



## Project 17

St Joseph's Hospice  
Mare Street, E8 4SA

07963 509 044

[info@project17.org.uk](mailto:info@project17.org.uk)

[www.project17.org.uk](http://www.project17.org.uk)

Charity no: 1152621

### Healthy Start consultation technical information and arguments to help formulate responses.

The Healthy Start Scheme contributes towards the cost of healthy foods to families with low income. The scheme provides support to pregnant women and mothers and families with at least one child aged under 4 years old. The Healthy Start scheme provides vitamins for children under 4 as well as £4.25 a week to pregnant women (from the 10th week of pregnancy) and each child aged over one and under 4 and £8.50 a week for each child aged under one. Healthy Start can be used to purchase healthy foods to help improve the diet of children.

Eligibility for the statutory scheme is determined by accessing means tested benefits. As a result, persons with no recourse to public funds (NRPF) cannot access the scheme as they are ineligible for the qualifying benefits. Following a legal challenge, the Department of Health and Social Care (DHSC) extended Healthy Start eligibility through an ex-gratia/ non-statutory scheme in May 2021 so that British children aged under 4 from families with no recourse to public funds (NRPF) as a condition on their leave, or families that do not have an immigration status, can apply for Healthy Start benefits through a parallel ex-gratia/ non-statutory scheme.

DHSC are now consulting on whether the ex-gratia/ non-statutory scheme should be put on a statutory footing so recipients can access support under the statutory scheme. In addition, the consultation is asking whether eligibility should be extended to all families with NRPF (either as a condition on their leave or those with irregular immigration status) as the current extension only applies to British children under 4.

We believe it is vital that the Department hears from as many organisations and groups that work to support families with NRPF as possible, but even more importantly that as many people directly affected are able to submit their experiences and views through this online portal. We hope this guide can provide background information to help in drafting submissions. This guide can be read together with the question by question run through in the associated spreadsheet.

The information provided below and in the associated question-by-question guides is for consideration and guidance only. The most powerful submissions will always be ones that draw on the unique experiences and case studies of organisations who support families with

NRPF and from families with NRPF themselves. We therefore encourage all organisations that work with families with NRPF to support individuals to make their own submissions and hope these documents will be of help in that process.

## Consultation questions

### Do you agree with the current eligibility for the Healthy Start Scheme?

No, we do not agree with the current eligibility criteria for the Healthy Start Scheme. The stated purpose of the Healthy Start scheme is to provide support in order to reduce health inequalities by ensuring that women and children “**most in need**”, by virtue of their low income (and therefore at a higher risk of poor nutritional outcomes), have access to essential vitamins and nutritious food.

Current eligibility for the Healthy Start scheme is linked to accessing means tested benefits. However, children in families with ‘no recourse to public funds’ are explicitly excluded from accessing these benefits. Children in families with no recourse to public funds (NRPF) often live in even greater poverty than those families who qualify for the Healthy Start scheme, as a result of not receiving means tested benefits. The majority of families with NRPF that we work with are destitute and surviving on very little income (from section 17 support or other sources) and would thus meet the financial eligibility criteria for the Healthy Start scheme were they not excluded under the eligibility criteria. Many cannot survive without food bank donations, but these tend to be in the form of non-perishable foodstuffs rather than fresh fruit, vegetable and milk - which is exactly the gap that the Health Start vouchers are aimed at addressing.

Given that the purpose of the regulations is to ensure that women and children “*in the greatest need*” have a statutory entitlement to additional support in order to afford nutritious food and essential vitamins, there can be no reasonable basis for an eligibility criteria which serves to exclude children from the poorest families. The current eligibility criteria results in many children, despite being some of the most economically disadvantaged in the UK and living in families which would be eligible for the Healthy Start vouchers were it not for their immigration status, are in effect excluded from Healthy Start and are put at 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 incomparable with its statutory purpose as it fails to provide a ‘nutritional safety net’ to women and children in a

considerable number of families due to its restrictive eligibility criteria. As a result, many children are unable to access Healthy Start vouchers & vitamins and their parents are not given the same nutritional information and advice provided to beneficiaries as part of the Healthy Start scheme.

This includes, but is not limited to, children living in families with a form of limited leave to remain subject to an NRFP condition, families with an irregular immigration status (often referred to as undocumented), children living in families with mixed immigration status, children in asylum seeking families and children in families accessing support from local authorities under Section 17 of the children Act 1989.

All children deserve adequate nutrition in early childhood to ensure their health and wellbeing. Ensuring adequate nutrition for children benefits society and avoids costly interventions later on in life. Access to adequate nutrition should not be dependent on parents' immigration status. All who qualify under financial eligibility criteria will most likely find it difficult to access adequate nutritional foods for their children and should be able to access Healthy Start vouchers and vitamins. Children's health and wellbeing should not be hostage to their parents' immigration status.

**Should Healthy Start voucher scheme be extended to non-British children under 4 from families with NRPF or who are subject to immigration controls?**

Yes. We believe the Healthy Start Scheme should be extended to all children under 4 living in families that meet the financial eligibility criteria regardless of their nationality or their parents' immigration status. The purpose of the Healthy Start voucher scheme is to ensure that all children have access to vital nutritional support during the early years of development - no child should be excluded from accessing this due to their nationality or their family's immigration status.

Following a legal challenge, the Department of Health and Social Care (DHSC) extended Healthy Start eligibility through a non-statutory scheme in May 2021 to British children aged under 4 from families with no recourse to public funds (NRPF). The current ex-gratia/non-statutory scheme expansion was welcome but risks creating perverse situations where a family can access support for a child under 4 who holds British nationality but not for their equally deserving and needy sibling who holds a different nationality.

The ex-gratia/non-statutory scheme was based on a recognition that children's health and nutritional needs are not grounded in immigration status - so we need to move beyond the current eligibility criteria and expand the scheme to all financially eligible families. The current eligibility criteria may have the effect of discriminating against children because of their nationality and their parent's immigration status and/or nationality and is not in keeping with the statutory purpose of the Healthy Start scheme.

All children deserve access to nutritious food regardless of their nationality. Expanding the eligibility for Healthy Start vouchers may result in an increased government expenditure in

the short term but will save in preventing future health and developmental issues and associated local and central government expenditure.

### **Should the Healthy Start voucher scheme be extended to pregnant persons with NRPF?**

Yes. Pregnant persons who meet the financial eligibility criteria should be given access to Healthy Start vouchers and vitamins regardless of their immigration status. This is because it is vital to ensure pregnant persons receive proper nutrition both for their own health but also to support the health and development of their children - as expressed in the intention and statutory purpose of the Healthy Start scheme in the first place. Evidence shows that adequate nutrition is vital to ensure: foetal growth and development (reducing risk risks of birth defects and low birth weight); long-term health of child (reducing the risk of chronic diseases such as obesity, diabetes, and cardiovascular conditions); cognitive and emotional development of child (linked to better cognitive development and emotional health); as well as improving mental health of mothers (which in turn has a positive impact on foetal development).

In addition, there is significant evidence of the impact of existing health inequalities on maternal outcomes. Most of these particularly affect people with NRPF. Research shows that in the UK with black people are five times more likely to die during pregnancy, childbirth, or the postpartum period compared to white people. People from socially deprived backgrounds experience higher rates of adverse pregnancy outcomes, including preterm births, low birth weight, and stillbirths. In addition, NHS charging practices and inequalities in access to antenatal care experienced by migrants are likely to lead to poorer outcomes for their pregnancy and the health of their children.

These findings highlight the urgent need for targeted interventions to address health inequalities and improve maternal outcomes for all pregnant persons in the UK. Access to Healthy Start vouchers for pregnant persons, regardless of their immigration status, would be one such intervention which could contribute to improved health and wellbeing for people of colour during pregnancy and the health and wellbeing of their children. This would also be in line with the statutory purpose of the Healthy Start scheme.

### **Should Healthy Start voucher scheme be extended to mothers with children under 1 and NRPF?**

Yes. Eligibility for Healthy Start support should be extended to mothers with children under 1 regardless of their immigration status. This is because mothers with children under 1 are more likely to be breastfeeding and research highlights the critical role of maintaining a balanced and nutrient-rich diet for breastfeeding mothers to ensure the health and wellbeing of both mother and child. Research shows that a breastfeeding person's diet directly affects the composition of her breast milk. Essential nutrients in the breast milk, derived from a nutritious diet, are crucial for the baby's growth and development and helps protect the infant from infections and illnesses providing them with a strong immune system.

One of the stated purposes of the Healthy Start scheme is to promote breastfeeding. In our work with families with NRPF we have seen mothers living in poverty who struggle to maintain a steady supply of milk due to lack of nutritious food and high levels of stress. Extending Healthy Start vouchers to mothers with children under one would therefore be in keeping with the statutory purpose of the scheme.

Though some recent mothers may not choose to, or be able to, breastfeed evidence equally shows the importance of good nutrition in breastfeeding mothers also benefits their own health, reducing the risk of postpartum depression and helping them recover more quickly after childbirth and ensuring they have the energy and nutrients needed to care for the baby and any other older children.

**Are there any additional groups subject to immigration control that should have access to Healthy Start vouchers?**

Yes. Eligibility should be extended to all children whose parents meet the financial eligibility criteria, regardless of their immigration status. So, all children and groups subject to immigration control should have access to the Healthy Start scheme.

Some individuals subject to immigration control may be in receipt of other support - e.g. support under section 17 of the Children Act - however accessing such support should not make people ineligible for Healthy Start vouchers - much as there is no suggestion that accessing Universal Credit etc should make people ineligible for support in ensuring their children can access adequate nutrition as long as they can demonstrate they meet the financial eligibility criteria.

E.g. the subsistence support offered by local authorities under section 17 of the Children Act varies considerably across England but in most instances falls far short of that offered by mainstream benefits such as Universal Credit with most local authorities modelling support on Asylum Support rates (£49.18 per week). Therefore families in receipt of s.17 subsistence are surviving on an income that is significantly lower than the income of families who would be eligible for the Healthy Start scheme.

In fact, there is an urgent need to address the current financial threshold if the scheme is extended to families with NRPF. The current financial threshold of £408 per month actually puts those with NRPF at a disadvantage compared to those who are working and receiving UC or ESA with Child and Working Tax Credit because the NRPF families will not have the top ups to their gross income that families with recourse to public funds will have and will be solely reliant on their take-home pay. For a precedent on this issue, please see the recent review and expansion of the free school meals policy where this issue was acknowledged and the threshold adjusted for families with NRPF to adjust for this inequality.

In the past there have been significant issues with demonstrating eligibility for similar schemes. We believe that by including all children this issue will be greatly reduced.

However, if eligibility is not expanded to include all children at this stage then it is vital that included groups are clearly listed to make processing easier for those administering the scheme – this would a list of diverse immigration statuses who are eligible to dispel any confusion plus detailed information on how to assess financially eligible individuals with e.g pre-settled status and asylum seekers not in receipt of section 95 asylum support.

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

No. All children in families who meet the financial eligibility criteria should be able to access the Healthy Start scheme, in keeping with its statutory purpose.

In addition, immigration statuses are not fixed but are subject to change over time and we believe all children in families that meet the financial eligibility criteria should have access to nutritious food. It is likely that any restrictions would lead to an increased threshold and evidentiary burden for all who want to access the scheme.

### **Benefits to expanding the scheme to all children.**

Expanding eligibility to all children in families that meet the financial eligibility criteria regardless of their immigration status will;

- ensure the scheme fulfils its statutory purpose of reducing health inequalities by ensuring that women and children “**most in need**”, by virtue of their low income (and therefore at a higher risk of poor nutritional outcomes), have access to essential vitamins and nutritious food.
- giving families access to Healthy Start vitamins and health information for parents in addition to the financial vouchers.
- result in long term health and developmental benefits to children resulting in long term savings for the government which will far exceed the cost of the scheme in the short term - eg. saving on preventing long term health issues and chronic conditions such as (obesity, diabetes and cardiovascular disease) but also expenditure for other departments (such ad Department of Education) and local authorities around the long term impact of deficits in emotional and cognitive development.
- Contribute to addressing underlying health inequalities as many of those living in families with NRPF will be from racialised communities.
- remove the need for the parallel ex-gratia /non-statutory parallel scheme currently operating. Simplifying referrals into the system and reducing the operational costs and delays in processing.
- reduce widespread confusion about the current eligibility which is preventing many who are eligible for scheme from being referred into scheme in the first place.

- By extending eligibility to all those who meet financial eligibility criteria there will no longer be any need to demonstrate immigration status or to provide evidence of immigration status which may reassure those subject to immigration control in taking up the scheme.
- The current ex-gratia scheme has been unnecessarily complicated and riddled with issues e.g. onerous evidence, clunky administration, low uptake, delays in receiving vouchers etc - most of these challenges can be addressed by extending eligibility and processing all applications through the main statutory scheme.

**Challenges to expanding the Healthy Start scheme to all children (and suggestions for how to overcome them).**

- There are challenges associated with the fear of those subject to immigration control that their data will be shared with other departments including the Home Office or that accessing this support will negatively affect their immigration applications or be a breach of the conditions of their leave. There needs to be a clear statement on the application that Healthy Start is not a public fund. In addition, there needs to be a firewall, and a public statement that data provided for this scheme will not be shared with other departments, ensuring information gathered for this scheme is not shared with other departments to increase uptake amongst those subject to immigration control.
- There are a great number of challenges and often relatively easy ways of addressing these once one is aware of them. The Healthy Starts review should assign extra weight to the evidence provided by individuals with lived experience of NRPF to this review when it comes to identifying and overcoming any such challenges. In addition, it should establish a panel of people with lived experience who can advise on issues around access, structural injustices, inherent racism and barriers to accessing the support - and work to find innovative ways of circumnavigating these.... Participants must be compensated for their efforts in an appropriate manner which recognises that many may not have the right to work etc.

The current ex-gratia/non-statutory Healthy Start Scheme has been riddled with bureaucratic issues resulting in significantly increasing the threshold for accessing support, preventing many eligible families from accessing the nutritional support they are entitled to with direct negative consequences for the nutritional status of children in affected families. There are significant lessons to be learnt from the implementation of this scheme and steps to take to avoid replicating these in increased eligibility for the statutory scheme.

- *Operated in an inaccessible format* – applications must be submitted in an unwieldy word document which is exceedingly hard to navigate on a phone. Applicants may struggle with access to computers, difficulty filling in forms, language barriers, lack of access to data, etc. Extended eligibility must be handled through the main statutory application process and language and accessibility issues addressed through available phone lines and interpreters. Must ensure information is provided in a number of languages and have access to interpreters for referral and explaining the scheme. Support should be put in place to provide help with filling in forms and providing access to computers for this purpose at public hubs, like libraries or GP offices.

- *Required onerous and excessive evidence*: The ex-gratia scheme requires claimants to demonstrate that they have NRPF (through documentary evidence) in addition to demonstrating their financial eligibility. This has increased the threshold for accessing help as it is very difficult for some individuals, particularly those who have an irregular immigration status (often referred to as ‘undocumented’), to provide such documentation - e.g. there is a considerable delay in getting children’s British passports resulting in delays of months before scheme can be accessed. A Healthy Start scheme which applies to all financially eligible families should not require that individuals demonstrate they have NRPF, only their financial eligibility criteria. However, as the statutory scheme so far has relied on accessing benefits as a means of demonstrating eligibility there now needs to be a much wider and more flexible approach to demonstrating financial eligibility which recognises the reality of the lives of many parents with NRPF who e.g. may not have the right to work or dispose of bank accounts in their own names etc...

- *Significant delays*: applicants frequently reported extensive delays (of up to 6 months) before receiving the Healthy Start vouchers under the ex-gratia/non-statutory scheme. Though these payments are backdated, nutrition cannot be backdated. Healthy start support is time sensitive and aimed at providing a nutritional safety net at a crucial time in child development. A 6-month delay is a very significant delay in a scheme aimed at 0–4-year-olds. The statutory scheme must have robust guidelines for administrators of the scheme and a flexible approach to demonstrating eligibility which recognises the reality of living with NRPF to avoid delays in processing of applications and consequent negative consequences for children in these families.

- *Scheme inadequately advertised*. We frequently encounter families who are eligible for the ex-gratia scheme who are not aware of its existence. In addition, we speak to professionals and support organisations working with migrant families who may be eligible for the ex-gratia scheme but who are unaware of the scheme. Significant effort will have to be put into a campaign to raise awareness of any changes to eligibility for the statutory scheme amongst migrants themselves, as well as pharmacists, midwives, health visitors, health care professionals, early years workers etc to increase uptake.

## **Equality considerations**



### **Equality analysis: extending Healthy Start to include certain groups**

The following questions seek your views on whether changing the eligibility criteria for Healthy Start to include certain groups with NRPF or who are subject to immigration controls will affect

- the protected characteristic of race
- the protected characteristic of maternity and pregnancy
- any other protected characteristics

The positive impact of providing nutritional support to children and mothers in low income families has been clearly set out in the statutory purpose of the Healthy Start scheme. In the evidence provided above in the consultation it is clear that this failure to provide this to all families with NRPF who meet the financial criteria, with a direct impact on their physical and emotional wellbeing.

The Public Sector Equality Duty (PSED) requires that the government need to have due regard to the need to—

- a. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The majority of those subject to NRPF are from ethnic minorities/racialised communities and a large number of those who fall within the financial threshold (eg on s.17 support) will be single mothers. As a result, the negative physical and emotional impact of not expanding the Health Start scheme and denying nutritional support to women and children with NRPF who meet the eligibility criteria will be largely felt by those who share the protected characteristic of race/maternity/pregnancy/gender. Conversely, expanding the eligibility criteria to include all those subject to immigration control who meet the eligibility criteria would have a positive impact on these groups.

By creating the mainstream scheme that excludes all those with NRPF the government has not considered NRPF families at all and therefore has neglected to consider how the implementation of the scheme will impact on these groups. Moreover, by creating the ex-gratia/non-statutory scheme that now provides the support only to British children, the govt has failed to consider the impact on those families without British children (again most likely those from ethnic minority backgrounds and potentially single mothers) and has been unable to justify the difference in treatment between those families with British children and those with non-British Children. It is clear by the current operation that the government hasn't had due regard to these issues and this consultation is an opportunity to rectify this injustice.