

# Department for Health & Social Care Consultation – Eligibility for Healthy Start for groups who have no recourse to public funds or are subject to immigration control

## **Helen Bamber Foundation submission**

October 2024

The Helen Bamber Foundation (HBF) is a specialist clinical and human rights charity that works with survivors of trafficking, torture and other forms of extreme human. Our work alongside survivors shows us that, with early and appropriate care and support, they build the strength to move on with their lives. Our multidisciplinary and clinical team provides a bespoke Model of Integrated Care for survivors which includes medico-legal documentation of physical and psychological injuries; specialist programmes of therapeutic care; a medical advisory service; a counter-trafficking programme; housing and welfare advice; legal protection advice; and community integration activities and services.

**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?**

For the Healthy Start Scheme to benefit children who are most in need, it must be extended to all families with NRPF. Linking Healthy Start – in the main – to families receiving means-tested benefits excludes those who are unable to access these benefits, and so excludes those who live in vastly greater straitened circumstances. No child should be excluded, from the much-needed nutrition provided by Healthy Start. Daily, we see families

who are struggling to meet their children's nutritional needs and would be financially eligible for Healthy Start but are excluded by their or their children's immigration status.

Since the ex-gratia scheme was implemented, we have not been able to support any clients to apply for Healthy Start under this eligibility. This is in part due to how few clients we see whose children have British citizenship. However, we have also identified several clients whose British children had already reached 4 and were unaware of the ex-gratia scheme. In most of these cases, had they been aware and successfully applied whilst their child was under 4 years old, they would have been in the perverse situation in which they could receive support for their British child, and not for the child's siblings.

The current eligibility criteria results in the barring of many children, amongst the most economically disadvantaged in the UK, from Healthy Start. They are thus put at further risk of suffering a nutritional deficit with long term impact on their health and wellbeing.

Therefore, the Healthy Start scheme, in its current form, is incompatible with its statutory purpose as it fails to provide a 'nutritional safety net' for a considerable number of families. Extending eligibility would also better meet the UK's ratified commitments to the UN Convention on the Rights of the Child. In particular, Article 24 recognises the right of the child to the enjoyment of the highest attainable standard of health. The obligation to provide all children with equal access to their rights, without discrimination and irrespective of their nationality or immigration status, is outlined in Article 2 of the Convention.

### **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?**

We believe that Healthy Start should be extended to all children under the age of 4, living with families that meet the financial eligibility criteria, regardless of their nationality or their parents' immigration status. Access to better nutrition and vitamins for young children living in a low-income family should not be linked to immigration status. Immigration status is complex and often changes over time, but a children's need for healthy nutrition – and the difficulties in accessing this when living in poverty – does not.

There are a very significant number of parents who are subject to immigration control, experiencing destitution (mostly as a direct result of being subject to immigration control) and have children under 4 years old, but are currently excluded from the scheme to their or their children's immigration status.

Parents with NRPF are excluded from almost all forms of statutory financial assistance. Where people do receive some kind of financial assistance (i.e. asylum support, Section 17 of the Children Act 1989), it is usually far below the rate of support they and their children would receive, if they were able to claim means-tested benefits.

Where people do have leave to remain with the NRPF condition applied, and thus the right to work, many parents do – and must – work, in order to meet their and their families’ needs. However, they are unable to access many of the types of support available to those with recourse to public funds, which are aimed at supporting parents to work. As well as public funds themselves, this includes extended subsidised childcare and being restricted in the number of hours they can work as a result, whilst often a sole carer for young pre-school age children.

We believe that eligibility for Healthy Start should be extended to all non-British children under 4 from families who have NRPF or who are subject to immigration control and live on a low income, often vastly lower than the income received by parents receiving the mainstream benefits which passport their eligibility for Healthy Start currently.

### **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?**

Many people in this cohort experience a high level of poverty and destitution, and so would greatly benefit from Healthy Start during pregnancy. People who are pregnant and with insecure immigration status are at increased risk of adverse maternal health outcomes, as a result of multiple, significant and intersecting factors and barriers which prevent people from receiving appropriate antenatal care.

In addition to factors including pre-existing health conditions, often limited English, literacy and digital exclusion, barriers include prohibitive healthcare charges, information sharing between the NHS and the Home Office, and – predominantly for people seeking asylum – the risk of being moved far away at very short notice. This is compounded by the precarity people experience often as the direct result of their immigration status.

Other financial issues particular to NRPF make it critical that Healthy Start be extended to include all pregnant people on a low-income. For example, where the pregnant person has leave to remain with the NRPF condition applied, they may be able to receive non-means-tested pregnancy-related benefits, such as Statutory Maternity Pay, but only if they meet the necessary eligibility criteria and apply successfully or, where a person is pregnant, destitute and does not have other children, it can be complex for a local authority to support them. This creates additional distress and precarity during pregnancy.

Profound health inequalities also disproportionately impact women and minority ethnic groups, who are disproportionately impacted by NRPF. Black women are five times more likely to die during pregnancy, childbirth, or the postpartum period compared to white people, and people from socially deprived backgrounds experience higher rates of adverse pregnancy outcomes.

Adequate nutrition in pregnancy is vital to the health of the unborn child and for the development and health of the child post-birth, as well as the physical and mental health of the parent. Extending the eligibility to Healthy Start would play a part in dismantling the UK's persistent inequities in maternal care and perinatal outcomes, and ensure that people who are pregnant and receive a very low, if any, income are not further discriminated against due to their immigration status.

**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?**

For all of the above reasons, we agree that Healthy Start should be extended to parents with NRPF and children under 1. Additionally, this would give better access to healthy food for the parent, which is vital for both parent and newborn child, whether they are able to or have chosen to breastfeed or not

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

We are aware that the rates of asylum support for parents with children under 1 and 3 have recently been increased for the first time, since the inception of asylum support funded by the Home Office. The increase is therefore not in line with any meaningful assessment of inflation or the cost of living.

Whilst this increase is welcome, it is still far too low to meet the needs of children in families seeking asylum, that Healthy Start was implemented to promote. We would encourage the DHSC to consider these needs, as opposed to deeming them met via the recent increase of asylum support.

Families seeking asylum living in institutional accommodation, such as full-board hotels, have no autonomy over what they eat, including what they feed children under the ages of 4 (and 1). We hear daily of the inadequacy of the food provided in general in such hotels, and also specifically how this causes hardship to families with very young children.

With a weekly allowance of £8.86 per person (as well as £5.25 if pregnant or per child aged 1-3, or £9.50 per baby under 1), it is almost impossible for parents to provide alternative or additional food for their children, if the food in the hotel is unsuitable or inadequate. In our experience parents regularly skip meals themselves in order to ensure their children are more adequately fed.

Families living in self-catered accommodation receive only £49.18 per person per week (as well as the aforementioned extra amounts depending on the age of a child). If asylum support payments were adequate for covering all 'essential' living needs then people within the asylum system would not report that they were going hungry and would not need to rely on charities to help them meet their basic needs in relation to food or other expenses.

We would urge the DHSC to consider the evidence we submitted this year to the Home Office's request for [submissions on the subsistence rates of asylum support](#) and report we published regarding the [desperate conditions of hotel accommodation](#), including its impact on children.

### **Are there any additional groups subject to immigration control that should NOT have access to Healthy Start vouchers?**

As above, we believe that eligibility should be extended to all children whose parents meet the financial eligibility criteria, regardless of their immigration status. This is also in line with the permanent extension of Free School Meals by the Department for Education, to all children in all households with NRPF, subject to maximum income thresholds.

This should also be irrespective of other financial support the parents may be receiving (if any), as long as still meeting the eligibility criteria. As before, the kinds of financial support some destitute people with NRPF are able to access (often after much third-party advocacy) is far short of the support offered by mainstream benefits.

Only through making eligible all children living in low-income families, regardless of immigration status, will Healthy Start meet its own aim, to support children to have access to healthier food and better nutrition. As above, immigration status is complex and subject to change. There are many groups of people who would benefit from this support, and specific criteria regarding immigration status will guarantee that many families in need fall through the gaps.

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

The benefits of extending Healthy Start to include non-British children from families and pregnant people with NRPF or who are subject to immigration controls are extremely significant.

Extending the criteria to include all children and pregnant women on a low income, irrespective of immigration status, will work towards ensuring that families who are most in need, some of the most disadvantaged in the UK, are better supported to have access to healthy food and vitamins. This would promote better long-term health and developmental outcomes for children and families, just as the extension of Free School Meals to all children, regardless of immigration status, ensures that children everywhere in the UK can receive free, nutritious meals at school, and support their education and development.

It would also work towards reducing health inequalities of people with insecure immigration status, those from racialised communities, and women in general.

For Healthy Start to extend eligibility to include these groups, without the need for a separate ex-gratia scheme, would practically and administratively enable more families to benefit from this support, by making the applications more streamlined and within the main scheme, and by making it easier for healthcare professionals to advise a family of their entitlements to Healthy Start.

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

Extending support to families with a wide range of immigration statuses and entitlements will require an understanding of and flexibility towards the types of evidence of low income some families may be able to provide. This is far from an insurmountable challenge; many statutory bodies can and do assess the income of families who are excluded from mainstream benefits in order to provide forms of assistance, such as the permanent extension to free school meal eligibility to children in all households with NRPF.

In addition, it should also be ensured and made clear to applicants that information shared with the Department for Health and Social Care for the purposes of applying for Healthy Start support will not be shared with the Home Office, in order for parents to not be afraid of immigration enforcement, when trying to better meet their children's needs.

The application process should be made as simple and accessible as possible, in line with the current application process, outside of the ex-gratia scheme.

**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**

Many parents in employment receive a take-home pay low enough to entitle them to means-tested benefits, and thus possibly Health Start; these benefits supplement a family's income in addition to their earnings. Parents with NRPF have no such option; they must rely solely on their take-home pay to meet their families' needs.

The exclusion from public funds further limits the ability to work and earn more, as parents are not able to claim childcare costs from Universal Credit or receive 30 hours free childcare for children under the age of 4. The income threshold for families with NRPF should therefore be raised to take this into account.

**Please explain why the families you work with do not meet the eligibility criteria for the non-statutory scheme (for example, non-British child or British child aged over 4 years old)**

The main reason the families we directly support do not meet the eligibility criteria for the non-statutory scheme is because their children are not British. The children of parents we work with, predominantly, have either fled to the UK with their parents, or were born in the

UK whilst their parents sought asylum; in most cases their children will not become eligible for British citizenship for some time.

In some families we support, children are British, but are now aged 4 years or older, and were unaware of the ex-gratia scheme, and so have now missed the opportunity for support. There are multiple factors for the lack of awareness of the ex-gratia scheme, including confusion over the criteria, accessibility of the application process, not speaking English as a first language, digital exclusion, amongst others.

In relation to obtaining British citizenship, it should be noted that such applications are prohibitively expensive (at the time of writing, £1,214). Whilst there is now the option to apply for a fee waiver, this too takes time to be considered by the Home Office, and both the fee waiver and the citizenship applications are complex administrative tasks. This combined with a severe lack of available immigration advice across the country, it is highly likely that there are children who could be registered as British but are practically unable to do so.

One parent we support, recently recognised as a refugee and thus eligible for Universal Credit, has waited several months for her BRP card evidencing this, which has led to an incorrect and prolonged delay in receiving Universal Credit. In this case, she should already be eligible for the statutory scheme, but has not been able to because of these delays. This typifies the inadequacy of limiting the criteria to include only some people who are subject to immigration control; children need access to good nutrition, no matter their parents' immigration status.

### **What effect, if any, do you think expanding eligibility would have on those who share the protected characteristic of race?**

People from racialised communities are significantly more impacted by the NRPF condition. Particularly in light of severe and continuing health inequalities for people of black and minority ethnic communities in the UK, expanding eligibility to Healthy Start, irrespective of immigration status or NRPF condition, would have a positive impact.

For example, in December 2020, the Women and Equalities Committee published a report, ['Unequal impact? Coronavirus and BAME people'](#), highlighting that:

*"The Law Society of England and Wales told us that "the NRPF policy significantly affects BAME communities as they are more likely to be migrants holding conditional visas". In June 2019, the Unity Project, an organisation supporting individuals subjected to NRPF experiencing poverty and homelessness, published a report entitled, Access Denied: The cost of the 'no recourse to public funds' policy. They had studied 267 cases of people subjected to NRPF, and they found that 90% of these cases involved children of BME backgrounds."*

**What effect, if any, do you think expanding eligibility would have on those who share the protected characteristic of pregnancy and maternity?**

Expanding eligibility to include all pregnant people, regardless of immigration status, would have a positive effect. It would rightly recognise that Healthy Start's mission is to support people who are in the greatest need, and provide pregnant people better access to nutrition and vitamins at a critical time.

**What effect, if any, do you think expanding eligibility would have on those who share any other protected characteristics?**

Expanding eligibility to Healthy Start to families, based only on the age of their children and their financial need, would have a positive impact for women. Many of the children who would qualify for Healthy Start, were eligibility widened to include non-British children, are highly likely to live in families headed by a single female parent.

It bears repeating that in these families, the single female parent has no option but to provide for her children without the public funds designed to support low-income families, including Child Benefit, free childcare for more than 15 hours, and many others.

For more information, contact Zoe Dexter, Housing and Welfare Manager, at [zoe@helenbamber.org](mailto:zoe@helenbamber.org)