



Written evidence provided to the Work and Pensions Committee

Children in Poverty: No Recourse to Public Funds

Written evidence submitted on behalf of the Small Steps Big Changes (SSBC) partnership by

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Introduction to Small Steps Big Changes

Small Steps Big Changes (SSBC) is one of The National Lottery Community Fund's – 'A Better Start' Programme sites, utilising a test and learn approach to support the improvement of social and emotional development, communication and language and nutrition outcomes amongst 0-4 year olds in four ethnically diverse, disadvantaged wards in Nottingham City. The programme is offered across the wards to families regardless of their status. SSBC is a partnership programme, which includes health providers, early years, early help, community and voluntary sector providers and parents to improve early years' child development outcomes.

At SSBC we recognise the wide ranging associations between poverty and early child development. Adequate family income is a foundation for good childhood development and inadequate income can have wide ranging impacts on early childhood development. We welcome the committee's attention to this particular subset of children living in poverty.

This submission reflects the feedback from targeted discussions in response to the committee's questions with partners across Nottingham City who work with and support families with children who have no recourse to public funds (NRPF).

The submission presents predominantly anecdotal evidence based largely on the experience of partners working with families. The anecdotal nature of the evidence speaks to the current significant gaps and challenges with data collection around this group and the "invisibility" of families with NRPF.

The evidence highlights some of the specific concerns with supporting families with young children. It presents a snapshot of some of the known challenges faced by families with NRPF during the pandemic who were in crisis and the agencies who they may have reached out to for help. We recognise the evidence is an incomplete picture.

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Approximately how many children in the UK live in households that have NRPF? What are the challenges involved in estimating this accurately?

1. The antenatal health contact and subsequent health visiting health data in Nottingham City is held on SystmOne ¹as is the SSBC commissioned Family Mentor Service data. SystmOne is accessed by Children's Public Health 0-19 Nursing Service who offer a 4-tier service to all families dependent upon level of need. A question about family finances is routinely asked at the 0-5 year health visiting mandated contacts and is recorded on the appropriate template within the record. Where NRPF is reported, further exploration of the impact of this is made with the family. NRPF is not always identified as a health issue when families report other sources of income and where there are no identified associated risks or negative impact on the child.
2. School aged children (5-19 years) are offered a client / parent led service. The universal caseload will mean that many of these families are not required to be seen by the Children's Public Health 0-19 Nursing service therefore this information cannot be captured.
3. Even if it were recorded on the Health Systems, not all local health systems share the same data systems, eg local midwifery data is currently held on Systmone, but plans for a transition to a new system and not all GPs use SystmOne.
4. The challenge in estimating this accurately is that it is currently reliant on parent self-report. Local agencies report that some families are reluctant to inform agencies of their status due to concerns about deportation and criminal charges, particularly if the family has engaged in illegal work to support themselves.
5. The likelihood of it being recorded on the system increases when a family experience financial difficulties.
6. Any attempts to routinely collect this data, would need to address parent's confidence to provide this information.
7. The Nottingham Local Authority subscribe to the Connect data system. This links local authorities with the Home Office to support partnership working in order to confirm immigration status and prioritise the resolution of NRPF caseloads. Whilst the cases are open this enables tracking of those families that are destitute and present to the Local Authority for

¹ A centrally hosted clinical computer system used mainly by primary care health services'



support. Families remain on this system until the cases are closed. Cases can be closed for a number of reasons, such as no evidence of need after assessment, ineligible for support from the Local Authority, Home Office voluntary departure. The primary reason for case closure is family is granted leave to remain with recourse to public funds, which allows the family to be financially independent.

8. Typically the Nottingham Local Authority has between 28-30 families on their books, with episodes of care typically ranging from 1 year – 5.5 years.
9. It is acknowledged that many others with NRPF may still be in poverty but may be being supported by family or friends.

Is it possible to determine how many children who live in households with NRPF are British Citizens?

10. This is reliant on families with NRPF declaring their status to a professional.
11. British Citizenship data is not routinely recorded as part of the health systems. Ethnicity data is currently recorded across the different systems, however this is not always collected in a timely and uniform way.
12. Currently there are no agencies locally that routinely collect this and, as such, reported numbers and any analysis on these families is not possible.

How many children are undocumented or have an insecure immigration status?

13. This is reliant on families with NRPF declaring their status to a professional.
14. Currently there are no agencies that routinely collect this information and, as such, reported numbers and any analysis on these families is not possible.
15. Local health data does not allow for an accurate account of this, but it is likely that the figure is higher than estimated due to families not wanting to disclose because of fear of deportation or reprimand.

What impact has the pandemic had on children with NRPF? Has the lifting of restrictions made any difference?

16. Babies and children live with parents/carers and the impact of the pandemic on babies and children cannot be viewed in isolation from the impact on parents and carers.
17. Local anecdotal evidence and insight suggests that families with NRPF who have children and who were already in crisis have been severely impacted by the pandemic.

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18. Agencies report large amounts of mental health issues amongst parents of families with NRPF. This is a particular concern as the foundation for good socio-emotional development in children is good parental mental health. The reasons behind the increase in mental health concerns are likely to be multifactorial.
 19. It is likely that social isolation has been a significant factor for families with NRPF, who were already struggling.
 20. Pre pandemic, religious institutions and community groups including new parent and toddler groups provided opportunities for families with NRPF to make social connections and gather informal support.
 21. Much of this support, including local cafés which offered free food and meals, and social support, was closed during the pandemic. This is likely to have removed valuable sources of support for families.
 22. Agencies and local charities report concerns about digital exclusion for families with NRPF. Families with NRPF and those in crisis pre pandemic are more likely to have a basic phone without digital access. This limited engagement with some services that moved online.
 23. Agencies report an increase in domestic violence both economic and physical abuse, experienced by parents, which is known to have negative impacts upon children. The Domestic Abuse Act 2021 recognises children as victims/survivors of domestic abuse
- ~~24.~~
- ~~25-24.~~ For families with older children, there is concern that older children missed schooling and also missed social contact. Although children with NRPF were included in the vulnerable school space allocations, fear and anxiety amongst parents limited the uptake of these places.
- ~~26-25.~~ SSBC recognise that due to extreme poverty, some families simply did not have access to the same physical resources to support home learning.
- ~~27-26.~~ During the pandemic support for families who were new to crisis was impacted by the pause in work of some key charities, who prior to the pandemic provided furniture and other household essentials.

What role do other bodies, such as local authorities and third sector organisations play in supporting children with NRPF?

- ~~28-27.~~ The Local Authority play a key role in supporting children with NRPF. Under section 17, of the Children’s Act 1989, a local authority has the power to provide emergency housing

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and/or financial support to a family when a child's welfare is at risk whilst assessment and enquires are being carried out. Refusing to provide support to a family who would otherwise be homeless and destitute is likely to be a breach of Article 3 of the European Convention on Human Rights and so potentially unlawful.

~~29~~28. The Children's Public Health 0-19 Nursing Service play a key role in informing and monitoring the cases under the Local Authority. They are included in the initial Children's Assessment process and should the case continue to receive support, are recorded on SystemOne on the specialist and protection caseload. Where families with NRPF need to access refuges because of domestic violence, women are only accepted when funding is guaranteed such as via Children's Social Care. Refuge workers support the survivor to apply for Destitution Domestic Violence Concession (DDVC).

~~30~~29. Supporting migrant women is resource intensive for refuge workers. Women with NRPF experience disproportionately longer stays in refuges due to the wait for a Home Office decision about their immigration status; this impacts upon the availability of bed spaces for other women in crisis.

~~31~~30. Community and voluntary sector organisations also play a key role in supporting families.

~~32~~31. Locally the St Ann's Advice centre opened a food bank in 2012, to specifically cater for those with no income. Those with NRPF are able to access food for as long as they need. Families are also supported with social work and law advice and the centre has a small household item recycling project.

~~33~~32. Other charities such as the Around Again project, run by SSBC Family Mentor Service, The Vine Community Centre and Framework Housing Association, provide second-hand baby equipment and clothing to families in need, who are made aware of the service via statutory services, other charities or via their networks.

~~34~~33. SSBC is aware of many other charities and community and voluntary sector organisations that support families with NRPF.

~~35~~34. Assessments of families with NRPF need to be thorough to ensure all relevant information is gathered and understood by statutory bodies and recipients alike to ensure those in need are supported appropriately and in a timely manner. The financial cost of supporting these families can be high. As part of their assessments, the Local Authority are both sympathetic and empathic to the needs of families with NRPF, however the complexities, and experiences of some families, including those with lived experience awaiting Home Office

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approval to remain in the UK, are varied and vast and can often result in a mistrust of statutory bodies and reliance of friends and charities for support.

What impact has the pandemic had on these organisation's capacity to support children with NRPF?

~~36~~35. St Ann's Advice Centre received grant funding from the Red Cross, up until the 30th June 2021. Families were given £120/month to buy anything that was needed, which enabled practical support, food vouchers and energy vouchers to be provided. This was viewed as a positive way to support families with NRPF.

~~37~~36. The government's directive around no evictions during the pandemic, stopped families with NRPF being made homeless which has decreased the amount of families that are destitute.

~~38~~37. Some charity projects which support families were paused during the pandemic, meaning that there were less sources of support for families.

Conclusions

Locally significant gaps in data exist around families with NRPF. The local anecdotal evidence suggests that families with NRPF who are in crisis face particular challenges, but the full extent of the challenges is unclear. This limits any targeted efforts to support children/families with NRPF living in poverty.

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