

NRPF Network response to the Department of Health and Social Care Healthy Start consultation

October 2024

Current eligibility for Healthy Start

Question 1: At present, Healthy Start is restricted to those in receipt of certain qualifying public funds and those with NRPF, or who are subject to immigration controls, who have at least one British child aged under 4. Do you agree or disagree with the current eligibility criteria for Healthy Start?

We disagree with the current eligibility criteria for Healthy Start as it disadvantages families and children who have no recourse to public funds (NRPF). We would like to see the scheme extended to all pregnant women and families with children under four, regardless of their immigration status.

Families with NRPF are in a precarious financial position and at increased risk of experiencing destitution. They are unable to access most welfare benefits including Universal Credit and Child Benefit. The NRPF condition is applied to a broad spectrum of people with varying immigration statuses and rights, ranging from those on work visas to visa overstayers or people seeking asylum. A person with NRPF can find themselves without sufficient income to afford housing costs and basic needs, for example, as a result of being unable to work or resulting from job loss, and they do not benefit from the safety net of benefits and homelessness assistance.

Where families do not have sufficient income to meet their basic needs, local authority social care services may have a duty to support if it is assessed that there is a 'child in need' under section 17 of the Children Act 1989. 1563 households were supported by 78 councils at the end of March 2024 highlighting a high number of families in need. However, referrals to social services are usually only received when a person or family reach crisis point, after exhausting their own resources, or following an unexpected change of circumstances such as a relationship breakdown. Therefore, there will be many more families experiencing poverty and its effects, who are vulnerable to exploitation, but are not known to councils.

Furthermore, children from NRPF households may be more likely to experience inequality and poorer outcomes around their health, development, and wellbeing as a consequence of financial circumstances affecting nutrition and diet.

Schemes like Healthy Start must be available to all in order to ensure that those who need it most are able to benefit, and to minimise the impacts of poverty on small children and pregnant women.

Extending eligibility for Healthy Start

Question 2: Do you agree or disagree that eligibility for Healthy Start should be extended to non-British children under 4 from families with NRPF or who are subject to immigration controls?

Agree. We strongly support the proposal to extend Healthy Start to families with NRPF that have non-British children. We have already recommended to government that enabling

access to Healthy Start would be one of the measures it could take to eradicate child poverty and reduce health inequalities.

NRPF Network data shows that many NRPF families who have been supported by councils under the Children Act, ultimately go on to obtain status and access to public funds. 70% of households (844 families) where councils were able to cease supporting were because families had been granted leave to remain/access to public funds and were no longer in need of assistance. This demonstrates immigration status is not fixed and can change. Many families will eventually be entitled to claim the eligible benefits that would make them qualify for Healthy Start. Therefore, it makes little sense in the long-term to deny children from low-income families access to a scheme that promotes good health and development solely because of their parent's immigration status, when many will actually go on to have a long-term future in the UK.

Although our data shows that only 12% of supported households had British children, there could be considerably more children with this entitlement, as many children may not have registered as British because they have not accessed legal advice or know that they can apply for a fee waiver. Extending eligibility to NRPF children under 4 would help ensure that children who are entitled to, but have not obtained British citizenship, benefit from the scheme.

Moreover, many of the families that social services are supporting are single parent families (80% nationally, 73% of which are female led), highlighting the additional pressure and risk of financial insecurity these households are more likely to encounter. Moreover, if a parent with NRPF has a partner who is eligible for benefits, the family can access Healthy Start. This unfairly disadvantages single parents and women, who cannot rely on partners to qualify for the scheme. It is our view that children should not be unfairly disadvantaged due to their parent's immigration or relationship status.

Question 3: Do you agree or disagree that eligibility for Healthy Start should be extended to pregnant women with NRPF or who are subject to immigration controls?

Agree. We support extending the Healthy Start scheme to pregnant women with NRPF for the same reasons as children under 4 as we believe all children should have an equal start in life regardless of their immigration status. The scheme would help pregnant woman who have NRPF and who have no or limited income, to be able to eat healthier and more nutritious diet and afford the additional health needs of pregnancy.

The current eligibility criteria for the scheme discriminates against pregnant women. NRPF Network data shows that 73% NRPF families receiving local authority support were female single parent households. However, if a pregnant woman with NRPF has a partner who is eligible for benefits they can access Healthy Start, yet a pregnant woman with NRPF who is on her own cannot, despite having more financially precarious circumstances.

Some children will be born as British citizens or will go on to register as a British citizen or acquire some other immigration status. Therefore, they may later qualify for Healthy Start after birth. NRPF Network data shows that 12% of NRPF families supported by social services at the end of March 2024 had a British child. This figure represents supported households that have likely benefited from accessing advice and support around their immigration status, so it possible that even a higher proportion of NRPF families will have British children, as some will not yet have registered as British. It is therefore unnecessary and discriminatory to bar access to the scheme on the basis on immigration status given that this is not fixed.

Question 4: Do you agree or disagree that eligibility for Healthy Start should be extended to mothers with NRPF or who are subject to immigration controls with children under one?

Agree. The scheme should be extended to mothers with children under one, for the same reasons we have mentioned for other groups. It would avoid a discriminatory support system which disadvantages certain groups. Not making the scheme available means that already disadvantaged families experience further inequality around their health and development. NRPF Network data shows that many children in families with NRPF that are supported by local authorities will go on to obtain status, therefore there is little justification in not making this support available to children who will likely live in the UK long-term, and ultimately become settled here.

A family who has no recourse to public funds cannot claim welfare benefits like Child Benefit to enable them to meet the additional needs of raising a baby. This is a fundamentally important period in a child's health and development, but also an extremely challenging and costly one for parents. Although some families with NRPF may be able to claim statutory maternity pay or maternity allowance, if they have been working and meet the qualifying criteria, those without lawful status, will not be able to access these benefits. These families may be reliant on charities like food banks to help meet their additional child-related needs like food, milk and toiletries, or in some cases the local authority, where they have intervened and provided section 17 support to a 'child in need'. Making Healthy Start available reduces the need for such intervention and promotes good health outcomes for all young children.

Extending eligibility for Healthy Start: other groups

Question 5: Are there any other groups with NRPF or who are subject to immigration controls to whom eligibility for Healthy Start should be extended?

Yes. Whilst they are not subject to an NRPF condition, people with pre-settled status cannot access certain welfare benefits like Universal Credit or Child Benefit unless they can demonstrate they have a qualifying right to reside under the EEA regulations. This means unless they are working or self-employed for example, they would not be able to access the passporting benefits. We would like to see the eligibility criteria for Healthy Start not only extended to all families with children under 4 and pregnant woman who are subject to immigration control, but also to all people with a low income, regardless of immigration status. This would ensure that all pre-settled status holders would also be able to access the necessary support for their child's development.

NRPF Network data delineates that 18% (271 households) of all NRPF families supported at the end of March 2024 that are supported by children's social services are EEA nationals or have EU Settlement Scheme status. This suggests that a significant number of families with pre-settled status are struggling financially because they are unable to access mainstream benefits.

Extending entitlement to healthy start to all low-income families and pregnant women will go some way to mitigating the impacts of the NRPF condition and difficulties faced by people with pre-settled status who are ineligible for benefits.

Question 6: Are there any other groups with NRPF or who are subject to immigration controls to whom eligibility for Healthy Start should not be extended?

No, we support making the scheme universal and available to all children and pregnant women in low-income households regardless of immigration status.

Benefits and challenges of extending Healthy Start

We are interested in views on the benefits and challenges of adding the following groups in to the eligibility criteria for Healthy Start:

- **non-British children, under 4, from families with NRPF or who are subject to immigration controls**
- **pregnant women with NRPF or who are subject to immigration controls**
- **mothers with NRPF or who are subject to immigration controls with children aged under one**

Question 7: Do you agree or disagree that there are benefits to adding these groups to the eligibility criteria for the Healthy Start scheme?

Agree. As aforementioned, there are benefits to these children that adding them to the eligibility criteria would bring. These include around health and wellbeing, and development. The scheme would likely help minimise the impact of financial insecurity and destitution often experienced by people with NRPF, and safeguard children and families from the negative impacts of poverty, inequality, while also from the risk of exploitation. It would also avoid discriminating against single parents and pregnant women who are not living with a partner who qualifies under the current rules, or against children who have not been able to secure their entitlement to British citizenship.

Question 8: Do you agree or disagree that there are challenges to adding these groups to the eligibility criteria for the Healthy Start scheme?

Agree. There could be some challenges ensuring that there is a simple application process that reflects the different immigration circumstances people have. The expansion of free school meals and childcare for disadvantaged 2-year-olds to all low-income families has shown that it can be difficult for some people to provide evidence of entitlement such as where they don't possess documentation regarding their current immigration status. Moreover, by 2025 most people will only be able to provide digital evidence of their immigration status and rights through an eVisa. The Department for Health and Social Care (DHSC) can overcome these challenges by developing and making available clear guidance and info on gov.uk.

Other challenges could include ensuring that eligible persons are aware of the extension of eligibility, and that frontline services are also abreast of the developments.

Question 9: If you agree, do you have any suggestions for how these challenges could be overcome?

The production of clear and accessible and guidance on the evidence requirements for demonstrating eligibility must be made publicly available on the government's website so

that both assessors and applicants are clear what documentation needs to be provided and how to proceed where there are specific challenges. For example, the guidance would need to specify what evidence of immigration status is required and what a person needs to show if they do not have leave to remain or a digital status, or they have pre-settled status and have been refused benefits. The guidance must also clarify what type of documentary evidence, if any, would be required for asylum seekers who are unsupported by the Home Office, including those whose appeal rights are exhausted and who cannot access section 4 support from the Home Office. It is also necessary that the DHSC provide clarity regarding income assessments and when they apply, given that some people will not have permission to work, and some asylum seekers may not be receiving Home Office support. The department needs to specify clearly which costs count towards income beyond employment income, such as where families are receiving section 17 support. We would be willing to collaborate with the DHSC in order to help inform this guidance and help mitigate any potential challenges as we are aware of the similar challenges faced by other schemes like free school meals.

A government-led communication strategy would also need to be implemented. This could involve updating and developing resources and guidance to ensure that information is publicly available but also that frontline service providers such as primary healthcare services are able to advice and support people to access the scheme. Good communications must also be provided to councils such as via regional strategic migration partnerships and the NRPF Network, and not just public health teams as this would help ensure that messages are going to all services working with migrants and communities, and not just those delivering health-related services.

Any further information about eligibility

Question 10: Please provide any further information that you would like DHSC to consider in relation to eligibility to Healthy Start for those with NRPF or who are subject to immigration controls.

Should the DHSC expand the eligibility criteria, this could help reduce the costs and pressures encountered by councils when supporting NRPF families. Government policies restricting access to mainstream benefits and local authority housing because of immigration status create a burden on social care services who must often intervene to support families under section 17 of the Children Act where they have insufficient funds or housing to meet their needs. There is no central government funding to assist people with no recourse to public funds, and so this places enormous pressure on councils who must meet their statutory duties to people in need.

Data from the NRPF Network provides evidence of the pressures and costs incurred by councils to meet these duties. 85 councils spent £81.8m on supporting NRPF households in the year ending March 2024. The largest group supported was families with children, accounting for £33.9m (41%) of these costs, with £7.3m alone spent on subsistence costs to meet basic needs like food. By opening Healthy Start up to more families, this could help reduce some of the costs and instances where social services are having to meet a child's health and nutrition needs.

Expanding the eligibility criteria would also bring the scheme in line with free school meal provision and free early education and childcare for entitlement for 2-year-olds – both of which were opened up to all low-income families in recognition of the disadvantages this group face and the overwhelming benefits to children of providing such services.

Finally, we urge the DHSC to review the income threshold (£408) for families with a British child to access the scheme, which we believe is too low. It is difficult to see how any families in this position could qualify for the scheme. Additionally, we seek clarification on what constitutes income and submit that any income received from section 17 support is excluded from this assessment. Although this support is provided by councils at a rate in line with asylum support rates to alleviate destitution, it would put most families over the current threshold for Healthy Start.