15	15	15	0
Kingston upon Thames	3359	10	5	<5 (data suppressed)	<5 (data suppressed)
Kensington & Chelsea	Not identifiable	Not identifiable	Not identifiable	Not identifiable	Not identifiable
Lambeth	847	0	0	0	0
Lewisham	No response	No response	No response	No response	No response
Merton	No response	n/a	n/a	n/a	n/a
Newham	906	9	8	Exempt (FOIA S40(2))	Exempt (FOIA S40(2))
Redbridge	4202	Not extractable	Not reportable	Partial (13 inlong-term support)	Not reportable

Local Authority	Total requests for assessment	Requests identified as NRPF	Requests that proceeded to an assessment	Resulted in care and support	Resulted in care and support refused
Richmond upon Thames	316	<5	0	0	0
Southwark	2551	131	57	51	Exempt (FOIA §40(2))
Sutton	163	0	n/a	n/a	n/a
Tower Hamlets	1328	23	Not retrievable	Not retrievable	Not retrievable
Waltham Forest	250	0	0	0	0
Wandsworth	198	0	0	0	0
Westminster	961	Not held	Not held	18	Not held

Table Legend
"Not held"/ "Not identifiable"/ "Not retrievable" = data not recorded in a reportable format
"n/a" = not applicable e.g. no NRPF cases identified
"Exempt" = data withheld under relevant FOI exemptions e.g. Section (§) 12: cost/ time burden; Section (§) 40(2): personal data
">10" or ">5" = low numbers, data possibly suppressed to protect identity of individuals supported

4. Lack of Reliable data Collection and Monitoring

As discussed in previous sections, a consistent finding from our research is the near-complete absence of systemic data collection on the immigration status of individuals. This omission raises serious questions about local authorities' compliance with their duties under the Public Sector Equality Duty (PSED), particularly the obligation to identify and eliminate discrimination and advance equality of opportunity for all service users, regardless of nationality.

As outlined in Table 5, for example, the majority of local authorities were unable to tell us how many of the Care Act assessment requests they received were for individuals with NRPF. Unsurprisingly, they were also unable to report how many of these assessments resulted in care and support being provided or refused.

Our FOI responses indicate that most local authorities do not have systems in place to record immigration status in a structured or easily identifiable way. Several authorities stated that this information, if captured at all, is entered as free-text case notes by individual social workers. This makes it virtually impossible to track or audit decision-making at a population level. For example, Redbridge Council, which is subscribed to the NRPF Connect database (discussed below), stated: *"Unable to provide NRPF data as a client's NRPF status is recorded in notes/ text fields at this stage in the process - would mean manually reading notes for 1,311 clients (exceeds time/ money of request)"*[17].

To further investigate how and whether immigration status is recorded, we examined publicly available online referral forms for adult social care for 10 London local authorities[18]. Strikingly, we found that only Southwark Council includes a field requiring immigration status to be confirmed at the point of referral, with the other 9 referral forms making no mention of it.

Whilst there is an argument that omitting this question at the initial point of referral might reduce the risk of bias or gatekeeping based on nationality, it appears that the majority of local authorities also fail to capture this information at any subsequent stage, such as during the assessment or when determining eligibility for services. Without this data, councils have no mechanism to assess the impact of their decisions on migrants, and no capacity to identify potential patterns of discriminatory outcomes.

17 https://drive.google.com/file/d/1yKWdhCxbwx-jf-H9mvSDcxpb7f4OcRug/view

18 Note that we have disregarded 'professional referral forms' (where the details sought are those of the person making the referral, rather than the person who needs support), and 'safeguarding' referral forms. Some local authorities only have web-based referrals which we have not been able to review in full as data would need to be inputted to view the whole form - they have not been considered here.

This lack of monitoring stands in contrast to the existence of the NRPF Connect database, a national platform provided by the NRPF Network designed to enable local authorities to record and track households with NRPF who are receiving support from adult social care or children's services. While 30 of London's 33 boroughs are subscribed to NRPF Connect, its effectiveness is undermined by the fact that it relies entirely on self-reporting by each local authority. The inconsistent data provided through these FOIs suggests that even among subscribers to the database, actual usage is limited and data entry practices are patchy. As noted above, 16 out of 33 London boroughs could not provide a breakdown of NRPF-related referrals, casting doubt on whether the database is being used at all in many cases. This is consistent with NRPF Network's conclusion that many local authorities are under-reporting the number of individuals with NRPF status that they support.[19]

The broader implication is clear: if local authorities are not collecting basic data on immigration status, then it is highly unlikely that they are systematically reviewing or auditing how immigration-related exclusions or eligibility conditions are being applied under the Care Act 2014. In the absence of such monitoring, there can be no assurance that legal requirements under the PSED are being met, particularly in relation to:

- Identifying whether people are being unlawfully excluded from assessments or support;
- Monitoring the outcomes of assessments for British vs non-British individuals;
- Ensuring human rights assessments are conducted where required.

19 NRPF Connect Data Report 2022-23 (NRPF Network) <https://www.nrpfnetwork.org.uk/news/nrpf-connect-data-report-2022-23> accessed 24/07/2025

5. Inadequate Support

Despite the Care Act 2014's promise of a preventative, person-centred system, our findings suggest that migrants and asylum seekers who do receive a Care Act assessment often do not receive adequate support to navigate the specific challenges that this cohort face.

Lack of Understanding of Support Entitlements for Migrants and Asylum Seekers

The immigration system and connected welfare systems, such as asylum support, has become increasingly complex and difficult to navigate, especially for those experiencing ill health, destitution or trauma. Many migrants, particularly those who are vulnerable, require assistance to engage meaningfully with the system in order to obtain their entitlements.

However, in our experience, local authorities themselves often misunderstand what migrant individuals are entitled to and therefore fail to provide adequate support for them, as illustrated by the case study below:

CASE STUDY: **ES**

ES is an asylum seeker with a diagnosis of paranoid schizophrenia. He was provided with accommodation by the Home Office in a shared men-only hotel and was sharing a room with 5 other people. **ES** often displays paranoid and erratic behaviour, and multiple safeguarding concerns have been raised by the hotel manager to Migrant Help and the Home Office. **ES** was sectioned by the NHS in Hackney twice. The first time was under Section 2 of the MHA' 98 but **ES** managed to escape and return to the hotel. A reassessment was eventually carried out again several weeks afterwards which found him not to be sectionable anymore. A few months later, he was sectioned again under Section 3 of the MHA '83 before then being discharged to another temporary hotel in Hackney provided by the NHS.

Migrants Organise raised safeguarding concerns to the Home Office as **ES** disappeared from his hotel accommodation and was unreachable before we were connected with the care coordinator. They informed us that they had been trying to find another accommodation for **ES** because he was an asylum seeker and therefore did not have any entitlement to housing from local authorities. Hackney social services was not involved and, as far as we are aware, no assessment under the Care Act was carried out. They contacted Migrant Help who advised them to apply for Section 98 emergency support, despite the fact that **ES** asylum support was actually still available. When Migrants Organise became involved with the case, the Home Office was offering to move **ES** to a different part of the country which meant that his mental health support would have been stopped.

Someone like **ES** actually has a number of entitlements for support:

1. **Asylum support: ES** remains an asylum seeker and is therefore entitled to asylum support if he would otherwise be destitute. While this support is provided on a "no choice" basis (meaning that individuals cannot choose the location or type of accommodation) it must still be suitable and adequate for the person's specific needs. In cases like this, reasonable adjustments can and should be requested by the care coordinator. These might include, for example, a specific type or location of accommodation based on medical or psychiatric needs. Such requests must be made to the Home Office to ensure the suitability of the placement.

2. **S117 MHA '83 Aftercare Support: ES** is fully entitled to after-care support under Section 117 of the Mental Health Act 1983. This obligation arises after a person has been detained under Section 3 of the Act and is discharged from hospital. Importantly, entitlement to Section 117 support is not affected by immigration status. The aftercare package can include a range of services such as mental health care, social work support, accommodation and subsistence if required. Responsibility for delivering this support is shared between the NHS and the relevant local authority.

3. **Care Act:** As an asylum seeker, **ES** is not excluded from accessing support under the Care Act 2014. However, he is subject to the Section 21 "destitution plus" restriction, which limits Care Act support where needs arise solely from destitution. In practice, this means that to be eligible, **ES'** care and support needs must not be caused only by his lack of housing or financial means. Crucially, if **ES'** needs are accommodation related (i.e. if his health or safety is compromised by unsuitable housing), then the local authority has a legal duty to provide accommodation that enables his care to be delivered effectively.

ES' case is made more complex by the intersection of the Mental Health Act 1983 and the responsibilities of the NHS. However, it illustrates a common failure: social workers and care coordinators frequently lack a clear understanding of how to support migrants and asylum seekers in relation to their entitlement to access support. They are often under the mistaken belief that provision of support including accommodation and subsistence are not available under the Care Act or the Mental Health Act.

It should be noted that under section 3 Care Act 2014 local authorities are also required to integrate the provision of care and support with health provision and health related provision where this would promote individual wellbeing, delay or prevent the development of needs, or improve the quality of care and support[20]. In practice however, Wilson Solicitors and Migrants Organise very rarely see different statutory services working together to meet needs or promote individual wellbeing.

20 Section 6 of the Care Act 2014 also imposes a duty on local authorities to cooperate with NHS bodies in their areas for the same purposes.

Entitlement to support from different bodies (such as social services, the NHS, or Home Office) is also not mutually exclusive. Social workers and care coordinators are often best placed to provide professional recommendations to the Home Office regarding appropriate accommodation. Their input, informed by a holistic understanding of the individual's vulnerabilities and needs, could play a critical role in preventing future crises. The Home Office's policy on accommodation allocation recognises this explicitly[21]:

- *The type of evidence provided by individuals will be a significant consideration in you making decisions about allocation of accommodation.*
- *Where possible, individuals should provide one or more of the following pieces of verifiable expert or professional evidence (based on considerations set out below) in order to support their claim for unsuitability:*
    - *A healthcare record, which may include information about an individual's diagnosis, treatment, hospital admissions, and any risk assessment based on the individual's current needs*
    - *Evidence of ongoing treatment which would be interrupted by a move to new accommodation*
    - *Personalised assessments and/or psychiatric evidence setting out their specific, individual needs, completed by expert healthcare or medical professionals*

21 Home Office, 'Allocation of Asylum Accommodation Policy, v13.0', (5 July 2025) <https://www.gov.uk/government/publications/asylum-accommodation-requests-policy/allocation-of-asylum-accommodation-policy-accessible>

In our view, helping an individual to obtain suitable accommodation squarely falls within the scope of local authority duties under the Care Act 2014, particularly where accommodation plays a direct role in determining whether a person can function safely and maintain their wellbeing. For example, a person with physical or mental health needs who is placed in inappropriate or unsafe housing is very likely to meet at least two eligibility outcomes under the Care Act:

1. **Unable to make use of their home safely:** if the accommodation is unsuitable due to the person's condition or vulnerabilities, then, ipso facto, they are unlikely to be able to use it safely.
2. **Unable to make use of necessary facilities or services in the local community:** individuals might struggle to request appropriate accommodation from the home office. They need assistance to access legal advice and representation, and/or to obtain the necessary evidence for the request, such as from their GP.

Under Section 67 of the Care Act, local authorities also have a duty to make arrangements for an individual to access independent advocacy if that is required to support their involvement in the assessment, planning and review process, and whether or not this need arises should be considered from the point of first contact or referral to the authority. It should therefore be part of social services' role to help to advocate on the individual's behalf, including to help them secure appropriate housing. This might involve contacting a charity or Migrant Help to request a transfer, and providing evidence as a social care professional as to what accommodation would be suitable.

As discussed earlier in this report, in reality, cases like **ES** often result in a 'turf-war' between the local authority and the Home Office, with each body seeking to shift the responsibility for housing provision to the other[22]. This administrative stalemate leaves vulnerable individuals without adequate care or housing.

22 See R (TMX) v London Borough of Croydon [2024] which provides a recent example of this turf war, and confirms again local authority's responsibility to provide accommodation where there are "accommodation related" needs.

Assistance to Resolve Immigration Issues

Another key issue concerns the lack of support for individuals seeking to regularise their immigration status. Migrants Organise have observed social workers in several cases pressurising individuals to resolve their immigration status without providing information or advice as to how and where they can access meaningful assistance in their immigration matter.

CASE STUDY: DH

DH is an elderly man from Antigua who has been supported by Lambeth Social services. He has been assessed as lacking capacity to make immigration decisions and therefore the Court of Protection has appointed a third party provided by Migrants Organise who is authorised to instruct a solicitor on his behalf. Despite this, Lambeth social services reassessed his needs and found that he no longer had any eligible needs, ignoring **DH's** needs for support to engage with his immigration case.

The social worker then sent an email asking Migrants Organise to provide this support to **DH**, without any consideration of the local authority's role in supporting this: "Please can you continue to support with any other accommodation he may be able to access, as he is no longer eligible for any council support... It will also be imperative for you to continue to chase his legal team/ application for filing of paperwork required to secure his access to NASS funding".

This represents a complete abdication of statutory duty. Supporting an individual to access legal advice, especially when they lack capacity and where the outcome directly affects access to housing and subsistence, is clearly within the scope of care and support under the Care Act (under accessing services).

The complexity of immigration law, paired with the collapse of the legal aid sector, means that many migrants cannot regularise their status without professional assistance. Research shows that over 56% of asylum seekers are unable to secure legal aid representation, while those who do may receive poor-quality advice due to systemic underfunding.[23]

Despite this, both Migrants Organise and Wilson Solicitors have not encountered a single Care Act assessment that formally recognises support with navigating the immigration system as a legitimate support need, even when such support is critical to avoiding destitution or securing housing. In some rare cases, individuals may receive informal assistance from committed social workers (for example through referrals to legal representatives), but this is unfortunately the exception rather than the rule. The failure to ensure legal entitlements are fulfilled by providing assistance to access practical support represents a profound gap in the implementation of support under the Care Act.

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23 See research by Dr Jo Wilding – Wilding, 'No Access to Justice 2: Mapping the UK's Continuing Immigration and Asylum Legal Advice Crisis' (Justice Together, June 2025) <https://justice-together.org.uk/wp-content/uploads/2025/06/No-Access-to-Justice-Report-2025.pdf> accessed 01/10/2025

Inequities in Financial Support for NRPF Individuals

There is significant disparity in financial support provided to NRPF individuals across different London boroughs. As our casework shows, the absence of national guidance has led to inconsistent and often inadequate provision of subsistence support.

For example, Wilson Solicitors acted for a client in Waltham Forest who was initially provided with just £35 per week – an amount lower than the current asylum support rate of £49.18. Even after the local authority's internal panel agreed to increase the amount to £40 per week, there was a four-month delay in implementing the change.

By contrast, Hackney Council has developed an internal policy on *Subsistence Rates for People with NRPF who have Care Needs* [24]. Under this policy, the general subsistence rate is se at £65 per week, which is adjusted on an individual basis (for example, lower rates apply in full-board residential settings). This is consistent with the rate received by a Hackney-based client of Wilson Solicitors following a Care Act needs assessment.

These discrepancies demonstrate a postcode lottery in the treatment of NRPF individuals, with significant implications for the ability of some of the most vulnerable individuals to meet basic living needs. Without clear guidance or oversight, such disparities go unchecked, again undermining obligations under equality and non-discrimination law.

24 https://drive.google.com/file/d/1n094QoRZ9GagVegyg2C675ppBNypv6aQ/view?pli=1

Conclusion

In its 2024 review of the Care Act 2014, the Local Government Association (LGA) acknowledged that "colleagues are equally clear that the full ambition of the legislation has not been achieved"[25]. Our findings confirm and extend this conclusion: despite the Care Act's person-centred and universal vision, migrants and asylum seekers are being failed at almost every stage of the process.

Many migrants remain unaware of their entitlements under the Care Act. Referrals are often delayed or denied, assessments are inconsistently conducted, and where support is offered, local authorities frequently lack the training, resources or procedural clarity to meet the complex needs of this group. Moreover, most local authorities do not monitor the provision of Care Act support for migrants and asylum seekers, undermining any serious attempt at evaluation or service improvement.

This failure is not simply administrative; it reflects a deeper contradiction. The Wellbeing and Universality Principles that underpin the Care Act are in direct tension with the legal and bureaucratic exclusions placed on people with insecure immigration status. Rather than being enabled to "achieve the outcomes that matter to them in their life" as per the statutory guidance, migrants and asylum seekers are instead subject to fragmented assessments of legal entitlement, reinforcing the institutional exclusion of the Hostile Environment policy. In this context, local authorities are frequently drawn into performing quasi-border enforcement roles, rather than fulfilling statutory social care obligations.

The consequences are systemic. When support is denied to some, it degrades the quality and equity of provision for all in the community. As the LGA notes:

> *When organised well, social care helps to weave the web of relationships and support in our local communities that we can draw on to live our lives in the way that we want to, with meaning, purpose and connection, whatever our age or stage of life.*

There remain significant challenges as a result of the chronic underfunding of adult social care. As the LGA and others have noted, the Care Act imposed far-reaching duties on local authorities without providing sufficient financial resources to implement them. This chronic resource gap has been compounded by low public awareness of adult social care, limited political will, and a policy discourse dominated by NHS priorities all of which stand in stark contrast to the conditions needed to nurture inclusive, innovative, rights-based support systems.

25 Local Government Association, 'The Care Act 2014: Ten Years on From Royal Assent', (14 May 2024) <https://www.local.gov.uk/publications/care-act-2014-ten-years-royal-assent>

Understanding the disparity between the Care Act's vision and the systemic barriers to its realisation is essential, especially when it comes to people with NRPF. For this cohort, the cost implications for local authorities are particularly acute. As individuals with NRPF are ineligible for most mainstream benefits and cannot legally work, local authorities often bear the full cost of care packages, including accommodation. At the same time there is no clear mechanism available for Local Authorities to seek assistance from the Home Office to resolve immigration status of individuals who are under their care, who are unable to seek legal advice and representation due to the current legal aid crisis. Migrants Organise has worked with individuals who are supported by local authorities for 2 decades for example without any status.

Of course, at the end of the day this financial burden, while real, does not absolve authorities of their legal responsibilities, as confirmed clearly by the Supreme Court in ***R (on the application of Imam) (Respondent) v London Borough of Croydon (Appellant)*** [2023] UKSC 45.

As such, to fulfil the true promise of the Care Act, policy and practice must shift away from exclusionary frameworks and towards universal, rights-based provision centred on dignity, need and belonging, regardless of immigration status. The marginalisation of migrants through the ongoing hostile environment policies weakens the fabric of the Care Act for everyone.

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www.migrantsorganise.org
@migrantsorganise.bsky.social
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